



CANADIAN COLLEGE OF HEALTH LEADERS | COLLÈGE CANADIEN DES LEADERS EN SANTÉ

Learning, Leading, Inspiring | Apprendre, mener, inspirer

Maintenance of Certification (MOC) Program Policy and Requirements

(Approved by the College Board of Directors - June 3, 2011)

Philosophy

- The College's two professional designations represent a commitment to professional excellence through professional achievements characterized by a commitment to ethics, continuous learning, helping others develop through coaching and mentoring, networking and advancing the field through active participation in health leadership and community affairs
- The College's certified members are personally accountable for lifelong learning and documentation thereof
- The College will do everything necessary to ensure that the education events it accredits and/or accepts for MOC follows good adult education principles
- The most important adult education principles are that the learner is engaged, and that the learning has the potential to develop leadership capacity and change behaviour

Guiding Principles

- The MOC process should be transparent, easy to understand, and well communicated
- Principles include: high standards; few barriers; and multidisciplinary focus
- Encourages continuous learning / professional development through different mediums
- Easily administered, understood and undertaken by members
- Sensitive to the needs of both urban and rural / remote members
- Sensitive to the various sectors within the health leadership profession (i.e. long term care, acute care, community care, mental health, Aboriginal health, physicians, nurses, government, industry etc.)
- To assure the continued competence of its members by maintaining systems to document their learning throughout their professional careers

Goal

The objective is to ensure that the MOC process maintains its rigour, thereby reflecting the significance of the professional designations as an indicator of professional excellence, competence and commitment to lifelong learning.

All College members who are Certified Health Executives (CHEs) or Fellows (FCCHL) of the College are required to participate in the Maintenance of Certification (MOC) program, as defined by the governing regulations, in order to continue to use these professional designations.

Lifelong learning is one of the requirements for the CHE and Fellowship programs and as such, there is an obligation for certified members to earn a minimum of 7 MOC I and 33 MOC II credits during a five (5) year block (pre-determined by the College). Certified members working overseas during the five-year block, and who are unable to obtain MOC I credits, are required to obtain 66 MOC II credits and submit to the College a professional development record for that period.

Certified members are not allowed to carry over MOC credits from one block to another.

Background

The promotion of excellence in health leadership is at the core of all the College's work. Through its designation programs and the MOC program, the College and its Chapters have a long tradition of leadership development programs that encourage and foster lifelong learning for members. Lifelong professional development ensures that each individual will utilize optimized information sources for decision making. It is the basis for a strong and vibrant valuation of the health care leaders' profession in Canada, and is also recognized through the College's various partners in the academic and the health care community sectors.

As is the case in virtually all- professional associations, there is a requirement for the members to be engaged in lifelong learning. This is a condition of College membership (all categories except Retired) for all members holding either their CHE or their Fellowship (FCCHL) designation.

Once CHE candidates have earned their designation, they are required to earn MOC credits in keeping with the standard College MOC program in order to maintain the designation. This applies to all membership categories except for retired members.

The College has opted for a two-category (Category I and Category II) MOC process, giving priority to College and chapter educational activities. All events will meet adult education principles as indicated in the philosophy.

MOC CATEGORY I CREDITS

Assessment of Credits

Normally one (1) credit for every hour of activity or educational content.

List of Qualifying Events for Category I

These credits apply only to educational events organized or co-organized by the College or its Chapters. "Co-organized" is defined as any program presented in partnership with another organization, in which the College or Chapters assume an equal role in the development, planning and organization of the program. The program must meet the requirements for an MOC activity in that it will assist CHEs or Fellows to maintain their professional competency.

The number of MOC credits assigned to any program is to be printed in the program brochure for that event along with the College logo and MOC Statement (see Request for MOC Credits Policy and Procedure). Such programs include, but are not limited to the following:

AUTHORING

- Articles written for College publication

EDUCATIONAL EVENTS

- Attendance at all College/Chapter educational events
- Planning and managing of educational events offered by the College/Chapters
- Papers presented, or educational sessions delivered at NHLC or other College/Chapter events

MENTORING & COACHING

- Members serving as mentors/coaches or mentees in the College/Chapter programs

VOLUNTEERING

- Credits may be accumulated for College/Chapters volunteer activity such as board of directors, committees, working groups, task forces, participating in pilot projects
- Serving in a policy development or decision-making capacity for the College

COLLEGE DESIGNATION PROGRAMS

- Credits may be granted upon successful completion of the CHE and Fellowship program

LEADS IN A CARING ENVIRONMENT

- Educational courses, workshop and seminars organized by the College or ce/Chapter, or in partnership with other organizations

FORMAL STRATEGIC ALLIANCES & PARTNERSHIPS

- Programs and events that are in partnership with the College

MOC CATEGORY II CREDITS

Assessment of Credits

One (1) credit for every two (2) hours of activity or educational content.

Events or activities eligible for MOC Category II may be self-assessed by the College certified member, or may be submitted to the CCHL Manager, Professional Designation Programs & Leadership Development for pre-approval by the program planners.

List of Qualifying Events for Category II

Category II credits apply to opportunities not organized or co-organized by the College or its Chapters, yet which provide CHEs or Fellows with appropriate professional development activities. These learning activities lead to enhanced leadership knowledge or skills, or directly contribute to the professional growth of other members of the profession. These activities must be outside of the learner's expected professional duties. The activities must also be properly documented as part of the self-reflection necessary to integrate the learning, and in order to allow a transparent trail for an auditing process.

A: CATEGORY II - EVENTS PRE-APPROVED BY CCHL

These can be pre-approved by CCHL only if they follow the principles outlined in the document "CCHL MOC Principles for Educational Events". After the event, each learner submits the number of actual hours attended/credits on the CCHL web site in the MOC section.

B: CATEGORY II - SDLP – SELF-DIRECTED LEARNING PROJECTS (SELF ASSESSED)

It is acknowledged that self-directed learning provides topical, thorough, practical knowledge that may be better retained and a stronger stimulus to change behaviour than is more traditional learning. A topic becomes important to someone, and they resolve to learn more about it, or develop professionally in that area. They develop a strategy and carry out the specifics of that strategy. They then reflect on the learning/development that took place. The documentation necessary to demonstrate this process will include:

1. The stimulus that triggered the professional development/learning to become important (what brought this to the fore?)
2. A formal statement of the learning/development required (what will be needed?)
3. A listing of specific resources used to satisfy the learning/development required (what was actually done?).
4. An identification of the specific learning/development achieved (lessons learned)
5. How this relates to the LEADS program/lifelong learning
6. How this will change the individual behaviour of the learner

Self-directed learning is also acknowledged to be better focused on the specific needs of the individual learner. It may cover activities or topics that more traditional learning does not. These activities are valid for credit, as long as the following conditions are met:

- The topics identified by the learner are important
- The learner remains engaged and active in the learning
- The documentation is completed

As well as seeking the answer to a specific question about one's professional practice, a non-traditional SDLP may be created around authoring, university/college-level courses, conferences and programs offered by other organizations, formal mentoring and coaching, teaching and tutoring, volunteering, and policy or governance activities. This list is not exhaustive, but these activities will qualify for SDLP Category II credits so long as the:

- Professional development is related to leadership
- Answers to the six documentation questions are completed
- Activity is not an expected component of one's employment

Recording Process

Every CHE and Fellow is responsible for the accurate entry of their MOC activities on-line in the “Members Only” section of the College web site. This includes self-directed MOC as well as pre-approved activities. For each activity, this will include the:

- Date
- Title
- MOC Category
- Number of credits

The website will contain the details of what is required.

The individual CHE or Fellow is also required to keep a separate, auditable, record of any SDLP (self-directed learning projects). As well as the basic information in the preceding paragraph, each record of an activity must contain information on the points numbered one through six outlined in the documentation paragraph of the SDLP section of MOC Category II credits (above).

Failure to Meet MOC Requirements

Certified members who are non-compliant by the end of the five-year period will lose their designation. Through its communication vehicles, the College provides up-to-date information about maintenance of certification to certified members.

Re-Instatement Policy

This policy provides a process for members to regain certification in the event that they have lost the designation. Certified members of the Canadian College of Health Leaders who lose their certification due to the following reasons:

1. Maintenance of Certification (MOC) non-compliance
2. Membership termination for three (3) consecutive years

College members who have lost their certification status with the College and the right to use the designation are eligible to apply for re-instatement.

Members eligible for re-instatement will be required to apply for certification and pay the re-instatement fee. The College will review applications to assess eligibility for re-instatement.

Certified Health Executives (CHE)

Eligible CHE members may be required to write the CHE exam and to obtain the required MOC credits within a twelve-month timeframe.

Fellows (FCCHL)

Former Fellows may be required to submit an essay or additional work as determined by the Fellows Council.

Application Process

There is a three-year window of opportunity to apply for re-instatement from the time that the Certification designation was terminated. After expiration of the three-year window, members will be required to complete the full program.

1. Application Requirements

- Must be an individual member of the College in good standing
- Curriculum Vitae with job description
- Copies of diplomas and certificates
- 2 reference letters – one must be from a Certified member
- Self-Evaluation Questionnaire
- Minimum of two consecutive years (for a CHE) or five consecutive years (for a Fellow) in a Canadian health management position
- Cite reasons for not obtaining the required MOC credits
- Submit a plan for obtaining MOC credits in 12-months

2. Review Process

2.1 Process for CHEs

A Panel appointed by the Professional Standards Council, in consultation with the College staff, will assess the former CHE candidate's file to determine eligibility for re-instatement.

Note: The application review may result in additional professional development requirements prior to eligibility to write the CHE exam.

2.2 Process for Fellows

The Fellows Council will assess the former Fellow candidate's file to determine eligibility for re-instatement.

Policy Variations

Retired CHEs or Fellows

Those certified members who are in the "Retired" membership category are not required to participate in the MOC program. Should a retired CHE or Fellow again become an active member of the College, he / she will have to be compliant with the Maintenance of Certification Policy.

Appeal Process

Have an appeal process in regards to the requirement of MOC compliance to allow the College the flexibility to respond to unforeseen circumstances of its members.

APPENDIX A

LIST OF EVENTS AND NUMBER OF CREDITS

1/1 = one credit for every hour of educational content

1/2= one credit for every two hours of educational content

Types of Credits	MOC CATEGORY I College/Chapter organized only	# Credits	MOC CATEGORY II Non College/Chapter organized	# Credits
Authoring	<ul style="list-style-type: none"> Articles written for College publications 	1/1	<ul style="list-style-type: none"> Publication written on leadership 	1/2
Educational Events	<ul style="list-style-type: none"> International Learning Exchange Programs (Study Tours) 	25/Tour	<ul style="list-style-type: none"> Leadership Conferences, Seminars, courses, etc. Obtaining a PhD Obtaining a Masters Obtaining a Leadership Certificate Self Directed Learning Project 	1/2 33 25 Up to 10 Up to 8
	<ul style="list-style-type: none"> Health Professionals Roundtable for Strategy™ (HPRS™) panel 	1/1		
	<ul style="list-style-type: none"> National Healthcare Leadership Conference (NHLC) 	12 or 1/1 if not attending all sessions		
	<ul style="list-style-type: none"> LEADS Certified Programs 	1/1		
Mentoring & Coaching	<ul style="list-style-type: none"> Roche/College Program 	1/1	<ul style="list-style-type: none"> Certified members serving as mentors/coaches/ mentees in an organized fashion outside of their professional duties 	1/2
	<ul style="list-style-type: none"> Chapter Programs 	1/1		
Volunteering	<ul style="list-style-type: none"> Review articles for FORUM 	1/1	<ul style="list-style-type: none"> Certified members serving on Boards/Committees/Focus Groups /Task Force, etc. outside of their professional duties 	1/2
	<ul style="list-style-type: none"> Serve on College Board/Committees /Focus Groups/Task Forces 	1/1		
	<ul style="list-style-type: none"> Serve on Chapter executive 	1/1		
	<ul style="list-style-type: none"> Conduct research and develop policies for the College 	1/1		
	<ul style="list-style-type: none"> Activities directly related to the operation of the CHE or Fellowship programs (e.g., marker, reviewer, item writers) 	1/1		
<ul style="list-style-type: none"> Assisting the Chapter in planning and organizing professional development activities 	1/1			
College Designation Programs	<ul style="list-style-type: none"> Fellowship completion 	25	N/A	
	<ul style="list-style-type: none"> CHE completion 	7		
Strategic Alliances/ Partnerships	<ul style="list-style-type: none"> Accreditation Canada surveys 	7/survey	N/A	
	<ul style="list-style-type: none"> Accreditation Canada Focused visits 	3/visit		
	<ul style="list-style-type: none"> Accreditation Canada Webcast (part 1-2) <i>Conducting Effective Tracers</i> 	1.75		
	<ul style="list-style-type: none"> Accreditation Canada Webcast <i>Writing Clear and Effective Reports</i> 	1.5		
	<ul style="list-style-type: none"> CCHL/ACHE Joint Programs 	1/1		
	<ul style="list-style-type: none"> CCHL/HCLABC Joint Programs 	1/1		
	<ul style="list-style-type: none"> CHA Learning Programs Educational Consultants 	7/academic year		
	<ul style="list-style-type: none"> Joint CMA/CCHL Physician Management Institute (PMI) 	1/1		
	<ul style="list-style-type: none"> CHSRF EXTRA/FORCE Program candidate 	25/year		
	<ul style="list-style-type: none"> Nursing Leadership Conference 	12 or 1/1 if not attending all sessions		
	<ul style="list-style-type: none"> College Sessions held in conjunction with other provincial conferences 	1/1		
	<ul style="list-style-type: none"> College Sessions at OHA HealthAchieve 	1/1		
Teaching & Tutoring	N/A		<ul style="list-style-type: none"> Teaching/Tutoring experiences that are relevant to health leadership 	1/2

APPENDIX B

Self-Directed Continuous Professional Development – CCHL- 2011

This is a paper put together by Dr. John Patcai as a background to the recommended changes in the CCHL Maintenance of Competency process in 2011. Primarily it uses the published words of other authors to paint the background picture. These published works are referenced and acknowledged. This was done in a scattered fashion in order to make the necessary points. If a reader wishes to know what the author actually said and intended, the original publication must be sought out and reviewed.

1. What Might be Wrong With Traditional Lecture Based Education?

“One faculty member in a professional school referred to continuing education as “shouting out of windows,” and an analysis of the programs at his institution shows the aptness of his metaphor: Faculty members who can be persuaded to do so give lectures on subjects of their own choosing to audiences they do not know, who have assembled only because they want to put in enough hours of classroom attendance so that they can meet a relicensure requirement. As a result, every profession now has members who vigorously oppose what they regard as the excessive promotion of continuing education.” (1)

2. Why is Self Directed Learning Better than Traditional Lecture Based Education?

Most basic reasons for self-directed learning: our nature and our environment - SDL: Our Natural Response to a Learning Need

I have never let my schooling interfere with my education - Mark Twain

Self-directed learning is our most basic, natural response to newness, problems, or challenges in our environment. If this raises any question in your mind, watch a normal four-month old who has just discovered a piece of crinkly paper on the carpet or a one year-old who has just been shown a mirror. Looking, feeling, listening, turning, and tasting ensue as the young scientist explores. In fact, we have adopted what might be described as a manufacturing model of education designed to produce uniform results through promotion of conformity, obedience, and memorization of content dictated by others, leading to the transformation of self-directed learners into other directed learners.

SDL for Survival in a Changing Environment *What is more essential for the continuous, lifelong learning that is required in today’s world of pervasive and ever-increasing change than self-directed learning? The almost incredible volume of new information production is accompanied by vast changes in technology, globalization, social norms and systems—in virtually every area of life. In a world of unprecedented proliferation of information and technology, instant worldwide communications, and intense global competition, lifelong self-directed learning is now, more than ever, a necessity for survival. Knowles (1975) concisely captures the impact of these vast changes on the individual: “We are entering into a strange new world in which rapid change will be the only stable characteristic....It is no longer realistic to define the purpose of education as transmitting what is known...The main purpose of education must now be to develop the skills of inquiry”.*

Other sages throughout the years have espoused the need for lifelong learning and the importance of inculcating the skills and attitudes for continued, self-directed learning in each individual. A small sampling of quotes illustrates the persistence and power of this theme. In the first century, Plutarch expressed the idea that a learner is not a vessel to be filled, but a fire to be lighted: “For the mind does not require filling like a bottle, but rather, like wood, it only requires kindling to create in it an impulse to think independently and an ardent desire for the truth”. Ghandi is often cited advising his followers to learn as if they were to live forever, and he asserts, “[If] the proper foundation for their education was firmly laid, the children could learn all the other things themselves or with the assistance of friends”. This concept of education as a preparation for lifelong learning was also eloquently stated by Bruner (1966), who asserted, “Instruction is the provisional state that has as its object to make the learner or problem-solver self-sufficient”. Moving to the current century, Pulitzer prize-winning author Thomas Friedman points out, “The most enduring skill.... is the ability to learn how to learn”.

To summarize this section, a final quote illustrating the timelessness of Knowles’ vision: his words in 1975 could have been written by a current author:

The “why” of self-directed learning is survival—your own survival as an individual, and also the survival of the human race. Clearly, we are not talking here about something that would be nice or desirable....We are talking about a basic human competence—the ability to learn on one’s own—that has suddenly become a prerequisite for living in this new world.

Conclusion Some individuals will overcome all obstacles to continue their self-directed learning; others need assistance in accepting the responsibility and developing the skills and attitudes for lifelong self-directed learning. As researchers, it is our responsibility to learn all we can about the process of self-directed learning and the best ways to facilitate the skills and attitudes of self-direction in learning. There is much that remains to be discovered. What we do know, however, is that our times require continuous lifelong learning and relearning by each individual, and no educational institution can hope to meet the demand of delivering that instruction. Those charged with education and human resource development are obligated to incorporate the development of the attitudes and skills supporting self-directed lifelong learning as a central aim of their programs. To do less is to compromise the ability of tomorrow’s workers and citizens to function effectively in a world we cannot even predict. (2)

3. Comparator: Why Physicians Have Embraced Life Long Self Directed learning

Policy issue and context

- The knowledge and skills acquired at the end of formal undergraduate and postgraduate professional medical education are insufficient to sustain competence and performance over a career, thus physicians are expected to effectively engage in lifelong learning strategies.
- There is increasing scrutiny of professional and public concerns related to the variability in the quality of care provided, the safety of the health system, and the frequency of adverse events.
- Within Europe there is currently no commonly accepted approach to lifelong learning. However, there is broad agreement that patients are best served when those who care for them maintain competence by engaging in continuous learning and assessment strategies.
- There are currently no standards governing the following lifelong learning strategies: the organization and management of activities; incentive structures for participation; classification systems for activities or credits; accreditation standards; physician discretion regarding choice of learning activities; accreditation ex ante for providers; and industry sponsorship.

Policy options

- Discordance between the expectations of patients and the abilities of physicians are prompting the profession to strengthen assertions of “professionalism”. To increase accountability, compulsory engagement in continuing professional development (CPD) systems or programs can be considered.
- It will be important to both enhance and ensure the quality and rigour of the providers or programs that physicians depend on to develop and implement a practice-specific, needs-based learning plan. The development of a common CPD accreditation system for providers and programs is deemed essential.
- To address barriers within the health care system and to optimize the benefits of lifelong learning for patient care and outcomes, physicians, providers of CPD, and the health care system itself need to take a “shared responsibility” approach to lifelong learning and CPD.

Implementation considerations

- If the goal of CPD systems is to improve the delivery of good-quality patient care and thus improve patient outcomes, the environment in which physicians practice should be both supportive and constructed in a way that promotes and enhances learning.
- In the European Union (EU), the diversity of CPD systems is increasingly becoming a barrier to those in pursuit of harmonization of CPD across Member States. In order to build equivalent and successful national CPD systems, infrastructure considerations must include the following: mutual agreement and recognition of CPD; uniformity of accreditation standards; efficient and accessible delivery mechanisms for CPD; equivalent standards for industry sponsorship allowances; and performance-assessment metrics. (3)

4. Key Components of Self-Directed Learning

1. The educator as a facilitator: Although self-directed learning may imply the lack of the need for an educator, learners often need an expert to introduce them to the basics of SDL including the appraisal of educational needs, adoption of a theoretical construct and development of learning goals. Therefore, teachers in SDL programs are seen as a source for skills rather than a source of content, and they assume the role of facilitators or consultants to the learner.

2. Identification of learning needs: Educational needs are the discrepancy between the present level of competency and the required level of competency (or the difference between aspiration and reality). Identification of learning needs is an integral component of SDL.

3. Development of learning objectives: Learning objectives are the desired outcomes of learning and are derived from the pool of needs generated by learners. Learners translate needs into objectives and ideally, would choose the ones that are higher on their priority list and are measurable to facilitate learning evaluation.

4. Resource identification: Knowles advocated direct involvement of learners in the allocation of learning resources. Learners in consultation with a subject expert, choose the appropriate resources based on their preferred method of learning and the type of learning objectives. He suggested that cognitive objectives are best learned by lectures, written resources, interviews, colloquy and panel discussions; behavioural objectives are best learned by experience-sharing, role-playing, sensitivity training and case-based learning and psychomotor objectives are best learned by skill practice exercises, role-playing, simulation and drills.

5. Implementation process: To build rapport and set the climate for SDL, facilitators should conduct introductory meetings with learners. These meetings emphasize the partnership between learners and educators, rather than dependency of students on teachers. Subsequent meetings can be utilized to identify learning needs, goals, learning plan and evaluation means.

6. Commitment to a learning contract: A learning contract is a formal document prepared by learners in consultation with a subject expert to demonstrate “what is to be learned, how it is to be learned, and how learning will be verified”.⁴⁰ Thus, learning contracts acknowledge learners’ self-directedness and specify learning objectives, resources, strategies and evidence of accomplishment.

7. Learning evaluation: Learning portfolios that demonstrate the acquisition of knowledge, skills, attitudes and achievements have been recommended for health professionals undertaking SDL. Learning portfolios enable learners to control the educational process, maintain autonomy, promote reflective thinking, increase SDL skills and evaluate learning outcomes. Portfolio computerization can further enhance their role by providing better accessibility, ease of use and security features for confidential information. (4)

References:

1. Houle CO. *Continuing learning in the professions*. 1st ed. San Francisco, CA: Jossey-Bass Publishers; 1980.
2. Guglielmino LM. Why self directed learning. *International Journal of Self Directed Learning*. 2008;1-14.
3. Horsley T, Grimshaw J, Campbell C. How to create conditions for adapting physicians' skills to new needs and lifelong learning. *Copenhagen: WHO Regional Office for Europe, on behalf of the European Observatory on Health Systems and Policies*. 2010.
4. Murad MH, Varkey P. Self-directed learning in health professions education. *Ann Acad Med Singapore*. 2008;37(7):580-590. Note that the corroborating literature descriptions and citations exist in the original article, but were removed here for reasons of space. Also note that this was written with undergraduate SDL in mind – same components, but more reliance on teachers than Continuing Profession Development would have.