



AMERICAN COUNCIL OF ACADEMIC PHYSICAL THERAPY

MOTIONS TEMPLATE

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1 **PROPOSED BY:** Board of Directors and National Consortium of Clinical Educators

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3 **TITLE:** Opposition to direct monetary payment for clinical education experiences

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5 **MOTION:**

6 The American Council of Academic Physical Therapy opposes direct monetary payment for the provision
7 of clinical education experiences in entry-level physical therapist education. Monetary payment
8 includes any form of currency (e.g. cash, check, direct deposit, gift card) given to a clinic site or clinical
9 instructor based on negotiations prior to the clinical education experience. Monetary payment does not include
10 costs associated with clinic site onboarding or payment provided for special projects, such as grant funded
11 research or training grants.

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13 **SUPPORT STATEMENT:**

14 This motion is intended to be complimentary to the motion for promoting non-monetary benefits for clinical
15 education experiences which provides appropriate incentives, fosters excellence in clinical education, facilitates
16 best-practice standards, and encourages increased collaboration and sharing of resources.

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18 Until recently, payment for physical therapy clinical education experiences has not been well researched.
19 Payment for clinical experience in other health professions such as medicine and pharmacy is common practice,
20 but this is not the case for all allied-health professions including physical therapy. The Payment for Clinical
21 Experience Task Force completed two years of research on this topic which included a literature review, two
22 stakeholder surveys, and data analysis. The results of this work have been disseminated widely through open
23 access and the final report has been shared to the clinical education community. In addition, continued feedback
24 on the topic has been solicited at the national conferences and through follow-up surveys over the past year as
25 the NCCE worked to develop this motion.

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27 From this work, it has become evident that very few clinic sites are currently receiving payment for clinical
28 education experiences. Furthermore, the majority of academic, clinic site and student stakeholders are not
29 supportive of clinic sites or clinical instructors receiving payment for clinical experiences although clinical
30 administrators were slightly more interested in payment than other stakeholders. Many stakeholders
31 have highlighted several concerns related to payment for clinical experiences. Many legal and ethical
32 considerations were presented including posing a conflict of interest and motivating individuals and clinical
33 sites to participate in clinical teaching for the wrong reasons. Many in the clinical education community believe
34 teaching the next generation is a professional obligation and that an exchange of money changes this
35 relationship by creating a business relationship, potentially altering obligations on both the academic and
36 clinical side. Additionally, while academic programs may face budgetary challenges if payment was customary,
37 many facilities would face barriers in receiving payment due to non-profit status or other regulations. Concerns
38 about this inequality were evident in the research from all stakeholders, including students. A strong concern



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39 amongst all clinical education stakeholders was the concern for rising tuition costs, which is a growing
40 challenge currently being discussed by our professional associations. Although the research centered on
41 physical therapist education, we must also consider the effects of payment for clinical experience on physical
42 therapist assistant education for all the same reasons. Additional stakeholder feedback from academic and
43 clinical communities gathered by the NCCE over the past year reiterated the same concerns initially seen,
44 indicating stability in this initial data analyzed by the Payment for Clinical Experience Task Force.

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46 Exclusionary components to this motion include direct costs associated with onboarding of students in
47 preparation for the clinical experience as well as other special circumstances. The direct costs for items
48 including but not limited to background checks, ID badges, or parking passes are not considered payment for
49 the clinical experience. In addition, some clinical partnerships may possess unique circumstances where
50 resources may be contributing to special projects or unique learning environments without increasing direct
51 costs to students. It is not the intent of this motion to deter these special relationships.

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53 This position statement is reflective of the current landscape of payment for clinical experience, is grounded in
54 data collected from a wide variety of stakeholders, and is informed by the clinical education community,
55 especially clinical stakeholders and students. While the position of opposing payment for clinical experience is
56 presented in this motion, the professional organizations and academic programs should consider other
57 mechanisms to enhance the academic-clinical partnership to meet best practice in physical therapist education
58 through non-monetary benefits.

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60 **CURRENT POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:**

61 ACAPT does not presently have a position on this issue

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63 **RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:**

64 There are currently no related positions, standards, guidelines, or policy/procedures on this issue
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