

July 16, 2021

CAPTE Commissioners and Staff:

The APTA Academy of Education would like to comment on the evidence requirements for new programs that are part of the Application for Candidacy (ASC) as well as for expanding programs that are part of the Application for Approval of Substantive Change (AASC) for both PT and PTA programs. On behalf of our Board of Directors, I am submitting this letter directly to CAPTE because our recommendations are not related to current PT or PTA Standards and Elements.

Given what are likely to be growing challenges in the number of physical therapy available positions, the already problematic challenges of programs for clinical site placements, and at least a near-term shortages in qualified faculty, our four recommendations are intended to **increase the rigor of requirements for and interpretation of related sections of the ASC and AASC**. Our recommendations largely address the issue that ASC/AASC requirements focus on the impact on the petitioning program's quality (as is appropriate) but very little on the impact on existing (or candidate) programs at the local, regional or national level.

As is true of other PT/PTA accreditation standards that have risen over the past few decades, increasing the rigor is appropriate when justifiable in terms of *assuring the minimal quality of education within and across programs and reasonable employability of graduates*.

Our recommendations are presented here and again in this document in the context of our rationale for each recommendation.

Academy of Education Recommendation #1

We recommend that any mechanisms by which programs or institutions can petition CAPTE to approve what will result in an increase in the number of PT and PTA graduates nationally should require similar, rigorous and recent evidence for:

1. Current and projected unmet need for physical therapy personnel at the local, regional and national level.
2. Consideration of the impact on new graduates from existing accredited and candidate programs on employability.
3. The potential impact of entry-level education resource utilization by the applicant program on existing accredited and candidate programs.

Academy of Education Recommendation #2

We recommend that any mechanisms by which programs or institutions can petition CAPTE to approve what will result in an increased demand for the number of clinical sites and placements to support PT or PTA education should require similar and rigorous evidence for:

1. The adequacy of clinical placements for new PT and PTA programs. We recommend requiring signed contracts for all integrated and full-time clinical placements (rather than letters of intent only for the first full-time experiences and preceding integrated experiences as stipulated in 7.10.b.viii - page 56). The commitment of a site to a new contract has far

- more substantial implications for that site than a letter of intent – especially given the uncertainty of the post-COVID environment that is likely to persist for an extended time.
2. The impact on placement of students in existing PT or PTA programs, especially (but not limited to) those with current contracts with the same sites identified by the petitioning program.
 - a. It is critical to require a clinical site supporting a new or expanding program to address whether this new or additional commitment will result in a projected *reduction in commitments to those sites with whom the site has current contracts*. With the limited student capacity of most clinical sites, adding students from a new or existing program is likely to result in a shift of programs being served by the site rather than an increase in the total number of placements available nationally.

Academy of Education Recommendation #3

We recommend that the Rules of Practice and Procedure are explicit as to the faculty qualifications to be addressed in an ASC or AASC, and the AASC require evidence that:

1. The petitioning program/institution has hired or has executed contracts for qualified faculty that may be needed to address the proposed increase in class size, additional cohorts or program expansion. This should include new hires/executed contracts in place at the time of application for the first 2 years of increase in students for PT programs and for the length of the curriculum in PTA programs as is required for new programs.

Academy of Education Recommendation #4

We recommend that CAPTE facilitate the ability of third parties to comment on new PT or PTA programs or those applying for substantive change and improve transparency by:

1. Changing the title of the **Directory of Programs** tab to **Current and Developing Programs** or a similar more transparent title. This better reflects the actual content found on that landing page.
2. Including on the Developing Programs landing page a document listing the developing programs to be reviewed for candidacy or initial accreditation at upcoming CAPTE meetings.
 - a. Transparency and access would be served by having a comprehensive categorized list of the review dates for candidacy and initial accreditation in a separate document rather than imbed such dates in the individual program information.
3. Providing a transparent and accessible listing of programs seeking substantive change that will allow third parties up to 4 months to submit comments prior to AASC approval - as is done for other programs being reviewed at CAPTE's spring and fall meetings. This would best be placed on the landing page of what is currently the Directory of Programs.
4. Consenting to allow the Academy of Education and ACAPT to create links on their websites to listings of upcoming CAPTE reviews of current and developing programs as well as scheduled reviews of programs seeking substantive changes.

The premises for our recommendations are based in part on the [APTA Physical Therapy Workforce Analysis](#) (December 2020). However, we recognize that these data have not been validated by other studies and that the [Bureau of Labor Statistics](#) projects an 18% increase in the job outlook through 2029. The APTA Analysis already suggests a gap for 2021 of 4000 more graduates than projected demand (page 9). Further, the APTA analysis does not take into consideration what might be a long-term reduction in demand for physical therapy services and job availability resulting from post-COVID changes. Evidence for a possible reduced demand for PTs is not yet available although few, if any, subjective projections seem to expect an increase in demand for physical therapy services in the post-

COVID health care environment. APTA was not able to conduct a parallel projection for physical therapist assistants. We also considered persuasive evidence on clinical site shortages (further increased at least during COVID) and anecdotal shortages of qualified faculty for both PT and PTA programs.

Section 1. Needs Assessments

Academy of Education Recommendation #1

We recommend that any mechanisms by which programs or institutions can petition CAPTE to approve what will result in an increase in the number of PT and PTA graduates nationally should require similar, rigorous and recent evidence for:

4. Current and projected unmet need for physical therapy personnel at the local, regional and national level.
5. Consideration of the impact on new graduates from existing accredited and candidate programs on employability.
6. The potential impact of entry-level education resource utilization by the applicant program on existing accredited and candidate programs.

It should be noted that the current CAPTE Rules of Practice and Procedures for expansion of programs (9.10) does not require that these programs demonstrate local, regional or national need or address the potential impact on existing or candidate programs.

Rationale for Recommendation #1:

- A. [CAPTE Rules of Practice and Procedures](#) specifies the following:
 1. ASC for a new program (7.10.b.9.b - pages 54-55) requires:
 - a. “a description of the process and information used by the institution to determine the need for the program and to determine planned class size in relation to *current and future needs for physical therapy personnel*, including a summary of the needs assessment that has been done. Such information **MUST** reflect *local and regional data* (including consideration of graduates from existing and developing programs) *in addition to national data.*”
 2. AASC to increase a program size by more than 10% (9.8.c.10 - page 89) requires:
 - a. A needs assessment is required but is undefined.
 3. AASC to increase the number of cohorts in a program (9.9.d.1 – page 89) requires data:
 - a. “including, but not limited to, local, regional and, for PT programs, national data regarding the expected *employability of graduates of the additional cohort(s) and the impact of other accredited and developing programs on the sustainability of increased program capacity over time.*”
 4. AASC for expansion of program accreditation to additional program offering (9.10) – page 90].
 - a. In spite of the proposed increase in graduates from the program, there is no requirement for a needs assessment or rationale for the decision.
- B. CAPTE’s Fact Sheets report an increase of [15 PT programs](#) and [33 PTA programs](#) since 2015. The number of new programs does not reflect the increase in new graduates represented by PT/PTA programs that have increased class size, added cohorts or established expansion programs. The [2019-20 PT Fact Sheet](#) (Table 10) does show an increase of 1156 conferred DPT degrees since 2015 (an increase of 12.3%). These data presumably do include in additional graduates from increases in class size and program expansion strategies during that period. The data do not include programs in candidacy that have not yet graduated a class. Additionally, [CAPTE’s website](#) identifies that there are

currently 58 institutions developing DPT programs and 36 institutions developing PTA programs. Data for the change in total conferred PTA degrees are not available in the published [2019-20 PTA Fact Sheet](#).^Φ

- C. Given both objective and subjective data, it is difficult to understand how needs assessments in an ASC or AASC can make a persuasive argument for a national need for additional PT or PTA graduates – although arguments for regional or setting-specific PT/PTA shortfalls are probably tenable. At this time, however, strategies for increasing availability of PTs or PTAs in underserved areas/settings, for the most part, are not resulting in a demonstrable impact. As long as graduates are unconstrained in seeking employment opportunities, the argument that a new (or expanded) program located in an underserved area can affect these shortfalls remains a specious argument.

Section 2. Clinical Site Placements

Academy of Education Recommendation #2

We recommend that any mechanisms by which programs or institutions can petition CAPTE to approve what will result in an increased demand for the number of clinical sites and placements to support PT or PTA education should require similar and rigorous evidence for:

1. The adequacy of clinical placements for new PT and PTA programs. We recommend requiring signed contracts for all integrated and full-time clinical placements (rather than letters of intent only for the first full-time experiences and preceding integrated experiences as stipulated in 7.10.b.viii - page 56). The commitment of a site to a new contract has far more substantial implications for that site than a letter of intent – especially given the uncertainty of the post-COVID environment that is likely to persist for an extended time.
2. The impact on placement of students in existing PT or PTA programs, especially (but not limited to) those with current contracts with the same sites identified by the petitioning program.
 - a. It is critical to require a clinical site supporting a new or expanding program to address whether this new or additional commitment will result in a projected *reduction in commitments to those sites with whom the site has current contracts*. With the limited student capacity of most clinical sites, adding students from a new or existing program is likely to result in a shift of programs being served by the site rather than an increase in the total number of placements available nationally.

Rationale for Recommendation #2:

- A. AFC Submission Requirements in [CAPTE Rules of Practice and Procedures](#) stipulate that programs seeking accreditation must include signed letters of intent from potential clinical sites that will provide 150% of the expected placements for the projected class size (7.10.b.9.viii – page 56). A program seeking to increase its class size >10% must address (through its AASC) the adequacy of the pool of clinical sites (9.8.c.3.iv – page 89). However, there is not a similar requirement evident in the AASC requirements for programs increasing its number of cohorts (9.9) or adding additional program offerings (9.10). There is no requirement in 9.8, 9.9, or 9.10 for the program to address the impact of the need for additional clinical placements on sites already contracted with existing programs.

^Φ Unpublished data were not requested of CAPTE at the time of this writing.

- B. The 2020 [Clinical Education Placement Process Task Force’s Final Report](#) (page 8) cites support for the lack of placement opportunities to adequately meet the needs academic placements within the health professions. The Task Force, however, was challenged to find contemporary data relating to clinical education capacity in physical therapy. In its [Annual Report to the 2017 House of Delegates](#) (pages 40-58), APTA’s Best Practices for Physical Therapist Clinical Education Task Force (BPCETF) identified three principle challenges that guided their deliberations (page 40). These were: (1) inadequate clinical education experiences leading to unwarranted variations in PT practice; (2) limited clinical education placements leading to competition among programs; and (3) economic factors in academic institutions, clinical sites and student debt that are impacting clinical education.
- C. Numerous efforts in recent years have focused on potential solutions to what appear to be unchallenged premises articulated by the BPCETF and reinforced repeatedly by clinical educators attending the Academy’s Clinical Education Special Interest Group (CESIG) meetings. Concerns about clinical education capacity certainly have not diminished since the work of the BPCETF. Solutions are not yet forthcoming and new programs have emerged since their work (see Section 1B).
- D. In ACAPT’s 2018 [Payment for Clinical Experience Report](#), the reporting task force identified via surveys that reimbursement concerns, supervision regulations, and productivity expectations were expected to limit clinical placements (page 10). A majority of the respondent rehab managers and SCCEs “indicated that seeking payment system would likely decrease the number of students assigned to their site (page 9). Although payment for clinical experiences is currently limited, there is concern that charging for clinical education experiences may drive up the cost of education and become an unsustainable barrier to preparing physical therapists and physical therapist assistants for clinical practice (page 1).
- E. The restrictions at clinical sites imposed by COVID guidelines on patient care, staffing, and students created substantive problems in providing PT and PTA students with the anticipated pre-COVID clinical education opportunities. There is widespread (albeit as yet undocumented) concern that clinical education capacity will not return to pre-COVID level for a variety of reasons including but not limited to changes in patient care patterns, the return of furloughed staff, staff burn-out, and the economic impact of factors associated with the pandemic on the economic viability of clinical sites. There is currently little optimism that new opportunities triggered by COVID responses will increase (or offset the decrease in) the capacity of clinical sites for entry-level clinical education.

Section 3: Core Faculty

Academy of Education Recommendation #3

We recommend that the Rules of Practice and Procedure are explicit as to the faculty qualifications to be addressed in an ASC or AASC, and the AASC require evidence that:

1. The petitioning program/institution has hired or has executed contracts for qualified faculty that may be needed to address the proposed increase in class size, additional cohorts or program expansion. This should include new hires/executed contracts in place at the time of application for the first 2 years of increase in students for PT programs and for the length of the curriculum in PTA programs as is required for new programs.

Rationale for Recommendation #3

There is both objective and anecdotal evidence of a shortage of qualified program directors (PDs), directors of clinical education (DCEs or ACCEs) and core faculty. [Aggregate Program Data: 2019 Physical](#)

[Therapist Education Programs Fact Sheets](#) identify that there were a reported 2815 full-time core PT faculty positions. Of those, there are 166 current and 117 projected vacancies. Assuming current and projected vacancy numbers do not overlap, 10% of faculty positions are currently vacant or will become vacant in the next year. If the 48 new positions to be filled are included (bringing full-time core faculty to 2863, the projected vacancy rate rises to 11.5%.

- A. Existing or projected openings for PDs and DCEs/ACCEs are not included in the PT Fact Sheets; no current or projected vacancy data for PTA faculty are included.
- B. Qualifications for core PT and PTA faculty per CAPTE Standards and Required Elements 4A specify that core faculty must have contemporary expertise in assigned teaching areas and demonstrated expertise in teaching and student evaluation. Additional, PT core faculty must have an earned doctorate. The [CAPTE Rules of Practice and Procedures](#) (7.19.b – page 58) specifies that “all relevant materials are evaluated to determine compliance with CAPTE Standards and Elements. However, no specifications relative to qualifications of the DCE/ACCE or other core faculty are included in the ASC requirements.
- C. The Rules of Practice and Procedures stipulates that the AASC for program expansion must address the qualifications of faculty needed to accommodate the increased number of students for program expansion require (9.10.d.2.ii). However, no similar requirement is evident for the AASC filed by programs seeking an increase in class size or an additional cohort of students.
- D. Given the current and projected PT faculty vacancy data (and the likely parallel data for PTA programs), it is difficult to project how qualified PT and PTA will be available to join programs seeking candidacy or those needing to increase numbers of faculty to support expansion without drawing on faculty from existing programs.

Section 4: Third Party Comments

Academy of Education Recommendation #4

We recommend that CAPTE facilitate the ability of third parties to comment on new PT or PTA programs or those applying for substantive change and improve transparency by:

- 5. Changing the title of the **Directory of Programs** tab to **Current and Developing Programs** or a similar more transparent title. This better reflects the actual content found on that landing page.
- 6. Including on the Developing Programs landing page a document listing the developing programs to be reviewed for candidacy or initial accreditation at upcoming CAPTE meetings.
 - a. Transparency and access would be served by having a comprehensive categorized list of the review dates for candidacy and initial accreditation in a separate document rather than imbed such dates in the individual program information.
- 7. Providing a transparent and accessible listing of programs seeking substantive change that will allow third parties up to 4 months to submit comments prior to AASC approval - as is done for other programs being reviewed at CAPTE’s spring and fall meetings. This would best be placed on the landing page of what is currently the Directory of Programs.
- 8. Consenting to allow the Academy of Education and ACAPT to create links on their websites to listings of upcoming CAPTE reviews of current and developing programs as well as scheduled reviews of programs seeking substantive changes.

Rationale for Recommendation #4

The [CAPTE Rules of Practice and Procedures](#) specifies that CAPTE will announce those programs coming up for review of candidacy to communities of interest on the CAPTE website and in concert with posted announcement of CAPTE actions (7.7b – page 46).

- A. There is no language in the Rules of Practice and Procedure about the process for third party comments for programs seeking a substantive change. In fact, there does not appear to be a specified mechanism by which an AASC is reviewed and approved.
 - a. Any time there is a projected increase in the number of PT or PTA students in an accredited program (whether by increasing class size, adding a new cohort, or expanding to another location), existing PT/PTA programs may be affected. There should be an opportunity for programs (regardless of location) to comment since additional students elsewhere may affect the resources available to existing programs, including but not limited to qualified faculty and clinical placements.
- B. The CAPTE website (accessed June 6, 2021) does not include a link to a listing of programs seeking candidacy or substantive change scheduled for CAPTE’s fall 2021 or spring 2022 meetings.
 - a. There was a posting to the Academy’s listserv on 5/28/21 that included a [link](#) to a list of programs scheduled for review at the fall 2021 and spring 2022 CAPTE meetings.
 - b. CAPTE website access to the listing of programs scheduled for upcoming review was obtained only by using the IP address from the link above to move through the following sequence of steps: About Us > scrolling to the bottom of the page to CAPTE Calendar > Onsite Visits (rather than CAPTE Calendar) > Onsite Visits Calendar. When one is looking for scheduled reviews, the title of ‘scheduled site visits’ is misleading and counterproductive.
 - c. The opening page of the linked document included reviews conducted in spring 2021 – thus looked like a duplicate of other announcements of action unless the reader scrolled beyond the middle of the second page.
 - d. The list of programs for upcoming review was not broken down by type of review as is done for actions taken. Although an asterisk designates programs coming up for initial accreditation review, there is no way to determine which (if any) of the listed programs are being reviewed for candidacy or substantive change.

We would like to thank the Commission and the CAPTE staff in advance for considering our comments. We have including only limited thoughts on tactics to support our recommendations. However, we would be quite willing to consider and suggest tactics in a virtual meeting at a mutually convenient time. We look forward to continued dialog on this and other accreditation-related issues that are associated with the mission, vision and goals of the Academy of Education.

On behalf of the Board of Directors of the APTA Academy of Education,



Pamela K. Levangie, PT, DPT, DSc, FAPTA
President

