

ACAPT Board Meeting

Meeting Minutes for November 25, 11:00AM-1:00PM (eastern)

1. Call the meeting to order. (Terry) 11:10 ET

Present:

Terry Nordstrom, PT, EdD	President
Barbara A. Tschoepe, PT, DPT, PhD	Secretary
Nancy B. Reese, PT, PhD, MHSA	Treasurer
James R. Carey, PT, PhD	Director
Susan S. Deusinger PT, PhD, FAPTA	Director
Stephanie Piper Kelly, PT, PhD	Director
Rick Segal, PT, PhD FAPTA	Director
Kathryn Zalewski, PT, PhD MPA	Director
Lisa McLaughlin	APTA Staff
Shawne Soper, PT, DPT, MBA	APTA Board of Directors

Absent:

Barbara Sanders, PT PhD, SCS, FAPTA	Vice President
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2. PASSED: minutes of October 3 and October 6 board meeting minutes. (Terry) ATTACHMENT 1

3. Updates.

- Benchmarking Task Force –Barb T reviewed attachment 2. Board members shared feedback they received at the annual meeting. Members have different opinions of what they are hoping for in benchmarking.
Action: Barb T to talk with taskforce about possible follow-up presentation at CSM business meeting with the intent to provide full outline of scope of project and seek additional input, report back to Board at next meeting.
Action: Barb T to confirm cost of psychometrics consultant after upcoming task force meeting, review overall costs of database development and confirm budget allocations with Nancy prior to next Board meeting.
Action: Barb T/Jim C will reach out to Stuart Binder again, as RIPPT chair, prior to next Board meeting to invite collaboration and explore feasibility to include this group's interests within the Benchmarking survey for R01 institutions.
- CAPTE – Barb T reviewed attachment 3
Action: Lisa to invite Claire Peel CAPTE Chair to ACAPT Board meeting at CSM
Action: Rick Segal to reach out to invite Marty Hinman who will serve as CAPTE representative to participate in offering input to future ACAPT position paper/proposals on program proliferation.
Action: Rick's group charged to define type of data we might recommend in the evidence list for a needs assessment criterion, and what thresholds for "need" should be used to deem the application or self-study bona fide and share with our criterion representative (Scott Ward) and in criteria revision forums at CSM.
Action: Encourage all members of ACAPT to participate in CSM open forum on criteria revisions. Lisa to help task force promote this participation via website.

Action: Barb T to notify Marty Hinman/Claire Peel of ACAPT Board representation on CAPTE SP initiatives. 1. Pre-accreditation processes (impacts concerns of proliferation)- Terry N 2. Develop an alternative process for re-affirmation for established programs with consistent outcomes, clean history- no progress reports etc.- Barb T.

Action: Terry and Stephanie to encourage dialogue through PTEP on future communication channels between CAPTE and ACAPT as new CAPTE organization plans progress.

- Observation Hours – Kathy S reviewed attachment 4
Since literature was void to help task force make recommendation, multiple options were considered. Question arose as to the role of a task force in collecting additional information when literature is void and it was decided that this was beyond the scope of a task force. Instead, individual members might choose to pursue scholarly activities to address literature void in a particular area.
Action: Kathy to craft a recommendation statement from the task force to share with members that includes but not limited to....career analysis is important prior to application to DPT programs, however, there are multiple ways to accomplish this analysis and encourage additional research in this area to bring to Board by next meeting.
- Journal Feasibility Task Force – Jim C
The task force is comprised on 9 members, they are evaluating multiple options and next face to face meeting is scheduled at CSM.
- CE Summit- Stephanie
Articles are on schedule, webinars are planned and will be training facilitators at CSM. No need for Board volunteers at this time.
Steering committee meeting to select stakeholder group is scheduled in next few weeks
Making decisions on who will be facilitator at the meeting.
Action: Stephanie and her group to review Susan Meyer’s contract agreement, explore budgetary implications of hiring a facilitator outside the profession for the summit and bring back to Board at next meeting.
- Motions:
 - Program Growth: Rick S reviewed attachment 5
Rick shared that the task force goal is to take a revised ACAPT position to the house in 2014. Main motion deadline with support statement is due in March 2014.
Action: Shawne to share with the APTA Board as a heads up in December.
Action: Group to bring forward tentative language for a motion prior to the January 21, 2014 APTA Board meeting. Language suggestions to include: stronger statement that past HOD motion, include recommendations on resources/quality of faculty/program director qualifications/needs assessment data/CE availability. Engage in dialogue with Marty Hinman as CAPTE representative on this effort to clarify what CAPTE can and can’t do within their organizational guidelines/accreditation requirements.
 - URM – Jim C reviewed attachment 6
Board discussed benefits/drawbacks going forward to House in 2014 as URM is missing workforce and health disparities data. Motion would include a recommendation to recruit students that will ultimately increase individuals of URM within the field
Action: Bring to reference committee at CSM to explore harmony and/or conflicts with current APTA policies/positions. Request that Shawne join the discussion as APTA liaison to ACAPT.
- Non-profit status- Terry updated group that our initial decision to be a 501-C3 is not possible after legal counsel review of our organization priorities. Instead we are moving forward as a

503-C6. No significant consequence to our long term plans.

- Website Launch – Lisa reviewed status of the website

Action: Lisa to announce official launch to members on 11/29/13. It is expected that this website will help with timely and ongoing communication. Lisa to look into how to push information to members as part of site.

4. ACTION: Appoint a task force to work on identity design with OpenArc. (Terry) ATTACHMENT 7
 - **Action:** Board to appoint a task force (via interest call to members) to finalize look and feel of the website moving forward and to help with decisions/processes on what information is uploaded to the website. Explore how to integrate the newsletter task force into this group.
5. ACTION: Appoint Nancy as Graham Session Representative. (Nancy)
Approved 8-0 Nancy will be supported to attend Graham Session as ACAPT representative.
6. ACTION: Appoint alternate IOM Representative. (Nancy)
Approved 8-0 to appoint an alternate IOM representative, with the expectation that this will increase costs to fund a 2nd person to attend meetings.
7. ACTION: Consortia Governance: possible motion to form a board or member work group to review guidelines and application for formation. (Terry) ATTACHMENT 8
Hold discussion until next meeting
8. ACTION: Appoint Federal Affairs Liaison (FAL). (Terry) ATTACHMENT 9
Approved 8-0 An ACAPT Board member will be appointed each year for a 1 yr. appointment to attend the Federal Affairs Forum as the ACAPT liaison.
Action: Terry to ask Barb S. if she is willing to serve in this capacity for 2014.
9. Upcoming meetings:
January ACAPT Board conference call- January 21, 11-1 PM ET
February 3, 8:30 am – 3:00 pm, ACAPT Board Meeting, Las Vegas, NV
February 3, 3:30 – 4:30 pm, ACAPT Member Reception, Las Vegas, NV
February 3, 4:30 – 7:30 pm, ACAPT Member Meeting, Las Vegas, NV

Academic Council Board Meeting

AGENDA for October 3, 2:30PM-6:00PM (pacific)

1. Call the meeting to order. Terry called the meeting to order at 2:30 pm

Present:

Terry Nordstrom, PT, EdD	President
Barbara Sanders, PT PhD, SCS, FAPTA	Vice President
Barbara A. Tschoepe, PT, DPT, PhD	Secretary
Nancy B. Reese, PT, PhD, MHSA	Treasurer
James R. Carey, PT, PhD	Director
Susan S. Deusinger PT, PhD, FAPTA	Director
Stephanie Piper Kelly, PT, PhD	Director
Rick Segal, PT, PhD FAPTA	Director
Kathryn Zalewski, PT, PhD MPA	Director
Lisa McLaughlin	APTA Staff
Shawne Soper, PT, DPT, MBA	APTA Board of Directors

Guests: Kim Rouillier, Libby Ross, Mary Jane Harris, Peggy Gleeson.

2. **Passed 9-0** Terry moved to approve September 10, 2013 board meeting minutes. ATTACHMENT 1

3. **Passed 9-0** Nancy moved to proceed with filing to incorporate as a 501(c)(3). Terry reviewed the similarities/differences between filing ACAPT’s Articles of Incorporation as either: 501(c)(3) or (c)(6). ATTACHMENT 2

4. Terry led Bylaws discussion ATTACHMENT 3

- The Board discussed multiple options on proposed bylaws considering a variety of APTA/ component bylaws as references. ACAPT wants to solidify our organization and have some wins of the rationale for our existence/purpose.
- ACAPT wants to continue to have discussions with multiple stakeholders who participate and have influence on education within physical therapy. Discussion ensued related to whether we should include options for sub-councils in addition to consortiums at this time. The Board also considered options for individual membership.

Passed 8-1 Susie moved to remove the reference to sub-councils within these bylaws.

Passed 9-0 Susie moved that we do not have individual members in ACAPT.

- **Action:** Bylaws will need to clearly distinguish institutional member representatives vs. APTA faculty or administrator member of member institution throughout the document and standing rules will define guests and the roles of the guests

Passed 9-0 Susie moved to exclude line 18 ...including CE and post professional education

Passed 9-0 Susie moved to define a quorum as over 50%

5. Geneva Johnson lecture at ELC. (Barb T) proposal distributed at the meeting. ATTACHMENT 4

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Passed 9-0 Barb T. moved that ACAPT create an, “Annual Forum on Innovation in PT Education in recognition of the legacy of Dr. Geneva Johnson,” that focuses on being an incubator for new ideas in PT education. The forum will begin in 2013 and details of how to incorporate this forum into ELC will be forthcoming.

6. Finance report reviewed by Nancy per ATTACHMENT 5

Currently there are 185 institutions that have paid dues for 2013-14 year. Voting cards will be distributed prior to business meeting .Quorum needed for Saturday business meeting is over 50% or 94 members.

7. Task Force & Committee Reports

- Program Growth. (Rick) ATTACHMENT 6
 - Rick summarized the 4 September focus groups and discussion ensued about ACAPT role moving forward on this issue
 - Thursday forum goal will be to solicit broader input of our members on the topic to guide future direction for the board.
- Flex Visioning Process. (Stephanie) ATTACHMENT 7
 - Stephanie looking for support from Board members to facilitate webinars. Barb T and Susie volunteered to assist as needed.
 - Clarification on planning confirmed that the member representative can transfer their role in the Summit to someone else in their faculty if desired. Two members from each member institution will be invited to participate.
 - Dependent on the criticality of the outcomes of the Summit, there can be multiple options for future meetings/discussions to carry the recommendations forward.
 - This group will present update during ELC programming.
- Journal Task Force. (Jim) ATTACHMENT 8
 - **Action:** Roster will be edited to include only member institutions
- Benchmarks for Excellence. (Barb T)
 - Group will be presenting overview of the process to develop an instrument to measure benchmarks for excellence in PT education at Thursday forum. Focus will be to highlight theoretical construct that will be used, The Engagement Theory, and to share timelines leading to 1st yr. pilot testing of instrument.
 - Multiple other questions categorized as demographic will be included
 - Continue to work with CAPTE to evaluate if data can be shared. Meeting scheduled during ELC.
 - Reached out to RIPPT consortium via Jim Carey to request questions on research benchmarks.
- IPE task force (Terry)
 - **Passed 9-0** Susie moved that ACAPT Board accept the IPEC task force recommendation to adopt the IPEC core competencies for PT education.
 - **Passed 9-0** Terry moved that we bring the IPEC core competencies forward as a Board motion to the members during the 2014 annual meeting.

8. California motion: procedure for handling future similar activities. (Terry) ATTACHMENT 9

Terry shared history and intent of possible California motion and all agreed that our board needs to have a HOD discussion preparation to respond to this motion and any other motions that

ATTACHMENT 1

impact PT education in the future. Action will be taken once motions are posted sometime in - April 2014

9. ACAPT Admissions Task Force. (Terry)

Previous task force met their charge. ACAPT board will select new members to this task force.

The ACAPT Board of Directors wishes to establish a task force of 5 members that will include representatives from three PTCAS participating programs, at least one representative from a program that does not participate in PTCAS, and at least one representative who is a member of the PTCAS Advisory Group.

The task force will:

- Make recommendations on admission traffic rules that all physical therapist programs will follow
- Make recommendations on PTCAS procedures, including admission codes

The goal of the Task Force's recommendations would be to improve the admission process for programs and applicants through increased transparency of admission decisions and additional processes that would provide timely and accurate information to applicants and programs. A support statement is attached.

- Virtual Student Recruitment. (Libby) Discussion postponed to a later meeting.

10. Clinical Reasoning Curricula and Assessment Research Consortium. (Terry) ATTACHMENT 10

- Board reviewed the consortium application of this group. Questions arose as to if this request has unique characteristics/interest areas that meets the intent of consortiums. **Action:** The Board was looking for additional clarity from the developers of the application on this issue.
- Discussion ensued related to how to encourage/support/guide future groups coming forward requesting consortium applications. As a board, we expect and want to support consortium groups that fall into possibly 3 categories: roles (i.e. CE), content (i.e. anatomy/clinical reasoning) or characteristics (i.e. RIPPT)
- **Action:** Need to discuss governance issues on consortiums at a future meeting and further clarify/define categories to guide review process of consortium applications
- **Passed 9-0** Terry moved that this group delete the PTA educators listed as members in the group.
- **Action:** Jim C requested that the group reach out to the RIPPT group to determine if there is crossover between this group's intent and that of RIPPT.
- **Action:** Bring this application back once clarifications are completed and if membership modification is agreed to by the submitting group.

11. ACAPT Sunday Board Meeting agenda. (Terry)

- To be finalized after Saturday Business meeting
- Schedule next conference call – hold until Sunday meeting

12. Upcoming meetings:

February 3, 2014. CSM Meeting Las Vegas, Nevada
ACAPT Board Meeting: 8:30 am – 3:00 pm

ATTACHMENT 1

Member Reception: 3:30-4:30 pm

Member Meeting: 4:30-7:30 pm

October 10-11, 2014. ELC 2013, Kansas City, Missouri

October 12-13, 2014. Clinical Education Summit, Kansas City, Missouri

13. Adjournment -6:40 pm

14. Thursday Forum followed:

- Program growth
- Benchmarks for Excellence
- Observation time as pre-requisites for DPT admission

ACAPT Board Meeting

Minutes for October 6, 10:30AM-12:00 PM (pacific)

1. Call the meeting to order. Terry called the meeting to order at 10:30 am

Present:

Terry Nordstrom, PT, EdD
Barbara Sanders, PT PhD, SCS, FAPTA
Barbara A. Tschoepe, PT, DPT, PhD
James R. Carey, PT, PhD
Susan S. Deusinger PT, PhD, FAPTA
Stephanie Piper Kelly, PT, PhD
Rick Segal, PT, PhD FAPTA
Lisa McLaughlin
Shawne Soper, PT, DPT, MBA

President
Vice President
Secretary
Director
Director
Director
Director
APTA Staff
APTA Board of Directors

Absent:

Nancy B. Reese, PT, PhD, MHSA
Kathryn Zalewski, PT, PhD MPA
Treasurer
Director

Guests:

Libby Ross
Jody Frost
Shawne Soper

2. PIPTE- Partners in Physical Therapy Education – Terry and Stephanie
 - a. First meeting of the group held this am. The overarching purpose of the group is to serve as an advisory body that shares information, advocates and plays a Generative Role to promote communication across all groups.
 - b. Meeting schedule 2x/yr.
Action: Nancy to correct for 2014 Budget impact of another face to face meeting
 - c. Rotate leadership amongst group members – ACAPT, CAPTE, Federation, APTA Staff and Board,
 - d. ACAPT agreed to host the website for this group as our new website is developed
 - e. Reviewed framework of Canada and their communication processes across groups
 - f. Considering licensure impact issues
Action: Survey our members to find out what each of the states/schools are doing related to fixed test taking schedules
 - g. Other Questions discussed included topics such as: Should CAPTE establish what a bridge program might look at for foreign trained physiotherapists coming into US?
3. Website update: Lisa

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Website will be up for elections on Nov 6, 2013. Lisa is working to get the Benchmark workgroup to be a beta test for the work zones in the next week or so. There will be banner options to highlight current news and to enhance communication with members. Also have a variety of other options such as discussion boards, workgroups etc. Colors of the website being finalized

4. CAPTE draft of strategic initiatives shared by Marty after business meeting(Barb T, Terry and Barb S)
 - a. Discussion ensued related to draft of CAPTE strategic initiatives and Impact of CAPTE decision to stay within APTA. Encourage dialogue and open communication related to processes, clarity, details, request a comparison of the various processes to clarify methods/options of decision making/communication of CAPTE efforts – Pre and post re-organization.
 - b. Barb T as liaison to encourage and ask for ACAPT participation particularly in SI 1 and 2 as shared.
 - c. **Action:** Next CAPTE meeting is Nov 5th, Barb T will be attending as liaison, any requests of Board/Task Forces should be forwarded to Barb T prior to that time so she can share with either the central panel or the full commission.

5. Follow-up on ACAPT Business, Program Growth (Rick)

Shawne shared that although we have component status within APTA, the decision was made that we are consultants to the house and therefore can't propose a motion directly to the house as she suggested at yesterday's business meeting. She apologized for her error in the business meeting. Suggested options:

- a. ACAPT write a position paper on proliferation etc... like a motion to house... as members of a PT community. Title might be something like. Things to consider when new programs request you to take more students. In this way, ACAPT Board is writing to the audience who sits in the House. Focus on the audience and their role in things like clinical contracts, ability to support all the educational needs of the new programs without impacting their current relationships with programs. A motion might then come out of this.
 - b. Another option is to write motions and then work with other groups to present motions to the House.
 - c. **Action:** Rick and the workgroup will work with Shawne to write the draft motion prior to CSM so that we can take this to our members
 - d. **Action:** Participate in the Nov 19th 8:30-9:30 ET virtual town hall for delegates/members to share interest and seek feedback
 - e. **Action:** Communication on program growth dialogue/follow-up from business meeting on this topic in bullet format detailing next steps should go out to our members soon. Rick to craft notes and share at next Board meeting.
 - f. **Action:** Workgroup to bring/review current CAPTE criteria and provide Barb T with information to bring to central panel for CAPTE NOV meeting.
 - g. **Action:** Terry to ask Scott Ward who is serving as ACAPT representative on CRG workgroup to share if/how proliferation concerns are being addressed in CAPTE revision discussions
 - h. Will need to have someone else carry this motion possibly ed section/state or other section
- ### 6. Organization of Motions of ACAPT
- Shawne suggested that we consider how we are numbering/organizing our motions since we are a young organization so that we will easily be able to retrieve motions from archives etc.

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Action: Barb T to set up follow-up conversation with Shawne to further explore her suggestions/ideas of motion organization.

7. ELC Program 2014 and Review of ELC 2013: Barb S.
Overall, everyone was excited about the organization, collaboration with the Ed Section and the participation numbers, particularly the involvement of clinical educators.

Future Suggestions as follows:

- a. Propose new framework of ELC to be: Education, Innovation, Excellence and Incubation Request Conference Theme be clearly focused on these themes and invite presentations on these topics.
 - b. **Action:** Barb T to reach out to PTLI group and solicit further input on their vision/ideas for the Annual Forum in honor of Dr. Geneva Johnson
 - c. Susie shared visual of new conference idea including suggestions for a new name: Education Innovation Conference. EIC. Concepts of Susie included incubation, hatchery (action) and values interconnections(transformation, collaboration, partnerships, and disruption of status quo)
 - d. **Action:** Susie/Barb S to reach out to Kathy to be program planning committee representative from ACAPT. Barb T to help with Forum in honor of Dr. Johnson.
 - e. Forum on Innovation in Physical Therapy Education in Honor of Geneva Johnson- Planning Task Force Terry/Barb T
8. Susie's SP steering committee
Action: Susie to write a thank you to her steering committee, their task is complete
9. Bylaws discussion – Terry
 - a. Board elections: 3 yr terms, 2 terms and stagger the 9 members. This fall's group will stay on 2 years terms
 - b. **Action:** change bylaws to have August elections with a start of term in October beginning 2014
 - c. **Action:** Terry will do another review of by-laws and send out to the group. Board will vote to adopt after Jack's second review.
10. CSM- ACAPT Board & Member Meeting Plans
Board meeting 8:30-3:00
3:30-4:30 reception
4:30-7:00 business meeting
Meeting space- for subgroups....
 Benchmarks 2 hr. meeting on Wed am

ATTACHMENT 2

Benchmark Task Force Update

Had TF meeting post forum in Portland to review feedback.

Next meeting scheduled for 11-25-13 at 2:00 pm

Group decided to change order of requests based on input at forum. Initial plan was to do pilot and then have psychometric properties of the instrument assessed. Decided to request psychometric consult as instrument is being designed and prior to pilot. Prelim bid for such approximately \$2000.00. Since bid is at \$48000.00 vs. expected \$50,000.00 think we are OK on funds. Nancy, please confirm. Will hear more details at afternoon meeting. Expect to use group in Indiana who did the NSSE survey instrument.

Haven't started anything with Open Arc as we are waiting for website to go live first. May not have any expenses in 2013 as a result for data base.

A bit nervous about meeting timelines as Open Arc expects 3 month design time need which if start in January may not be ready until March/April... close to May grad dates.

Group is continuing to develop/review/refine question style/format etc. for Benchmark survey instrument.

Submitted:

Barb T.

Nov 22, 2013

ATTACHMENT 3

To: Marty Hinman

From: Barb Tschoepe

Re: CAPTE Central Panel Nov 2013 discussion points

Thanks again to the Central Panel for the invitation to participate in CP meetings. ACAPT Board is very excited to develop ongoing and open communication with CAPTE commissioner leadership.

We, as an organization of educational institutions, are making strides to be the representative body of Universities whose collective interest is to advance and promote excellence in PT education. We are developing multiple mechanisms to use evidence-based decision making that indeed will promote and encourage such excellence. In representing a collective voice, we hope to differentiate ourselves from individual opinions that we as a group have relied on in the past. This we see as the beauty of our new organization. Realizing that CAPTE's role is to insure minimal standards are met by all accredited programs, we hope to support our institutions reach for excellence in educational programing. We look forward to working closely with CAPTE whenever possible realizing that we may have limits based on either of our respective responsibilities.

Highlights of our efforts thus far:

As of June 2013, we are now a recognized component of APTA with institutional membership as ACAPT.

To date, 186 institutions are now members in good standing for the 2013-14 year.

We are in process of initiating a Benchmark for DPT Excellence in Education Spring 2014, have adopted the IPEC competencies and a definition for underrepresented minorities in PT.

We are reaching out to multiple stakeholders interested in education to collaborate with us, either through our liaisons or through the newly formed Partners in PT Education.

We look forward to working closely with the commissioners and invite commissioner leadership to participate in our Board meetings as a liaison similar to what we have been invited do.

A few discussion points:

As the commission plans for Mary Jane Harris's retirement(Dec 2014) and Ellen Price's retirement (Aug 2014), we ask that the commission consider having someone from central panel leadership give reports at our member meetings (CSM, Annual APTA, Annual ACAPT October meeting) rather than a future CAPTE staff member. This person is welcome to participate in all or part of our Board meetings.

Claire Peel – Dean at University of North Texas Health Science Center is the newly elected Commission chair and she will be the liaison to ACAPT. They are working to include funds in their budgets to support commissioners to attend such functions and have more visibility. They asked if we preferred Claire or the PT panel chair and I asked for the person involved with policy/decision making and so Marty and group decided on Claire.

ATTACHMENT 3

At our annual meeting in Oct 2013, a motion was adopted to have the ACAPT Board of Directors prepare a position statement regarding new program proliferation and overall quality and continued development of existing programs. We want to assure the commissioners that we as a board are collecting information from multiple stakeholders and will develop an evidence-based position/recommendations that will represent the voice of our collective group knowing that justification for growth is multi-faceted. We invite the commissioners to participate and/or give input as we prepare this position paper and ask of your interest and how you would like to participate if at all?

The commission would like to participate in this position paper and Marty Hinman as past Chair was appointed to this role.

We do have a few questions that we are considering. Can someone give us clarification on if/how needs assessment data provided by either new or expansion programs are currently being used to grant candidacy status or growth approvals?

Since the needs assessment data requested either in candidacy or expansion requests is not in the criteria, we are correct, it isn't able to be considered in the decisions. Panel suggests that if we believe this to be important (as many of them also do), this request needs to come up during the criteria review updates. Members also hope that ACAPT will help define what type of data we think should be included in the evidence list for such a needs assessment criterion, and what thresholds for "need" should be used to deem the application or self-study bona fide. Overall, ACAPT needs to be very vocal and we also need to understand that what is in criteria for new programs will also be asked of all existing programs as well.

How is data for CE site commitment collected and is there a current mechanism in place to confirm that their confirmation to support new/growth is considered in light of other commitments? Also, how does CAPTE differentiate maldistribution workforce data within these needs assessments vs. true needs data.

New policy approved 11-13 and will be announced shortly that CAPTE will require each individual site/PT CE coordinator level person sign the letter of intent and illustrate if this will impact other current CE agreements. Previously, the national agencies were signing a letter of intent to take students, illustrate that they have XX number of sites across the country and all will take 1-2 students. This led to one or two letters accepting the needed number of students for candidacy. SO CHANGE is on its way.

Also as an FYI, CAPTE reviewed 11 candidates this meeting and 5 were denied (1 PT and 4 PTA), 3PT and 3PTA approved. Also reviewed a number of substantive changes and denied 50% of these were also denied.

CAPTE is also making another policy change to review a maximum of 20 new programs/yr vs. currently the commission reviews 30/yr. They haven't decided if they will go to 2 cycles vs. 3 or reduce # per cycle. Need to evaluate commissioner workload and preferences at the moment. The motion to reduce candidacy cycles (by 1/3) will not go into effect until 2015 because all the slots for 2014 were already filled.

We also look forward to learning more about CAPTE's strategic planning initiatives and would like to collect input from our members on those initiatives that we might be able to offer additional insight as a key stakeholder of CAPTE. As the liaison, I am happy to facilitate this dialogue in the future.

ATTACHMENT 3

CAPTE adopted the strategic plan initiatives as was shared with ACAPT Board, they did not adopt a new vision, mission as they are waiting for workgroup on new organization to bring forward recommendations.

CAPTE hopes to have ACAPT representation/input on the 1st 2 SP initiatives. 1st pre-accreditation processes (impacts concerns of proliferation). 2nd – alternative process for re-affirmation for established programs with consistent outcomes, clean history- no progress reports etc. CAPTE is looking to develop a more streamlined expedited review process rather than a full blown self-study, not for programs with significant changes within the 10 yr cycle.

Lastly, our members are very interested to understand the consequence of the APTA Board decision to continue to have CAPTE under APTA. We know that communication continues to be a challenge and ask that a comparison of past/future relationship with APTA be developed by the workgroup responsible for the transition so that we can as a Board help to share/post on our website to help educate our members of these expected changes.

Lisa S responded to this question to state that there will be no difference in communication than it is now. What might change is resource allocation, possible advisory board etc. Workgroup will meet in January, approval expected at April 2014 Board meeting and shared at CAPTE April meeting, workgroup members: Lisa S. Stephanie Palma- North Georgia CT, Jenny Gregory- Arkansas PT panel (clinician), Angie Heaton (PTA panel)- hopefully this will be part of the public meeting. Terry and Stephanie, I suggest that you all bring this up again at the Dec PTEP meetings as it seems to me we should see some communication changes, organization to organization (current position is that CAPTE communicates directly to institution directors rather than with ACAPT) and can you encourage that we welcome an opportunity to respond to draft proposal of workgroup prior to becoming final so as to facilitate open communication lines between CAPTE/APTA/ACAPT leadership and/or members?

Marty reviewed her Chair annual report with me, and shared with ACAPT Board. A web-ready report can be found in the "What's New" area of the CAPTE site here: <http://www.capteonline.org/WhatWeDo/WhatsNew/>

A few other rule changes that I thought may be of interest to ACAPT Board/members:

- Programs will go on probation if NPTE pass rate is <40% for any one cohort
- Programs will go on warning if NPTE pass rate is between 40 and 65%
- Clarification to the rules in Part 9 that allow a one-time increase in class size to be temporary only (programs seem to think they can do this once without CAPTE's permission). That rule is only in place for exceptional circumstances such as absorbing students from another program that is closing or when a small program has an unusually good applicant pool and wants to admit a few extra one year but that # would exceed the 10% rule because they have small class sizes.
- Developing programs cannot increase class size to any extent for any reason until they receive their initial accreditation (Previously, those in candidacy could increase size up to 10% without telling us.)

ATTACHMENT 4

- Central Panel has authority to establish formal liaison relationships with other organizations
- Passed a motion to establish a task force to look at other ways to deal with heavy workload of PTA Panel because this has reached a crisis point and they are simply overwhelmed.

Other FYI:

CAPTE to initiate a Hall of Fame... major contributors to CAPTE.. Barb M. and Jack E. being considered for nomination.

CAPTE legally pursued a number of organizations who are inappropriately using CAPTE Logos.

Requests to electronically participate in self-study workshops- denied

Maintaining definitions in current position paper for distance education. Held/planning several development opportunities/surveys on comfort of site reviewers on distance education. (USDE)

CHEA new requirement – what we post of CAPTE website, why they are approved as well as denied... Central Panel suggesting 3 options... Mary Jane floating ideas to the programs prior to report date, more to come:

Defined possible Extremes

Maximum- post the entire summary of action Minimal – program meets criteria and mission

Middle of road – meets all, recognized for strengths/suggestions How long should the information stay up on site? DO WE WANT TO RESPOND in some formal way and/or collect input from members and/or wait for MJ to collect?

Requesting a new staff position to help with website/updates

CAPTE commissioners drafted a suggested job descriptions for each of the staff positions and sent to Janet B. and commissioners offered to be involved in interview/selection process. If we have any opinions about should these positions be a PT or not please forward to APTA staff as well.

Respectfully submitted,

Barbara A. Tschoepe PT, DPT, PhD
American Council of Academic Physical Therapy (ACAPT) Board
Secretary and CAPTE Liaison
November 22, 2013

ATTACHMENT 4

November 25, 2013

Prerequisite Observation Hours Task Force

MOTION: "To explore and recommend best practices for the use of observation hours as a part of the admission criteria for physical therapist education."

Task Force Members

Joyce Maring, George Washington University

Wesley Swen, Loma Linda University

Tony English, University of Kentucky

Denise Gaffigan Bender, University of Oklahoma

Renee Mabey, University of North Dakota

Jeanne O'Neal Mccoy, University of Illinois-Chicago

Julie Hartmann, Gannon University

Tambre Annelle Phillips, Emory University

Lisa McLaughlin, APTA

Kathy Zalewski, University of Wisconsin-Milwaukee – ACAPT Board Liaison

Updates (11.21.13)

- (1) Review of the literature exploring the role of observation hours in career decisions for students in health related fields.
 - a. Results: Limited literature available. Weak evidence to support observation hours are valuable in shaping attitudes and subsequent career/profession decisions for speech pathology
 - b. No literature linking observation hour to student success/outcomes
- (2) Informal feedback from task force members and feedback from ELC Open Forum suggest that the concern about observation hours placing a burden on clinical facilities is real and not geographically specific. Additional feedback suggests that due to changes in observation requirements by clinical facilities that students are not experiencing a broad exposure to PT practice, but focus on outpatient orthopedics in small private clinics.
- (3) PTCAS data from 2013-14 cycle:
 - PT hours are not required but are considered = **3** (1.8%)
 - PT hours are not required but are highly recommended = **20** (11.9%)
 - PT hours are not required or considered = **3** (1.8%)
 - PT hours are required - a licensed physical therapist must verify hours with signed form = **94** (55.9%)
 - PT hours are required - no verification by a physical therapist = **47** (27.9%)
 - Other = **1** (0.5%)
 - a. Number of programs in PTCAS that require PT observation hours = **141** (83.9%)
 - b. Number of PT hours required (*n* = 130 programs with # of required hours reported on the PTCAS website)
 - i. Average = 60 hours
 - ii. Range = 10 to 240 hours
 - iii. Median = 50 hours
 - c. Whether those hours have to be supervised by a physical therapist (percent yes/no).
Data cannot be provided. APTA does not currently ask programs to specify whether PT observation hours must be completed under the supervision of a physical therapist. However, PTCAS instructions require applicants to enter the name of the physical therapist who supervised them during the pre-PT clinical experience. The application does not give applicants the opportunity to enter other types of supervisors, such as occupational therapists.

ATTACHMENT 4

Task force actions:

- (1) decision to develop a survey in attempt to determine:
 - a. From students;
 - i. what types of facilities are providing observation hour experiences to students
 - ii. Whether students had difficulty securing placement
 - iii. Student perceptions on impact of career decision
 - b. From ACCE/DCE – and if ACCE/DCE on admissions some admissions information
 - i. What types of facilities/experiences are used to ‘count’ as observations hours for meeting prerequisite requirements
 - ii. How the admissions committee uses in the information
 - iii. What the program believes is gained by observation hour experiences
- (2) Based on feedback from the task force, it was suggested the survey be reviewed by an IRB to be determined exempt, in the event the information were to be shared with a larger audience than the ACAPT BoD.

Questions to the Board:

- (1) Issues of survey fatigue arose - - does the board want to consider a policy for its administration of surveys in order to limit our requests for information?
- (2) Where the task force has identified a gap in the literature, what (if any) is the role of the Board/Task force in filling that gap? Are there guidelines we would prefer or, in such an instance as this task force has observed – is the recommendation back to the board that it be studied and no recommendation can be made at this time?
- (3) Counsel moving forward?

Welcome

Consent to Participate in Online Survey Research

Study Title: Exploring the role of observation, volunteer and work hours in the physical therapy admissions process

Person Responsible for Research: Kathryn Zalewski, PT, PhD – University of Wisconsin-Milwaukee and members of the Academic Council of the American Physical Therapy Association Task Force (Task Force) on Observation Hours.

Study Description: The purpose of this research study is to gather information about observation hours prior to admission to a Doctor of Physical Therapy Program (DPT). All first year students and Directors of Clinical Education (DCEs) in DPT programs who are members of the Academic Council will be invited to participate (approximately 5000 students, approximately 275 DCEs). If you agree to participate, you will be asked to complete an online survey that will take approximately 15 minutes to complete. The questions will ask about you and/or your institution's use of observation hours in admission to a DPT program.

Risks / Benefits: Risks to participants are considered very minimal. Collection of data and survey responses using the internet involves the same risks that a person would encounter in everyday use of the internet, such as breach of confidentiality. While the researchers have taken every reasonable step to protect your confidentiality, there is always the possibility of interception or hacking of the data by third parties that is not under the control of the research team.

There will be no costs for participating. There are no direct benefits to you in participating. Your responses will be used to make recommendations to the Academic Council regarding the role of observation/volunteer/work hours in selecting candidates to DPT programs.

Limits to Confidentiality: Identifying information such as your name, email address, and the Internet Protocol (IP) address of this computer will not be asked or available to the researchers. Data will be retained on the Survey Monkey website server for 1 year and will be deleted by the research staff after this time. However, data may exist on backups or server logs beyond the timeframe of this research project. Data transferred from the survey site will be saved on a password protected computer for 3 years. Only Kathryn Zalewski and members of the Task Force will have access to the data collected by this study. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study's records.

Voluntary Participation: Your participation in this study is voluntary. You may choose to not answer any of the questions or withdraw from this study at any time without penalty. Your decision will not change any present or future relationship with the University of Wisconsin Milwaukee.

Who do I contact for questions about the study: For more information about the study or study procedures, contact Kathryn Zalewski at zalewski@uwm.edu or (414) 229-3367.

Who do I contact for questions about my rights or complaints towards my treatment as a research subject? Contact the UWM IRB at 414-229-3173 or irbinfo@uwm.edu

Thank you!

*1. By entering this survey, you are indicating that you have read the consent form, you are age 18 or older and that you voluntarily agree to participate in this research study.

I agree to participate

I do not agree to participate

Background Information

This page is intended to collect general information about your program. All survey respondents should complete this information.

2. In what geographic region is your DPT program located?

- South Atlantic (DE, DC, FL, GA, MD, NC, PR, SC, VA, WV)
- Middle Atlantic (NJ, NY, PA)
- East North Central (IL, IN, MI, OH, WI)
- West North Central (IA, KS, MN, MO, NE, ND, SD)
- West South Central (AR, LA, OK, TX)
- New England (CT, ME, MA, NH, RI, VT)
- Pacific (AK, CA, HI, OR, WA)
- East South Central (AL, KY, MS, TN)
- Mountain (AZ, CO, ID, MT, NV, NM, UT, WY)

Other (Canada, Scotland)

3. What is the Carnegie Classification of your academic institution? If you are not certain about your institution's classification, you may look up your institution at:
http://classifications.carnegiefoundation.org/lookup_listings/institution.php.

- Doctoral/Research Universities
- Research Universities (very high research activity)
- Research Universities (high research activity)
- Master's Colleges and Universities (larger programs)
- Master's Colleges and Universities (medium programs)
- Master's Colleges and Universities (smaller programs)
- Baccalaureate Colleges Arts & Sciences
- Baccalaureate Colleges Diverse Fields
- Medical Schools and Medical Centers
- Special Focus Institutions
- Other Health Professions Schools
- Not Classified
- I am not sure of the classification

4. How many weeks of full time clinical education are a part of your program (do not include part time experiences in this calculation)

* 5. Does your program require observation hours to be completed prior to admission?

Yes

No

The program does not require observation hours, but considers them in admission decisions.

N/A

* 6. If you require observation hours, how many hours are required of applicants to your DPT program?

<10 hours

11-20 hours

21-30 hours

31-40 hours

41-60 hours

>60 hours

Not applicable (my program does not require observation hours)

Respondents

This page will direct you to the correct survey questions.

7. Is the person completing this survey a (choose all that apply):

- Student in a DPT program
- ACCE/DCE
- Member of the DPT Admissions Committee
- Pre-Physical Therapy Student Advisor

Other (please specify)

DPT Student Information

This page asks questions about student perceptions on observation hour requirements for admission to the DPT program. For the purposes of this survey, please note the following definitions:

Observation hours: those hours spent in strict observation of physical therapy practice. There is no service component with observation.

Volunteer hours: those hours spent volunteering in some capacity in a physical therapy or other practice setting. There is a service component with volunteering.

Work hours: those hours spent working in some capacity in a physical therapy or other health care related setting. This includes time as a rehabilitation tech/aide, care provider, or other work that involves direct patient-related care. Work hours that are not patient-related (e.g., restaurant work) are not considered in these hours.

8. When do you expect to graduate?

2014

2015

2016

2017

2018

2019

2020

9. What type of experiences did you use to fulfill an observation hour requirement for applying to a DPT program?

Observation

Work

Volunteer

Other (please specify)

10. How many observation hours did you complete prior to applying to a DPT program?

- <10 hours
- 11-20 hours
- 21-30 hours
- 31-40 hours
- 41-60 hours
- >60 hours
- Not applicable (my program does not require observation hours)
- Other (please specify)

11. How many physical therapy specific work hours did you use to satisfy an observation hour requirement prior to applying to a DPT program?

- <10 hours
- 11-20 hours
- 21-30 hours
- 31-40 hours
- 41-60 hours
- >60 hours
- Not applicable (my program does not require observation hours)
- Other (please specify)

12. How many volunteer hours did you complete prior to applying to a DPT program?

- <10 hours
- 11-20 hours
- 21-30 hours
- 31-40 hours
- 41-60 hours
- >60 hours
- Not applicable (my program does not require observation hours)
- Other (please specify)

5

6

13. In what setting(s) did you complete your observation hours (check as many as apply)?

- Acute care
- Inpatient rehabilitation
- Outpatient rehabilitation
- Outpatient orthopedics
- Extended care facility
- Home health
- Industry
- Sports medicine
- Other (please specify)

5

6

14. Do you have any paid experience in health care prior to enrolling in a DPT program?

- Yes
- No

Student information

If you answered yes to having health care experience prior to enrolling in PT, please tell us something about that experience.

15. If you answered yes to the previous question, what type of experiences(s) have you had? Check as many as apply.

- Certified Nursing Assistant (CNA)
- Personal care attendant (PCA)
- Athletic Trainer (ATC)
- Licensed Practical Nurse/ Registered Nurse (LPN/RN)
- Aide/Orderly/Technician supporting a physical therapy practice
- Camp Counselor for individuals with special needs
- Military Medic
- EMT/Paramedic
- Other (please specify)

Student Information (continued)

*16. On the scale below, rank how your observation/work/volunteer hours affected your choice of physical therapy as a career:

	Neutral or no influence	Slight influence	Moderate influence	Strong influence	Changed my mind about a career
Observing physical therapists in practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Observing response of people to physical therapy care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Observing the general work environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Observing members of the multidisciplinary team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

17. Did you have difficulty getting access to observation/volunteer sites (do not include work in this response)?

Yes

No

I used work rather than observation or volunteer hours

* 18. If you answered yes to the previous question, specify the difficulty you had (check as many as apply):

- Scheduling my hours with site hours
- Distance of travel to the facilities
- Busyness of the site
- Willingness of the site to accept students for observation/volunteer experiences
- Requirements of training
- Requirement of a background check
- Verification of health status
- Other (please specify)

	5
	6

Student Information (continued)

19. Was any type of setting particularly difficult to access for observation or volunteer hours? Please describe.

20. What specific goals did you or the program to which you applied require of you during the observation/volunteer experience?

Goal 1:

Goal 2:

Goal 3:

Goal 4:

21. How did you come to understand physical therapy as a profession?

Information from faculty

This page collects information from the ACCE/DCE. Please respond to questions about admissions even if you are not on the admissions committee.

22. What type(s) of experience(s) does your program use to fulfill an observation hour requirement for students applying to your program? Check as many as apply.

- Observation
- Work
- Volunteer
- Other (please specify)

23. How many observation/volunteer/work hours does your program require prior to applying to a DPT program?

- <10 hours
- 11-20 hours
- 21-30 hours
- 31-40 hours
- 41-60 hours
- >60 hours
- Not applicable (my program does not require observation hours)
- Other (please specify)

24. How does your admission committee use information from observation hours? Check as many as apply.

- To qualify a candidate for review by the committee
- To determine the fit of the candidate for the program
- To weigh relatively equal candidates (e.g., the one with more hours is offered a position)
- To make sure there is a minimum exposure prior to admission to the program
- Other (please specify)

*25. If your program requires observation, volunteer or work experiences, what does the program believe is gained from those experiences?

26. Does your program secure observation hours for pre-physical therapy students?

Yes

No

*27. Does the ACCE/DCE believe that observation hour placements conflict with placement sites for students enrolled in the DPT program in your geographic region?

Yes

No

28. Is there any additional information you believe the committee exploring observation hours should know in forming a recommendation to the Academic Council?

Thank You!

Thank you for your participation in this survey. Results of this survey will be distributed on the Communities page of the Academic Council when aggregated. We look forward to a discussion on these findings at the Combined Sections Meeting in Las Vegas.

Program Growth and Expansion: Demand or Risk? A - Position of the American Council of Academic Physical Therapy

Introduction

National data describing an increase in the need for physical therapy services comes primarily from two sources – the Bureau of Labor Statistics and “A Model to Project the Supply and Demand of Physical Therapists 2010-2020”, published by the American Physical Therapy Association (APTA, 2012). While BLS figures predict a 39% growth in the need for physical therapists from 2010-2020, those predictions are believed to be highly inflated and are in fact no longer being accepted as *prima facie* evidence of the need for additional or expanded programs by the Commission on Accreditation in Physical Therapy Education (CAPTE), the organization that must approve all proposed DPT programs. The APTA Department of Research recently developed a model to predict supply and demand for physical therapists, which estimates a nationwide shortage of 25,795 physical therapists by 2020.

Differences in predictions of practitioner shortage, mal-distribution of PTs across settings and geographic areas, and the emergence of potential new roles and opportunities for physical therapists all drive decisions about growth and expansion of physical therapy education. Aspirations of academic institutions to build new programs and visibility in the health professions also catalyze expansion of expanding-existing programs or development of entirely new ventures in physical therapy education. Regardless of intention or goal, the emergence of new or expanded programs consumes resources needed to ensure that the profession can continue an upward trajectory of quality and excellence.

Rationale for Change

To advance the enterprise of physical therapy education, the American Council of Academic Physical Therapy (ACAPT) must continually advocate that programs embrace the highest standards and the best use of resources to achieve those standards. Recent discussions about the growth and expansion of physical therapy programs have been fueled by concerns about all of these areas. Discussion at a 2012 meeting of ACAPT led to adoption of the following position statement:

Whereas, there will be increased pressure to educate more physical therapists due to increased market demand including the need for increased access with health care reform;

Whereas, market demand has been the catalyst for the expansion of existing programs and development of new physical therapist education programs;

Whereas, there is a documented shortage of required resources in physical therapist education, including program directors, qualified faculty, and clinical instructors at clinical education sites; and

Whereas, this resource shortage can compromise the quality of physical therapist education in the United States;

Resolved, that institutions must have in place an appropriate budget, a qualified director and full complement of faculty, necessary clinical education sites and commitments, and all the necessary physical resources for physical therapist entry-level education, before an institution approves expansion of an existing physical therapist education program or develops a new physical therapist education program.

Resolved, in order to meet the societal needs for more physical therapists, the Council supports increased class size of established programs that have all the appropriate resources.

Unfortunately, this position lacked any specific details that would have driven action by ACAPT or any other group. Further discussion within the ACAPT Board of Directors led to creation of a task force and focus group discussions in preparation for an open forum at the 2013 Education

Comment [SSD1]: I “stole” this from Nancy’s document. Thought it might be a good way to introduce the topic, followed by something other than just state data...something that suggests that the predictions are maybe wrong. APTA’s three models of supply/demand/attrition would be good to explain at the end of the paragraph. Left that open for someone to write

Comment [NR2]: There actually is a third source – the National Center for the Analysis of Healthcare Data. I believe you have to buy their data, which we may want to do to make sure we have covered all bases. I believe their data is based on information they get about licensees from state boards. Mark Goldstein is friends with Ed Salsberg, who is the Center’s Director, so that might give us an “in” to get questions answered about the source and accuracy of their data.

Comment [NR3]: I think we need to include something here about the inconsistent availability of data on state and regional shortages. We also need to point out that while there might be shortages in some areas, that physical therapists, like other health professionals, tend to settle in or near large metropolitan areas so that while there may be areas of shortage, a more pressing problem is maldistribution, which cannot be addressed simply by increasing production. This would be a good place to cite the literature on the reasons for, and solutions to, maldistribution that has been done related to other professions.

Comment [SSD4]: Note: I made all this up, not even being sure that this is what we want to say. Read on...I am making things up as I go along!

Comment [SSD5]: What was V-4 (which I, perhaps inappropriately, eliminated)?

ATTACHMENT 5

Leadership Conference. Following those, the motion below was approved at the 2013 ELC ACAPT Business Meeting:

Original AC4-13: Motion regarding Proliferation of New Programs and Expansion Programs – Rick Segal

Motion: That the Council urges CAPTE to cease accreditation of new physical therapist education programs (and approval of expansion programs) until a joint task force of Council members and CAPTE commissioners can develop a comprehensive set of criteria that will establish the resources, both human and physical, that need to be in place prior to Candidacy being granted.

Support Statement: Proliferation of new programs is accelerating. In addition, existing institutions are establishing what are effectively new programs, but are able to avoid the standard candidacy and accreditation process because these are classified as "expansion programs". There is no evidence that CAPTE is capable of regulating the proliferation of these new programs, apparently because the accreditation regulations are written too broadly and vaguely. The entire enterprise of physical therapy education is at risk, because the quality of many of these programs is embarrassingly poor. Our already small pool of faculty and program directors is being spread even more thinly. Sites for clinical education are also in short supply.

Subsequent discussions at the same meeting yielded the following motion adopted to ensure that the issues would be raised assertively with all involved communities of interest:

Substitution for original AC 4-13 adopted as amended.

Request-Move to defer this motion and refer this topic to the ACAPT Board of Directors to work with the new Partners in PT education to communicate and address the seriousness concerns expressed in the growth and development of physical therapy education programs of this action and to have the ACAPT Board of Directors prepare a position to take to 2014 APTA HoD for discussion and action related to the issues in this motion.

This motion drives-supports the construction of this position paper whose purpose is to foster debate and action regarding the standards for contemporary education in physical therapy and the resources needed to meet those standards. The focus of this paper is not to duplicate previous manpower projections, but to demand building predictive models that include attention to regional manpower distribution, impact of attrition rates, and influence of specialization on supply in certain venues and regions and outcome of the Affordable Care Act on physical therapist practice. While more valid models of demand are being developed, ACAPT is calling for a cohesive approach to program growth and expansion that will not dilute our collective commitment to excellence in physical therapy education.

Standards for Excellence in Physical Therapy Education

As a group, ACAPT advocates for rigor in professional education. To achieve this, implementation of the following may be required:

- More rigorous criteria for new and expansion programs that value more highly the expectations of the profession (as well as reflect the expectations of the institution), and

Comment [rs6]: I have asked several times for the original motion and have been sent. So this amended version really does not capture the discussion.
Comment [t7]: This is the wording as I have it in my notes.... So I think it works to refer it to the original motion above B
Formatted: Font: Italic

ATTACHMENT 5

consider the potential impact of new programs on current ones in relation to resource consumption.

- A strengthening of standards for re-accreditation of existing programs that reflects accurately their future potential to meet expectations of excellence in view of faculty shortages, access to clinical education sites and demands of health reform.

Change in standards for physical therapy education is a dynamic process that *must* with involve all communities of interest. ACAPT's collaboration with CAPTE and FSBPT is essential. Equally essential is achieving internal agreement regarding the directions the academy must take to maintain and extend the excellence of education for physical therapy. For all programs – but particularly for new and expanding programs – resources are a key concern.

Resources for Excellence in Physical Therapy Education

No one can ignore the importance of resources in the achievement of excellence. Key areas of resource access and allocation that have been identified by colleagues within ACAPT include:

- *Personnel*: The following resources already are at a premium within existing professional education programs:
 - Faculty: CAPTE data reveal that there are almost 300 faculty vacancies nationwide. With the development of an additional 22 programs there could be as many as another 200 positions available in the next few years. However, this estimate does not consider qualifications and training of faculty or true projections of expected attrition, and thus may be underestimating the shortage significantly. The number of terminally prepared physical therapists each year is estimated to be xxxxx. This sets in place significant competition between programs, driving salaries higher, placing program quality at risk with the turnover in faculty,
 - Programs HeadsDirectors: The same data indicate numerous vacancies for program headsdirectors. In addition, there is lack of information about how program heads-directors are selected and mentored and what qualifications are required to be an academic leader: anecdotal reports indicate that often this position is awarded to the most senior faculty member or the faculty member with a terminal degree regardless of experience, interest or expertise. Thus, the shortage of program heads who can promote the goals for rigor and excellence may be greater than we estimate.
 - Administrative Staff: Academic programs need staff to support both administrative functions and research
- Clinical Education Resources: The clinical education community is historically generous with their assistance in professional education. Issues of site selection, availability and quality are driving development of a major Summit in 2014 to discuss how best to re-frame professional education in response to current societal conditions and needs.
- *Physical resources*: The following resources are essential for the conduct of professional education programs:
 - Classroom/laboratory space:
 - Office space:
 - Research space:

Comment [rs8]: Need to find exact number that CAPTE has

Comment [NR9]: The last number I got from Ellen Price was 26

Comment [SSD10]: I would be careful about criticizing internal selections specifically. Some external searches also do not yield the best outcomes.

Comment [t11]: Good place to add info from Nancy – Physical therapy programs nationally use a variety of clinical facilities to assist the program in providing clinical experiences for students both during, and following the didactic phase of the curriculum. Programs establish standards for physical therapy clinical education and generally have just enough facilities to accommodate the required number for clinical experiences. There is a shortage of clinical sites in acute care and in-patient rehabilitation nationwide. The demand for these sites could jeopardize existing program arrangements.

Comment [t12]: Changed order to reflect the two major concerns. B

Comment [NR13]: I'd also like to see us make some comment about the need, not merely for numbers of clinical sites, but for high quality clinical sites. We might also want to touch on the increasing trend of paying clinical facilities for taking students, especially if we believe this is a symptom of increasing competition for sites.

Comment [SSD14]: I took the examples out just for us to test this outline and see if we want to post 2-3 questions in each area about adequacy of resources.

ATTACHMENT 5

- ~~Clinical Education Resources: The clinical education community is historically generous with their assistance in professional education. Issues of site selection, availability and quality are driving development of a major Summit in 2014 to discuss how best to re-frame professional education in response to current societal conditions and needs.~~

Summary

The major themes of this paper are to advocate for:

- Re-evaluation of manpower projections to more accurately guide decisions about program growth, expansion and persistence.
- Strengthening of accreditation criteria for all programs to reflect contemporary views of excellence, but particularly to resolve questions about whether new programs will contribute to or compromise the goals for excellence in physical therapy education.
- Development of new – and more realistic – expectations of the resources that are required to conduct excellent academic programs and inclusion of those expectations into the fabric of institutions and accreditation.

Thought we were going to write a paper to the House of Delegates in a manner that is something that they can do...ie. A position of the problem and a request to have clinicians support CE and not sign letters of intent if they will not be able to fulfill this obligation without having a consequence on another existing program...

Also encourage those in education to not support or silently support expansion and instead take an active role in writing against an expansion and/or new program coming into their region that will challenge resources...

11/04/13
RS/SSD

**ACAPT Diversity Task Force
Meeting Summary**

MEETING: The Academic Council Diversity Task Force met via web conference on Wednesday, October 30, 2013 at 11:00 am ET.

SUMMARY OF MEETING: The purpose of the meeting was as follows:

- **MINORITY STUDENT RECRUITMENT VIDEO**
 - Review draft interview questions
 - Discuss plans to identify speakers
- **URM DEFINITION**
 - Update on ACAPT's plans to consider a related House of Delegates motion
- **SURVEY OF DPT PROGRAMS**
 - Timeline for release of the survey
 - Survey release statement
 - Review Research department's feedback on survey questions

NEW STUDENT MEMBER

Bernadette Williams, chair, introduced the new student representative, Clarence Holmes, to the ACAPT Diversity Task Force. Holmes was recently elected as Vice President of the APTA Student Assembly. More information can be found at <http://www.apta.org/StudentAssembly/Leadership/Board/VicePresident/>.

MINORITY STUDENT RECRUITMENT VIDEO

- **Video Recording at CSM:** APTA has reserved three dates and times during the APTA Combined Sections Meeting (CSM) to record interviews of current PT student and new professionals who have less than five years of experience. Jason Bellamy on the APTA staff will conduct the interviews on site. The resulting video will be available on the APTA website by summer 2014 and could be potentially used to better recruit minority students, highlight the benefits of diversity in the PT profession, and promote the value of diversity to faculty. Staff will explore possibility of using existing video clips of practicing minority physical therapists, as previously captured as part of an effort led by Johnette Meadows.

The recording dates and times are below:

- **Tuesday, Feb 4 – 9:00-10:00 am**
- **Wednesday, Feb 5 – 2:00-3:00 pm**
- **Thursday, Feb 6 – 9:00-10:00 am**

Each interview will last 15 minutes. Four individuals will be interviewed during each session for a total of 12 interviewees for all three days. Per a decision of the task force, interviewees will consist of the following:

- **4 New Professionals** (2 of which will be African Americans and 1 majority)
- **8 Current Students** (2 of which will be African Americans and 1 majority)

Ideally, one representative will be a residency student or graduate. All participants must be current APTA members. The task force approved the list of draft survey questions developed by staff. See final page of this meeting summary to view. Questions shown in bold were identified as key interview that all interviewees should be asked. Due to time limits, not every person will answer every question.

1 Task force members should submit names of current students and new professionals who would serve
2 as interview candidates to Libby Ross by **November 22**. Please include the name, institution (if student),
3 status (student or new professional), race/ethnicity, and any other related information that might be
4 pertinent to the selection process to Libby Ross at libbyross@apta.org.

5
6 **URM DEFINITION**

7
8 As previously reported, the motion to define under-represented minorities (URMs) in physical therapy, as
9 created by the Diversity Task Force, was passed during the American Council of Academic Physical Therapy
10 (ACAPT) business meeting in Portland in October 2013. The group previously submitted a recommendation
11 to staff via email that the ACAPT Board of Directors should consider bringing the URM definition forward as
12 a motion to the APTA House of Delegates (HOD) for a vote in June 2014. If done, ACAPT would need to
13 partner with the Education Section or another component to submit the motion in time for the HOD's main
14 motion deadline on March 10.

15
16 Staff brought the task force's recommendation to the ACAPT Board leadership during its regular monthly call
17 in October. The ACAPT leadership responded that it would consider the recommendation at a future
18 meeting, but expressed concerns that the HOD could choose to accept, modify, reject, or table a decision on
19 the URM definition. Any HOD policy would trump ACAPT's policy, if different. The ACAPT Board also
20 indicated that this issue would fall under a larger umbrella of discussion regarding (1) about what types of
21 ACAPT decisions and policies should move to the APTA House of Delegates and (2) how to effectively
22 communicate ACAPT decisions and policies to all stakeholders.

23
24 **Additional Discussion Points:**

- 25 • The URM motion would be presented as a position statement, rather than a policy.
- 26 • HOD might decide the ACAPT definition is too narrow and attempt to broaden it to include other
27 factors or issues, such as health disparities.
- 28 • None of the other URM definitions include health disparities.
- 29 • The URM definitions for other professions originated in the education associations, rather than the
30 professional associations (e.g., AAMC).
- 31 • If the HOD does not have the opportunity to vote on the ACAPT URM definition, it may decide to
32 create its own.
- 33 • If there is no common definition, there may APTA strategic planning issues related to workforce that
34 would be at odds with the ACAPT's URM definition or not supportive of it.

35
36 **Next Steps:** The task force recommended that the ACAPT leadership consider floating the idea of a URM
37 motion to HOD representatives during upcoming forums and then reconsider moving it as a motion in June
38 2015. Staff will discuss proposal with the ACAPT Board Liaison, James Carey, to determine how the task
39 force should move the issue forward with the ACAPT Board and the timeline for decisions. It would also like
40 information regarding how ACAPT will communicate its recent decisions to the various communities.

41
42 **MINORITY STUDENT RECRUITMENT AND RETENTION SURVEY**

43 The task force reviewed the latest version of a survey of DPT programs. The purpose of the survey will be to
44 identify what programs are doing relative to minority student recruitment and retention and what related data
45 is collected.

46
47 **Timeline for Release of the Survey:** The APTA research department recommended that the survey be
48 released in **January or February 2014**, rather than in December 2013 due the upcoming holidays and school
49 closures. The task force agreed and indicated it would give them more time to prep PT institutions about the
50 URM and purpose of the survey. The timeline may vary depending on when ACAPT and/or the task force can
51 send its initial communication in advance of the survey's release.

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Survey Release Statement: The task force approved the following survey release statement that is intended to show that any school-specific results will be used to highlight best practices.

“Release Statement: The questionnaire results will be used to inform the work of the ACAPT Diversity Task Force. Aggregate results will be included in a final report of the task force. Select institutional initiatives may be highlighted in the final report as innovative or successful models. Institution-specific comments will only be included in the final report if the institution grants the task force permission to include them. Check the box if you give the task force permission to contact your program about institution-specific initiatives or comments.”

Review Research Department’s Feedback on Survey Questions: The task force modified selected questions based on feedback from the APTA research staff.

- (2) **“Does the current number of URM students represent the typical number of URM students over the past 5 years?”** Will insert drop-down options: “Increased, decreased, about the same”.
- (8) **“If YES, where does the program conduct its URM student outreach efforts?”** Added “Rural or Underserved Areas” as new option in list.
- (9) **“Does the DPT program offer mentoring or support programs intended to enhance the academic skills of URM pre-PT students?”** Added “Rural or Underserved Areas” as new option in list.
- (12) **“How do the DPT URM student recruitment resources compare to the URM student recruitment resources in other parts of the institution?”** was reworded as shown.
- (21) and (22)
 - Added the following statement above items: **“The questions below relative to student financial need were included because URM definition includes individuals from financially disadvantaged backgrounds.**
 - Added **“If yes, describe”** after each item.

NEXT STEPS

- Recommend current students and new professionals for video.
- Communicate to stakeholders about URM definition and importance of survey of PT education programs relative to minority student recruitment, retention, and data collection.
- Promote idea of a HOD motion in June 2015 to ACAPT leadership.
- Identify data gaps
- Develop recommendations for ACAPT and profession.
- Write final report of the task force.

NEXT MEETING: The next meeting will be scheduled following a discussion with Jim Carey. A Doodle calendar will be sent separately, once a timeframe is identified.

1 **2013 ACADEMIC COUNCIL DIVERSITY TASK FORCE MEMBERS**

Name	Institution	Participated in Meeting
Bernadette Williams-York (Chair)	Alabama State University	*
Salome Brooks	Springfield College	*
James Carey (Academic Council Board Liaison)	University of Minnesota	
Jesus Dominguez	University of Southern California	*
Victoria Moerchen	University of Wisconsin-Milwaukee	
Denise Wise	The College of St. Scholastic	*
Clarence Holmes	University of Mississippi	*

2

3 **Staff:**

4 Libby Ross, Director, Department of Academic Services, APTA *

5 Lisa McLaughlin, Executive Director, APTA Academic Council and APTA Student Assembly

6

7 **TASK FORCE CHARGE**

8 Define “under-represented minorities” in physical therapist education and affirming a rationale for promoting a
9 diverse student population and workforce in physical therapy. The workgroup’s efforts will culminate in the
10 development of related resources and recommended strategies to enhance minority student recruitment in
11 physical therapy. The workgroup may survey PT education programs on minority outreach, recruitment, and
12 retention initiatives; and summarize best practices. It may also review the literature to identify successful
13 tactics adopted by other health profession institutions. The workgroup will explore and promote partnership
14 opportunities for APTA, Academic Council, the Student Assembly, PT education programs, and other
15 organizations to advance student diversity initiatives.

16

17 * *participated in meeting*

18

Minority Student Recruitment Video: Interview Questions

Combined Sections Meeting in Las, Vegas

Interview Times

Tues, Feb 4 – 9:00-10:00 am

Wed, Feb 5 – 2:00-3:00 pm

Thurs, Feb 6 – 9:00-10:00 am

Current Physical Therapist Students

- What is your story (background)?
 - How did you get here?
 - **What challenges have you faced to get here? [Identify early in video]**
 - Who in your life has contributed most to your decision to choose PT as a career? Or, to your success to date?
- **Why did you choose physical therapy as a career versus other careers?**
 - Is this your first career?
 - If not, how did you choose PT ?
- What do you want to do after you graduate?
 - Fellowships, residency or other professional post graduate work?
- Where do you want to be professionally in five years?
- Why should young people consider a career in physical therapy?
 - What do you perceive are the advantages?
- **What advice would you give to students who are thinking about a career in physical therapy?**
 - How can future students best prepare for the PT admissions process?
- What do you like most about being a PT student and/or attending PT school?
- **Why is diversity/cultural competence in physical therapy important?**

New Physical Therapists – Recent Graduates

- What is your story?
 - How did you get here?
 - What challenges have you faced to get here?
 - Who in your life has contributed most to your decision to choose PT as a career? Or, to your success to date?
- **Why did you choose physical therapy as a career versus other careers?**
 - Is this your first career?
 - If not, how did you choose PT ?
- Where do you currently practice?
- Do you have additional post graduate experience?
 - If yes, how has this experience changed your perspective or practice?
 - If no, do you plan to pursue a residency, specialty, fellowship, transitional DPT, or other post-graduate education in the future?
- What do you find most rewarding about being of physical therapist?
 - Were your expectations different from reality?
- What is your most memorable encounter with a patient/client?
- Why should someone consider a career in physical therapy?
 - What do you perceive are the advantages?
 - Are there any disadvantages or difficulties that you encountered that you did not expect?
- **What advice would you give to students who are thinking about a career in physical therapy?**
- What is the future physical therapy?
- **Why is diversity/cultural competence in physical therapy important?**

ATTACHMENT 7

Full Identity System design- This would provide the Identity (logo, word mark, typography).

Identity Design: Create a new identity system that encapsulates the spirit brand and value of the brand. Present 5 concepts for the overall identity in black and white, and color, from which the Client will select one (1) concept for refinement/production. Conduct a final color and typography study, with the Client having up to one (1) round of revision.

Typically, the development of an Identity/Logo takes six to eight (6-8) weeks, assuming timely Client feedback at all intervals. After this final revision, the Client is provided with complete identity artwork and source files.

Basic Usage Guidelines: Using the approved Identity and Type Treatment (above), design and deliver basic usage guidelines. The basic guidelines will provide standards that ensure the proper usage of graphic elements and will address color breakdown (pantone, process, RGB and web, where applicable), typography (primary, secondary). Deliverable will be a PDFdocument and one (1) high quality color output.

Procedures for formation of Consortia within the American Council of Academic Physical Therapy (ACAPT)

Preamble

A consortium is comprised of individuals affiliated with institutional members of the American Council of Academic Physical Therapy (ACAPT) who share common interests based upon their program affiliation. Examples of consortia consist of, but are not limited to, Directors of Clinical Education and Clinical Faculty, individual members from like institutions (based on Carnegie classification, public or private institution, etc.), shared geographical location, similar curricular models, etc. The role of the consortium is to provide a forum for institutional members of the physical therapist education community to gather and disseminate information relative to a specific area of shared interest and to have a line of communication within the ACAPT, particularly with the Board of Directors (BoD). Because a consortium consists of institutional members of ACAPT with a voting representative, a consortium will not hold voting privileges within the ACAPT.

Procedure:

1. Complete the "Application to Form a Consortium" and submit it to the staff office for ACAPT.
2. A sub-committee of the ACAPT BoD to include the Finance Officer, Vice President, or Secretary and 2 Directors will review the Application and will approve it for consideration by the ACAPT BoD, ask for further clarification, or deny the formation of the Consortium.
3. Applications approved by the sub-committee are considered by the ACAPT BoD at its next meeting
4. Applications that have been denied by the sub-committee may be appealed to the ACAPT BoD by the ACAPT Representatives who submitted the application.

**APPLICATION FOR THE FORMATION OF A CONSORTIUM
American Council of Academic Physical Therapy (ACAPT)**

General Information

1. Name of proposed consortium:
2. Membership: Who will this consortium represent?
3. What is the estimated number of institutional members?
4. Purpose of the proposed consortium:
5. Objectives of the proposed consortium:
6. Meetings:
 - a. When will the Consortium meet, e.g. CSM, ELC, separate time?
 - b. How will the Consortium meet, e.g. teleconference, Web-based, in-person.

Governance and Leadership

7. A Consortium must have at least a Chairperson and a Secretary. Will this Consortium have any additional leadership or governance structures?
 - No (Skip to question 8)
 - Yes (Continue to question a)
 - (a) What will be the leadership structure (e.g., board of directors, additional officers, etc.)?
8. All Consortium participants must be affiliated with an institutional representative of ACAPT. Will there be any other qualifications to hold office in the Consortium?
 - No (Skip to question 9)
 - Yes (Continue to question a)
 - (a) What is/are those qualification(s)?
9. What would be the terms of office for the Offices within the Consortium?
10. A Consortium must have a designated liaison to the ACAPT BoD. If that liaison will be someone other than the Chairperson, who will that Liaison be and how will they be designated?

ACAPT-Consortium Relationship and Support

11. Dues: At this time, Consortium may not charge dues. Does the Consortium anticipate charging dues in the future? If so, please describe what those dues would be used for?
12. What support does the Consortium anticipate needing from ACAPT for it to be successful? Examples might be Website links and access, financial support, staff support, meeting planning, teleconference call access, web-based conference access. Please provide as much information as possible about these needs.

Signed by at least 5 ACAPT Representatives from Institutions that are participating in this Consortium.

Memorandum

To: Component Presidents and Executive Directors

From: Michael Matlack
Director, Grassroots & Political Affairs

Date: August 13, 2013

Re: Future Plans of the Federal Advocacy Forum

Current Structure of the Federal Advocacy Forum

The Federal Advocacy Forum is an important legislative and grassroots meeting for our members and our efforts on Capitol Hill. For over 15 years, the basic structure of who APTA pays to attend the Forum basically has stayed the same. The Federal Affairs Liaison (FAL) from each Component was funded by APTA and each state was allowed to send one Key Contact which is partially funded by APTA (either airfare or hotel). The Federal Affairs Liaison term, which is appointed by the Component president, was changed in 2012 to a one-year term instead of a two-year term since many Components either changed their FAL during that two-year term or FALs could not fulfill their role by attending the Federal Advocacy Forum both years.

The main purpose of the Forum is to educate the APTA membership on the issues of concern to the profession, help them be better advocates for the profession, and of course lobby their Members of Congress while here in Washington, DC.

A New Direction and Plan for the Forum

As the Forum continues to evolve, APTA staff believes it is necessary to grow in our grassroots relationships with key Members of Congress and get the most out of the funding that APTA provides to run this meeting. Moving forward the following changes for the Federal Advocacy Forum will occur:

- **Odd Number Years (2013, 2015*, 2017 etc)**- FALs and one key contact per state will be funded or partially funded to attend the Forum. These years coincide with the start of new Congressional sessions and there is a need to obtain widespread cosponsorship commitments on APTA legislation. ***Note** – every fourth year the Forum coincides with APTA's June conference so the Forum will be shortened and only the FAL will be funded.
- **Even Number Years (2014, 2016, 2018 etc)**- APTA will target funds to facilitate travel by APTA members from congressional districts that are of key importance for APTA policy priorities. For example, APTA may focus on bringing in those with members of Congress on key Congressional Committees.

ATTACHMENT 9

Please find below a summary of the anticipated changes for the Federal Forum moving forward:

2014 – All APTA funded individuals would come from key Congressional Committee (House Energy & Commerce, House Ways & Means, Senate Finance, etc) congressional districts/states. APTA will also heavily encourage those not attending the forum to see their Members of Congress during the Easter recess in their home congressional districts. This would include FALs and Key Contacts not attending the Forum to augment those attending the Forum in person.

2015 – Connected to APTA House of Delegates/Annual Conference. The goal is to get as many individuals to lobby Members of Congress as possible to gain cosponsors on physical therapy legislation since legislation must be reintroduced in odd years in Congress. FALs would be funded to lead state delegations.

2016 – Same as 2014

2017 – 2017 would be very similar to 2013 in that a new Congress will be beginning. Legislation would have to be reintroduced so the importance of gaining cosponsors is essential. All FALs and one Key Contact for each state would be funded or partially funded for hotel and airfare.

This 4 year cycle would continue as long as APTA plans to have their House of Delegates/Annual conference here in the DC area. APTA staff believes that we need to be more strategic on who attends the Forum to maximize our efforts and relationships on Capitol Hill. In the second session of a Congress our legislation has already been reintroduced for over a year. If the same APTA members return from the previous year to meet with their Members of Congress who are not on a key health care committee it is unlikely that they will cosponsor if they haven't already. Ultimately we need to use APTA resources for APTA member funded travel that will best help our efforts on Capitol Hill.

Since the FAL position is only a one year term and must be appointed or reappointed by the Component President every year, no individual should assume that they would be attending the Forum every year via funding from APTA.

If you have any questions or comments about this plan please contact me at 1/800-999-2782, ext. 3163 or michaelmatlack@apta.org. Thank you.

Memorandum

To: APTA Component Presidents and Executives

From: Lindsay Still, Senior Specialist
Grassroots and Political Affairs

Subject: Appointment of 2014 Component Federal Affairs Liaison

Date: November 13, 2013

In 2013, APTA's Federal Affairs Liaisons (FALs) played a significant role in advancing the Association's legislative agenda. Two major APTA legislative initiatives - repeal of the therapy cap and adding physical therapists to the National Health Service Corps (NHSC) - achieved significant numbers of co-sponsors to demonstrate support. Their hard work and legislative contacts also helped with the introduction of the *Promoting Integrity in Medicare Act* (H.R. 2914) and the *Prevent Interruptions in Physical Therapy Act* (H.R. 3426). Additionally, APTA and its grassroots network played a key role in educating over 80 new members of Congress on the value of physical therapy. This was all due to the maturation of APTA's grassroots program and the role of the FALs and Component leadership. Thank you!

It's now time to build on past successes and take APTA's grassroots program to a new level. The diverse and dynamic legislative agenda to enhance physical therapy payment, practice, research, and education requires a robust grassroots network, led at the component level by the Federal Affairs Liaisons. APTA is working to enhance your efforts at the component level and to increase communication with the Federal Affairs Liaisons through the use of social media, monthly conference calls and periodic email updates. In addition, we will work with the Liaisons to implement new grassroots strategies and technologies throughout the next year. **We are excited to kick off 2014, and look forward to the appointment of new Federal Affairs Liaisons as the critical first step.** We also welcome any thoughts or suggestions you might have to improve our grassroots. Please email these suggestions to Lindsay Still at lindsaystill@apta.org.

Attached please find an appointment form for the position of Federal Affairs Liaison for your component. Complete this form and return it to APTA headquarters **no later than Friday, December 6, 2013**. Please feel free to contact Lindsay Still with any questions regarding this process (lindsaystill@apta.org or 1/800-999-2782, ext. 3170). Thank you for your time and cooperation.

Federal Affairs Liaison History

In November 1998, the APTA Board of Directors passed a recommendation establishing, as a new objective of the Association, the promotion and expansion of grassroots and member involvement in the development of policies and advocacy efforts at the Federal government affairs level. To achieve this objective, the Board determined that each component should have more direct input into the development of APTA's Federal government affairs objectives on an

annual basis.

From 1999 to 2010 each APTA component appointed a Federal Affairs Liaison to represent the component for a two-year term. These Federal Affairs Liaisons played a critical role in getting the message out to component members on APTA's government affairs issues and providing feedback to the Government Affairs Committee.

The current Federal Affairs Liaisons have successfully completed their one year term and it is now time to appoint a new or reappoint the current Federal Affairs Liaison to serve in 2014. The Liaison appointment does not change if chapter leadership changes during the 2014 calendar year.

Attached is a copy of the job description for the Federal Affairs Liaison. Your appointment is critical to ensure the right individual from your component participates in APTA's goals and objectives. If you have any questions regarding the nomination or characteristics needed to succeed in this role, please feel free to contact Lindsay Still, APTA's senior grassroots and political affairs specialist, at lindsaystill@apta.org or 800/999-2782 ext. 3170.

As you consider appointees to fill the Federal Affairs Liaison position, also keep in mind that the appointee is required to serve as a Federal Affairs Liaison for one full calendar year.

2014 Federal Advocacy Forum

APTA will not be providing funding for a Federal Affairs Liaison from each component to the 2014 Forum, per the August Forum Memo to Component Presidents and Executives (attached). APTA is changing the funding structure during even number years and will be targeting funds to facilitate travel by APTA members from congressional districts that are of key importance for APTA policy priorities. In 2014, APTA will be targeting members of Congress on the House Energy and Commerce, House Ways and Means and Senate Finance Committees. A list of legislators on these committees from each state is attached.

After you have appointed the FAL from your component, APTA will begin reaching out to APTA members in the target districts. **Therefore, it is essential that you appoint your 2014 FAL by December 6, 2013.** If the FAL from your component is a constituent of one of the legislators on these Committees, they will receive priority for funding to the Forum. After we've contacted the FALs in the target districts, we will reach out to Key Contacts and PTeam members to fill the remaining funded slots.

APTA will be providing airfare/train fare and two (2) hotel nights for funded members in the target legislative districts. Funding does not include meals or transportation costs to and from the airport or train station.

If you have questions please contact Lindsay Still at lindsaystill@apta.org.

Federal Affairs Liaison Job Description

Background

APTA's Board of Directors identified the need for greater grassroots and member involvement in the Federal government affairs process at its March 1998 meeting. To accomplish this objective, APTA Board of Directors initiated the development of a new Federal Government Affairs Committee and network of contacts at the Component level to enhance APTA's agenda at the Federal level, including a system of grassroots member involvement. Essential to this effort is each Component's Federal Affairs Liaison. This person is the coordinator of each components involvement with the APTA government affairs process and department. The Component President appoints one individual to serve as the Federal Affairs Liaison for a one year term.

What Is A Federal Affairs Liaison Responsible For?

At its November 1998 meeting, APTA's Board of Directors defined the responsibilities of a Federal Affairs Liaison. They include:

- Provide input from the grassroots membership to government affairs staff of APTA and fill out the annual critical issues survey.
- Disseminate information to the grassroots membership from the APTA Board of Directors and government affairs staff of APTA.
- Assist in the identification of potential APTA Key Contacts from your chapter. Liaisons to APTA sections do not have this responsibility since Key Contacts are identified at the state level.
- Attend regular Component meetings to relay legislative and regulatory information to the grassroots members of your component.

In addition, roles and responsibilities also include:

- Attendance at the annual Federal Advocacy Forum during odd years. See the Federal Advocacy Forum Funding Memorandum for more information.
- Recruitment of participants for APTA advocacy events, such as the Forum, rallies, or other grassroots activities.
- Coordination of practice visits in your state to bring Members of Congress into every physical therapy practice setting.
- Attendance at political events, with the assistance of PT-PAC in your state.
- Coordination with the state legislative chairperson on component grassroots networks, policy development, and identification of emerging issues.

Appointment for Federal Affairs Liaison
One year term (2014)

Date: _____

APTA ID #: _____

Name of Nominee: _____

Address: _____

City, State, Zip: _____

Daytime Phone #: _____

Cell Phone #: _____

Email Address: _____

Chapter/Section the appointee will represent: _____

Name of Component President: _____

Signature of Component President: _____

Electronic Signature Accepted

As my Component's Federal Affairs Liaison, I will agree to the attached job description

Federal Affairs Liaison Signature: _____

Date: _____

Please fax (703-706-3170) or email (lindsaystill@apta.org) this form to Lindsay Still no later than December 6, 2013.

Thank you for your assistance.

ATTACHMENT 9

State	Members of Congress on Target Committees
AK	
AL	
AR	Rep. Tim Griffin
AZ	
CA	Rep. Henry Waxman, Rep. Anna Eshoo, Rep. Lois Capps, Rep. Doris Matsui, Rep. Jerry McNerney, Rep. Devin Nunes, Rep. Xavier Becerra, Rep. Mike Thompson, Rep. Linda Sanchez
CO	Sen. Michael Bennet, Rep. Cory Gardner, Rep. Diana DeGette
CT	Rep. John Larson
DC	
DE	Sen. Thomas Carper
FL	Sen. Bill Nelson, Rep. Gus Bilirakis, Rep. Kathy Castor, Rep. Vern Buchanan
GA	Sen. Johnny Isakson, Rep. Phil Gingrey, Rep. John Barrow, Rep. Tom Price, Rep. John Lewis
HI	
IA	Sen. Charels Grassley, Rep. Bruce Braley
ID	Sen. Michael Crapo
IL	Rep. John Shimkus, Rep. Adam Kinzinger, Rep. Bobby Rush, Rep. Jan Schakowsky, Rep. Peter Roskam, Rep. Aaron Schock, Rep. Danny Davis
IN	Rep. Tod Young
KS	Sen. Pat Roberts, Rep. Mike Pompeo, Rep. Lynn Jenkins
KY	Rep. Ed Whitfield, Rep. Brett Guthrie, Rep. John Yarmuth
LA	Rep. Steve Scalise, Rep. Bill Cassidy, Rep. Charles Boustany
MA	Rep. Richard Neal
MD	Sen. Ben Cardin, Rep. John Sarbanes
ME	
MI	Sen. Debbie Stabenow, Rep. Fred Upton, Rep. Mike Rogers, Rep. John Dingell, Rep. Dave Camp, Rep. Sander Levin
MN	Rep. Erik Paulsen
MO	Rep. Billy Long
MS	Rep. Gregg Harper
MT	Sen. Max Baucus
NC	Sen. Richard Burr, Rep. Renee Ellmers, Rep. G.K. Butterfield
ND	
NE	Rep. Lee Terry, Rep. Adrian Smith
NH	
NJ	Sen. Robert Menendez, Rep. Leonard Lance, Rep. Frank Pallone Jr., Rep. Bill Pascrell
NM	Rep. Ben Ray Lujan
NV	
NY	Sen. Chuck Schumer, Rep. Eliot Engel, Rep. Paul Tonko, Rep. Tom Reed, Rep. Charles Rangel, Rep. Joseph Crowley
OH	Sen. Sherrod Brown, Sen. Rob Portman, Rep. Bob Latta, Rep. Bill Johnson, Rep. Pat Tiberi, Rep. Jim Renacci
OK	
OR	Sen. Ron Wyden, Rep. Greg Walden, Rep. Earl Blumenauer

ATTACHMENT 9

State	Members of Congress on Target Committees
PA	Sen. Bob Casey, Sen. Pat Toomey, Rep. Joe Pitts, Rep. Tim Murphy, Rep. Mike Doyle, Rep. Jim Gerlach, Rep. Mike Kelly, Rep. Allyson Schwartz
RI	
SC	
SD	Sen. John Thune
TN	Rep. Marsha Blackburn, Rep. Diane Black
TX	Sen. John Cornyn, Rep. Ralph Hall, Rep. Joe Barton, Rep. Michael Burgess, Rep. Pete Olson, Rep. Gene Green, Rep. Sam Johnson, Rep. Kevin Brady, Rep. Kenny Marchant, Rep. Lloyd Doggett
UT	Sen. Orrin Hatch, Rep. Jim Matheson
VA	Rep. Morgan Griffith
VI	Rep. Donna Christensen
VT	Rep. Peter Welch
WA	Sen. Maria Cantwell, Rep. Kathy McMorris Rodgers, Rep. Dave Reichert, Rep. Jim McDermott
WI	Rep. Paul Ryan, Rep. Ron Kind
WV	Sen. Jay Rockefeller, Rep. David McKinley
WY	Sen. Michael Enzi

12 States not represented