

PASSED: AC-2-14: CAPTE Standards of Excellence Proposed by the ACAPT Board of Directors - Terry Nordstrom

That the following be adopted:

In order to assure minimal levels of quality in entry-level physical therapist education, the Commission on Accreditation in Physical Therapy (CAPTE) consider key criteria when revising the “Rules of Practice and Procedure” and the “Evaluative Criteria, Physical Therapist Programs”:

Category 1) accreditation;

Category 2) Category 3) and establishing and revising procedures for achievement of and maintenance of candidate for establishing the accreditation criteria during the current criteria revision; establishing and revising procedures for achievement and maintenance of accreditation;

Category 4) to increases in enrollment; establishing and revising procedures for approval of substantive program change relative

The American Council of Academic Physical Therapy (ACAPT) recommends that the following guidelines are reflected in CAPTE standards, criteria and procedures for programs seeking candidacy:

Recommendations Category 1: Procedures standards for achievement and maintenance of candidate for accreditation status:

1) That the program has employed 100% of the core faculty members necessary to deliver the academic and administrative components of the first two years of the curriculum, in addition to Program Director and Director of Clinical Education, at least one year prior to offering admission to the first students to the program.

2) That these core faculty members, Program Director and Director of Clinical Education, individually and collectively, meet the CAPTE criteria for accreditation for these three categories of faculty.

3) That the institution in which the program will be established submits evidence that it has in place the necessary financial resources, facilities, equipment, technology, and materials for faculty scholarly work and delivery of the entire curriculum prior to enrolling the first students in the program.

4) That the institution submits clear and compelling evidence of the need for physical therapists in the workforce within the region the program serves.

5) That the program has established contracts with sufficient clinical placements to meet the needs of all planned clinical experiences for the entire curriculum. Moreover, these contracts

should be endorsed by the physical therapist/s where the clinical placements will actually take place, and the physical therapists confirm that accepting students from this developing program will not impact their ability to support their current contracts with other fully accredited programs.

Recommendations Category 2: Accreditation criteria during the current criteria revision:

- 1) That all newly revised accreditation criteria, when considered in the aggregate, set higher standards than the current criteria.☐
- 2) That all revisions of accreditation criteria include a minimum standard for the first-time pass rate on the National Physical Therapy Examination as an indicator of minimal quality.

Recommendations Category 3: Procedures for achievement and maintenance of accreditation:

- 1.) That CAPTE take meaningful actions, including the option of restricting program enrollment, when a program does not meet accreditation criteria during the submission for re-accreditation process.
- 2.) That CAPTE establish standards and processes by which the Commission can take action relative to a program's continued accreditation should there be evidence of a change in the program that indicates a program may fail to meet accreditation criteria, such as the number of vacant faculty positions or the qualifications in the core faculty or program director.☐
- 3.) That programs required to complete a compliance report as a result of an accreditation review are not guaranteed to receive the maximum length of time for re-accreditation.

Recommendations Category 4: Procedures for approval of substantive program change relative to standards for programs seeking to substantially increase enrollment: When programs seek approval to increase enrollment by more than 10%, they must secure a CAPTE review date that occurs as least one full admission cycle prior to the intent of expansion. All evidence must be in place prior to recruiting students.

- 1) Evidence that they have hired all the necessary faculty for the first two years of that enrollment increase prior to enrolling those additional students in the program.☐
- 2) Evidence that they have the necessary facilities, equipment, technology, and other physical resources to meet the needs of the additional students.☐
- 3) Evidence that they have established contracts with sufficient clinical placements for all clinical experiences that occur throughout the curriculum without having negative consequences to other accredited programs.☐
- 4) Clear and compelling evidence of the regional needs for increased physical therapists in the workforce.☐

5) Evidence of institutional approval to secure needed resources listed in 1-3 prior to admission of the additional students does not constitute adequate evidence. Additional students must not be accepted into the program until all resources have been secured.

6) Programs granted approval for expansion must report confirmation that resources have remained in place for the entire program cycle that brings in additional students. Once this group graduates, reporting can return to reaffirmation schedule.☐

7) Programs will be placed on probation should they not be able to illustrate continued evidence of resources secured in the expansion application.

ACAPT recommends that CAPTE assure it has the necessary resources to monitor, affirm, and enforce its Rules of Practice and Procedure, including those that are more rigorous or that require additional resources. If it does not have these resources, then it should establish priorities for administering the activities of the Commission specifically within these procedures, with first priority given to reaffirmation of accreditation, second priority to review and approval of substantive change requests to increase class size, and third priority to candidates for accreditation. These priorities could include limits on the number of requests for programs seeking candidacy for accreditation or for seeking to substantially increase their class size.

Additionally, that ACAPT promote these standards, criteria and procedures broadly within the higher education community, including to all institutions with accredited programs, those with programs in candidacy for accreditation, and those that have expressed the intention to initiate an entry-level physical therapist education program.

Support Statement:

This motion is intended to provide CAPTE with information to guide their work in the four interrelated areas of the criteria for accreditation, the standards that are used to grant candidacy for accreditation status, the standards that are used to approve substantial changes in class size, and the procedures used for reaffirmation of accreditation. The Criteria Revision Work Group is nearing completion of its work on a revision of the current standards for accreditation. That work group published the most recent version of the criteria revision just before this meeting and there will be a public forum regarding those criteria at the Education Leadership Conference. CAPTE has indicated that it intends to form two work groups, one to address procedures for reaffirmation of accreditation and the other to address standards for programs seeking candidacy for accreditation status. Those work groups were named in December 2013. They are expected to begin their work in 2015. Given the focus and timing of those work groups, it is timely for ACAPT to communicate clear standards relative to meeting minimal standards of quality for entry-level physical therapist education. It is ACAPT's intent to communicate to CAPTE that the current climate in entry-level education requires urgent action by CAPTE.

Growth in the number and size of entry-level physical therapist education programs is placing

increased demands on resources for qualified faculty and clinical education. From November 2013 through April 2014, CAPTE approved eight programs to enroll additional cohorts of students at the same or different locations, and increases in class size of 10% or more at 19 programs. As of September 26, 2014, there were 14 candidates for accreditation, 4 programs had submitted an application for candidacy, and 11 institutions notified CAPTE that they had hired a program director.¹ In data submitted to CAPTE for the 2012-13 Annual Accreditation Report, there were 258 actual or projected faculty vacancies and 50 vacant new faculty positions, a 15% increase over the prior year.² By 2013-14 those numbers increased to 277 actual or projected vacancies and 66 new positions. In 2013-14, programs reported 18 actual or projected program director vacancies and 7 actual or potential vacancies for directors of clinical education. In 2012-13, 5% of programs reported delayed student graduation to accommodate clinical placements, an increase from 0% the previous year. Additionally, 4.7% of programs reported they placed students with clinical instructors who had less than one year of experience and nearly 11% were in clinical placements for which the student did not have prior didactic instruction.²

There are several probable sources for driving growth in the size and number of physical therapist education programs. The environment is characterized by strong applicant pools for physical therapist education. During the 2012-13 PTCAS cycle, there were 15,616 mailed applicants, a 16% increase from the previous year among the 160 participating programs, with a 10% increase in the number of participating programs from the prior year.³ The median number of applicants per program in PTCAS was 489, a 4% decrease from 2011-12. CAPTE reported 425 applicants per program in 2012-13, a 21% increase from the prior year.¹ Also, there are reports of the financial pressures in higher education with increased competition to maintain student enrollments. Professional programs, including physical therapy, provide means for an institution with undergraduate programs to create a pipeline into those professional programs, thus increasing tuition revenue. For existing programs, increased enrollment increases tuition revenue, which can result in increased faculty and other resources for the program and possibly create a greater degree of financial stability or allow new initiatives to improve the program. Physical therapist workforce projections are also a probable causal factor for strong applicant pools. In its most recent workforce model³, the APTA is projecting a surplus of approximately 1,500 physical therapists, to a projected shortage in the range of approximately 14,000 to 28,000 physical therapists in 2020, depending upon attrition rate assumptions.⁴ The United States Bureau of Labor Statistics projects a 36% increase in employment for physical therapists from 2012-2022.⁵

Despite these driving factors, it is critical for our profession that growth not negatively impact available resources and therefore overall educational quality. ACAPT and the APTA recently took actions aimed at establishing standards for promoting excellence in physical therapist education. In 2012, ACAPT adopted *AC-3-12, New Physical Therapist Education Programs* (published below). The APTA House of Delegates adopted *RC-12-14, Promoting Excellence in*

Physical Therapist Education (published below.) While ACAPT and APTA positions may influence the standards of quality, accreditation standards wield the strongest influence on physical therapy programs and the institutions that support them. CAPTE is in the midst of revising the current criteria for accreditation for physical therapist and physical therapist assistant programs. Criteria revisions occur with opportunity for community input. It is critical that ACAPT communicate its beliefs about the minimal standards of quality in entry-level education to CAPTE so that the Commission can take prompt action to meet these recommended standards of quality. These standards are reflected in the CAPTE Evaluative Criteria for Physical Therapist Programs and in CAPTE's Rules of Practice and Procedure. The changes put forth in this position may require additional resources within CAPTE and as such, there may need to be a method to prioritize resources should they not immediately be available. ACAPT believes priority should be given to maintenance of accreditation among existing programs over programs seeking candidate for accreditation status and those proposing substantive changes in class size.

1. Commission on Accreditation in Physical Therapy Education, Developing PT programs, <http://www.capteonline.org/Programs/Developing/PT/>. Accessed September 27, 2014
2. Commission on Accreditation in Physical Therapy Education, *2012-13 Fact Sheet, Physical Therapist Education Programs*.
3. Physical Therapist Centralized Application Service, PTCAS Applicant Data Report. <http://www.apta.org/Educators/Ptcas/>. Accessed September 27, 2014
4. American Physical Therapy Association. Work Force Model Description and Figures. <http://www.apta.org/WorkforceData/>. Accessed September 27, 2014
5. Bureau of Labor Statistics. US Government, Occupational Outlook Handbook. Physical Therapists. <http://www.bls.gov/ooh/healthcare/physical-therapists.htm>. Accessed September 27, 2014

RELEVANT POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE: AC-3-12: POSITION: NEW PHYSICAL THERAPY EDUCATION PROGRAMS

V-4 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 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.

RC 12-14 ADOPT: PROMOTING EXCELLENCE IN PHYSICAL THERAPIST PROFESSIONAL EDUCATION
Proposed By: Board of Directors

V-14 That the following be adopted: PROMOTING EXCELLENCE IN PHYSICAL THERAPIST PROFESSIONAL EDUCATION To sustain present and promote future excellence in physical therapist education, APTA recommends adoption and implementation of the following practices: 1. That physical therapists with an interest in teaching in physical therapist entry-level programs seek a terminal academic degree or clinical doctorate degree and other credentials and experiences that qualify them to become faculty members. 2. That people qualified to serve as program directors do so only when the program has adequate resources and a commitment to innovation and excellence. 3. That people qualified to serve as faculty members do so only when the program has adequate resources and a commitment to innovation and excellence. 4. That clinical sites be innovative in how they provide clinical education experiences and commit to providing resources for clinical education experiences only when the academic program commits to excellence in education and ongoing improvement and when the program's students meet the standards for clinical performance. 5. That the Commission on Accreditation in Physical Therapy Education (CAPTE) make the criteria for existing programs, expansion of existing programs, and candidate for accreditation status for new programs more stringent to reflect the needs for qualified faculty and program directors, access to sufficient clinical education sites, and adequate infrastructure (e.g., physical, fiscal, and personnel); and the current and emerging needs of society.