

A Historical Look at the Fellow of the International Association of Life Care Planning (FIALCP) Designation

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Abstract

The Fellow of the International Academy of Life Care Planning (FIALCP) designation is an industry honor that has been bestowed upon only twenty-one individuals since its inception almost two decades ago. This article explores the creation and evolution of the life care planning Fellowship designation. The requirements for application, the criteria by which applicants are scored and the purpose and goals of the Fellowship designation are discussed.

“The International Academy of Life Care Planning (IALCP) introduced the Fellow designation in 2000 to recognize life care planners who both possess extraordinary life care planning skills and have made significant contributions to the profession” (Shahnasarian, 2015, p. 21).

The original life care planning association was the brainchild of Patricia McCollum, RN, in 1996, when there were no formal organizations that represented life care planners. At that time, many of the life care planners were nurses. Initially Ms. McCollum set out to start the American Academy of Nurse Life Care Planners. However, as the idea evolved, she found that life care planners at that time, as is the case in 2019, were not just nurses, but a group of multi-disciplined professionals with backgrounds in healthcare that included physicians, neuropsychologists, rehabilitation counselors, physical therapists and others. These individuals were providing life care planning services to the legal community, insurance companies, within worker’s compensation systems, in the private healthcare industry, and other entities.

In December of 1997, Dr. Roger Weed hosted a life care planning meeting. Attendees included: Roger Weed, PhD; Patricia McCollum, RN MS CRRN CDMAS CCM; Linda Shaw, PhD; Robert May, RhD; Dan Devine, COO of Intelicus, a nationwide training organization; and Debbie Berens, MS CCM CRC (Shahnasarian, 2015). As the leaders met to discuss the best way to approach the concept of a formal life care planning organization, it was decided that the organization should include all life care planners, not just nurses. The topics at that 1997 meeting were multiple, but this is when the idea of forming a “Fellow” designation was

initially discussed. The purpose of the designation was to recognize professionals with a certain level of skill, knowledge, experience and dedication to promoting life care planning concepts beyond billable time-related activity. A committee was formed soon after, in order to design what the Fellow designation would look like; what was required to achieve the honor; and how a life care planner could apply. The credential was eventually announced in 2000 (Shahnasarian, 2015). According to the original application procedures, the purpose of the Fellow Program was as follows:

The purpose of this program is to recognize expertise, experience and contribution to the field of life care planning. The program recognizes those life care planners who have achieved a high level of skill and who use their skills and knowledge to promote the advancement of life care planning (Shahnasarian, 2015, p.21)

Fellowship (FIALCP) Criterion

The initial Fellow application summarized 10 criteria which were worth a total of 120 points. An applicant was required to achieve 80% of those possible points in order to be passed and acknowledged as a FIALCP. These criteria, as taken off the application, were as follows:

CRITERION ONE: Applicant maintains necessary license or certification to practice in his/her health care discipline. There are no pending or prior sanctions relating to licensure or certification.

CRITERION TWO: Applicant contributes to the development of the field through providing education, conducting research, publishing in professional journals/texts, and/or providing mentoring for other life care planners. Education (teaching), research and publications are related to life care planning. Applicant participates in professional organizations (activity beyond holding membership, such as committee work or holding office). Applicant will submit a minimum of five (5) examples within the past two years and verification of participation in at least one (1) professional organization other than the International Association of Rehabilitation Professionals.

CRITERION THREE: Applicant demonstrates satisfactory acceptance of the life care plan product by obtaining at least two letters of recommendation from referring sources (i.e., the sources requesting the life care plan).

CRITERION FOUR: Applicant has completed a

minimum of 50 life care plans.

CRITERION FIVE: Applicant demonstrates systematic, comprehensive data collection (consistent method of collecting data, from appropriate sources).

CRITERION SIX: Applicant demonstrates analysis of data that reflects whether client needs are being met, comparison to expected norms, and comparison to expected standards of care.

CRITERION SEVEN: Applicant demonstrates a consistent planning process that includes methods for organizing data, consistent documentation tools, a process of validating inclusion/exclusion of content, and use of expert resources in formulating opinions.

CRITERION EIGHT: Applicant demonstrates evaluation of the life care plan for completeness and internal consistency; all information is detailed completely or marked as not applicable; there is a method for the recipient of the life care plan to contact the life care planner.

CRITERION NINE: Applicant who acts as an expert witness or consultant in legal matters demonstrates accuracy of record keeping for participation in sworn testimony and can describe his/her activity.

CRITERION TEN: Applicant maintains professional knowledge and skills through continuing education.

At the time of its original inception, it was decided by the founding committee that once achieved, the Fellow designation would not require renewal, as long as the Fellow remained a members of the International Academy of Life Care Planning (IALCP). At the discretion of the IALCP, the designation could be removed for such reasons as failure to follow standards of practice, ethical violations, or malpractice (Shahnasarian, 2015).

In 2012, the IALCP board of directors formed a task force to revamp the Fellow Program. This volunteer task force included eight IALCP members, one of whom was a designated as a fellow. The purpose of the task force was to address concerns that there was a disinterest by life care planners on how the designation was being utilized and that there may be standards that were not being followed by those already holding the designation. After two years of work, this task force made some changes to the verbiage and requirements of some of the criteria and the task force suggested that the Fellow designation should require a renewal process. This process would provide an opportunity to ensure that those life care planners deemed to meet the Fellow criteria continued to do so during their active career as life care planners. In other words, a life care planner could not just obtain the FIALCP designation and then discontinue their contributions and promotion of the advancement in the field. The changes to the criteria were made in 2014 and are noted below in bold and italicized font (IARP, 2019):

CRITERION ONE: Applicant maintains license and certifications to practice in his/her healthcare discipline. In addition, *he/she attests there* are no pending or prior sanctions relating to licensure or certification.

CRITERION TWO: Applicant contributes to the development of the field through providing education, conducting research, publishing in professional journals/texts, and/or providing mentoring for other life care planners. Education (teaching), research and publications are related to life care planning. Applicant participates in professional organizations (activity beyond holding membership, such as committee work or holding office). *Applicant will submit a minimum of five (5) examples within the past five years* and verification of participation in at least one (1) professional organization other than the International Association of Rehabilitation Professionals.

CRITERION THREE: Applicant demonstrates satisfactory acceptance of the life care plan product by obtaining at least two (2) letters of recommendation from referring sources (i.e., the sources requesting the life care plan) *within the past five (5) years*. Letters of recommendation from referring sources. *Content of letters should be supportive of the skills and expertise of the applicant.*

CRITERION FOUR: Applicant has completed *a minimum of 50 life care plans and a minimum working five (5) years as a life care planner.*

CRITERION FIVE THROUGH TEN: No changes were made and it was determined that the criteria appropriately followed the published life care planning Standards of Practice (Planners, 2015).

In regard to the renewal process, it was determined that Fellows would be required to provide a renewal application every five years. The language in the updated Fellow application stated:

A renewal process has been created to ensure that this prestigious designation is bestowed on life care planners who continue to follow standards of practice and who contribute to the field of life care planning. The following recommendations for a renewal process are intended to reflect consistency with the criteria that are met when achieving the Fellow designation (IARP, 2019, p. 10).

A peer review committee was formed to randomly audit renewal applications as any Fellow seeking renewal may be selected to undergo a blind review of one life care plan completed within the two prior years, in order to assure the Standards of Practice were still being met. (Planners, 2015)

In April of 2014, the current 14 Fellows were notified about the change in the program and that renewal would be required by the end of 2015. Early in 2015, reminders were sent out as well. By the fall of 2015, 75% of the current Fellows had submitted their renewal. This demonstrated to the IALCP Board that the current Fellows were seeing value in their designation.

Between 2015 and 2017, under the lead of the IALCP Section Board in place at that time (which was now under the umbrella of the International Association of Rehabilitation Professionals), it was determined that the Fellow Program

could still benefit from updating and rebranding. The number of Fellow applicants was not increasing over time, which was a concern to the organization. It was determined, upon researching the subject, that the majority of the Fellow Programs for other professional organizations were typically termed a “college”. The application was updated to include the following language:

The College of Life Care Planning Excellence was formed to recognize those life care planners whose expertise, experience and contribution to the field of life care planning are exemplary. The College rewards those life care planners who have achieved a high level of skill and who use their skills and knowledge to promote the advancement of life care planning. The College of Life Care Planning Excellence grants its Fellow designation based upon criteria established nearly 20 years ago. (IARP, 2019)

The change in this language led to additional questions by the IALCP Board. If The College of Life Care Planning Excellence was formed to recognize those life care planners whose expertise, experience and contribution to the field of life care planning are exemplary, would an 80% passing score really achieve the goals of the program? In response to this concern, an ad hoc committee was formed. After several months of meetings, it was recommended that only those who met the criterion with a 100% passing score should be provided this recognition of excellence. In addition, an eleventh criterion was added to the application. The eleventh criterion was as follows:

CRITERION ELEVEN: Applicant provides a 1-paragraph blinded-biography summarizing, at a minimum, their credentials, their years of life care planning experience and a brief history of what industry segments in which they have worked. This blinded-biography will assist the blind reviewers to understand the applicant’s background without knowing the identity of the applicant.

Since 2017, the Fellow Application now states the following regarding how the application is scored:

*Applicants who meet all criterion will be awarded the Fellow designation. Those who do not meet all of the criterion are provided information to determine which areas require improvement or clarification. The applicant can reapply and there is no waiting period. On the application, eleven criteria of skilled practice are delineated. Successful applicants are expected to consistently demonstrate skill and knowledge in each criterion. Each criterion is scored as a **pass or fail**. All three reviewers must agree on a pass of all eleven criterion. If all three reviewers do not agree, they may hold a conference call for discussion and reconsideration on the decision. If consensus cannot be reached, the application will be denied. The decisions of the reviewers are final. The review process is conducted using objective criteria. To ensure the integrity of the review process and the Fellow program, exceptions to the criteria will not be made (IARP, 2019, p. 3).*

For the renewal process every five years, the newest

application states:

Renewal of the Fellow designation occurs on the 5-year anniversary that the original designation was awarded.

After the 2017 changes were made, interest in the FIALCP designation gained momentum. There are currently 21 individuals who hold the title of Fellow, 12 of whom renewed for the first time in 2015 and will be up for renewal again in 2020. The newer Fellows will be required to renew five years following their initial approval of their professional recognition.

The list of life care planners who hold the designation of FIALCP as of September 2019 is as follows:

Tracy Albee, RN, LNCC, CLCP
 Cary Bartlow (deceased)
 Rebecca Busch, NR, MBA, CCM, CHS-III, FHFMA
 Darlene Carruthers, M.Ed., CCM, CDMS, CRC
 Paul Deutsch, Ph.D., CRC, CCM, CLCP (retired)
 Lawrence Forman, M.Ed., CCM, CDMS, CRC, CVE
 Reg Gibbs, MS, CRC, LCPC, CBIS
 Bob A. Gisclair, MS, CRC, LRC, LPC, CCM/R, CDMS, CLCP, MSCC, CMSP
 Heidi Fawber, M.Ed, LPC, CRC, CCM, CLCP
 Sherry A. Latham, BSN, RN, CLCP, MSCC, CNLCP
 Judith Masterson, RN, MSN, CRRN
 Patty McCollom, MS, RN, CRRN, CDMS, CCM, CLCP (deceased)
 Nancy Mitchell, MA, OTR/L, CLCP
 Kathleen Murphy, MSN, CRRN
 Terri Patterson, MSN, RN, CRRN
 Karen Preston, Ph.N., CRRN, MS
 Sharon Reavis, RN, MS, CRC, CCM
 Tanya Rutherford-Owen, Ph.D., CRC, CLCP, LPC, CDMS
 Michael Shahnasarian, Ph.D., CRC, CVE, CLCP, NCCC, NCC
 Roger Weed, Ph.D., CRC/R, LPC/Ret, CLCP/R, CCM/R, CDMS/R(retired)
 Tracy Wingate, OTR/L, CLCP, CCM

The Future of the FIALCP Designation

As the practice of life care planning enters into its third decade of existence, there are individuals within the field who have committed to leadership, education and professional development of the field. As a result of their efforts, the life care planning field has emerged as a formidable subspecialty in rehabilitation. Through its evolution, these leaders have created a peer-reviewed life care planning journal, life care planning textbooks, life care planning curricula, a life care planning certification, as well as a designation as a Fellow in life care planning. This fellowship designation was designed to recognize individuals who possess extraordinary life care planning skills and have contributed significantly to the field of life care planning.

Currently, there are 891 individuals who are certified in life care planning in the United States and Canada (ICHCC,

2019). In 2019, many in the field of life care planning are nearing retirement. To date, there are 17 actively practicing Fellows in the life care planning in the United States, representing a small proportion of the life care planning community. As more individuals gain experience in life care planning and contribute to the field, it is hoped that the list of recognized Fellows will continue to grow as the field of life care planning continues to expand.

References

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