Changing the Regulatory Designation of the Physical Therapist

Objective
The goal of this presentation is to: 1) provide background information on the issues related to changing the regulatory designation of physical therapists to reflect a doctoring profession; 2) inform you about some of the questions that must be addressed; 3) review some of the pros, cons, barriers, and opportunities in considering such a change; and explore what might happen as we move ahead to address this issue.

The question we are trying to answer is simply this: Should the regulatory designation for the physical therapist change from “PT” to “DPT” or to some other designation that indicates we are a doctoring profession?

Definitions
Academic degree/designation/credential: The credential earned as a result of completion of an academic degree program (e.g., DPT, MSPT, PhD, EdD, etc.) specified by the educational institution or the profession.

“DPT” is a clinical degree, also referred to as a professional degree, whereas other doctoral degrees (PhD, EdD, etc.) are academic degrees not limited to any one discipline or profession.

Regulatory designator: The credential earned as a result of licensure as specified in state law. “PT” is the regulatory designator for all licensed physical therapists consistent with current APTA House of Delegates policy; approximately 15 states specify “PT” as the designation in state law but most are silent (“PT” is a protected term under most state laws). Other designations for physical therapists have included LPT and RPT.

History
In June 2005, the Arizona Chapter proposed RC 26-05, cosponsored by the New York and Wisconsin Chapters, which was adopted by the APTA House of Delegates. That motion called on the American Physical Therapy Association to “investigate the appropriateness of changing the regulatory designation of the physical therapist from “PT” to “DPT” in all jurisdictions,” including: an assessment of the strengths, weaknesses, opportunities, and barriers for implementing the regulatory change; the criteria for implementation; and mechanisms for implementation.

Several factors contributed to the adoption of RC 26-05:
1. Two states were considering or beginning the process of proposing amendments to their state practice acts to change the regulatory designation.
2. Use of the term “doctor” in the clinical setting was becoming an increasingly controversial issue.
3. PT education programs were transitioning to the DPT in entry-level programs at a rapid rate.

The APTA Board of Directors appointed a task force composed of a diverse cross-section of members to undertake the investigation called for in RC 26-05. The members of the Task Force are:
- Karen Donahue, PT, DPT (AZ, originator of motion)
- Patricia Evans, PT, PhD (CA, PT with state legislative experience)
- Barbara Sanders, PT, PhD (TX, PT educator in non-DPT program)
- Joe Smith, PT, BSED (MT, PT with BS professional degree)
- Ann Tyminski (MD, non-PT licensing board administrator)
- Connie Hauser, PT, DPT (KY, B of D liaison)
The Task Force provided a series of recommendations and conclusions to the Board of Directors in March 2006. Among the recommendations:

- The regulatory designator should be changed to be consistent with Vision 2020
- The regulatory designator should not be “DPT” because “DPT” is a recognized academic degree
- Guidelines should be developed for the use of the term “doctor” in clinical practice (adopted by the House of Delegates in June 2006)
- The Association should make a statement that the minimal entry-level academic degree should be the DPT
- All state practice acts will have to be changed to reflect the change in designator and to provide title protection

The Task Force also reached the following conclusions:

- The regulatory designator should be changed to “PTD” or something other than “DPT” that indicates physical therapy is a doctoring profession
- At the point in time in which the majority of licensed physical therapists have earned a DPT degree and/or CAPTE changes the evaluative criteria to reflect the minimum degree is a doctoral degree, the APTA should promote changing the regulatory designator in all jurisdictions

The Task Force examined the experiences of other professions that have made similar transitions:

- Physicians (MD)/Podiatrists (DPM)/Dentists (DDS or DMD) changed the degree and designator together at the same time in the early 1900’s
- Optometrists (OD) awarded the first doctoral degrees in 1920’s, but doctoral degrees were not offered by all Schools of Optometry until the 1960’s. Optometry grandfathered the degree and designator at the same time
- Pharmacists endorsed the Doctor of Pharmacy (PharmD) as their sole entry-level degree in 1992
  - Only PharmD programs have been accredited since 2003
  - Pharmacists decided not to change their regulatory designator from RPh
- Audiologists are transitioning to a doctoral degree but have not specified the type of degree. Five states require doctoral degrees for licensure, while others require a masters or doctoral degree. In states where the doctoral degree is required for licensure, the requirement only applies to new licensees, not current license holders – resulting in two levels of practitioner in those states.

Questions To Be Answered

1. **Should the regulatory designator remain the same?** (Yes or No)

2. **If no, to what should it change?** (DPT, PTD, etc.)

3. **What are the conditions that should be met in order for the change to be pursued?** (A critical mass of DPT graduates, e.g., 50,000, etc.)

4. **If the designator changes to reflect a doctoring profession, which option do you favor for managing individuals who have not earned a DPT degree?**

   A. Include all licensed physical therapists regardless of degree
   B. Apply the change only to those who have earned the DPT degree
   C. Include those with the DPT degree and those who can demonstrate competence equivalent to the DPT
   D. Other method (please describe)
PROS In Favor of Changing the Regulatory Designation

• Establishes the clinical doctoral degree as the minimal level of practice
• Regulatory designator would remain the same for all PTs, maintaining consistency and uniformity for the public (assuming the new designator would apply to all licensees as is the current case)
• Success of other professions who have moved to the doctoring level (e.g., optometry, podiatry, pharmacy)
• Create enhanced public perception of qualifications and preparation of the PT
• For those who earned the DPT, the regulatory title would be consistent with their educational achievement
• Sends a strong signal on changing expectations within the higher education, practice, and research environments
• To help distinguish PT as a unique profession
• Provides a good foundation to build our “brand” with the public
• Creates a level playing field for entry level degrees
• Assists in achieving a paradigm shift for the overall role of PT within health care
• Chance to advance the realization of Vision 2020

CONS Against Changing the Regulatory Designation

• May discourage PTs who don’t have the skills to practice in a doctoring profession from pursuing the skills
• Potential alienation of members and stakeholders, including PTs, who have pursued a tDPT who might be disillusioned that others without the degree will be considered a “doctor” as well
• May antagonize the medical and health care professional communities
• May lose the consistency and uniformity both internally and for the public that “PT” currently provides
• The DPT could be perceived as a terminal degree, when it is a clinical or professional degree
• Cost to some states of making legislative change
• Confusing for the public if it is DPT (academic vs. regulatory)
• May direct resources away from other important Chapter legislative efforts

BARRIERS to Changing the Regulatory Designation

• Differences in state laws/legislatures
• Money, time, and people
• There are not yet a “critical mass” of DPTs practicing
• Lack of legislator knowledge about PT vs. DPT – providing evidence that the change will provide clarification for the public
• Haven’t completely achieved the other characteristics of a doctoring profession (autonomy, direct access, professionalism)
• Fear/anxiety
• Short time frame/window to act before Chapters start to move toward changing the designator
• Differences in perspectives/opinions among members/non-members
• “DPT” may not be the appropriate regulatory designator
• “Old guard” vs. “new guard” division

OPPORTUNITIES Created by Changing the Regulatory Designation

• Chance to develop consensus among members and nonmembers
• Chance to incorporate/educate about “who we are” (branding)
• Chance to educate legislators about who PTs are
• Chance to create tools to ensure continued competency and thus raise the level of practice consistent with a doctoring profession
• Opportunity for APTA to work with educational institutions to enhance post-professional education and to upgrade the knowledge, skills and behaviors of practitioners consistent with a doctoring profession
• Possible way to increase APTA membership
• Chance to promote post-professional education and develop career pathway guidance
What APTA Needs to Do to Change the Regulatory Designation

The Board of Directors will compile the feedback received as a result of these meetings and the survey responses and send a report to the House of Delegates that may include recommendations regarding what the Association should do related to this issue. These are some of the steps that may occur throughout this process. So, it is good for the profession to have these discussions before the change is made.

- Determine whether the regulatory designator should change
- Develop motion(s) for future House of Delegates
- Develop strategies for adoption of motion(s)
- A future House of Delegates should consider motion(s)
- Make relevant changes to APTA documents, as indicated

What Must be Done Externally to Change the Regulatory Designation

If APTA makes the decision that the designator should change, it won’t happen in every state at the same time. The timing will depend on the unique situation in each state, including when the practice act comes up for review, Chapter resources, and other factors. To facilitate change in each state, APTA may take the following steps.

- Education and communication with Chapters, FSBPT, state boards of PT, and international professional/regulatory communities
- Request that FSBPT Delegate Assembly make appropriate changes/revisions to Model Practice Act
- APTA/FSBPT jointly develop legislative strategies, talking points, lobbying tools (including discussion at State Government Affairs Forum)
- States proceed with legislative changes in partnership with Chapters, educational institutions, and licensing boards

Next Steps...

- Go to the APTA website (www.apta.org) – Click on “Advocacy” – then “State Government Affairs”
- Review this slide presentation and handout
- Complete the on-line survey on changing the regulatory designation
- Generate discussion among your colleagues
- Talk to your representatives in the APTA House of Delegates

Thanks for sharing your views!!

For more information contact:

APTA State Government Affairs
1-800-999-2782, ext. 8533

APTA
American Physical Therapy Association