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president's **perspective**

**Is the world getting smaller?**

*Maggie Donohue, PT*

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Many of us receive real-time updates about our friends, family and even world events every time our smart phones beep, blink and buzz. To me, smart phones are the latest example that technology is making the world – and information - much more accessible. The world sure SEEMS to be getting smaller.

These new technologies might be able to broaden e-health capabilities in all sorts of ways.

**Why is this important?**

Many of our constituents, including licensees are embracing those new technologies. So we should not be surprised to find expectations that regulatory bodies use those technologies as well.

**To what purpose?**

We think these technologies might be used to increase access to competent, safe healthcare. And they may be used to decrease bureaucratic requirements that limit access to competent, safe healthcare across state and maybe even international boundaries.

Here is what we hope to make a reality. When you read these, remember that our overarching mission is to protect the public; that consideration should inform every decision we make.

- We (the Federation and member boards) work together so that competent practitioners can more easily and quickly practice in other jurisdictions – for instance, where multiple jurisdictions are within commuting distance, to ease shortages and to respond to emergencies.
- We agree on what information and standards are needed for licensure.

- We agree on standards for educational requirements for international PTs to practice in the US.
- We abandon requirements for licensure that do not measure or are not related to competence to practice.
- We enhance the ability for competent international practitioners to become licensed and quickly integrated into the US healthcare systems to address shortages.
- We think proactively about how to address the increased insured population under the Affordable Care Act.
- We ensure that disciplinary actions, no matter who initiates them (federal, state, employer), are communicated to all jurisdictions that license that disciplined individual.
- We ensure that jurisdictions have timely exam and other licensure information.
- We give patients access to disciplinary actions taken on practitioners in order to make informed decisions.
- We learn how healthcare regulation works in other countries and identify how our systems might be improved based on this information.

We envision a future where not just US jurisdictions but countries execute mutual recognition agreements to allow transnational practice to meet the healthcare's labor market mal-distribution and labor shortage.

#### **How are we, the Federation and state boards, addressing these goals?**

When I look at these goals, I realize that we have been working on them since our beginning and are continuing to address them through our most recent initiatives. The Federation's Delegate Assembly supports the exploration of many of these initiatives. I'd like to share a snapshot of what we are researching or pursuing at this time.

#### **Licensure Portability Tools**

These tools, if adopted by a majority of jurisdictions, would streamline the process that already-licensed PTs and PTAs would complete to be licensed in other jurisdictions.

##### *Licensure Compact*

Jurisdictions that entered into a licensure compact with each other would agree to certain requirements for licensure. They might then allow other compact signers' licensees to practice in their state analogous to state driver's licenses.

There are many important provisions that need to be worked out (how to handle disciplinary actions, for instance). FSBPT has a task force developing the framework for moving forward on this project.

##### *Common Licensure Application Service*

Research shows that US jurisdictions agree on the majority of information and standards they need for licensure, therefore, a common **online** application could be developed. The application information would be passed to the appropriate jurisdiction. Again, many specifics need to be hammered out. But

the potential efficiencies for the jurisdiction make this an idea worth pursuing. Medical boards have already successfully implemented what they call a Uniform Application.

#### *Credential Verification Service*

The capture, authentication and verification of documents commonly needed for licensure in one database accessible to licensure boards could produce potential efficiencies for obtaining licensure endorsement in another jurisdiction. We are in the process of researching whether this is a service worth pursuing.

#### **Additional initiatives**

Your Federation is exploring and moving forward in a number of additional areas to address healthcare regulation issues within jurisdictions, across jurisdictions and between nations.

#### *Minimum Data Set*

The Minimum Data Set is a federal initiative that the Federation Delegate Assembly supports. We are working on developing the minimum information that licensure boards could capture during initial licensure and renewal to provide federal and state workforce planners with information about where PTs/PTAs are working and in what capacity. This could be used to clarify what areas (locations and specialties) are under- and over-represented in the US.

#### *English Language Proficiency Standards*

We are reviewing the current FSBPT Delegate Assembly-adopted English language proficiency standards for internationally educated PTs/PTAs to see if they still reflect the level of proficiency needed by a physical therapy provider working in the US healthcare system. As they are also adopted by member boards, they can help to set the standard across the nation.

#### *Coursework Tool (CWT) Acceptance*

All FSBPT member jurisdictions now allow the use of the Federation's Coursework Tool to determine if an internationally educated PT/PTA has had an equivalent education to a US PT/PTA.

#### *ELDD Stars*

Licensing board members can now view their jurisdiction's participation rating on the Federation's Exam, Licensure and Disciplinary Database (ELDD). The ELDD provides automatic, free electronic reports of disciplinary actions to every state a PT or PTA is licensed in.

Members can log in at Members Login on [www.fsbpt.org](http://www.fsbpt.org). The rating will be on the Dashboard page.

#### *INPTRA*

The Federation is supporting the [International Network of Physiotherapy Regulatory Authorities](#) in many ways – FSBPT serves as INPTRA's Secretariat; hosts INPTRA webinars; and supports INPTRA board of directors webinars and INPTRA meeting at World Confederation for Physical Therapy (WCPT) meetings.

INPTRA's purpose is to provide a forum for existing and emerging physiotherapy regulatory authorities and other related organizations, to participate in exploring and furthering understanding of regulatory systems, issues and opportunities around the world, and to facilitate international cooperation and collaboration on issues of mutual interest.

### *Continuing competence*

Following the Delegate Assembly's motions, the Federation is continuing to develop systems and tools for jurisdictions to monitor a practitioner's competence through their practice life. A great place to review our progress is at <http://www.fsbpt.org/FreeResources/ContinuingCompetence.aspx>.

### *Telehealth*

The Federation continues to support dialogue and the development of regulatory language that allows the expanded use of telehealth where it is in the patient's best interest. When we think of the patient's best interest, we consider underserved populations in two aspects – not enough PTs/PTAs available locally and access to specialists that are not available locally.

The Ethics and Legislation Committee is completing a regulatory resource guide on telehealth for use by jurisdictions as more and more providers utilize telehealth in physical therapy practice.

### *Supervised Clinical Practice*

To ensure that internationally educated PTs/PTAs are competent practitioners in a US healthcare setting, we have developed a system and performance evaluation tool for jurisdictions. With this new development, these individuals can be evaluated on their ability to work as a US PT/PTA. Virginia is currently piloting the evaluation tool.

### *Bridging programs*

We think the Canadians' bridging programs may be worth adapting to our use in the US – these programs provide internationally educated PTs/PTAs with classes about how the Canadian healthcare system works, which better prepares them to "hit the ground running" when they start work.

## **Opportunities abound**

If Thomas Friedman was correct in his book "The World is Flat," we have great opportunities as healthcare regulators to be open to new futures, to find creative ways to balance regulation with the provision of effective and quality care!

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President Maggie Donohue, PT received her physical therapy education from the University of Medicine and Dentistry of New Jersey. She initially worked in a large trauma hospital and now is a partner in Foothills Physical Therapy.

Maggie served on the Advisory Committee to the New Hampshire Board of Medicine. She was a member of the legislative committee to create an independent PT board then served as Chair of the Physical Therapy Governing Board and President of the New Hampshire Board of Allied Health Professionals from 1998-2006. During her time on the board, she worked to pass legislation to improve direct access in New Hampshire.

Maggie has served as a Federation Delegate, attended the 1999 Summit and was a member of and then chaired the Ethics and Legislation Committee. In 2006, she was elected to the FSBPT Board and now serves as President.

Maggie's general background includes a history of participation in several organizations including: APTA member: 1984-present; member,

committee to create legislation for an independent PT board in New Hampshire; liaison for the PT governing board and NHAPTA government affairs committee; liaison, private practice organization and insurers in New Hampshire; and presenter for FSBPT, APTA and NHAPTA.