Patient Advocate Certification Board

PACB Guidance Document

Continuing Education and Professional Development for Patient and Health Care Advocates

Adopted: July 2025
Issued by: Patient Advocate Certification Board (PACB)
For questions, contact: www.pacboard.org

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1. Purpose

This position paper outlines the ethical and professional responsibilities of Board Certified Patient Advocates (BCPAs) to pursue continuing education (CE) and professional development (PD) throughout their careers. It emphasizes the need to maintain competency, address diverse patient needs, and uphold the standards of a growing and evolving field.

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2. PACB Position

Board-Certified Patient Advocates shall meet or exceed the Continuing Education requirements for certification. In addition, BCPAs must maintain current knowledge of their areas of practice, including relevant laws, ethics, and professional responsibilities in the jurisdictions where they operate. Beyond these minimums, advocates are encouraged to seek ongoing professional development to strengthen competency and improve patient outcomes.

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3. Statement of the Problem

Patient advocates enter the field from diverse educational and professional backgrounds, as well as clinical, legal, ethical, administrative, and personal experiences. This diversity enriches the profession but also results in wide variability in training, competencies, and scope of practice. As a relatively new profession, patient advocacy lacks standardization in post-certification development. Without sustained CE and PD efforts, advocates risk falling behind evolving medical, ethical, and policy standards, ultimately affecting care quality and trust (Tran et al., 2014).

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4. Methodology

This paper is based on a review of peer-reviewed literature, training models in related health professions, and the consensus of the PACB Ethics Committee. Due to limited literature specific to professional advocacy roles, this paper extrapolates findings from adjacent fields such as nursing, social work, care navigation, and community health.

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5. Background

BCPAs support individuals and families across a complex health care continuum. Their work spans domains including medical navigation, insurance negotiation, billing, disability services, ethics, eldercare, and research advocacy. Given this breadth, no single advocate can possess expertise in all areas. Instead, advocates must remain grounded in their core competencies while seeking knowledge and collaboration where needed (Smith et al., 2021).

Many enter advocacy due to a personal or family health crisis, often supplementing lived experience with formal training and certification. But experiential learning alone cannot ensure long-term competence, especially as medical knowledge, health systems, and legal frameworks evolve.

Healthcare professions such as medicine, nursing, and social work require CE and PD to maintain licensure and competency. Patient and health care advocacy must similarly adopt a culture of lifelong learning to maintain relevance and credibility (Redesigning Continuing Education in the Health Professions, 2010).

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6. Definitions

- **Continuing Education (CE):** Required, structured learning activities (e.g., classes, webinars, conferences) designed to maintain certification and ensure up-to-date knowledge.
- **Professional Development (PD):** Often voluntary, PD is a self-directed, lifelong process of acquiring knowledge and skills to improve professional performance and advance the field (Tran et al., 2014)
- **Peer Review:** A process in which advocates discuss de-identified cases to share learning, improve practice, and support one another. It is a recognized method for maintaining professional standards in health and allied fields.

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7. Discussion: Why CE and PD Matter

The pace of change in healthcare, both in clinical science and systems design, demands regular knowledge updates. Without this, patient and health care advocates risk working with outdated information or failing to identify risks and opportunities for clients (Saha et al., 2013). Professional development deepens practice and enables advocates to expand their scope safely.

CE provides the foundation for core knowledge and compliance with board requirements. PD enhances that foundation with specialization, practical application, and leadership growth. Reflection, peer engagement, and cross-disciplinary learning all contribute to more effective, ethical, and resilient practice (Warwick et al., 2022).

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8. Barriers to CE and PD include:

- **Time constraints:** Especially for solo practitioners or those with high client loads.
- **Financial limitations:** CE opportunities can be expensive, especially without employer reimbursement (Orr, 2020).
- **Access issues:** Training opportunities may be limited by geography, lack of virtual delivery options, or insufficient alignment with the scope and practice needs of patient advocates.

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9. Best Practices for Ongoing Learning

Structured Learning

- Attend PACB-approved CE sessions
- Participate in disease-or specialty-specific training
- Attend and present at state and national conferences
- Build time and budget into your business model for CE

Self-Directed Learning

- Identify mentors or domain experts in unfamiliar areas
- Read current literature or access vetted digital content
- Reflect on challenging cases to improve future decision-making
- Expand into new domains (e.g., billing or health literacy) with intentional training
- Track PD in a portfolio to support growth and accountability

Peer Review

- Form or join local/virtual peer groups

- Share anonymized case studies
- Create psychologically safe spaces for learning from mistakes
- Leverage multidisciplinary perspectives

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10. Recommendations

- Be sure to review the many activities that qualify for earning CEs in the Certification Renewal Handbook.
- All BCPAs should meet and strive to exceed the PACB s CE requirements.
- BCPAs should actively pursue PD aligned with their practice areas and interests.
- PACB encourages the formation of local and online peer review networks.
- PACB supports efforts to reduce barriers to CE, including cost-sharing models or scholarships.
- Patient and health care advocates should engage with professional associations, legislative forums, and conferences to stay current and build networks.

Summary: While continuing education ensures that patient and health care advocates remain compliant with regulations and knowledgeable about new developments, professional development deepens advocacy skills. The interplay between CE and PD ultimately fosters proficient, independent, and institutionally based patient and health care advocates who are adept at addressing the complex and changing demands of the role. Diversity in the training and competencies of patient and health care advocates underscores the multifaceted nature of advocacy in healthcare. Discovering and pursuing educational pathways is essential to ensuring effective advocacy for all patient populations and provides opportunities for self-development and networking.

Conclusion

Continuing Education and Professional Development are not just regulatory checkboxes; they are cornerstones of ethical and effective advocacy. In a field defined by its responsiveness to individual patient needs, BCPAs must remain informed, curious, and collaborative. As patient advocacy matures, those who invest in their learning will help shape a more equitable, compassionate, and competent healthcare landscape. The PACB will revisit these guidelines periodically as practice and laws evolve.

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11. Effective Date

This Guidance document is effective immediately upon adoption and applies to all current and future BCPA certificants.

As the certifying body for Board Certified Patient Advocates, PACB issues standards and guidance related to the ethical use, representation, and maintenance of the BCPA credential. These materials do not substitute for legal advice or licensure regulations.

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