



AMERICAN COUNCIL OF ACADEMIC PHYSICAL THERAPY

1 AC-5-21

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11 **PROPOSED BY:** Scott Davis, Marshall University

12 **TITLE:** Position on the Structure of Doctor of Physical Therapy Programs within the Parent University

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14 **Move that ACAPT adopt the following Position Statement:**

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16 **To be read-in as a revision to original motion:**

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18 **The American Council of Academic Physical Therapy supports that all physical therapy educational units shall be a department, school, or college of physical therapy by 2030, and the leader of the educational unit shall be a physical therapist who serves as the chairperson/head of that department, dean of that school or college, or holds an equivalent administrative title consistent with the parent institution. The chairperson or dean of the physical therapy unit shall have autonomy of the fiscal resources and budgetary oversight of the CAPTE accredited Doctor of Physical Therapy program and report directly to either a dean, chief academic officer (i.e., provost, vice president of academic affairs), or an equivalent academic administrator within the parent institution.**

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27 **Original motion (published) :**

28 The American Council of Academic Physical Therapy supports that all Doctor of Physical Therapy programs shall be a department, school, or college of physical therapy by 2030, and the program director shall be the chairperson of the department or the dean of the school or college. The program director shall have control of the financial resources of the program and report directly to either a dean or the chief academic officer (i.e., provost, vice president of academic affairs) of the parent institution.

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34 **SUPPORT STATEMENT:**

35 Currently, there is considerable heterogeneity in how Doctor of Physical Therapy programs are structured within the parent university or institution. As we have seen in other areas of physical therapist education, significant heterogeneity can lead to variability in programmatic outcomes and confusion to external stakeholders. Many legacy programs are structured as a “division”; however, the majority of DPT programs today are structured as a “department,” and there is a growing number of programs that are structured as a “school” of physical therapy. There are currently no DPT programs structured as a “college” of physical therapy. While structure does not necessarily dictate the program’s ability to provide a quality physical therapist education, it does have a tremendous influence on a program’s resource allocation and autonomous control of resources as the program pursues criteria for excellence such as innovation, inclusion, and inquiry.^{1,2} Jensen et al., 2017 recommended that academic programs “*have control of their financial resources and that they develop economic models for revenue generation through multiple means (e.g., tuition, development, grants, or clinical revenues).*” Jensen et al., 2017, also suggested that programs “*develop strategies so that academic programs become respected, valued partners within their organizations and have influence over their resources.*” As the physical therapy profession matures as a doctoring profession, we should look to our academic colleagues in other doctoring professions for models of program structure that will ensure that physical therapist education programs are able to function autonomously, are



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50 adequately resourced, have the capacity to innovate, advance the profession, develop equitable inclusion, and are
51 represented at the highest levels of the parent institution.

52 **Models from other doctoring professions.** At least four (4) accreditation agencies that provide standards and
53 required elements for other health care educational professions require the educational program to offer the degree
54 in an autonomous unit organized as a “school” or “college” within the parent university. These include the
55 Accreditation Council for Pharmacy Education (ACPE)³, the Council on Education (COE) for the American
56 Veterinary Medical Association (AVMA)⁴, the Council on Podiatric Medical Education (CPME)⁵, and the Liaison
57 Committee on Medical Education (LCME)⁶. Additionally, each of these accreditation agencies require that the
58 school or college be led by a dean or executive officer that reports to the chief academic officer or the president of
59 the parent university. Like CAPTE, these accrediting agencies are required to follow the rules and regulations of
60 the US Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). As such,
61 there is legal authority and precedence for CAPTE to require physical therapist education programs to be structured
62 as autonomous units at the department, school, or college level. The Accreditation Council for Pharmacy Education
63 (ACPE) expressly states in Standard 5.1 that *“the academic unit offering the Doctor of Pharmacy program is an
64 autonomous unit organized as a college or school of pharmacy (within a university or as an independent entity).”*
65 The ACPE also states in Standard 5.3 that *“the college or school is led by a dean, who serves as the chief
66 administrative and academic officer of the college or school...”*. The Liaison Committee on Medical Education
67 (LCME) in the Standards for Accreditation of Medical Education Programs Leading to the MD Degree, clearly
68 states in Standard 2.2 that *“the dean of the medical school is qualified by education, training, and experience to
69 provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical
70 school.”* Standard 2.3 states that *“the dean of the medical school has sufficient access to the university president or
71 other institutional official charged with final responsibility for the medical education program and to other
72 institutional officials in order to fulfill decanal responsibilities.”* Accreditation Standards 7.1 from the Council on
73 Education (COE) for the American Veterinary Medical Association (AVMA), states *“the chief executive
74 officer/dean must be a veterinarian. This individual must have overall budgetary and supervisory authority
75 necessary to assure compliance with accreditation standards.”* The Council on Podiatric Medical Education
76 (CPME) Standard 2b states, *“A college of podiatric medicine that is part of an academic health center or that
77 functions within a university has a relationship that requires an effective, autonomous, independent college of
78 podiatric medicine and participation within the working structure of the parent institution.”* Standard 3b states,
79 *“The chief academic officer of the college is a podiatric physician with senior faculty status and understanding of
80 contemporary podiatric medical education. The chief academic officer is the dean of the college or school and
81 reports to either the CAO of the university/parent institution or CEO of the university/parent institution.”*

82 **Heterogeneity of structure of physical therapist education programs.** A comprehensive review of the structure
83 of all 240 ACAPT member institutions by the maker of the motion revealed that twenty (20) programs were a
84 “division” within a department, fifteen (15) programs were a “school” within a college or university, zero (0)
85 programs were structured as a “college.” The structure of one (1) program was undetermined, and the remaining
86 205 ACAPT programs were either explicitly defined as a “department” or were a de facto department within a
87 school or college. Unlike our peer doctoring professions, there is no minimum CAPTE accreditation standard for
88 the structure of a physical therapist education program with the parent institution. This motion is intended to
89 support programs currently at the “division” level to become a department, school, or college within their parent
90 institution and for the program director to have the authority to control the financial resources of the program.

91 **What is ACAPT’s Role in Guiding CAPTE Standards?** The ACAPT Vision Statement is *“Transforming health
92 and health care through excellence and innovation in physical therapy education.”* Additionally, the ACAPT
93 Bylaws states that the purpose of ACAPT is *“a) To develop, implement and assess new and innovative models for
94 curricula, clinical education, teaching/learning, scholarship/research, mentoring, and leadership in physical
95 therapist education; b) To provide mechanisms for active and ongoing involvement of physical therapist educators
96 and researchers to promote quality physical therapist education standards at the institutional and national level, c)
97 To promote academic physical therapist education through collaboration with organizations and institutions that
98 represent health professional education; and d) To provide resources, mentorship, and leadership to those seeking
99 change and improvement in academic programs/departments/schools associated with physical therapist*



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100 *education.*” ACAPT has a history of working with CAPTE to help drive Standards and Required Elements that
101 promote excellence in physical therapy education. As such, ACAPT members should support this position
102 statement as a first step in the process of changing CAPTE Standards and Required Elements to advance physical
103 therapist education and to better align with peer doctoring professions.

104 **What is the Rationale for the 2030 timeline?** Given that twenty (20) ACAPT member institutions currently have
105 DPT programs that are structured at the “division” level, the 9-year timeline is designed to allow all programs
106 adequate time to transition.

114 **References**

- 115 1. Jensen et al. National Study of Excellence and Innovation in Physical Therapist Education: Part 1–Design,
116 Method, and Results. 2017;97(9):857-874.
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- 118 2. Jensen et al. National Study of Excellence and Innovation in Physical Therapist Education: Part 2 – A Call to
119 Reform. 2017;97(9):875-888.
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- 121 3. <https://www.acpe-accredit.org/pdf/Standards2016FINAL.pdf>
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- 123 4. https://www.avma.org/sites/default/files/2021-02/coe_pp.pdf
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- 125 5. https://www.cpme.org/files/CPME%20320%20Updated%20May%202020%20-%20DP%20Edit%2012-2020_1608320338618_5.pdf
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- 128 6. https://lcme.org/wp-content/uploads/filebase/standards/2022-23_Functions-and-Structure_2021-03-30.docx
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130 **CURRENT POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:**

131 There are currently no positions, standards, guidelines, or policies/procedures on this issue.

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

133 There are currently no related positions, standards, guidelines, or policies/procedures on this issue.
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