



May 2016

Volume 18, Number 5

## Federation of State Boards of Physical Therapy

In this News Brief:

- Does your board communicate well?
- Coursework Tool 6 approved
- Post-graduate clinical work experience approved for CWT clinical education hours
- Annual meeting credentialing = participating in LIF
- Our volunteers hard at work
- The stars have aligned – ELDD participation stars, that is!
- Continuing Competence resources shared with members
- Spotlight on member resources: Supervised Clinical Practice Performance Evaluation Tool Now ONLINE
- Court dismissed lawsuit filed by NC acupuncture licensing board
- Where dentists are scarce, American Indians forge a path to better care
- Fear of antitrust damages could stymie med boards
- Two topics from the Kevin Fickenscher Files of May 21, 2016: Cancer Prevention; Telemedicine
- Cheating in the News: The Challenges of Healthcare Fraud
- Board of Directors Report
- Board Liaisons to Jurisdictions
- Staff Contact Information

### Does your board communicate well?

We're looking for success stories to share about how PT licensing boards interact with stakeholders including the public, consumers, students and licensees. What are you doing in the area of communications that you are proud of? - Exceptional website? - Dynamic newsletter? - Visits to schools? If you have a something you'd like to share, please contact Susan Layton at [communications@fsbpt.org](mailto:communications@fsbpt.org).

**Deadline for submission is June 17, 2016.**

If your submission is accepted for presentation to the annual meeting, we will fund two people from your board or state to attend the entire annual meeting.

### **Coursework Tool 6 approved**

The FSBPT Coursework Tool is used by credential review agencies to determine if a non-CAPTE educated PT's education is substantially equivalent to a CAPTE-educated PT.

The CWT was revised to reflect the new CAPTE standards for PT and PTA programs taking effect January 1, 2017. Changes in the CWT 6 include an increase in total credits required from 150 to 170 credits and an increase in clinical hours from a minimum of 800 to 900 hours. The PTA Tool will be revised later this summer.

Training on the [CWT 6](#) will be provided to the credential review agencies later this year. The CWT 6 will be posted to the FSBPT website in June.

### **Post-graduate clinical work experience approved for CWT clinical education hours**

In 2014, the Delegate Assembly passed a motion to support the Board of Directors' exploration of tools to evaluate post-graduate/professional experience of foreign educated PTs in order to assess their readiness to practice in the US.

The motion was passed to ensure that qualified foreign-educated PTs would still be able to be licensed in the US even with the higher educational standards in latest Coursework Tool, CWT 6.

This month, the Board of Directors approved the Foreign Educated Standards Committee's *Framework for Considering the Non-CAPTE Graduates Experiences for Licensing* to address the Delegate Assembly motion.

Based on the Framework, the CWT 6 *Guidelines for Interpretation* will be revised to allow credential review agencies to consider clinical, direct patient care, work experience that meets certain criteria towards the CWT 6 required 900 clinical education hours. There are a number of parameters and limitations included in the Framework to ensure that the practice experience meets a minimal level of quality.

Post-graduate clinical experience hours requirements for physical therapists:

1. Completed an average of at least 20 hours per week for a minimum of 1,000 hours.
2. Completed 1,000 hours in direct patient care.
3. Completed the hours within the most recent three years preceding the application.
4. Completed the hours within a hospital, rehabilitation center, or other facility that employed a minimum staff of at least three (including the applicant) practicing PTs during the applicant's clinical experience hours.

5. PTs employed at the facility with the applicant must have been available for consultation.
6. At least one of the PTs employed at the facility with the applicant must have at least two years experience practicing as a PT.
7. Verification that the applicant was eligible to practice in the country in which the experience was completed.
8. Verification that the applicant has had no disciplinary action against any professional license held for at least two years.
9. Notarized verification of the work experience provided by a supervisor such as the department head of the physical therapy practice or the director/head of the facility

Additionally, any university externship conducted under the supervision of a university PT program, credentialed residency or fellowship would be an acceptable option to meet a deficit of clinical education hours. These are rarely available, especially outside of the US, but are an acceptable option. Typically, within the US, a participant in a residency/fellowship must be licensed and due to the licensure requirement, a US residency/fellowship would most likely be unavailable.

#### **Annual meeting credentialing = participation in LIF**

Did that grab your attention? Here's what we mean.

Your Voting Delegate and Funded Administrator for the FSBPT annual meeting are funded to attend, and should expect to attend, the Leadership Issues Forum (LIF).

**So when you think FSBPT annual meeting credentialing, add it a thought about LIF attendance! Please discuss both meetings when you choose your delegates and administrator each year.**

Here are the specifics you need to move forward!

Who will FSBPT fund to the 2016 annual meeting in Columbus, Ohio?

- Your Voting Delegate
- Your Primary Alternate Delegate
- Your Board Administrator (Board administrators can be voting and alternate delegates.)

Directions for credentialing delegates and administrators for the 2016 annual meeting were emailed to the Council of Board Administrators in March. Administrators if you need a copy, contact [communications@fsbpt.org](mailto:communications@fsbpt.org).

#### **Deadline for credentialing - June 17, 2016**

So far, 20 delegates (**Arkansas, California, Florida, Idaho, Indiana, Kentucky, Michigan, Minnesota, Mississippi, New Hampshire, New Jersey, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, South Carolina, Texas, Utah and Wisconsin**) have been credentialed! (Thank you!)

It is imperative that administrators finish the credentialing process by June 17, 2016 to ensure that your representatives can attend LIF. Late submissions will be accepted if your board does not meet until after the deadline.

## **LIF: Leadership Issues Forum – July 30-31, 2016**

The *Voting Delegate* and *Board Administrator* will automatically receive travel authorizations to the Leadership Issues Forum in Alexandria, Virginia.

## **Our volunteers hard at work**

This month, FSBPT hosted the following groups:

### **Foreign Educated Standards Committee**

*Angela Diaz*

*Mary Keehn*

*Charlotte Martin*

*Thomas Mohr*

*Alicia Rabena-Amen*

*James Heider, Board Liaison*

### **Item Bank Clean Up Task Force**

### **Item Writer Coordinators**

### **Item Writer Workshop**

## **The stars have aligned – ELDD participation stars, that is**

The Exam Licensure and Disciplinary Database (ELDD) participation stars were updated April 2016 and are now posted in the Members Area. Physical therapy boards members and administrators can see how their jurisdiction ranks. Log in to the Members Area and scroll down the Dashboard to Exam Licensure and Disciplinary Database.

To log in, click Members Login in the upper right hand corner of the [FSBPT website](#). Note the “Forgot your username or password?” next to the Login button.

The index consists of three components (exam scores, licenses and disciplinary actions) that roll up into a single overall rating for each jurisdiction.

The scale runs from 1 (no participation) to 5 (full participation) and is based on more than 25 individual measurements for each jurisdiction that are aggregated into the final rating. Our goal is to ultimately have everyone operating at the "5-Star" level.

## **Continuing Competence resources shared with members**

Several opportunities to learn about FSBPT's continuing competence tools and services occurred in May.

The **Colorado** board received an overview and demonstration of the new self-assessment tool oPTION, and the **Idaho** board received an aPTitude and ProCert “refresher” – both via webinar.

Additionally a webinar on oPTION and Jurisprudence Assessment Modules (JAMs) was delivered to members. If you missed this webinar, you can find the slides posted in the Members section of the FSBPT website under Meetings & Events.

If your jurisdiction is interested in learning more about any of the FSBPT continuing competence tools and services, contact us at [CompetenceStaff@fsbpt.org](mailto:CompetenceStaff@fsbpt.org).

### **Spotlight on member resources: Supervised Clinical Practice Performance Evaluation Tool Now ONLINE!**

The purpose of supervised clinical practice (SCP) for a physical therapist that did not graduate from a CAPTE-accredited program is to promote public protection by evaluating the PT's ability to practice competently within the United States' healthcare system.

In the case of the initial physical therapist licensure in one of the US jurisdictions, the foreign educated physical therapist is not likely to have had exposure to or experience practicing in the US healthcare system.

Successfully completing an SCP is a high stakes endeavor with a critical need for a valid evaluation tool. FSBPT developed the Performance Evaluation Tool (PET) to meet the need for a tool that is valid, defensible, and can be consistently applied by supervisors and licensing jurisdictions.

[View SCP webpage.](#)

If you are interested in developing a Supervised Clinical Practice program in your state, contact [scppet@fsbpt.org](mailto:scppet@fsbpt.org).

### **Court dismissed lawsuit filed by NC acupuncture licensing board**

APTA's PT in Motion reported on Thursday, May 5, 2016,

“Advocates for North Carolina physical therapists (PTs) have scored a victory by way of a superior court, which dismissed a lawsuit brought by the North Carolina Acupuncture Licensing Board (NCALB) against the North Carolina Board of Physical Therapy Examiners (NCBPTE), several PTs, and a physical therapy practice over the issue of dry needling by PTs.

[View article.](#)

Where dentists are scarce, American Indians forge a path to better care

A New York Times article written by Kirk Johnson on May 22, 2016 shared, "Going to the dentist evokes a special anxiety for Verne McLeod. He grew up on the Swinomish Indian reservation here in northwest Washington State in the 1950s and vividly remembers the dentist who visited periodically. The doctor worked from a trailer, and did not bother with painkillers.

"But Indians and health experts now see hope: If formally trained dentists are scarce, they ask, can people who master many of a dentist's skills but lack the professional degree get the job done just as well?

[View article.](#)

### **Fear of antitrust damages could stymie med boards**

On May 23, 2016, David Pittman wrote for Politico Pulse, "A Supreme Court ruling that could hold individual medical board members liable for antitrust violations has sent shock waves through the boards, whose doctor-officers fear getting socked with immense legal charges.

[View article.](#)

### **Two topics from the Kevin Fickenscher Files of May 21, 2016: Cancer Prevention; Telemedicine**

**"Another Reason To Exercise - It's Called Cancer Prevention** -The National Cancer Institute recently confirmed that moderate to intensive exercise lowers the risk of cancer "in many forms." The [research](#), which was published in JAMA Internal Medicine, documented that exercise seems to be a very powerful cancer-preventive intervention.

**"Telemedicine On The Rise In Rural Areas** - Harvard Medical School recently [reported](#) on findings derived from a review of Medicare claims which showed that the number of telemedicine visits provided to Medicare beneficiaries increased by 28% over the period of 2004 to 2013. As most of my readers know, I'm a big believer in telemedicine which clearly has the potential to increase access and improve health care quality for all sorts of patients.

**"The Other Side Of The Coin** - While the literature in support of rural health is touting the positive dimensions of telemedicine, a recent article in [JAMA Dermatology](#) had a slightly different perspective on the quality of the tool in providing care.

### **Cheating in the News: The Challenge of Healthcare Fraud**

The National Health Care Anti-Fraud Association® has interesting information – Consumer Alert: The Impact of Health Care Fraud on You!

#### **"What Does Health Care Fraud Look Like?**

"The majority of health care fraud is committed by a very small minority of dishonest health care providers. Sadly, the actions of these deceitful few ultimately serve to sully the reputation of perhaps the most trusted and respected members of our society-our physicians."

They share examples of health care fraud and then give examples of how this can harm patients as well as increase insurance costs.

[View webpage.](#)

### **Board of Directors Report**

Here are the motions from the May 2016 board of directors meeting.

That the 6th edition of the Coursework Tool (CWT 6) be adopted with the credit recommendations to become effective January 1, 2017.

*Rationale:* Beginning in 2017, US physical therapy programs will be graduating their first classes that have been taught under the new CAPTE accreditation standards. In order for non-CAPTE graduates to be determined to be substantially equivalent, a new Coursework Tool has been developed to reflect these new standards. The tool has undergone validity and reliability studies.

*Fiscal Impact:* None.

That the criteria that would allow postgraduate work experience to be used for Clinical Education Hours on the Coursework Tool as outlined in the document , Framework for Considering the non-CAPTE Graduate's Experiences for Licensing (clinical deficit only), be adopted and incorporated in the CWT 6 Guidelines.

*Rationale:* This recommendation reflects one of the actions the Foreign Educated Standards Committee took in response to Delegate Assembly motion DEL-14-03, which states:

“To support the Board of Directors’ exploration of tools to evaluate post-graduate/professional experience of foreign educated physical therapists in order to assess their readiness to practice in the United States.

“The board will communicate its progress and report back no later than the 2015 Delegate Assembly.”

It also will help address the widening gap between the education of non-CAPTE accredited program graduates and CAPTE program graduates to assure that qualified applicants from other countries can still work in the United States.

*Fiscal Impact:* None.

Approve publication for membership of Reentry of Physical Therapy Providers: A Resource for Regulatory Boards, developed by the Ethics & Legislation Committee.

*Rationale:* This resource is needed to: 1) outline and describe current definitions and requirements for reentry for PT providers in the United States 2) provide a review of models for reentry in other professions 3) provide an international perspective of reentry for health care professions and 4) provide considerations for member jurisdictions regarding current reentry requirements.

*Fiscal Impact:* None.

## **Board Liaisons to Jurisdictions**

Find out which member of the board of directors is liaison to your jurisdiction.

 <b>Jurisdictions</b>	<b>Your Board Liaisons</b>
Arizona, Colorado, Nevada, New Mexico, Oklahoma, Texas, Utah	<b>Charles Brown</b> 
Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Ohio, South Carolina	<b>Tom Caldwell</b> 
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	<b>Maggie Donohue</b> 
Illinois, Indiana, Kansas, Kentucky, Missouri, Nebraska, Tennessee	<b>Natalie Harms</b> 

Alaska, California, Hawaii, Oregon, Puerto Rico, Virgin Islands, Washington

Jim Heider



Delaware, District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Virginia, West Virginia

Nancy Kirsch



Idaho, Iowa, Michigan, Minnesota, Montana, North Dakota, South Dakota, Wisconsin, Wyoming

David Relling



**Staff Contact Information**  
**Who Should I Contact?**

**FSBPT: 703.299.3100 | FCCPT: 703.684.8406**  
(Call FSBPT unless otherwise noted after name.)

Subject	Point of Contact
ADA accommodations	Shana Smith
Assessment/ examination development questions	Lorin Mueller, PhD Susan Layton
Continuing competence	Jeffrey M. Rosa Heidi Herbst Paakkonen <a href="#">Competence Staff</a>

Credentials review	Jaime Nolan, FCCPT Kathleen Luedtke-Hoffmann, PT, PhD, FCCPT
Exam, Licensure and Disciplinary Database (ELDD) participation	<a href="mailto:eldd@fsbpt.org">eldd@fsbpt.org</a>
Exam registration processing	Christine Sousa
Foreign educated issues	Mark Lane Kathleen Luedtke-Hoffmann, PT, PhD, FCCPT
Immigration	Kathleen Luedtke-Hoffmann, PT, PhD, FCCPT
Legislation or Model Practice Act	Mark Lane Leslie Adrian
Meeting arrangements	Paul Delaney
Member contact updates	Maribeth C. Decker
NPDB reports/questions	Angela Burnham
Physical Therapy Licensure Compact (PTLC)	<a href="mailto:compact@fsbpt.org">compact@fsbpt.org</a>
Practice Review Tool (PRT)	<a href="mailto:practicereview@fsbpt.org">practicereview@fsbpt.org</a>
PT and PTA Practice Exam & Assessment Tool (PEAT)	<a href="mailto:peat@fsbpt.org">peat@fsbpt.org</a>
Reimbursement of expenses; other financial matters	Bill Aronson Linda Michelsen
School reports	<a href="mailto:SchoolReports@fsbpt.org">SchoolReports@fsbpt.org</a>
Score transfer & reporting	Christine Sousa
Security issues	Susan Layton
Supervised Clinical Practice Performance Evaluation Tool	<a href="mailto:scppet@fsbpt.org">scppet@fsbpt.org</a>
Anything else, including news to share with members	William A. Hatherill Maribeth C. Decker



**Sign off:**

**That's all the news today from the rhododendron banks of the Potomac, where the fish are faster, the fishing boats are longer, and the fishermen are still full of stories.**

*- William A. Hatherill, CEO*