Commentary: Credential Creep: just how much training is required to give great health care service

Someone at a major health conference in the 1970's in Canada predicted that hospitals would become "a battleground for health professionals"! And so it has. At a related conference a few years ago I was introduced to Credential creep.

In healthcare, we have seen Credential Creep in virtually every occupation. What can be learned, if not mastered, by persons with average intelligence, now becomes a basic requirement to work in that field. Ambulance Services is one such outstanding illustration as is Electrocardiography Technicians, Lab Technologists, Medicine and its specialties, Nursing and its specialties.

Credentialism led to **credential** inflation (also known as **credential creep**, academic inflation or degree inflation), the process of inflation of the minimum credentials required for a given job.

In an experiment in the 1980's in an African nation involving some Canadian medical faculty, native people with Grade 8 formal education were trained to diagnose commonly-recurring ailments using Decision Trees written on 3x5 cards; this was before the widespread use of computer technology. These persons were able to diagnose with a slightly higher accuracy than North American trained physicians; it was believed that the enormous formal education of the physician caused them to over-think or second-guess their instincts.

For well over two decades in New Brunswick we have seen the strain played out between the medical profession and the nursing profession with the Nurse Practitioner role being the flash point. In this instance, we have thousands of people who do not have access to efficient primary care yet those who have skills at a certain level in the field are not seriously welcomed; on the contrary, many roadblocks stand in the way of superb efficiency.

In Canadian cities, for instance, Colonoscopy, and important procedure for screening for bowel cancer, is typically performed by physicians qualified at the FRCP(C) level, which is at least 4 years beyond the basic medical degree. Yet in Northern Ontario, family doctors were trained to do the same procedure in weeks and provided the area with great, quality service. The family doctors were able to become skilled in a period of 4-6 weeks being trained by specialist physicians.

The same principle applies in many of the health professions where technical procedures that can be taught to intelligent persons are retained by the profession or occupation that has those procedures listed in their typical list of duties or fee schedules.

Taking an electrocardiogram can be taught to an intelligent person in days. Yet we restrict those procedures to be performed in a hospital setting with persons who have completed a prescribed training program. Medical Lab Technology is another in which what once was a 2 year training program now is 2.5 years plus 84 credit hours in university.

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In Canada's north, specially trained nurses have provided terrific primary care up to and including pre-natal care and periodic baby delivery. Indeed, a visit to a northern clinic (which I have done a few times) shows a standard of care that is delivered by exceptional nurses who have, via satellite video connection, access to back up as needed.

Within many of the professions there is a palpable tension around Credential Creep. The Registered Nurses Association and the LPN Association with the tension played out every day, sometimes in subtle ways, in clinical settings. LPNs train for 2 years which was the length of training for RNs years ago. Clinically, LPNs tend to function with great skill and compassion honing clinical skills very well. The RN Profession has all the same training plus more academic, university level training that ostensibly prepares them for advanced clinical and managerial roles.

Caring for sick people has changed in geometric proportions in recent decades and many of the changes dictate that all the health professionals who care for or are involved in diagnostic work be very well trained. We should celebrate the new and improved educational standards that have been adopted in fields of medicine, nursing, psychology, Medical Lab Technology, Imaging and many more.

The public policy challenges for system policy makers with Credential Creep are significant, though. In Canada we have multiple standards of health care service delivery depending on geography and proximity to major centres. If the primary care services offered to those who live in the north are good, why can those same services, organized differently, not be available in urban areas in the same way?

If screening endoscopy can be safely performed by family doctors in one part of the country, why not the rest of Canada. If nurses can do prenatal management and deliveries in some parts of Canada, albeit with video conference back up, why not the rest of Canada.

It is the double standard in this universal Medicare system that is the public policy question. It never been possible to have highly trained specialists, be they in medicine, nursing or psychology, practicing their professions anywhere but an urban setting. Concentration of that powerful knowledge and skill base of specialists is critical to service and research excellence.

So it always comes down to compensation methods and leadership. In whatever profession, there is a critical mass of volume required in order to maintain the cash flow required to run an office and cover overhead. In the entire system of health and long term care, compensation models should provide sufficient income to continue to attract the talented people that we now have while not serving as an obstacle to delegation of routine functions to others. Touchy subject that needs informed discussion.

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