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# Consensus and Majority Statements derived from Life Care Planning Summits held in 2000, 2002, 2004, 2006, 2008, 2010, 2012, 2015 and 2017 and updated via Delphi study in 2018

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The following statements were created by life care planners at various Summits between 2000 and 2017, and recently updated via Delphi study in 2018. They are relevant and applicable to all life care planners:

1. Life Care Planners may come from a variety of disciplines, provided they have qualifications including five years' experience in a primary discipline, complete supervised time under a qualified life care planner and belong to a life care planning professional association.

2. Life Care Planners shall seek out mentor relationships, educating students and unaffiliated professionals about life care planning training, education, experience, special knowledge and required credentials.

3. Life Care Planners shall disseminate information regarding their area of practice through electronic collaboration, web sites, peer-reviewed journals, books, conferences and symposia and professional associations.

4. Life Care Planning research shall be reviewed by peers through an objective and "blind" process that addresses methodology.

5. Life Care Planners shall understand the definition of reliability and consistently practice in such a manner.

6. Life Care Planners shall have knowledge of relevant laws and regulations as well as local and national care standards.

7. Life Care Planners shall understand optimal outcomes achievable for particular injuries.

8. *Revised: Life Care Planners shall promote and participate in a national organization for life care planners that serves as a collective voice for the specialty practice and as a repository for resources*.

9. Life Care Planners shall complete 120 hours of training including courses that focus on disability issues and is specific to life care planning.

10. Life Care Planning programs shall be based on the latest knowledge and practices.

11. Life Care Planning programs shall cover certification-preparation as well as advanced topics and complex issues.

12. Life Care Planning programs shall be offered in accessible geographic locations and electronically.

13. Life Care Planning continuing education units shall be available at an increasing number of forums.

14. Life Care Planning continuing education units shall be available at forums that may not focus solely on life care planning.

15. Life Care Planners shall keep up to date on best practices in life care planning by completing and encouraging others to participate in continuing education.

16. Life Care Planner certification shall render its holder a qualified life care planner, provided that certification is maintained.

17. Life Care Planner certification shall be renewed every five years with the accumulation of 60 continuing education units.

18. Life Care Planners shall be licensed and/or certified in their professional discipline before being certified as a life care planner.

19. The International Commission on Health Care Certification shall apply for National Commission for Certifying Agencies accreditation.

20. Life Care Planners shall hold a certification that has mechanism for complaints and resolution.

21. Life Care Planning certification shall flow from a practitioner-created core curriculum.

22. The Life Care Planning certifying body shall not be proprietary.

23. The Life Care Planning certifying body shall manage and disclose ethical complaints and violations.

24. Life Care Planning certification exams shall be developed and maintained by an advisory group.

25. Life Care Planning certification exams shall be administered by an autonomous entity independent of any organization that provides life care planning training and/or education.

26. Standards of Practice terminology shall be reviewed

27. Standards of Practice terminology shall be defined.

28. Standards of Practice shall delineate educational requirements for entry into the practice of life care planning.

29. Standards of Practice shall assert the role and accountability of life care planners

30. Standards of Practice shall be based on a study defining the role and accountability of life care planners.

31. Standards of Practice shall allow for individual judgment and expertise.

32. Standards of Practice shall be utilized in the development of the practice of life care planning.

33. Standards of Practice shall be applicable to current practices.

34. Life Care Planners shall accept referrals only in their area of expertise.

35. Life Care Planners shall maintain objectivity.

36. Life Care Planners shall maintain strict adherence to confidentiality practices.

37. Life Care Planners shall renounce inappropriate, distorted or untrue comments about peers.

38. Life Care Planners shall renounce inappropriate processes and training.

39. Life Care Planners shall disclose and differentiate between the roles in which they may be called upon to act.

40. Life Care Planners shall avoid dual relationships when objectivity may be challenged.

41. Life Care Planners shall establish themselves within their primary field of practice.

42. Life Care Planners shall objectively place their client's interests before any personal or professional consideration.

43. Life Care Planners shall adhere to relevant Codes of Ethics.

44. Life Care Planners shall have access to recourse/corrective action process for ethical violations.

45. Life Care Plans shall be individualized.

46. Life Care Plans shall be objective and consistent.

47. Life Care Plans shall be lifelong and flexible.

48. Life Care Plans shall be a clear, concise and user-friendly document.

49. Life Care Plans shall be comprehensive and based on multidisciplinary data.

50. *Revised: Life Care Planners shall utilize research (including identifying relevant literature to provide a foundation for recommendations, costing for equipment and services, etc.) in Life Care Plan that is reasonable, relevant and appropriate.*

51. Life Care Planners shall consider the integrity of data.

52. Life Care Planning shall depend on data collection, analysis and synthesis.

53. Life Care Planners may request additional data, testing and evaluation if required.

54. Life Care Planners shall research condition, resources, services and costs.

55. Life Care Plans shall utilize established procedures.

56. *Revised: Life Care Planning methods shall be peer reviewed (formally or informally reviewed by other experts in the field) at national organization meetings and Summits.*

57. *Revised: Life Care Plans shall be developed in the client's/evaluee's best interest.*

58. Life Care Plans shall include a basis for recommendations.

59. Life Care Planners shall utilize a reliable, consistent method for reaching conclusions.

60. Life Care Planners shall utilize adequate medical and other data for opinions.

61. Life Care Plans shall include an annotated list of requested and reviewed data/sources.

62. *Revised: Life Care Planners shall utilize standardized procedures and tools for gathering and reporting information and feature standardized forms and formats.*

63. *Revised: Life Care Planners will use consistent methodologies to evaluate similar cases.*

64. Life Care Plans shall rely on medical/allied health professional opinions.

65. Life Care Planners shall methodically handle divergent opinions.

66. *Revised: Life Care Planners shall properly inject professional expertise.*

67. Life Care Planners shall utilize credible, evidence-based guidelines.

68. Life Care Planners shall conduct an in-person interview whenever permitted.

69. Life Care Planners shall utilize protocols for cost research.

70. Life Care Planners shall gather geographically relevant & representative prices.

71. Life Care Planners shall utilize protocols for using local versus national resources.

72. Life Care Planners shall follow generally accepted methodology.

73. Differences in clinical judgment can result in different recommendations

74. Life Care Planning databases, templates and software shall have appropriate foundation.

75. Life Care Planning products and processes shall be transparent and consistent.

76. *Revised: Life Care Planners as a whole /or part of the specialty practice of life care planning through ethical practice will contribute to the reliability, validity and accuracy of life care plans.*

77. *Revised: Life Care Planners, as a whole and/or part of the specialty practice of life care planning will encourage and participate, if able, in longitudinal studies on life care planning.*

78. Life Care Planners shall study the impact of life care plans upon quality-of-life.

79. Life Care Planners shall understand and explain research used in a life care plan.

80. Life Care Planners may independently make recommendations for care items/services that are within their scope of practice.

81. Life Care Planners seek recommendations from other qualified professionals and/or relevant sources for inclusion of care items/services outside the individual life care planner's professional scope(s) of practice

82. The cost of private hire home care includes care giver compensation and associated expenses.

83. Life Care Planners shall consider the impact of aging.

84. Review of evidence-based research, review of clinical practice guidelines, medical records, medical and multidisciplinary consultation and evaluation/assessment of evaluee/family are recognized as best practice sources that provide foundation in life care plans.

85. Best practices for identifying costs in life care plans include:
a. Verifiable data from appropriately referenced sources
b. Costs identified are geographically specific when appropriate and available.
c. Non-discounted/market rate prices.
d. More than one cost estimate, when appropriate.

86. Life Care Planners will define terminology of our work product(s).

87. Life Care Planners have the option to use support staff under their direction and guidance in completing life care plans.

88. Life Care Planners shall identify conflicts of interest.

89. Life Care Planners shall identify the sources of their recommendations.

90. *Life Care Planners shall explore markets for life care planning outside litigation.

91. *Life Care Planner certification standards shall be augmented.

92. *Life Care Planners shall draft life care plans under supervision for one year.

93. *Life Care Planners shall better define dual relationships.

94. *Life Care Plans shall be limited to the planner's expertise and scope of practice.

95. *Life Care Planners shall be involved in research.

96. *When the life care planner includes home care, both private-hire and agency-procured services are options to be considered.

***Those statements with an asterisk (*) did not receive a consensus to maintain, delete or revise.***

**References**

Preston, K. & Johnson, C. (2012). Consensus and majority statements derived from life care planning Summits held in 2000, 2002, 2004, 2006, 2008, 2010 and 2012. *Journal of Life Care Planning, 11*(2), 9-14.

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Dr. Nichole Stetten recently completed her Ph.D. in Public Health with a concentration in social and behavioral science. Dr. Stetten's background and experience was utilized in developing the Delphi initial and subsequent round instrument used to collect data for this study.