



Physical Therapy Education: What is New and What Regulators Need to Know

This article is based on a presentation by Kathrine A. Giffin, PTA, MS Ed., Chair, PTA Educators Special Interest Group, PTA Program Director, Kent State University; Patrick S. Pabian, PT, DPT, SCS, OCS, CSCS, Program Director, University of Central Florida; and Sandra L. Wise, PhD, Commission on Accreditation in Physical Therapy Education, at the 2015 FSBPT Annual Meeting.

This session was a panel presentation and discussion regarding physical therapy education. Presenters provided an overview of the new Commission on Accreditation in Physical Therapy Education (CAPTE) standards for physical therapist (PT) and physical therapist assistant (PTA) programs, the history and mission of American Council of Academic Physical Therapy (ACAPT), as well as current initiative, opportunities, and challenges related to PT and PTA education.

The session began with the overview of CAPTE standards and the implications for state licensure boards.

CAPTE currently has under review 28 PT and DPT developing programs and 75 PTA developing programs. The process for developing new programs has changed. CAPTE used to look at 30 new programs a year and just cut it back to 21, primarily because of the workload. Anyone who has been involved in developing a new program knows the workload that goes into it. CAPTE has the additional step of having to review the programs and make sure they meet all the standards and criteria. With fewer programs reviewed each year, there will be a subsequent delay in the startup of new developing programs.

CAPTE is recognized by the U.S. Department of Education (USDE) because it is involved in disadvantaged student grant funding out of the Health Resources and Services Administration (HRSA). Likewise, it is recognized by the Council for Higher Education Accreditation (CHEA). One of the criteria CHEA looks at for recognition is transparency of decisions. To meet that, the CAPTE website now contains all the reasons why a program is accredited, why accreditation was withdrawn, or why a program was placed on probation. Although CAPTE is affiliated with American Physical Therapy Association (APTA), CAPTE functions independently, another CHEA requirement. APTA doesn't deliberate on any of the decisions CAPTE makes about programs. Finances are separate, too. Their roles are spelled out in a memorandum of understanding. USDE wants CAPTE to monitor the growth of the programs and that information is included in

monitoring reports.

Government regulatory focus is all about student outcomes right now. The government is looking to accreditors to create benchmarks and hold programs and institutions accountable to them — not just for programmable accreditation but also for institutional accreditation. CAPTE hopes more students will pass the exam as graduation rates rise. Graduation rates will rise because of changes to the curriculum and the clinical part of the standards and elements within the CAPTE criteria. CAPTE has set a minimum pass rate, a minimum graduation rate, and a minimum employment rate for educational institutions.

CAPTE started a long and laborious review of the evaluative criteria beginning in 2013. The criteria become effective in January. Although some new criteria were added, 95% of them are the same, just rearranged. Benchmarks are new and there are new criteria for the program directors and faculty, among others. There also is more emphasis on quality assessment.

CAPTE is looking at ways to create an international accreditation process but is starting closer to home. The emphasis is how to get foreign-trained PTs ready to sit for the licensure exam. The Coursework Tool (CWT) discussed in another session can do the evaluations. What CAPTE is looking at developing is a process whereby education programs can create competencies or meet education gaps found on the CWT so foreign-trained PTs can take the courses or competencies — whatever their gaps are — and then be able to sit for the exam. What CAPTE is deliberating, then, is how to accredit those bridge programs. Then it will investigate accrediting overseas programs. Foreign programs are not at the doctoral level and it becomes challenging to equate to what's done in the United States. A CAPTE task force is working with the FSBPT and the Foreign Credentialing Commission on Physical Therapy (FCCPT) on the project.

Discussion then moved on to the American Council of Academic Physical Therapy.

ACAPT formed in 2010 under the APTA Board of Directors. It's composed of voluntary educational institutions. At last count, 208 PT educational institutions were members. At the last meeting, 170 or 180 academic administrators or representatives from these institutions gathered. Having so many in the same room talking in a collegial manner and working together on a shared vision was huge. Gains so far are small but the momentum is improving.

ACAPT is focused primarily on didactic and clinical education, but is looking to expand to post-professional education. Its mission is to serve and lead academic physical therapy by promoting excellence in education, scholarship and research, practice, and service to improve the health and wellness of our society. ACAPT's vision is to be the leading voice to achieve and sustain excellence in academic physical therapy. Partners include FSBPT, APTA, CAPTE, and a host of others.

ACAPT was formed because the shifting demographics of health and the rapid rise of specialization care demand contemporary approaches to professional and post-professional education. At the same time, a severe faculty shortage has stressed innovation in professional education. The need for evidence to support clinical care demands a high-level commitment to scholarship as well as teaching and service. There are more programs, more students, more cost

and debt, and more pressure to standardize education to achieve excellence.

ACAPT hopes to achieve its goals and vision by creating benchmarks for excellence; best practices in clinical education; standardization of admissions and curricula; inter-professional collaboration; resources for students, faculty, and leadership; and innovation and transformation as PT moves forward.

The organization will continually address and assess readiness for practice and seek new insights from other professions. It seeks to aggressively reduce student debt load while preparing the next generations of faculty and leadership. Debt load is a critical topic. Anytime anyone suggests a change in procedure, one of the questions always asked is, what's the cost to the student?

The focus then shifted to what the proper educational level and scope of work for PTAs moving forward is, and the utilization of other professionals as the extenders of therapeutic care in physical therapy.

The feasibility of requiring a bachelor's degree was reported to the APTA House of Delegates in 2014. A February report gave focus and direction as to what APTA is going to work on in regard to PTAs in the coming years. There have been no changes to policies for PTAs since about 2002. Therefore, PTA scope of work has not changed. Most practice acts have not changed at all in the last 14 years or so, either. However, the role of the PTA needs to be addressed by emphasizing PTA education in direction and supervision as PTAs become increasingly more independent in the workplaces. There have been changes in CAPTE standards and APTA resources are increasingly available on delegation and supervision issues.

The APTA Board of Directors also has given direction to advocate for a more standardized scope of work for PTAs and to standardize the expectations across jurisdictions. As part of the PTA scope of work review, the Board considered a 2002 document titled, "The Future Role of the PT Assistant." Basically, nothing has changed since the document was released, except the practice environment. While APTA determined that an associate's degree is still appropriate for entry-level PTAs, it did acknowledge the importance of post-entry-level education and the development of skills, with a primary focus on advanced proficiency pathways APTA is developing in several practice areas.

APTA also looked at the utilization of other individuals in providing physical therapy services and basically determined it doesn't have enough information to give any informed decisions. A process for gathering that information is therefore being implemented. At the same time the APTA Board is gathering information from PT and PTA educators on what is being taught in direction and supervision for PTAs. It also is looking at those jurisdictions that have experience in their practice acts with delegating to other individuals, as well as looking at unique models of care.

With implementation of the Affordable Care Act (ACA), PTAs are expected to be 90% productive right out of school as an expectation for reimbursement. Consequently, the days of telling new grads to find a good mentor and that they'll learn as much in their first year as they did in the two years of school are gone. Physical therapy is now considered a doctoring profession, though

it's unclear what that means.

Acute care is seemingly encroaching on the realm of PTAs. In many jurisdictions, the PTA is the primary provider in sub-acute and rehab settings, and many patients now are entering those facilities in worse shape than previously. In many jurisdictions, entry-level grads can work under the general supervision of a PT, and therefore they are being hired to perform PRN, to work in home health, to work in traveling. It's a whole new world out there in terms of a PTA's first job, which puts a huge burden on the educator to make sure they are ready to work independently.

Some environments may call for the use of outside specialists. For example, in some cases an athletic trainer may be the better provider of care as opposed to the PTA. On the other side of the spectrum, people certified in strength and conditioning who have a very specific intervention expertise may be perceived as being more qualified than the PTA.

The breadth of PTA education is pretty well defined. Depth is more challenging. For example, in the past there was a glancing teaching of pharmacology. That's gone. Now pharmacology must be taught in more depth because clinics expect that PTAs know what's going on with their patients when they progress their exercises. PTAs need to know about patients with diabetes and heart problems because they are not just seeing patients with a knee replacement. It's not that the standards have changed in PTA education, it's not that so much additional stuff has been added, it's that the knowledge of the interventions has expanded to the level that institutions are continually making choices as to what needs to be taught, including more record-keeping and documentation courses. There is a crisis in knowing and being able to teach to entry-level expectations.

The 2014 report on the feasibility to transfer to a bachelor's degree included a gap analysis among the standards and expectations among CAPTE, FSBPT, and APTA. Fifty-three gaps were found. So no matter whose standards are being taught to, educators are constantly filling in the gaps. PTA educators are working hard to meet everyone's expectations, but there is a problem moving forward.

APTA is putting no resources toward a bachelor's degree but a decision has to be made to either to keep PTAs as technicians or move them more into a physician's assistant function, doing more assessment and working under the direction but not supervision of a PT.

A lot of discussion in the question and answer period focused on just how much education a PTA needs. Some argued that an associate's degree was sufficient. Others argued for more education. One participant noted that athletic training is now a master's program.

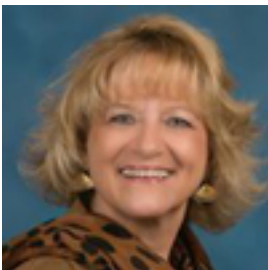
Some of the issues will have to self-sort themselves with time. For PTAs to continue to function in indirect supervision formats, educators will have to step up the critical thinking aspects and develop those graduates to a bachelor's level. If the profession believes the PTAs should only be supervised in direct settings, then the associate level is probably the appropriate level. The problem is a number of states have already instituted indirect supervision. In those cases, the solution may be two tiers, a PT tech and a PTA.



Kathrine A. Giffin, PTA, MS Ed, is an Ohio licensed PTA and the PTA Program Director at Kent State University, where she previously served as ACCE. The KSU PTA program accepts up to 112 students' annually at two campuses, and in a hybrid format for students who are already certified athletic trainers. Kathy is currently the Chair of the PTA Educators Special Interest Group in the APTA Education Section, a member and past chair of the Ohio PTA Educators Consortium, a CAPTE onsite reviewer, and served on the FSBPT School Reports Task Force.



Patrick S. Pabian, PT, DPT, SCS, OCS, CSCS, is the Program Director and Clinical Associate Professor for the Doctor of Physical Therapy Program at the University of Central Florida (UCF). He serves as the institutional representative for UCF on the American Council of Academic Physical Therapy. He is a Fellow of the Education Leadership Institute of the American Physical Therapy Association, has completed a research fellowship with the College of Health and Public Affairs at UCF and is a current PhD student in Higher Education and Policy Studies at UCF. He is involved in professional service as a member of the Florida Board of Physical Therapy, and member of the Sports Council for the American Board of Physical Therapy Specialists.



Sandra L. Wise, PhD, brings a diverse background and strong record of service in higher education as Commission on Accreditation in Physical Therapy Education (CAPTE) director and to our department of education. She is well known to CAPTE accreditation staff, having served as a CAPTE commissioner from 2007-2011 and as a team member on 16 accreditation site visits to PTA programs. Sandra has relocated to Alexandria, Virginia, from Florida, where she was campus president and chief academic officer at Argosy University.