

- SUBJECT:** Physician and physician assistant continuing education credit for volunteer work
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 7 ayes — Gray, Coleman, Capelo, Glaze, Maxey, McClendon, Uresti  
0 nays  
2 absent — Delisi, Hilderbran
- WITNESSES:** For — Harold Freeman, Texas Medical Association  
Against — None
- BACKGROUND:** The Medical Practice Act and the Physician Assistant Licensing Act require physicians and physician assistants to maintain a specified number of continuing education hours to retain their licenses. The requirement set for physicians by the Board of Medical Examiners is 24 hours annually, including 12 hours of formal and 12 hours of informal education. The requirement set for physician assistants by the Board of Physician Assistant Examiners is 40 hours annually, 20 formal and 20 informal. The boards approve formal continuing education in accordance with the standards of national medical associations. Informal education includes self-study approved by the boards.
- DIGEST:** CSHB 573 would allow physicians and physician assistants to replace up to one-half of their required informal continuing education — or one-quarter of the total continuing education requirement — with volunteer work at a site serving a medically underserved population, as defined under the Medical Practice Act. Licensees could not claim credit for volunteer work done at their own primary practice sites.
- CSHB 573 would take effect September 1, 1999. The bill would require the licensing boards to adopt rules to implement these provisions by January 1, 2000.

SUPPORTERS  
SAY:

Medically underserved populations such as rural areas and inner cities have difficulty recruiting and retaining physicians and physician assistants. CSHB 573 would help provide these areas with additional volunteer help. Professionals who already work in these areas would benefit from greater interaction with their peers.

Currently, physicians and physician assistants can meet the requirements for informal continuing education by as little as reading a medical journal and answering a questionnaire. However, licensees satisfy their continuing education needs primarily through the more rigorous formal requirements. Because CSHB 573 would allow only half of the informal continuing education to be satisfied by volunteer work and would not change the formal requirements, there would be no adverse effect on the licensee's education and professional competence. Hands-on experience in a setting that the licensee otherwise might never see would be just as educational as informal continuing education.

CSHB 573 represents the best possible compromise between the staffing needs of medically underserved populations and the educational needs of the medical profession. Adding volunteer work to the existing requirements for continuing education, rather than making it an option, might be too onerous for busy medical professionals. Instead, CSHB 573 would modify the existing requirements to provide more flexibility while benefitting areas that are in need.

OPPONENTS  
SAY:

The goals of continuing education and encouraging volunteer work are different, and one should not suffer at the expense of the other. Any move to replace continuing education with volunteer work would begin a trend that ultimately could be detrimental to the medical profession and patients by not requiring that physicians and physician assistants stay current with the latest developments and newest techniques in their fields.

If the standards for informal continuing education are too low, they should be raised. It would not solve the problem to replace insufficient education with volunteer work that might have no educational value. Also, if the informal credits are so easily attainable, few licensees would be likely to go to the trouble of volunteering.

OTHER  
OPPONENTS  
SAY:

CSHB 573 would not allow a physician or physician assistant who is already working in a medically underserved area to claim credit for volunteer work done at their own primary practice sites. This could create a problem for those in rural areas because there might not be another practice site nearby.

NOTES:

The committee substitute lowered from all to half the portion of informal continuing education hours that could be replaced with volunteer work. It also removed nurses from the professions that the bill would cover. The substitute bill also changed wording in Section 1 from “earn” to “complete” hours and from “free” to “volunteer” work, and made minor changes to Section 2 to conform to the Physician Assistant Licensing Act.