APTA and FSBPT
Joint Communication on Continuing Competence
January 23, 2012

For many years, the American Physical Therapy Association (APTA) and the Federation of State Boards of Physical Therapy (FSBPT) have discussed and collaborated on continuing competence.

As per our respective organization’s definitions, the term continuing competence means the following:

**APTA** – The ongoing possession and application of contemporary knowledge, skills, and abilities commensurate with an individual’s (physical therapist or physical therapist assistant) role within the context of public health, welfare, and safety and defined by a scope of practice and practice setting.

**FSBPT** – The lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.

For APTA and its members, continuing competence is viewed as a component of professional development that addresses the minimum requirements of contemporary practice. Important is that professional development, like continuing competence, should be self-directed by the individual PT, or PTA in consultation with a PT, and based on self-assessment.

For FSBPT, whose mission it is to protect the public by providing service and leadership that promote safe and competent physical therapist practice, continuing competence is viewed in the context of public protection. As a result, the state licensing boards have an interest in and a responsibility for ensuring that licensees maintain competence.

In early 2010, APTA and FSBPT published a joint paper to generate discussion on continuing competence and to move the conversation forward (the paper is posted on the websites of both organizations at [http://www.apta.org/ContinuingCompetence/](http://www.apta.org/ContinuingCompetence/) and [https://www.fsbpt.org/download/ccdiscussionpaper.pdf](https://www.fsbpt.org/download/ccdiscussionpaper.pdf)).

As a result of the publication of the discussion paper, of regular meetings between the two organizations to discuss continuing competence, of increasing movement by licensing boards to replace continuing education models with continuing competence models, and of APTA’s and FSBPT’s interest in ensuring our respective stakeholders are engaged in these conversations, we are providing this joint communication as an update on this topic.

In early 2011, members of the APTA and FSBPT boards of directors met to discuss several topics, including continuing competence. This discussion included:

- who is responsible for continuing competence,
• why continuing competence is important,
• how we can help jurisdictions that want to add or modify continuing competence requirements,
• how we can help physical therapists become good at self-assessment, and
• whether or not we need and want to develop champions to promote dialogue and discussion about continuing competence, among other things.

As these types of conversations occur at the state level, we are seeing new models of continuing competence in such states as North Carolina and California. Indiana, Michigan, and Massachusetts are developing rules to implement a continuing competence approach.

One approach to developing models of continuing competence is through collaboration between the licensing board and the state chapter. APTA and FSBPT highly support and recommend this approach and suggest that since both the association and the licensing boards have a stake in ensuring the competence of physical therapists and physical therapist assistants, it is appropriate and necessary for the two groups to work together to build the model that will best serve the stakeholders in each state.

FSBPT has developed tools that state licensing boards may choose to use. One of these tools is aPTitude, a multifunctional system designed to make participation in continuing competence activities simpler and easier for licensees, licensing boards, and vendors.

It is important to understand that use of aPTitude is optional, and FSBPT has stated it has no desire or authority to make any components of aPTitude mandatory for licensees, jurisdictions, or vendors. It is FSBPT’s stated goal to provide tools that are user-friendly and promote ongoing maintenance of competence for licensees. Ultimately, each jurisdiction is responsible for determining what tools and requirements are best for public protection. The licensee may choose from among the jurisdiction-designated tools the options that are most appropriate for the licensee’s area of practice and need. To see more on aPTitude, visit www.fsbpt.org/aPTitude.

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