



This article is based on a presentation by Susan K. Lindeblad, PhD, PT, Managing Director, Foreign Credentialing Commission on Physical Therapy, and Charlotte Martin, MPA, Executive Director, Louisiana Physical Therapy Board, at the 2017 FSBPT Annual Meeting.

The Who? What? Where? And Why? That the Regulatory Board Member Needs to Know About Foreign-Educated Physical Therapists

A few tools are available to physical therapy licensing boards to determine if a foreign-educated physical therapist (PT) has the education and clinical experience to be licensed in the United States.

Coursework Tool 6 (CWT6) went into effect on Jan. 1, 2017. The tool is used to assess the educational credentials of a foreign-educated PT for comparability and substantial equivalency to the first professional degree in the United States. It reflects the current Commission on Accreditation in Physical Therapy Education (CAPTE) evaluative criteria, which is based on the entry-level DPT. The retro tools one through five came from a Federation of State Boards of Physical Therapy (FSBPT) delegate assembly motion in 2005. The original intent of the retro tools was for endorsement. When the retro tools were presented, the delegate assembly motion was to accept them for endorsement or initial licensure.

Since then, the FSBPT Board of Directors has decided endorsement is the better option for the retro tools, especially for somebody who graduated in 1978 and has been practicing in a country that has not moved forward in terms of moving out of a prescriptive model of care. That person really isn't ready to take the National Physical Therapy Examination (NPTE®), and that's why, in 2020, one of the eligibility requirements to take the NPTE will be that they're evaluated on the most current tool, not on a retro tool.

States do have the authority to choose the option of using retro tools for licensure.

The most recent CWT6, as well as the previous ones, has been evaluated and studied for validity and reliability. FSBPT conducted a review of content validity and performed an inter- and intra-rater reliability study in 2015 prior to accepting and putting forth the tool. It was done by an outside vendor called DCI, which specializes in organizational tools and usage.

In addition to the Coursework Tools, the FSBPT's Foreign-Educated Standards Committee created the Performance Evaluation Tool (PET). The PET evaluates supervised clinical practice of individuals who are licensed and who graduated from a program that's not CAPTE-accredited.

The PET is free for use by all jurisdictions.

Outside Agencies Licensed to Use the Coursework Tools

Four credentialing agencies are licensed by FSBPT to use the coursework tool. The Foreign Credentialing Commission on Physical Therapy (FCCPT) is one of those agencies. They all employ trained and experienced professional credentials evaluators. FCCPT has six general education evaluators, three PT evaluators, and a number of PT contract reviewers, and are looking to expand. The average years of experience is about 20.

The FCCPT is the only agency of the four that evaluates only physical therapists and physical therapist assistants. The other companies also evaluate other professions. The FCCPT vision is to be recognized as the leading authority on international education and physical therapy. The first step of a credentials review is the authentication of documentation, making sure the individual coming from a non-CAPTE accredited institution has the authentic documents to show they truly were educated as a physical therapist or physical therapist assistant.

The next piece is the verification of any questionable documents. In one case, the seals appeared to be correct and the signature was authentic. But the information looked a little bit too good for what this person might have actually achieved educationally, and the first thing the staff recognized is it was on the wrong size paper. It was on a very nice 8-1/2 X 11 sheet of paper, and that's not the type of paper issued or used in that country. Authentication obviously is a skill.

The next piece is comparing those documents to the Coursework Tool. FSBPT has created Coursework Tools for both PTs and physical therapist assistants (PTAs). In making the comparison of documents, the documents must be the original source documents, and the FCCPT requires the full syllabus. Courses are not matched based on course title on the transcript, but on the content described in the syllabi. The agency verifies the applicant has passed all the courses on their transcript, and then matches the transcript courses with the syllabi that are provided directly from the school.

Sometimes a syllabus does not accurately describe everything taught in a class. But in an evidence-based review, if it's not in the syllabus the documentation is lacking. The applicant can go back to the school, and if the school can produce the course notes or lecture notes during the time that that applicant attended school, the evaluators then can do a re-evaluation.

The FCCPT is the only one of the agencies that uses a consensus model for all its reviews. At least two PTs read through all the documentation and have to agree on how the courses are going to be assigned to the Coursework Tool, and that everything has or has not been met. If they don't agree, a third PT breaks the tie, but that does not happen often.

PLAN to Overcome Deficiencies

The FCCPT also offers a service called Planned Learning and Assistance Network (PLAN). PLAN is available not only to applicants who come through FCCPT, but also applicants who went through one of the other agencies that found deficiencies. The PLAN advisors are retired PT educators and have a listing of courses that meet the deficiencies. They will give the individuals that list and the individuals then have the choice of where they want to go to take the courses. Some are in-person classes and some are online.

The advisors also will help to interpret the results. Sometimes the applicants see the report and wonder how they can be ruled not comparable and substantially equivalent when they have more than the minimum credits. Well, yes, they do have the equivalency of a master's degree or higher, but the content wasn't there. The scope of practice in their country may not have included wound care, in which case they will have at least two deficiencies on the tool. Sometimes they have all the content, but they graduated from a three-year program and, no matter how hard it's stretched, three years cannot equal five years.

The requirement to be comparable and substantial equivalent on CWT6 is no less than 170 semester credits, which equates to a little more than five years of study. There are general education minimum requirements in terms of communications, physical sciences, which still includes one chemistry and one physics with lab, a biological science, and two courses in social and behavioral science. One of the courses in social and behavioral sciences must be a general psychology course. One course in the category mathematics is also required. There is not a credit minimum in general education, but they must have all content in each of those areas.

Professional education includes basic health sciences, medical science, examination, evaluation, plan of care implementation, clinical education, and related professional coursework. Clinical education must be a minimum of 1,050 hours, which equates to the CAPTE requirement of 30 weeks of full-time clinical experience. It has to be with multiple settings and varied patient caseloads, and that equates to 22 credits. The entire professional education has to be 90 credits or higher.

Using Postgraduate Clinical Experiences to Make Up Deficiencies

On the previous Coursework Tool, comparability and substantial equivalence would have been considered at 800 hours of clinical education. On the CWT6, FSBPT added 250 additional clinical education hours. As a result, the Foreign-Educated Standards Committee looked at how applicants could make up clinical education if they didn't have it in school. There are some options within an educational setting but they're very difficult to qualify for.

A motion by the FSBPT delegate assembly directed the committee to explore tools that would consider experiences that had occurred after graduation and determine if there is readiness to enter into practice. Right now, the jurisdictions are opted into the program by default. Boards that do not want to consider postgraduate experience to make up clinical education deficiencies must opt out.

The committee decided to create some parameters. If experience after graduation is to be considered, boards need to make sure that, number one, this experience occurred through direct patient care. This couldn't be somebody who was working in a clinic but had clerical responsibilities. They needed to be functioning as a physical therapist, directly working with patients.

Second, they had to have at least 1,000 hours of experience that occurred at, on an average, 20 hours a week. And those 1,000 hours had to have occurred within the three years prior to their application for the Coursework Tool. They couldn't have experience from five years ago that they're now asking to be reviewed. If they have this type of experience, they can submit it as an addendum to the Coursework Tool. The hours can be completed locally or abroad. However, it

has to be verified on a notarized form that was completed by their supervisor or some authority at the facility with knowledge of the hours completed.

The credentialing agency, when they're reviewing the form, can determine if anything conflicts with previously provided information. They have the discretion to determine that something doesn't look right. What would be unacceptable is if the individual, even though they have the 1,000 hours and it's in the last three years with direct patient care, they were the only physical therapist, such as home health. Secondly, they must have at least one other physical therapist present, but the physical therapist with them must have at least two years or more of experience.

How the CWT Narrative Report is Structured

The first item on a report to a licensing board should be a statement that the education is or is not found comparable and substantially equivalent to the tool the board accepts. Some duplicate reports written years earlier or reports from other agencies may not lead with that statement. But FSBPT has discussed this format with the other agencies, which are looking at their reports.

Then the basics of each report is the educational institutions that the applicant attended. In today's environment, often there are multiple institutions because they did their entry level, they knew they had deficiencies and took other courses or, for visa purposes, they have to have at least a master's degree in something so they will have another education past their entry level degree.

For an educational credentials review, applicants are not required to provide the agency with their license verification. They are required, however, in order to meet their United States Citizenship and Immigration Services (USCIS) requirements, and some states require submission to the agency. For the other states, the FCCPT still notes what was required for them to practice in the country in which they were educated. That way, if a state or jurisdictional board wishes to know if they were eligible, the board knows where the documentation can be found. If the applicant provides the verification, FCCPT will re-include the information in a report.

Then there's information about the general education requirements. And if there were any deficiencies, those will show up at the end of that paragraph in bold letters.

The next section is the applicant's professional education information. It will list how many credits they have and whether or not there were any deficiencies. If they met the minimum requirement for clinical education, there will be a statement to that effect. If they did not meet the minimum requirement, there will be a statement of what they have and what they need.

Some jurisdictions have some additional requirements beyond the coursework tool. If FCCPT knows what they are, they will include those in the report and make sure the applicant has either met those or not met those. Jurisdictions should notify the credentialing agencies that they accept reports from when they make changes in their requirements.

At the end is a statement that reads: "Remember that this is an advisory tool. It is up to the jurisdiction to decide if that person is qualified to be licensed or to sit for the exam in your jurisdiction."

Originally, FSBPT did not develop a tool for PTA. However, in 2007, Medicare/Medicaid wrote into their rules and regulations that, for reimbursement, an individual had to either be a graduate of a CAPTE-accredited PTA program or show that they had comparability and substantial equivalency. That requirement relates to both foreign graduates as well as the military trained. The PTA tool was developed to meet that requirement. It is now in its second iteration.

About half of jurisdictions allow for use of the PTA Tool. Some of them designate that they must have been educated as a PTA where they originally had their education, but the PTA position doesn't exist in many other places. And in some cases, it's a very different role and the scope of work in terms of what they can do and how they do it is not the same as in the US. PTA Tool 1 is for graduates prior to 2017. PTA Tool 2 went into effect in February of 2017, so any graduates after January 2017 will be evaluated on that tool.

PET Evaluates Competence

The goal of the PET is to ensure that foreign-educated PTs who have supervised clinical practice are evaluated on their ability to practice competently in the U.S. healthcare system. The tool also evaluates if the delivery of care is safe and effective. It evaluates the cultural competence of the foreign-educated and evaluates their English comprehension and their communication skills specific to the profession of physical therapy.

The tool is used specifically to evaluate people who have completed a supervised clinical practice. It allows jurisdictions to provide a midterm evaluation as well as the final evaluation. Boards that require supervised clinical practice may have an applicant who has practiced for several years, has published, and is well researched. In that case, perhaps the board would decide to do a trial run and evaluate mid-term. If the applicant scores well, the board then has the option of shortening the supervised clinical practice.

The tool has a required comments section. Both the evaluator and the individual who is being evaluated are required to provide comments before they can submit the form.

The report is web-based and transferable so if a foreign-trained physical therapist in one state moves to another state that requires supervised clinical practice, the report easily can be transferred directly to that state. In addition, it doesn't expire, and boards can reference it any time it's needed.

Six categories are covered on the PET and each category has two sections. One section is the essential criteria, which is mandated. It must be completed and observed. And then there is the evaluative criteria, which is optional. It may have been observed, and the evaluator can select to choose different observations. The six categories covered are professional behaviors, communication and documentation, examination, evaluation diagnosis and plan of care, intervention, and the United States healthcare system.

Coming Soon: A Foreign-Educated PT Primer

The Foreign-Educated Standards Committee is developing a one-stop primer on licensing foreign-educated PTs. Currently the information is scattered and new board members, administrators, and the foreign-educated with questions have to search for the answers. The

primer contains a small amount of information on each topic, and then it points the knowledge seeker to links where they can find the latest information. For example, if someone was interested in educational comparability and equivalency and wanted to learn about the Coursework Tool, there is a one-pager that explains the tool. It explains the retroactive tools and the current tool and provides links for more information. For English language proficiency, there will be information on the Test of English as a Foreign Language (TOEFL).

The committee created one-pagers on all the topics they thought would be interesting to individuals who are either trying to enter into the United States or who are on licensing boards. The committee considered putting current recommended standards in the primer but decided since the information would change over time, it should link to the latest information. It is hoped it will be available to the jurisdictions in 2018.



Susan K. Lindeblad, PhD, PT, is the Managing Director of the Foreign Credentialing Commission on Physical Therapy. She is also providing support to the FSBPT continuing competence staff. Sue began working with the FCCPT initially in 2001. Prior to that, Sue was on the faculty at the University of Miami, where she still guest lectures. Her PhD is in Higher Education Administration from the University of Miami. She served on the Florida Board of PT for 13 years prior to joining the FCCPT in 2001. She currently serves on the Board of Directors for the not-for-profit organization “Island Dolphin Care,” out of Key Largo, Florida. This is a program for children and families working with Dolphin-Assisted Therapy.



Charlotte Martin, MPA, is Executive Director of the Louisiana Physical Therapy Board, serves as the Chairman of the Foreign-Educated Standards Committee, and is a member of the Council of Board Administrators for the Federation of State Boards of Physical Therapy. She is a National Certified Investigator and Inspector through the Council on Licensure, Enforcement & Regulation (CLEAR). Charlotte received a baccalaureate degree from the LSU College of Humanities & Social Sciences in 2004 and a Master’s degree in Public Administration from the LSU E.J. Ourso College of Business in 2008.

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