1 **Support Statement for consideration of DPT as the regulatory designation for physical therapists.**
2 **Presented to the APTA House of Delegates 2014 by the Arizona Delegation. The House of Delegates adopted**
3 **RC 9-14 as amended:**
4
5 **That the American Physical Therapy Association pursue a uniform change in the regulatory designation of**
6 **physical therapists in all states to "DPT" by the year 2025.**
7
8
9
10 **SS:** Vision 2020 envisioned a time when physical therapy will be provided by doctors of physical therapy. It may
11 be redundant to say that the timeframe of that vision statement for accomplishing this is by the year 2020. Fully
12 achieving such a goal, however, will require more than the educational transformation that has occurred in
13 physical therapist professional education. It will also require a legislative and regulatory change.
14
15 The Commission on Accreditation of Physical Therapy Education (CAPTE) estimates that the number of
16 professional DPT graduates, at current graduation rates, will be about 116,000 by 2020. APTA's Department of
17 Academic Services estimates the current number of postprofessional (transition) DPT program completions at
18 18,000, with numbers projected to potentially grow to 24,000 by the year 2020, recognizing that the number of
19 postprofessional DPT degrees awarded annually has been in decline since 2006. This will total 140,000 DPT-level
20 physical therapists by 2020, not including those with terminal academic degrees (eg, PhD, DSc, and EdD).
21
22 By 2020 the total workforce of physical therapists is estimated to range between 200,000 and 240,000 (the US
23 Department of Labor estimated labor needs). The actual number will depend on attrition and also on new
24 program development, but reaching 240,000 physical therapists will likely mean more or larger programs and
25 more entry-level providers, thus driving the estimated number and percentage of DPT graduates even higher.
26
27 Currently, doctorally prepared physical therapists are not recognized by their state licensing board as doctors of
28 physical therapy with the regulatory designation of "DPT" upon licensure. All physical therapists, regardless of
29 entry-level degree and regardless of country of education, who are licensed to practice in the United States
30 receive the regulatory designation "PT." This is according to current state practice acts (with a few exceptions)
31 and also APTA policy (see DESIGNATION "PT," "PTA," "SPT," AND "SPTA" HOD P06-03-17-14). The practice of
32 adding "DPT" after the letters "PT" does not add to or alter a regulatory designation. It is only the
33 acknowledgement of a clinical doctorate degree obtained. The regulatory designation of physical therapists in
34 the US will not change to "DPT" until it is legislatively changed in each state practice act. Failure to act on
35 changing the regulatory designation may deny thousands of physical therapists and, in reality, the entire
36 profession, full public acknowledgement as a doctoring profession.
37

There are at least 3 important questions to examine:

1. Does the profession need to make such a regulatory change?
2. What should the timing be for such a change?
3. Should it apply to all physical therapists or only to those who have some type of a doctoral degree?

Some of these same questions were examined in the APTA House of Delegates action in 2005 and 2006 relating to a previous Arizona motion. A subsequent Board task force and the Board of Directors report to the 2006 House of Delegates made several recommendations and conclusions.

The task force and APTA Board acknowledged the complexity of the issue and recommended further study and time. The task force initially, and the Board following review and discussion of the report, made the following specific recommendations (their words here in italics):

- *The regulatory designator should be changed to be consistent with Vision 2020.*
- *All state practice acts will have to be changed to reflect the change in designator and to provide title protection.*

The 2 conclusions shared with the 2006 House of Delegates included the following:

1. *At the point in time in which the majority of licensed physical therapists have earned a DPT degree and/or the Commission on Accreditation in Physical Therapy Education changes the Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists to reflect that the minimum degree is a doctoral degree, the APTA will promote changing the regulatory designator in all jurisdictions to indicate that physical therapy is a doctoring profession.*
2. *The appropriate regulatory designator to reflect the doctoring profession in physical therapy should be "PTD."*

So the first question (Do we need to make such a regulatory change?), was answered in the 2005/2006 work. The answer is *yes* "to be consistent with Vision 2020." If the year 2020 has any significance the second question about timing was also previously considered. A doctoring profession needs to have full conferral of such status by the public acting through state legislatures to change practice acts. The 2 criteria for action cited in conclusion #1 above will have been achieved by 2020 or before. Between 60% to 70% of all practicing physical therapists will have been educated at the doctoral level by 2020, and all physical therapist professional programs have now transitioned to the doctoral degree standard for entering students. CAPTE has already established "the Doctor of Physical Therapy (DPT) degree as the first professional degree for physical therapists at completion of the program," with the proviso to begin enforcing that criterion effective December 31, 2015.

What have other similar professions done in the past as they have made such transitions?
(A portion of the following information is derived from the 2006 report to the APTA House of Delegates.)

MD/DO/DDS: Medical and osteopathic physicians and dentists changed both the degree and regulatory designation at the same time in the early 1900s.
OD: In optometry all schools transitioned to the clinical doctorate degree in the 1960s with both the degree and the professional designator changed at the same time.
JD: Lawyers changed from the LLB degree (baccalaureate) to JD (doctorate in law) in all US law schools, completing that transition after 1971 and now use the JD or Esq designations, which come from the state bar of each state's supreme court, and not from state licensing boards.
DPM: Podiatrists changed their professional name from chiropodists to podiatrists at the same time that their educational institutions (9 now in the US) transitioned in the 1970s to the clinical doctorate level. All programs shifted to DPM degree, and closely thereafter the profession supported the adoption of the same regulatory

designation and changed it in all practice acts. So 3 changes were accomplished simultaneously including a professional name change, a professional degree change, and a regulatory designation change.

Pharmacy: The profession endorsed doctoral level education in 1992, and all US programs transitioned to the PharmD clinical doctorate degree by 2002. However, there was not a change in the regulatory designation of RPh or registered pharmacist. Because of this, pharmacy continues to have an internal and public debate about their identity and whether it is appropriate to formally refer to themselves as doctors. Generally, there is little public recognition that they are doctors.

A few important observations can be made from this history of other professions.

- All professions cited except pharmacy made professional degree and regulatory designation changes at the same time or within a relatively short period of time for all members of their respective professions.
- Both the clinical doctorate degree and the regulatory designation for each of these professions are the same, ie,
    - MD degree and MD regulatory designation
    - DDS or DMD degree and DDS or DMD regulatory designation (the 2 are identical)
    - DO degree and DO regulatory designation
    - OD degree and OD regulatory designation
    - JD degree and JD or Esq designation
    - DPM degree and DPM regulatory designation
- The professions that made such changes in degree and designator, while also still referred to by their common name of physician, dentist, podiatrist, optometrist, and lawyer, with the exception of lawyers (by choice) are also known by and referred to formally as doctors of medicine, doctors of osteopathy, doctors of optometry, doctors of dental surgery (or medicine), and doctors of podiatry.

Our profession should have the same goal in physical therapy—to retain and be known by the familiar title of physical therapist while also achieving the formal title of doctor of physical therapy.

"PTD" or "DPT" as the designator

In every instance, graduation from the professional program *and* successful licensure is required in order to publicly use the designator and title to declare entry-level competence to practice. In other words, a graduate of a medical school, although awarded an MD degree from a college of medicine, is not authorized to use the MD designator or the title "doctor of medicine" until successful licensure is also achieved. This is due to the very strong public protection provisions uniformly present in all professional licensure acts. Someone may graduate from a clinical doctorate degree program, but without successful application, examination, and awarding of a license to practice, the public use of any such designator is illegal. This is to protect the public from someone who is not competent to practice. This is also why both degree and designator are not listed redundantly by these professionals, eg, Jane Doe, MD, MD (for both the designator and the clinical doctorate degree). A single designator infers that both hurdles—graduation and licensure—have been successfully achieved, and entry-level competence is determined. This is also why it is NOT advisable, contrary to the 2006 task force and Board recommendation #2, to use a different designator (PTD) from the clinical doctorate degree (DPT). One uniform designator, eg, Jane Doe, DPT, will convey clearly and without confusion to the public and others that graduation and licensure have occurred and that entry-level competence to practice has been affirmed.

Is there an opportunity to collaborate with the Federation of State Boards of Physical Therapy in changing the regulatory designation?

Clearly, yes! The most obvious reason to collaborate is that regulatory or practice act change is required to accomplish what this motion envisions, and such an effort is always more successful when the association and

regulators seek the same outcome. A combined effort to amend all practice acts in the United States within the same timeframe by 2020 will certainly require a united approach from all stakeholders.

At the October 2013 annual meeting of the Federation of State Boards of Physical Therapy, their Delegate Assembly also considered a very similar motion. The motion, made by the Arizona Board of Physical Therapy delegation read:

> *That the FSBPT supports a uniform change in the regulatory designation of physical therapists in all jurisdictions to "DPT" by the year 2020, working in collaboration with APTA to devise and implement a plan to achieve the change.*

The motion was debated and referred to the FSBPT Board of Directors with a report due back to the 2014 FSBPT Delegate Assembly. A concern raised was that the motion was more of a professional association issue than a regulatory issue. It is a fair question to examine what public protection issues exist with this proposed change in regulation to a uniform DPT designation.

Regulatory issues revolve around questions of public protection and pubic benefit. What are some of those issues?

- First, clarity for the public in the qualifications/competence of physical therapists: Avoiding confusion about such qualifications is of prime importance to regulators. A single uniform designator, attesting to the entry-level competence of all physical therapists, will provide public confidence and avoid confusion that will likely occur with multi-level credentialing.
- Second, public access to physical therapist services will likely be enhanced: The remaining regulatory barriers to public access to physical therapy, such as limits to the full, unrestricted direct access to physical therapist services (now available in only 18 states) could be eliminated through the legislative action of achieving the status of doctors of physical therapy.
- Third, current practice standards, largely influenced by the transition of education to the doctoral level, will become the new standard of minimal competence and the standard of practice: It is hard to look back now over 30 years and see how direct access and diagnosis by physical therapist (to name just 2 issues once thought of as only professional issues) were not then seen as also having clear public protection aspects. All physical therapists (and this is underscored in disciplinary actions by licensing boards) are always held to the standards of practice. This means the *current* standards of practice. It is never a defense to say that because the patient or client was referred by a physician or because the referring physician provided a diagnosis that the physical therapist is excused from the requirement to fully evaluate their patient or client and come to diagnostic conclusions and determine the plan of care with the appropriate intervention. Such standards (and many others) will apply to everyone licensed as a physical therapist and will not vary based on entry-level professional degree or length of time of practice. All physical therapists regulated uniformly as DPTs will be held to the same high standards of a doctoring profession. This will undoubtedly have strong implications for public protection and public benefit.

The FSBPT Model Practice Act, since 2003 and the third edition, has long anticipated the future use of "DPT" as the uniform regulatory designation of physical therapists by recommending jurisdictional practice act protection of this term (See MPA, 4.02 Use of Titles and Terms; Restrictions; Classification of Violation). The only letter designations now recommended for protection in the Model Practice Act include PT, DPT, LPT, and RPT – these are regulatory designations used in the past (LPT, RPT), currently used (PT), or anticipated for future use (DPT). In practice acts, academic or clinical degrees are not protected. Only terms (eg, the letters such as PT or DPT used as regulatory designators) and titles (eg, "physical therapist" or "doctor of physical therapy") are protected for use only by those duly licensed.

Shared Competence versus Grandfathering

The move forward to a doctoring profession is affecting all physical therapists. To a real extent, physical therapists are currently practicing at a doctoring level. There exists a rapidly evolving shared professional competence that contributes to greater value in services to our patients and clients, and is being recognized by other medical professions, payers and, in some cases, is forming the basis for adjudication of complaints against physical therapists by licensing boards. So, in answer to the third important question posed earlier, yes, the change in regulatory designation must be inclusive of all of the profession. No one is being left behind.

All of the following activities affect an entire profession, not just those who have more recently graduated with DPT degrees.

- Ongoing support for research in the past 3 decades supports evidence-based physical therapist practice. The Foundation for Physical Therapy has been a leading force in this effort since its formation in 1979.
- Education of professionals at the clinical doctorate level, initiated in the mid 1990s and now uniform in all programs, has consequently contributed to raising the standards of practice for all in the profession.
- The ongoing development of clinical practice guidelines, first with the *Guide to Physical Therapist Practice* in the mid to late 1990s and now across most specialties in physical therapy, also contributes to the standards of practice.
- The creation of the American Board of Physical Therapy Specialties (ABPTS) and the promotion and certification of specialists (first with Cardio-Pulmonary Specialists in 1985 and now with 8 total specialties) further adds to the standards of modern physical therapist practice and to better outcomes.
- Like other health professions, physical therapy is exploring with payers the potential of a transition of payment systems away from fee-for-service and to a system that will be based on the evaluative skills of physical therapists and on the acuity and complexity of the patient's or client's condition.
- The Federation of State Boards of Physical Therapy has been advocating for more effective continuing competence standards in developing such tools as *aPTitude, ProCert*, and *Practice Review Tools*. When combined with encouragement of portfolio-based continuing competence relicensing standards rather than just continuing education, there is a more significant movement toward lifelong learning and ongoing professional competence, a value equally championed by APTA as seen by offerings through APTA's *Learning Center* and their IACET CEU provider status. The number of states requiring some form of continuing competence requirements for relicensure has rapidly advanced to the point where 49 jurisdictions (including the District of Columbia) now have a continuing competence requirement, 4 are in the process of rule development before full implementation, and only 2 states have no requirements.

The question is often posed—or just as often the statement made—that we shouldn't be grandfathering a degree. This motion does not propose grandfathering a degree, giving an honorary degree or any other type of degree. A professional degree is earned through successful graduation from an accredited physical therapy program, and it is distinctly different from a licensing credential obtained through both the obtainment of an entry-level degree and passing an entry-level licensure examination.

This motion proposes that an entire profession move at one time to adopt the uniform regulatory designation of DPT. Most agree that the DPT regulatory designation is inevitable and that it is just a matter of time. There exists a window of opportunity open before us. If we fail to take advantage of this opportunity it may likely result in division within the profession, and confusion and mixed messages perceived by the public. On the other hand, working together to accomplish what this motion proposes can be a rallying and unifying focus within the profession and will send a clear external message. The uniform regulatory designation of DPT will affirm that an entire profession is practicing at a doctoring level, thus also affirming that the legacy of Vision 2020 has been achieved.

Summary

Let's review the salient points of this issue in conclusion:

1. **Changing the regulatory designation is necessary:** As per the 2005-2006 APTA task force and Board recommendations, and consistent with Vision 2020, the regulatory designation in practice acts should be uniformly changed for all physical therapists.
2. **The regulatory designation should be DPT**: Consistent with the pattern of other well-established doctoring professions the designation should be DPT, the same as the professional degree. The designation will denote to the public and all others the demonstrated entry-level competence to practice due to successful completion of a professional degree *and* successful licensure.
3. **The date to accomplish this change should be by 2020**: The target completion of this effort should be no later than 2020 for all state practice act changes, consistent with Vision 2020. A united effort should occur to avoid drawn-out legislative efforts as seen over 30 years with direct access. If we don't approach this task soon and united, jurisdictions will undertake this effort individually, and it may be a long and costly effort.
4. **A collaborative effort will be necessary**: Unified plan development and implementation with the Federation of State Boards of Physical Therapy, with APTA chapters, with state legislative leaders (and likely the National Conference of State Legislatures), and other stakeholders over the next 6 years is an achievable goal if we begin now.
5. **Shared competence**: This change is not grandfathering a degree. No one is proposing granting degrees unearned. A unified regulatory designation of "DPT" demonstrates to our profession and the public the shared competence of the entire profession and the exemplary history of accomplishments in education, research and practice over the last few decades to arrive at the point where we are recognized as practicing at the doctoring level.

We, the following, ask for your support. Please know that we fully support this as a necessary and important professional progression for physical therapy.

- **The Arizona delegation to the 2014 APTA House of Delegates**
  - John Heick, PT, DPT, NCS, OCS (chief delegate)
  - Mark Cornwall, PT, PhD, CPed, FAPTA
  - Jennifer Hinsberger, PT, CSCS, OCS
  - Steven J Hust, PT, CSCS
  - Stephanie Johnson, PT, EdD, MBA
  - Blair Packard, PT, MS
  - James Roush, PT, PhD, ATC
  - Elizabeth Sinish, PT, DPT, OCS
- **AzPTA Chapter leadership**
  - Linda Duke, PT, Chapter President
  - Cynthia Driskell, PT, Arizona Chapter Legislative Committee Chair
- **Arizona Catherine Worthingham Fellows of the APTA:**
  - Carl DeRosa, PT, DPT, PhD, FAPTA
  - Helene Fearon, PT, FAPTA
  - Mark Cornwall, PT, PhD, FAPTA
- **Program Chairs of Arizona PT schools**
  - Mark Cornwall, PT, PhD, FAPTA, Program Chair, Northern Arizona University
  - Stephanie Johnson, PT, EdD, MBA, Program Chair, Franklin Pierce University
  - Judith Woehrle, PT, PhD, OCS, Program Director, Midwestern University

CURRENT POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:
DESIGNATION “PT,” “PTA,” “SPT,” AND “SPTA” (HOD P06-03-17-14)

The American Physical Therapy Association (APTA) supports the use of “PT” as the regulatory designation of a physical therapist. Other letter designations such as “RPT,” “LPT,” or academic and professional degrees, should not be substituted for the regulatory designation of “PT.” “PTA” is the preferred regulatory designation of a physical therapist assistant.

APTA supports the recognition of the regulatory designation of a physical therapist or a physical therapist assistant as taking precedence over other credentials or letter designations. In order to promote consistent communication of the presentation of credentials and letter designations, the Association shall recognize the following preferred order:

1. PT/PTA.
2. Highest earned physical therapy-related degree.
3. Other earned academic degree(s).
4. Specialist certification credentials in alphabetical order (specific to the American Board of Physical Therapy Specialties).
5. Other credentials external to APTA.
6. Other certification or professional honors (eg, FAPTA).

APTA supports the designations “SPT” and “SPTA” for physical therapist students and physical therapist assistant students, respectively, up to the time of graduation. Following graduation and prior to licensure, graduates should be designated in accordance with state law. If state law does not stipulate a specific designation, graduates should be designated in a way that clearly identifies that they are not licensed physical therapists or licensed or regulated physical therapist assistants.

RELATED POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:
PROTECTION OF TERM, TITLE, AND DESIGNATION (HOD P06-03-18-15)
USE OF THE TITLE “DOCTOR” BY PHYSICAL THERAPISTS (HOD P06-06-21-14)