



## Updates from the Foreign Educated Standards Committee

*This article is based on a presentation by Mary T. Keehn, PT, DPT, MHPE, University of Illinois at Chicago & the Rehab Knowledge Exchange, and Charlotte Martin, MPA, Executive Director, Louisiana Physical Therapy Board, at the 2016 FSBPT Annual Meeting.*

This interactive workshop introduced a variety of resources available to jurisdictions and foreign-educated applicants, including the Performance Evaluation Tool for Supervised Clinical Practice and a course offered by Duke University that is designed to address deficiencies of foreign applicants specifically related to the United States healthcare system. Attendees learned about current tools available to jurisdictions, committee recommendations for best practices in initial licensure and endorsement for foreign-educated applicants, and new initiatives for 2017.

The pursuit of licensure and practice as a foreign-born physical therapist (FEPT) in the U.S. is not an easy path. A survey done in 2014 by FSBPT and published in the *PT Journal* notes that the top reasons FEPTs come to the United States is for higher wages and benefits, to join a family member or spouse, for the opportunity for advanced education, or for the opportunity for advanced practice. So while the U.S. looks at FEPTs to a way to fill shortages or to diversify the workforce, that's not necessarily why they are coming.

Polling the audience, it was shown that staff and administrators spend a small or moderate amount of time on FEPT issues, while the vast majority of board members spend very little time on the issue.

On the question of how many FEPTs are applying to be PTAs, nearly half said none. It was pointed out that some states prohibit licensing PTAs if they have not graduated from a PTA course.

The Foreign Educated Standards Committee (FESC) is responsible for recommending updates to the Coursework Tool (CWT), for ensuring the validation process is valid, to encourage its use by all agencies, and to oversee the quality assurance processes. It is also responsible to take measures to assure entry-level competence of FEPTs and foreign-educated PTAs (FEPTAs), a wide-reaching charge that takes the committee in multiple directions.

The stakeholders for FEPT regulations are numerous and diverse. They include the public, state licensing boards, PT and PTA education programs, foreign applicants for licensure,

FEPTs already licensed in the U.S., employers, and U.S.-educated PTs and PTAs.

From the perspectives of the education programs and U.S.-educated PTs and PTAs, there is a concern that the requirement for FEPTs needing six months of supervised clinical practice might actually impact on the availability of quality educational experiences for CAPTE-enrolled students. Also, U.S.-educated PTs and PTAs are sensitive that jurisdictions do not make it easier for FEPTs and FEPTAs to practice in the U.S.

The committee's number one guiding principle is to create "just right" regulations. The goals are to not create unnecessary barriers and that the regulations ensure the qualifications of practitioners. A second guiding principle is to ensure a level playing field for CAPTE and non-CAPTE graduates. The third principle is to embrace the idea that FEPTs bring something to our workforce that could improve the quality of care, and that that is an aspect of public protection. The fourth principle states that jurisdictions have the right to determine laws and rules, but differences among jurisdictions should be intentional and purposeful.

In keeping with the fourth principle, the FESC recently issued Best Practices and Guidelines for Endorsement. The committee also issued criteria for evaluating professional experience in the credentials review. FESC supported the development of the Duke University U.S. healthcare system educational module and participated in developing new standards for TOEFL (Test of English as a Foreign Language).

The committee needs data to achieve its goals. The survey done in 2014 was an initial recommendation from the committee. The committee was trying to determine the committee's mandate and what needs states were likely have from the Federation in terms of FEPTs, but it had very little information upon which to do any decision making. The committee's need for data is somewhat different than that needed by other stakeholder groups, but it's still valuable for other stakeholders. The focus is not just on quantitative results but also qualitative so the committee can understand what it takes to go through the process.

Applicants for the NPTE come from 53 countries, including the United States. Four countries — the Philippines, India, South Korea, and Egypt — account for 86% of foreign-educated applicants. According to 2016 annualized data, U.S. applicants have a 94% pass rate. The overall pass rate for applicants from the 52 non-U.S. countries is 46%. The Philippines pass rate is 57%, India is 35%, South Korea is 37%, and Egypt is 32%.

Of the more than 3,000 foreign applicants, only about a third actually took the exam. The reason why is unclear.

It's also interesting to look at the data from the point of view of where FEPTs are applying for licensure.

The same 10 states are consistently in the top 10 and account for 88% of foreign-educated NPTE applicants. They are New York, Texas, Florida, Delaware, Indiana, Connecticut, California, Michigan, Illinois, and Maryland. Twenty-six states have five or fewer foreign-

educated applicants annually. The states with large volumes may have a different system in place to manage that volume than the 26 states with very few applicants, which may have a very tight system. The data doesn't show if that's a good or a bad thing.

The section on resources for jurisdictions centered on a scenario about Arie, who graduated from a university in Finland, has practiced in Finland for seven years, and now is interested in moving to the United States.

First Arie has to decide in which jurisdiction he is going to be licensed. That jurisdiction will have its own requirements. When he looks at the different states, he will notice the requirements are very different from state to state.

The board where Arie ultimately applies needs to look at his education and make sure it is equivalent to a CAPTE-accredited program. It has to determine if he is clinically competent and understands the rules and laws of the jurisdiction. Ultimately, the board is trying to determine if he is safe to practice in the United States.

The committee recommends best practices for jurisdictions and the first recommendation is that the applicant pass an English language proficiency examination. It is recommended that TOEFL tests be standardized across jurisdictions so an applicant only has to take it once, say if they are first licensed in Louisiana and then wish to move to Georgia.

The second recommendation is to review the educational credentials of the applicant using the most current CWT. Arie graduated seven years ago and could be tested against the CWT current at the time of graduation. But the committee recommends using the most current standard in place. If he passes, it should stand for endorsement.

There are some common deficiencies in FEPT educational credentials reviews. They are a lack of knowledge about the U.S. healthcare system, supervision of PTAs and other personnel, and documentation and billing.

To address the deficiency in U.S. healthcare knowledge, the committee recommends jurisdictions make available a course on U.S. healthcare. A number of courses are available, but the committee recommends the Duke University course. It's an online course and if Arie has his credentials reviewed and is shown to be deficient in U.S. healthcare knowledge, he can take the course online before he leaves Finland.

Let's say his CWT finds he is deficient in some science courses, like Biology 101. But when looking at his post-graduate experience, the board finds he has had a residency or fellowship in PT, or has a board certification, or taught in a CAPTE-accredited program, or is published. The board could put a note on his CWT and license him. It's a board process and not a credentialing process, so although one jurisdiction may license him, if he applies in another jurisdiction they may still require Biology 101.

The committee also recommends the applicant be assessed for entry-level clinical competence. To achieve that, the committee recommends supervised clinical practice for the initial licensure, not to be repeated for endorsement.

The committee has a model for supervised clinical practice. It consists of 1,000 hours with

an onsite, board-approved supervisor at a board-approved facility. There would need to be a disclosure of potential conflicts of interest between the applicant and the supervisor, such as a familial relationship. An agreement with terms and conditions of the supervised clinical practice is written and signed by the applicant and supervisor. There also needs to be some kind of performance evaluation or assessment that says the applicant completed the practice and he passed.

That's where the Performance Evaluation Tool (PET) comes in. It's a free, web-based tool developed for FEPTs that is available to all jurisdictions. It is completed by the trainee and supervisor and evaluates the trainee's ability to communicate professionally as a PT. It's a consistent evaluation tool using a standard-setting process with subject matter experts to determine a pass/no pass score. It also allows for comments. When polled, nearly half the audience said supervised clinical practice is the ideal method to determine competence for practice. Nearly 1 in 5, however, said passing the NPTE was enough.

The fifth recommendation from the committee is to require a jurisprudence exam for both initial licensure and for endorsement and for both FEPTs and CAPTE-accredited PTs.

The committee has identified priorities for 2017 and beyond. One is to centralize the information on FEPTs on the FSBPT's website so it's easily found and accessible. The FSBPT website currently has all the information boards and applicants need on FEPT programs and requirements, but it's spread out across the site.

The committee also is looking at orientation resources for new board members and new administrators. Reviewing FEPT applications is a different process than U.S. applications and the committee would like to lessen the learning curve.

Another goal is to find a data system that could be inter-operational with existing systems and can collect data from the NPTE, credentialing agencies, and jurisdictions. Someone whose credentials are reviewed in one year may be licensed in another, and currently there is no way to examine that type of data.

A new CWT model has been issued and the committee wants to monitor its impact on the applicants. The committee also plans to continue research on the FEPT workforce and identify trends on jurisdiction selection, continuing competence efforts, and educational programs.

Some audience members expressed concern about requiring passage of the most current CWT because it would put additional strain on the jurisdictions and applicants. Jurisdictions have flexibility to do what is best for them, but the recommendation is out there for those who want support to change their criteria.



**Mary T. Keehn**, PT, DPT, MHPE chairs the Foreign Educated Standards Committee and is a former member of the Illinois PT Board. Her current professional roles include Associate Dean for Clinical Affairs in the College of Applied Health Sciences and Director of Interprofessional Education, both at the University of Illinois at Chicago. Dr. Keehn's commitment to working with foreign-educated physical therapists stems from her previous work as Director of Rehabilitation Services and Physical Therapy faculty member at UIC, where the challenges for therapists, educational programs, and employers were all too evident. Dr. Keehn also provides educational and administrative consulting services through the Rehab Knowledge

Exchange.



**Charlotte Martin**, MPA is the only administrator on the Foreign Educated Standards Committee, where she has served since November 2015. She understands the challenges that foreign-educated applicants experience through the licensing process. She serves to assist the committee with creating resources that will assist jurisdictional licensing agencies through national best practice recommendations. Ms. Martin is the Executive Director of the Louisiana Physical Therapy Board. Prior to joining the Board, she worked as a leader in public education reform in Louisiana and was a corporate fundraiser for the LSU Foundation. She lives in Louisiana with her husband and 3-year-old son.