



PART I: INTRODUCTION

FOR CLINICAL AND NON-CLINICAL PHYSICAL THERAPIST RESIDENCY AND FELLOWSHIP PROGRAMS

ACCREDITATION

The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) accreditation process is based on the fundamental principle of peer review that enables physical therapists and non-physical therapists from within higher education to make recommendations essential in assuring quality residency/fellowship programs for all participants. The process is guided by transparent standards that are established collaboratively by member programs and professional peers.

Accreditation focuses on assuring programs deliver, and participants complete, quality programs to support continuous improvement that enhances patient care and advances the profession. The ABPTRFE Quality Standards provide programs a framework to demonstrate and communicate their commitment to physical therapists through the achievement of its mission, goals, and outcomes.

VISION

Recognized and valued as the leader and model of best practice in the accreditation of postprofessional physical therapy residency and fellowship programs in the United States. ABPTRFE aspires that residency and fellowship education becomes the preferred pathway for physical therapist professional development and advancement.

ABPTRFE

The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) determines the standards with which a residency or fellowship education program must comply to be accredited. ABPTRFE provides an efficient and credible system for the evaluation, initial accreditation, and renewal of accreditation of physical therapist clinical and non-clinical residency/fellowship programs. The Board develops and maintains policies and procedures for the consistent implementation of accreditation processes including:

- Accrediting residency and fellowship programs;
- Selecting qualified peer-reviewers;
- Documenting findings of the onsite visit;
- Monitoring the continuous improvement of residency and fellowship programs; and
- Granting renewal of accreditation.

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PART II: PROCESSES AND PROCEDURES

FOR CLINICAL AND NON-CLINICAL PHYSICAL THERAPIST RESIDENCY AND FELLOWSHIP PROGRAMS

INTRODUCTION

The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) grants accreditation to postprofessional physical therapy programs that offer residency and fellowship education which meet published quality standards. The burden of demonstrating quality and compliance with ABPTRFE's published standards rests with the residency or fellowship program.

1.0 Eligibility

Before ABPTRFE accepts an Application for Candidacy, the developing program demonstrates it meets the following eligibility criteria:

- 1.1 **Mission:** Communicates the program's purpose and commitment to providing quality advanced education to physical therapists in a defined area of practice that results in enhanced patient care.
- 1.2 **Program Director:** Employs a program director who possesses the qualifications and experience in operations, financial management, and leadership to administratively oversee all aspects of the program in support of the mission, goals, and outcomes.
 - 1.2.1 **Program Coordinator:** If applicable, employs a program coordinator if a program director does not meet published required qualifications in the program's defined area of practice as defined in Quality Standards requirement (Part III 3.5).
- 1.3 **Curriculum:** Developed from and addresses the most recent version of the Description of Residency Practice (DRP), the Description of Fellowship Practice (DFP), or an ABPTRFE-approved analysis of practice.
- 1.4 **Admissions Criteria:** Program publishes equitable admissions policies and verifies the participant is eligible to practice based on state requirements.
- 1.5 **Faculty:** Appoints a sufficient number of faculty who possess the academic background, professional experience, and ongoing professional development to ensure the delivery of quality residency/fellowship education.
- 1.6 **Proposed Participant Practice Sites:** Submits a list of proposed clinical education or affiliated (non-clinical) sites for the program.

2.0 Candidacy

Developing programs complete the ABPTRFE Candidacy Workshop prior to beginning work on the Self-Evaluation Report and Exhibits. Developing programs should begin preparing the Self-Evaluation Report and Exhibits a minimum of 9-12 months prior to submitting the Application for Candidacy. ABPTRFE expects developing programs to demonstrate their commitment to establishing quality residency or fellowship education opportunities by investing financial resources, appointing qualified faculty and administrative leadership, and creating a comprehensive curriculum reflective of the most recent DRP, DFP, or ABPTRFE-approved analysis of practice focused on continuous improvement and outcomes assessment. Developing programs are encouraged to review ABPTRFE Initial Accreditation Timelines and consult with ABPTRFE staff for planning purposes.

- 2.1 **Application for Candidacy:** A developing program submits to ABPTRFE staff the following documentation in either April, August, or December: 1) Application for Candidacy, 2) non-refundable application fee, and 3) ABPTRFE Candidacy Workshop completion certificate. The submission of the Application of Candidacy determines the track that will be followed by the developing program (e.g., **Track One**, **Track Two**, or **Track Three**).
- 2.1.1 **Program Release:** Programs seeking initial accreditation from ABPTRFE provide a release as part of their Application for Candidacy to elicit information from state licensing agencies and government entities, as well as an acknowledgement of the fact that accreditation information may, at the discretion of the Board, be shared with other accrediting organizations and government entities. This program information release remains in effect while a program is accredited by ABPTRFE.
- 2.2 **Application for Candidacy Acceptance:** A developing program's Application for Candidacy undergoes review by ABPTRFE staff. The developing program receives notification from ABPTRFE staff that the Application for Candidacy has been accepted within 30 days following submission. A developing program is required to achieve initial accreditation within 23 months following Application for Candidacy acceptance.
- 2.2.1 **Application for Candidacy Denial:** A developing program's Application for Candidacy may be denied if all eligibility criteria are not met. If a developing program's Application for Candidacy is denied, the program may reapply following a subsequent initial accreditation track (e.g., **Track One**, **Track Two**, or **Track Three**) by submitting a new 1) Application for Candidacy, 2) non-refundable application fee, and 3) ABPTRFE Candidacy Workshop completion certificate (if not completed within 24 months prior to resubmission).

- 2.3 **Submitting Self-Evaluation Report and Exhibits:** A developing program submits a completed Self-Evaluation Report and Exhibits to ABPTRFE by June 30 for Track One, October 31 for Track Two, and February 28 for Track Three following the Application for Candidacy acceptance.
- 2.3.1 **Candidacy Substantive Changes:** Following the submission of the Self-Evaluation Report and Exhibits, a developing program may not make any substantive changes while undergoing initial accreditation. If a developing program makes a substantive change, ABPTRFE will suspend consideration of the program. ABPTRFE notifies a developing program within 30 days that the review has been suspended. The program will be required to re-apply following ABPTRFE's Application for Candidacy procedures in a subsequent initial accreditation track (e.g., Track One, Track Two, or Track Three).
- 2.4 **Candidacy Review Process:** ABPTRFE staff assigns a Candidacy Review Council member to complete a comprehensive review of the developing program's Self-Evaluation Report and Exhibits using the ABPTRFE Accreditation Report Rubric. The Candidacy Review Council member determines whether the developing program substantially meets and is likely to demonstrate full compliance with the ABPTRFE Quality Standards based on stated plans within a defined period of time. The Candidacy Review Council member completes the ABPTRFE Accreditation Report Rubric, makes recommendations for continued improvement, and submits the completed report within 90 days for ABPTRFE decision on whether candidacy should be granted or denied.
- 2.4.1 **Consent to Serve:** All Candidacy Review Council members annually sign a consent to serve that includes conflict of interest and confidentiality policies.
- 2.5 **Candidacy Decision Process:** ABPTRFE reviews the Accreditation Report Rubric, Self-Evaluation Report, and Exhibits submitted by the developing program prior to granting or denying candidacy. Candidacy is granted if the developing program demonstrates policies, procedures, and a curriculum that indicates satisfactory progress towards, and likely leads to, full compliance with all ABPTRFE Quality Standards. Candidacy is denied if the developing program is unable to demonstrate adequate policies, procedures, and curriculum and that it is making satisfactory progress towards full compliance with ABPTRFE's Quality Standards. ABPTRFE meets every September, January, and May following that initial accreditation track (e.g., Track One, Track Two, or Track Three) to make candidacy decisions.
- 2.5.1 **Candidacy Status Granted:** A developing program that achieves candidacy status receives a letter and copy of the ABPTRFE Accreditation Report Rubric from ABPTRFE staff 30 days following ABPTRFE's

decision to grant candidacy. Candidacy is effective on the last day of the month in which ABPTRFE grants status. A developing program's status expires 18 months from the date candidacy is granted.

2.5.1.1 **Candidacy Status Disclosures:** A developing program publishes the following disclosures on its website and/or marketing materials and documents participants received notice of these disclosures. Granting of candidacy status enables a developing program to publicly disclose a recognized relationship with ABPTRFE and indicate the intent to seek initial accreditation. If a developing program granted candidacy status fails to publish required disclosures, ABPTRFE will suspend consideration of the program.

ABPTRFE has granted (Name of Program) candidacy status. Candidacy status signifies satisfactory progress toward accreditation. Achieving candidacy status is not an indication that ABPTRFE will grant initial accreditation. Participants who graduate from a program in candidacy status are not deemed to have completed an accredited program.

2.5.2 **Candidacy Status Denied:** A developing program denied candidacy status receives a letter and a copy of the ABPTRFE Accreditation Report Rubric from ABPTRFE staff 30 days following ABPTRFE's decision to deny candidacy. Denial of candidacy status is an appealable decision. A developing program may appeal this adverse decision following procedures detailed in 6.4.

If a developing program denied candidacy, decides to continue pursuing ABPTRFE-accredited status, the program is required to revise the Self-Evaluation Report and Exhibits incorporating feedback from the ABPTRFE Accreditation Report Rubric and reapply for initial accreditation following ABPTRFE's published procedures.

2.6 **Changes in Program Director:** If the director of a developing program, identified within the program's Application for Candidacy unexpectedly leaves the role, the developing program must notify ABPTRFE within 30 days. ABPTRFE may choose to suspend consideration of the program until 1) a new program director who meets published Quality Standards requirement (Part III 3.5) is hired, 2) notification to ABPTRFE of the new program director, and 3) documents the new program director completed the ABPTRFE Candidacy Workshop. If the developing program does not hire a new program director and notify ABPTRFE of the new program director within 30 days, ABPTRFE terminates the review process. The developing program receives a letter from

ABPTRFE staff that the review was terminated within 30 days.

- 2.7 **Requests for Additional Information:** If a developing program fails to submit additional information requested within 10 days, ABPTRFE will suspend the review process. Lack of communication with ABPTRFE following a request for additional information could result in candidacy being denied and the review process terminated. The developing program receives a letter from ABPTRFE staff that the review was terminated within 30 days.
- 2.8 **Withdrawal from Initial Accreditation:** A developing program may withdraw its Application for Candidacy or Self-Evaluation Report and Exhibits by submitting a letter of withdrawal from the program director or organization administrator to ABPTRFE staff prior to ABPTRFE making a candidacy or initial accreditation decision.

3.0 Initial Accreditation

- 3.1 **Participant Start Date:** A program may start participants following notification of candidacy status. The first cohort of participants must start within 5 months. Two weeks following the initial start date, a developing program must notify ABPTRFE staff and provide the anticipated graduation date. ABPTRFE staff assigns the onsite visit date 6-10 months following enrollment of the first participant.
- 3.2 **Revised Self-Evaluation Report and Exhibits:** A program in candidacy-status uploads to the Accreditation Management System a revised Self-Evaluation Report and Exhibits incorporating feedback received from the latest ABPTRFE Accreditation Report Rubric 4-5 weeks prior to the scheduled onsite visit.

4.0 Renewal of Accreditation

- 4.1 **Renewal of Accreditation Process:** ABPTRFE staff notifies programs scheduled for renewal of accreditation 15 months prior to the expiration of accreditation. Annually, ABPTRFE offers two renewal of accreditation tracks: 1) Track One (April) and 2) Track Two (December).
- 4.1.1 **Track One:** A program uploads the Self-Evaluation Report and Exhibits no later than 4-5 weeks (in April-June) prior to the scheduled onsite visit.
- 4.1.2 **Track Two:** A program uploads the Self-Evaluation Report and Exhibits no later than 4-5 weeks (in December-February) prior to the scheduled onsite visit.
- 4.2 **Renewal of Accreditation Notification:** An ABPTRFE-accredited program is approved to begin the renewal process upon receipt of the 1) certificate of ABPTRFE Accreditation Workshop completion and 2) a list of past participants' contact information (e.g., email address) since the previous renewal cycle submitted within 90 days following Renewal of Accreditation Notification. ABPTRFE staff provides the accredited program with a scheduled onsite visit date within 120 days following submission of the required documentation and Renewal of Accreditation Notification. A program is required to achieve renewal of accreditation prior to the expiration of its current accreditation. The program's current accreditation expires at the end of the accreditation period following failure to timely submit the above required renewal of accreditation documentation. A program that allows accreditation to expire may re-apply for initial accreditation following ABPTRFE's published procedures.
- 4.2.1 **Participant Satisfaction Surveys:** ABPTRFE administers satisfaction surveys to past participants as a part of the renewal of accreditation process. Programs are provided the results of these surveys prior to the onsite visit.
- 4.3 **Self-Evaluation Report and Exhibits:** A program uploads the Self-Evaluation Report and Exhibits to the Accreditation Management System no later than 4-5 weeks prior to the scheduled onsite visit. The program's current accreditation expires at the end of the accreditation period following failure to timely submit the Self-Evaluation Report and Exhibits. A program that allows accreditation to expire may re-apply for initial accreditation following ABPTRFE's published procedures.

5.0 Onsite Visits

- 5.1 **Onsite Visits:** A comprehensive onsite visit is conducted to assess the program's full compliance with ABPTRFE Quality Standards. The onsite visit provides the program an opportunity to elaborate on information provided in the Self-Evaluation Report and Exhibits. The onsite team conducts a minimum of a two-day visit. ABPTRFE and onsite team reserve the right to extend the length of the onsite visit when there are multiple participant practice sites or an unusually complex organizational structure exists. The number of participant practice sites visits is determined by the Team Lead based on the mission and organizational structure of the program. A maximum of five sites may be visited. The conclusion of the onsite visit does not provide an oral presentation of the onsite team's findings.

The onsite team is tasked with collecting evidence and data documenting a program's compliance with ABPTRFE Quality Standards. The onsite visit provides an opportunity for team members to verify the implementation of a program's processes and procedures as described in the Self-Evaluation Report and Exhibits. A comprehensive onsite visit accomplishes the following objectives:

- 5.1.1 To verify the narratives submitted in the Self-Evaluation Report and evidence submitted through Exhibits. The onsite team members verify that the program is meeting its mission and demonstrate successful participant achievement.
- 5.1.2 To collect data that documents the extent of a program's compliance with ABPTRFE Quality Standards.
- 5.1.3 To review implemented policies and procedures that promote continuous program improvement. The onsite team confirms implemented processes and procedures through discussions with administration, faculty, staff, program participants, and graduates (if available).
- 5.2 **Onsite Team Selection:** A three-member team is selected to conduct a peer-evaluation of the residency/fellowship program based on ABPTRFE's Quality Standards. The onsite team is comprised of a team lead (a physical therapist), a program administration/outcomes team member (physical therapist or non-physical therapist), and a practice area expert (a physical therapist).
- 5.2.1 **Consent to Serve:** All team members annually sign a consent to serve that includes conflict of interest and confidentiality policies.
- 5.3 **Pre-Onsite Visit Team Responsibilities:** Prior to the onsite visit, each team member carefully reviews the Candidacy Accreditation Report Rubric, Self-Evaluation Report, and Exhibits uploaded by the program to the Accreditation

Management System.

- 5.4 **Onsite Visit Team Responsibilities:** The onsite team documents whether the program meets or exceeds published Quality Standards using the Accreditation Report Rubric. The onsite team may find that the program meets or exceeds standards, needs improvement, or that implemented processes are inadequate.
- 5.4.1 **Team Lead:** The Team Lead selects the participant practice sites for review during the onsite visit. This individual is responsible for the completion of the onsite visit in accordance with the Board's processes and procedures by ensuring that the team members complete their tasks during the evaluation. The Team Lead ensures all team members submit their individual Accreditation Report Rubrics on time.
- 5.4.2 **Program Administration/Outcomes:** This evaluator reviews a program's administrative operations including the effective implementation and data collection on the achievement of the mission and goals.
- 5.4.3 **Practice Area Expert:** This evaluator reviews a program's curriculum and mentoring practices to verify that quality instruction and learning activities are provided to participants that support the achievement of outcomes.
- 5.5 **Onsite Team Reports:** Two weeks following the onsite visit, team members submit written reports to the team lead and ABPTRFE staff. Four weeks following the onsite visit, the team lead submits a final written report to ABPTRFE staff. Five weeks following the onsite visit, ABPTRFE staff provides the Team Lead Report to the program for response.
- 5.5.1 **Team Lead:** Compiles the team's reports to provide ABPTRFE with a clear representation of the program's compliance with published Quality Standards.
- 5.5.2 **Program Administration/Outcomes:** This evaluator is responsible for comprehensively reviewing Quality Standards 1, 4, and 5.
- 5.5.3 **Practice Area Expert:** This evaluator is responsible for comprehensively reviewing Quality Standards 2, 3, and 5.
- 5.6 **Program Response:** Upon receipt of the Team Lead Report, the program must provide a response and supporting evidence for any findings of needs improvement or inadequate. The program must demonstrate that processes or policies are implemented to meet the corresponding Quality Standard. The program may submit new or supporting information or correct any incorrect statements made in the Team Lead Report. The program is required to demonstrate full compliance with all ABPTRFE Quality Standards. The program

submits to ABPTRFE staff a response to the Team Lead Report for ABPTRFE consideration in 4 weeks.

6.0 ABPTRFE Accreditation Decisions

- 6.1 **Initial Accreditation Decision Timeframes:** ABPTRFE meets three times annually to make initial accreditation decisions in January, May, and September based on the initial accreditation tracks (e.g., Track One, Track Two, or Track Three). During these meetings, ABPTRFE reviews all documentation submitted by the program including the Self-Evaluation Report, Exhibits, Team Lead Report (Accreditation Report Rubric), and Response to the Team Lead Report.
- 6.2 **Renewal of Accreditation Decision Timeframes:** ABPTRFE meets twice annually to make renewal of accreditation decisions in January and September based on the renewal of accreditation tracks (e.g., Track One or Track Two). During these meetings, ABPTRFE reviews all documentation submitted by the program including the Self-Evaluation Report, Exhibits, Team Lead Report (Accreditation Report Rubric), and Response to the Team Lead Report.
- 6.3 **Accreditation Decisions:** The Board may take one of four courses of action:
- 6.3.1 **Award Accreditation:** a program seeking initial accreditation may be granted accreditation up to five years. A program seeking renewal of accreditation may be granted accreditation up to ten years. Program enhancement reports may be required throughout a period of accreditation.
- 6.3.2 **Defer Accreditation:** a program seeking initial or renewal of accreditation may be required to submit a progress report, additional information, or undergo a follow-up onsite visit. The maximum deferral period is 12 months unless the decision is extended for “good cause”. A decision to defer is not a public negative action. At its discretion, ABPTRFE may restrict substantive changes in conjunction with deferring an accreditation action on an initial or renewal of accreditation.
- 6.3.2.1 **Renewal of Accreditation:** The program’s accreditation is retained throughout the deferral period.
- 6.3.2.2 **Good Cause:** The maximum time period for achieving compliance with ABPTRFE Quality Standards is 12 months. The Board may extend this 12-month period for good cause shown. “Good cause” in this context is defined as a sufficient reason for the Board to allow additional time for the program to demonstrate that it has made substantial progress; for example, more time is needed to comprehensively document full compliance, additional resources will become available, or there are exigent

circumstances, such as illness or accident, that justify an extension of time. The Board may elect to monitor the program that received a good cause extension by requesting periodic documentation be submitted demonstrating ongoing progress toward compliance with ABPTRFE Quality Standards. Upon reviewing these considerations, the Board will grant or deny a program's "good cause" extension. The Board decision is not appealable.

- 6.3.3 **Show Cause:** a program seeking renewal of accreditation may be asked to demonstrate why its accreditation should not be withdrawn. When the Board has reason to believe that a program is not in compliance with ABPTRFE Quality Standards and other requirements, the Board will place the program on show cause. A program that receives a show cause directive is required to demonstrate corrective action and compliance with all Quality Standards and procedures. The issuance of a show cause directive is not an adverse decision and is not appealable. The burden of proof rests with the program to demonstrate its full compliance with ABPTRFE Quality Standards.

The program receives a written notice within 30 days of the Board decision stating the reasons why the Show Cause Directive was issued, identifies the noncompliant quality standards and other accreditation requirements, explains the reasons and recites the evidence indicating noncompliance, advises the program of its obligations, and provides a deadline for a response.

Upon expiration of the Show Cause Directive deadline, the Board decides on the program's compliance with ABPTRFE's Quality Standards or requirements as noted. The Board may:

- Vacate the Show Cause Directive if it is determined that the response adequately demonstrates compliance with ABPTRFE's Quality Standards and granting renewal of accreditation;
- Continue the Show Cause Directive pending the receipt of additional information or further reports from the program;
- Order a special onsite visit; or
- Withdraw accreditation which is subject to an appeal by the program.

The Board notifies the program of its decision concerning the Response to the Show Cause Directive within 30 days. In all cases, the Board will allow the program sufficient time to respond to any findings before making a final decision on the program's accreditation status. The Board will not consider substantive changes or approve new participant practice sites when a program is under a Show Cause Directive.

6.3.4 **Deny Initial or Withdraw Accreditation:** a program seeking initial accreditation may be denied, and a program seeking renewal of accreditation may have accreditation withdrawn. These Board actions are appealable. The Board may deny initial or withdraw accreditation on the basis that the program does not meet ABPTRFE's Quality Standards.

6.4 **Appealing the Board's Adverse Decision:** The program may appeal the Board's decision to deny candidacy or initial accreditation, or withdraw accreditation. The program completes the Application for Appeal which must be accompanied by the required fee to the Director of Residency/Fellowship Accreditation within 10 days following receipt of the Board's letter notifying the program of the denial or withdrawal of accreditation. The program's failure to submit the application and fees within 10 days is deemed a waiver of its right to appeal and cause the Board's action to become final.

6.4.1 **Written Statement:** The program files a written statement on the grounds for its request of appeal within 30 days following the submission of the Application for Appeal. The program's decision to appeal is limited to appealing the factual record that was before the Board and to the decision that the Board made in executing its standards and procedures.

6.4.2 **Appeals Panel:** In the appeals process, the program's appeal is heard by an independent appeals panel that is separate from the Board and serves as an additional level of due process for the program. The Appeals Panel does not have authority concerning the reasonableness of eligibility criteria, procedures, or ABPTRFE's Quality Standards. The Appeals Panel affirms, amends, remands, or reverses the prior decision of the Board as follows. The Appeals Panel determines whether the Board's action was not supported by the record or was clearly erroneous. The program has the burden of proof in demonstrating that the action of the Board was not supported by the record or was otherwise erroneous.

The Appeals Panel consists of three people appointed by the Board: a public member, a physical therapist, and a residency/fellowship program director. Potential members of the Appeals Panel are selected from among former members of the Board, ABPTRFE onsite team members, and active faculty of ABPTRFE-accredited programs who have completed the ABPTRFE Accreditation Workshop. All panelists receive a training session on appeals procedures and are subject to ABPTRFE's Conflict of Interest Policy.

The Appeals Panel members possess knowledge of accreditation purposes, standards, and procedures to meet the panel requirements published above. The Appeals Panel members cannot include current Board members and cannot have a conflict of interest. The Director of Residency/Fellowship

Accreditation submits a list of proposed Appeal Panel members to the program in advance. Within 10 calendar days of receiving the list of proposed panel members, the program may ask, in writing, that any person or persons be removed from the list on the basis of potential conflict of interest as defined by ABPTRFE's Conflict of Interest Policy. If the Board determines that a conflict exists, the panelist will be replaced. No panel member may serve if he/she participated, in any respect, in the underlying decision by the Board to deny or withdraw accreditation.

- 6.4.3 **Consideration and Decision of the Appeal:** The consideration of the appeal is based on the Board's written findings and reasons related to the action, the program's written response detailing the grounds for appeal, and relevant supporting documents. The Appeals Panel only considers whether the Board's decision was not supported by the record or was clearly erroneous.

The program has the burden to show that the Board's decision resulted from errors or omissions in the execution of ABPTRFE's Quality Standards or procedures, or that the decision was arbitrary or capricious and was not based on substantial evidence on the record. No new documentation may be presented for the Appeals Panel to consider. The Appeal Panel considers the grounds for appeal, the program's oral presentation, and the record that was before the Board when it made the decision to deny or withdraw accreditation.

- 6.4.4 **Appeals Panel Decisions:** The Appeals Panel may make any of the following four decisions based on the information presented for review.

6.4.4.1 **Affirm:** If the Appeals Panel determines the program failed to meet its burden of proof in showing the Board's action was not supported by the record or was clearly erroneous, it must affirm the decision of the Board. In certain instances, the Board's decision to withdraw accreditation may be based on multiple violations of ABPTRFE's Quality Standards or procedures. If the program demonstrates that there is no support in the record for some of the violations, but not all, that is not by itself sufficient to meet the program's burden of proof. The program must show that, in light of the entire record of multiple violations, the decision was not supported by the record or is clearly erroneous.

6.4.4.2 **Remand:** The Appeals Panel may remand a decision to the Board when it finds that the Board failed to consider a material fact when reaching its decision. A remand is a directive to the Board that it must reconsider its action in light of all relevant facts that were before the Board at the

time of its decision, including the specific material fact or facts that are the basis for the remand. The Appeals Panel must identify those material facts that it finds the Board failed to consider.

6.4.4.3 **Amend:** The Appeals Panel may determine that, although there is evidence to support the Board's decision, it is nevertheless clearly in error, the Appeals Panel may amend the decision. A decision to amend an adverse action sets forth the specific grounds for the decision and directs the Board to modify its decision in accordance with the specific direction of the Appeals Panel. The Appeals Panel may, in its discretion, amend a decision to deny accreditation by directing the Board to grant accreditation and direct the Board to consider the proper length of accreditation consistent with the direction of the Panel, or with the practices of the Board, or in accordance with other guidance from the Appeals Panel.

6.4.4.4 **Reverse:** The Appeals Panel may reverse a decision of the Board if it finds that the Board's decision, in light of the entire record, was not supported by the record or was clearly erroneous. A decision to reverse an action of the Board will state the specific bases for the decision to reverse. A decision to reverse a withdrawal of accreditation directs the Board to set aside its decision to withdraw and to reinstate the program's accreditation as it was before the withdrawal decision. A decision to reverse an action, or to deny accreditation, directs the Board to award a specific grant of accreditation for a term determined by the Appeals Panel.

6.4.5 **Appeals Panel Hearing:** The Board will have at least one representative present at the hearing. The Board representative and program representatives will have the opportunity to make opening and closing statements to the Appeals Panel. Oral statements may not exceed 20 minutes in length. The program must provide information relevant to the specific grounds for the appeal. If the program intends to make an oral presentation, the program director should make the request, in writing, to the Director of Residency/Fellowship Accreditation 30 days prior to the hearing date. The names and affiliations of those appearing to make the oral presentation must be included with the request. The program is entitled to be represented by counsel during the hearing. ABPTRFE does not consider the appeal hearing to be adversarial in nature. Accordingly, the program will not have the right to examine the Board representative. The appeal hearing may be recorded by stenographic or electronic means if requested by the program. Recording and transcripts are made at the

program's expense, and a copy will be provided to the program in a timely manner following the appeal hearing.

- 6.4.6 **Board Receipt and Implementation of Appeals Panel Decision:** The written decision of the Appeals Panel is provided to the Board within 30 days. The Board implements the decision of the Appeals Panel to either affirm, remand, amend, or reverse the prior Board decision and notifies the program of the decision within 30 days of implementation.
- 6.4.7 **Appeal Denied:** If the program's appeal request is unsuccessful, where the decision to deny or withdraw accreditation is upheld and becomes final, the program is not eligible to reapply for accreditation for a period of one year from the date of the final action.
- 6.4.8 **Appeals Notification:** The Board notifies state agencies and the public of its decision according to the Notification and Information Sharing Policy.

- 6.5 **Binding Arbitration:** Upon being notified that a program's appeal did not change the adverse Board decision, a program has 5 business days to request arbitration, during which no public notification of the Board action will be made, and no new participants may be enrolled. When the program remits an arbitration fee established by the Board, the Board selects an arbitrator from candidates recommended by the American Arbitration Association. Early resolution of such disputes being in the public good, the parties will make every effort to expedite the arbitration.

Courts have described their role not as making a de novo review, but as determining whether the Board's decision was arbitrary or capricious. In like manner, the arbitrator should make this determination, assessing whether ABPTRFE confined its action to the contours of due process and fundamental principles of fairness, while recognizing the special nature of accreditation and according deference to the rules and processes of accrediting organizations.

The arbitrator is provided with all of the information that was available to the Board when it made the adverse decision and with the procedures used to reach the decision. Along with the presentation by the parties, this process allows for thorough consideration of whether the Board's decision was arbitrary or capricious or was reached in an unfair manner. Additional discovery activity and witnesses should not be required. In an exceptional circumstance, where the arbitrator finds that additional information is essential to reaching a fair decision, limited discovery may be authorized.

Both parties may appear before the arbitrator with legal counsel to present their position and each may file a written brief, subject to a 15-page limit and up to five exhibits reflective of the U.S. Department of Education's appeals division.

The arbitrator's decision will be admissible in any subsequent proceeding where it is relevant.

7.0 Notification and Public Disclosures of Accreditation

ABPTRFE specifies how an accredited program may refer to its accreditation status. A program may refer to its accredited status only as follows:

- 7.1 **Initial and Renewal of Accreditation:** ABPTRFE staff provides written notice to the Program Director no later than 30 days after the Board makes its decision to grant, deny, or withdraw initial or renewal of accreditation. A final decision to deny or withdraw accreditation is only reached after a program has exhausted the appeals process provided when appealing the Board's adverse decision.
 - 7.1.1 **Authorized Statement:** *(Name of Program) is accredited by the American Board of Physical Therapy Residency and Fellowship Education as a postprofessional (residency/fellowship) program for physical therapists in (defined area of practice).*
 - 7.1.2 **Other Unaccredited Programs:** If the sponsoring organization offers other physical therapy residency and fellowship programs not currently accredited by ABPTRFE, the sponsoring organization's marketing materials must clearly indicate and identify the additional programs that are not accredited by ABPTRFE.

If ABPTRFE staff determines that a program failed to comply with the authorized statement, the staff may require the program to take immediate corrective action or recommend Board action including the withdrawal of the program's accreditation.
- 7.2 **Show Cause Directive:** ABPTRFE staff provides written notice to the Program Director no later than 30 days after the Board makes a decision to place a program on show cause.
- 7.3 **Public Disclosures:** ABPTRFE provides written notice to the public of all decisions listed above within 24 hours of its notice to the program.
- 7.4 **Resigning or Voluntarily Withdrawing Accreditation:** ABPTRFE posts a notice of a program's decision to resign or withdraw accreditation on its website within 30 days of receiving notification from the program.
- 7.5 **Accreditation Lapses:** ABPTRFE posts a notice 30 days after the program's accreditation lapses following a lack of communication, required documentation, or action of indicating the program's intent to complete all the steps in the accreditation process.
- 7.6 **Scope of Public Information:** ABPTRFE will make available to the public and in ABPTRFE publications, including its website and related publications the

following information for developing, candidacy, and accredited residency/fellowship programs:

- Program name, address, telephone number, email address, and website;
- Sponsoring organization name, type, and website;
- Current program status (developing, candidate, accredited, or show cause);
- Name of program director and program coordinator, if applicable;
- Program application deadline and program start dates;
- Number of participant positions;
- Dates of initial accreditation and current accreditation expiration;
- Program type (single site, multi-facility, or multi-site);
- Educational hours format (in-person or distance education);
- Program format (full-time or part-time);
- Program length in months;
- Percent participant salary to a comparable physical therapist, if applicable;
- Tuition amounts, if applicable;
- Mentor accessibility (onsite or offsite);
- Mentor appointment (mentors identified by program or participant);
- Program participation in the Residency/Fellowship Centralized Application Service (RF-PTCAS);
- Summary of information pertaining to an adverse action;
- Summary of information pertaining to an action subject to appeal; and
- Date of voluntary withdrawal of accreditation.

7.7 **Confidentiality of Records:** Information pertaining to the Board’s actions is confidential and is not shared with third parties, other ABPTRFE accredited programs, the media, or the public except as authorized by the program or as required by government regulation, judicial or administrative processes, and other legal requirements.

7.8 **Sharing Information with Government Entities and Other Accrediting Organizations:** ABPTRFE grants all reasonable special requests for accreditation information made by other accrediting organizations and government entities. Requests for information from such entities must be in writing and submitted to the Director of Residency/Fellowship Accreditation and must state the name and address of the program for which information is sought, the nature of the information requested, and the purposes for which the information is to be used. A decision to deny such a request is not subject to appeal.

7.9 **Authorized Disclosure of Information:** When a program requests specific confidential accreditation information to be released to third parties, the Program Director or other designated individual must provide a program-initiated

acknowledgement or written release on official letterhead to the Director of Residency/Fellowship Accreditation stating the precise information to be released and the party or parties to whom the information should be provided.

- 7.10 **Correction of Misleading or Inaccurate Information:** ABPTRFE requires an accredited program to correct any misleading or inaccurate information it releases. ABPTRFE will notify the program of the misleading or inaccurate information and request that the program immediately make the correction, post a notice of the correction, and document to ABPTRFE that the correction was made. Failure to correct any misleading or inaccurate information within 10 days may result in a special visit.
- 7.11 **Record Retention:** ABPTRFE maintains at its offices in electronic form complete and accurate records of the following:
- Last full accreditation review for each program, including the Application for Candidacy, Accreditation Report Rubrics, Team Lead Report, Response to Team Lead Report, annual report data, periodic review reports, special visit reports that occur between accreditation cycles, and a copy of programs' most recent Self-Evaluation Report.
 - All decisions made throughout accreditation with ABPTRFE regarding accreditation and substantive change decisions including all correspondence significantly related to those decisions; and
 - Minutes of all ABPTRFE meetings.

8.0 Program Notifications

- 8.1 **Notification Reports:** The program informs ABPTRFE immediately of any actions it plans to take itself—or actions taken against the program by other agencies—if those actions have the capacity to affect the reputation of the Board, the program’s good standing with the Board, and/or its acceptance by the public. This includes the program’s resolution of any complaints in a forthright, prompt, amicable, and equitable manner to the Board’s satisfaction. Any Board decisions are not retroactive. Programs receive notification no later than 30 days following the Board’s decision.

- 8.2 **Review of Notification Reports:** ABPTRFE reserves the right to order a comprehensive review of a program whenever it has concerns that the program is not in compliance with ABPTRFE Quality Standards and/or procedures. In all cases, ABPTRFE allows the program sufficient time to respond to any findings before a final decision is made regarding the program’s accredited status.

9.0 Petitions and Waivers

An accredited program, or a program seeking initial accreditation, submits a petition to ABPTRFE when requesting a waiver of any ABPTRFE Quality Standard or procedures and documents the rationale for the request. A program may submit a petition for an alternative interpretation of an ABPTRFE Quality Standard to address the program's unique mission. Petitions are not requested simply because a program does not like a standard or does not care to be subject to it. Petitions are only submitted for a significant reason as it applies to the program's mission.

- 9.1 **Waiver Process:** The program submits a letter and provides supporting documentation at least 45 days prior to the next Board meeting when seeking a waiver to an existing ABPTRFE Policy, Procedures, or Quality Standard. A program submits a fee along with the letter and supporting documentation. The program should check with ABPTRFE staff for the exact submission timeframe. The Board reviews the program's petition and supporting documentation and votes to either approve or deny the petition. ABPTRFE notifies the program of its decision no later than 30 days.
- 9.2 **Waiver Granted:** ABPTRFE may choose to grant a waiver of its standards or procedures when a program is able to demonstrate through a well-documented petition that: 1) extenuating circumstances are present that indicate the normal application of the standard or procedure will create an undue hardship on the program or its participants, or 2) the waiver meets the underlying purpose and intent of the standard or procedure. Petitions are granted for a period of one year for programs seeking initial accreditation and for a maximum of three years for accredited programs.
- 9.3 **Waiver Denied:** If a petition is denied, the program may not resubmit a petition for the same request. ABPTRFE notifies the program of its decision no later than 30 days.

10.0 Maintaining Accreditation

The program maintains accreditation on an ongoing basis by remaining in continuous compliance with all ABPTRFE Quality Standards, procedures, and eligibility requirements. The program maintains continuous operations; educates participants in support of its mission; fulfills all ABPTRFE reporting requirements in a timely manner; maintains compliance with all applicable local, state, and federal requirements; and pays all ABPTRFE fees in a timely manner, as applicable.

- 10.1 **Annual Continuous Improvement Reports:** Every year, ABPTRFE requires an Annual Continuous Improvement Report (ACIR) submission by all accredited residency/fellowship programs. The ACIR and Annual Fee must be submitted by January 31. The ACIR and all supporting documentation are submitted through the Accreditation Management System. The Board monitors continuous improvement and participant achievement based on the program's mission, goals, and outcomes. If the Board observes significant or consistent declines in participant achievement, the Board may require the submission of additional information.
 - 10.1.1 **Mission, Goals, and Outcomes:** A program reports any changes to the mission, goals, or outcomes.
 - 10.1.2 **Participant Positions:** A program reports any increase or decrease in participant positions.
 - 10.1.3 **Program Hours:** A program reports any increase or decrease in program hours in the previous year.
 - 10.1.4 **Curriculum:** A program reports any changes to the curriculum.
 - 10.1.5 **Financial Condition:** A program reports any increase or decrease in financial resource allocation in the previous year.
 - 10.1.6 **Completion Data:** A program reports on participant completion rates for the previous calendar year.
 - 10.1.7 **Faculty:** A program reports any changes to faculty.
 - 10.1.8 **Participant Practice Sites:** A program reports any increase or decrease in participant practice sites in the previous calendar year.
- 10.2 **Failure to Submit Annual Continuous Improvement Report and Dues:** If an accredited program fails to submit an Annual Continuous Improvement Report and the Annual Fee on time, ABPTRFE may withdraw accreditation effective the deadline for submission. Within 10 days following the annual fee submission deadline, ABPTRFE sends a written notice of delinquency advising the program

that its accreditation may be withdrawn. If ABPTRFE does not receive a response from the program, Annual Fee, and Annual Continuous Improvement Report within 30 days of the delinquency notice, a letter is sent to the program communicating the withdrawal of accreditation effective January 31.

10.3 **ABPTRFE Review and Follow-Up Action:** The Accreditation Management System acknowledges the successful submission of all Annual Continuous Improvement Reports. ABPTRFE staff may request additional supporting documentation, as necessary. All Annual Continuous Improvement Reports are reviewed and summarized by ABPTRFE staff with significant changes reported and presented to the Board. Annually, at its mid-year meeting, the Board considers any significant, salient items reported by programs and initiates further follow-up actions as necessary.

10.3.1 **Additional Clarifying Documentation:** A program may be asked by ABPTRFE to submit additional information based on the activities reported from the previous year.

10.3.2 **Special Visits:** ABPTRFE may require a program to undergo an onsite visit based on the activities reported from the previous year.

11.0 Special Visits

11.1 **Special Visit:** A special visit is a focused review ordered by the Board as a result of unusual circumstances or failure by the program to meet its obligations to the Board. The Board's requirement of a special visit may be triggered because of the following:

- 11.1.1 A serious or an unusually large number of participant or other complaints (e.g., "whistle-blower" complaints);
- 11.1.2 State investigations or legal action taken against the program or the sponsoring institution;
- 11.1.3 A program's failure to comply with a condition of accreditation;
- 11.1.4 Reported negative financial conditions or events;
- 11.1.5 A show cause directive issued by the Board;
- 11.1.6 Governmental complaints against the program or sponsoring organization;
or
- 11.1.7 Similar serious concern.

If the program refuses to undergo a special visit or observe timelines specified by the Board for executing the special visit, the program will be reported to the Board for action including withdrawal of accreditation.

11.2 Board-ordered special visits are conducted in a timely fashion. In no case will the time frame for reporting and conducting the onsite visit extend beyond 12 months from the date the Board is first made aware of any condition requiring a special visit.

12.0 Complaints (Accredited Programs, Programs Seeking Initial Accreditation, and ABPTRFE)

12.1 **ABPTRFE Complaints:** Complaints that reasonably allege instances of noncompliance with ABPTRFE Quality Standards, policies, and procedures by accredited programs, programs seeking initial accreditation, onsite team members, Board members, and staff are investigated in a fair and timely manner.

12.2 **Submitting Complaints:** ABPTRFE accepts written complaints that include the complainant's name, contact information, and a summary of the complaint. Where circumstances warrant, the complainant may remain anonymous to the program, however, all identifying information must be provided to ABPTRFE. Written complaints must provide the following information:

- The basis of any allegation of noncompliance with ABPTRFE Quality Standards, policies, and procedures;
- All relevant names, dates, and a brief description of the actions forming the basis of the complaint;
- Copies of any available documents or materials that support the allegations; and
- A release authorizing ABPTRFE to forward a copy of the complaint, including identification of the complainant to the program. In cases of anonymous complaints, or when the complainant requests his/her name to remain confidential, ABPTRFE considers how to proceed and whether the anonymous complaint sets forth reasonable and credible information that a program may be in violation of ABPTRFE Quality Standards and whether the complainant's identity is necessary to investigate the allegations.

12.3 **Definition of Complaint:** A complaint is defined as notification to ABPTRFE by any person or entity (including, but not limited to, any participant, faculty, or staff of an accredited program; any member of the general public; any representative of a federal, state, or local government; and any member of any other institution or organization) that sets forth reasonable and credible information that:

- An accredited program;
- A program seeking initial accreditation; or
- Onsite team members, Board members, or ABPTRFE staff are not in compliance with one or more of ABPTRFE Quality Standards, policies, or procedures.

Where issues of curriculum delivery, support services, or program fees are concerned, a participant complainant must have exhausted all efforts to resolve his/her complaint with the program before considering filing a complaint with ABPTRFE. Where issues of educational quality or compliance with ABPTRFE

Quality Standards or procedures are not central to the complaint, ABPTRFE will refer the complainant or complaint to the appropriate federal or state agency or private entity with jurisdiction over the subject matter of the complaint and may provide a copy to the program.

ABPTRFE will not intervene on behalf of individuals in cases of personnel action, nor will it review a program's internal administrative decisions in such matters as admissions decisions, academic honesty, assignment of grades, and similar matters unless the context of the allegation suggests that unethical or unprofessional conduct or action may have occurred that might call into question the program's compliance with an ABPTRFE Quality Standard, policy, or procedure.

Further, ABPTRFE will not intervene on behalf of individuals in cases where the situation giving rise to the complaint had occurred so long ago that investigating and ascertaining the facts might prove to be problematic. The Director of Residency/Fellowship Accreditation will exercise professional judgment in determining which cases meet these criteria. In addition, if, for any reason, ABPTRFE suspects any type of unethical behavior, including fraud and abuse, by an accredited program or a program seeking initial, ABPTRFE reserves the right to investigate the allegations.

- 12.4 **Records of Complaints:** ABPTRFE maintains a record of all complaints. Complaints received against accredited programs and the manner of their resolution are retained for two accreditation cycles. Complaints received against programs seeking initial accreditation are retained for a period of five years. ABPTRFE provides summaries of these files to the onsite team when conducting onsite visits. ABPTRFE also considers these complaint files when it acts on a program's grant of initial accreditation or renewal of accreditation. The complaints are analyzed according to how the program handles and resolves them. Additionally, all other complaint files are summarized and presented to ABPTRFE. The complaint summary provides an analysis of any unresolved complaints, nature and source of complaints, and other information collected from the complaints received.
- 12.5 **Complaints Against Accredited Programs:** When ABPTRFE grants accreditation, it expects the program to remain in compliance with ABPTRFE Quality Standards, policies, or procedures throughout the accreditation period. Therefore, one of the principal concerns of ABPTRFE when it receives a complaint about an accredited program is whether the program is in compliance with published standards, policies, and procedures. The burden of proof rests with the program to prove that it is meeting ABPTRFE Quality Standards, policies, and procedures at all times, including proving compliance after accreditation is granted. Another concern of ABPTRFE involves the methods, policies, philosophy, and procedures followed by the program for handling complaints on an ongoing basis. ABPTRFE expects its accredited programs to

have operational procedures in place for fairly and promptly resolving complaints so that they do not become a matter for concern by outside agencies. ABPTRFE will consider a complaint even if the program is involved in litigation with ABPTRFE or other third parties. Therefore, in investigating a specific complaint against an accredited program, ABPTRFE also examines whether or not the program has effective methods for handling participant complaints on a routine basis. This examination includes verifying if the program's procedures are equitable, consistently applied, and effective in resolving complaints. Finally, ABPTRFE is concerned with the frequency and pattern of complaints about an accredited program. ABPTRFE expects the program to monitor all complaints it receives and expects the program to take steps to assure that similar complaints do not become repetitive or routine.

12.6 **Complaint Actions:** When ABPTRFE receives a complaint against a program seeking initial accreditation or an accredited program, ABPTRFE's procedures for responding to complaints consists of the following steps:

12.6.1 Following receipt of the complaint, ABPTRFE staff sends a letter or email to the complainant acknowledging receipt of the complaint and explains the process followed for investigating the complaint.

12.6.2 ABPTRFE staff conducts an initial review of the complaint to determine whether it provides information or allegations that reasonably suggest that a program may not be in compliance with ABPTRFE Quality Standards, policies, or procedures. If additional information or clarification is required, the Director of Residency/Fellowship Accreditation (acting on behalf of the Board) sends a request to the complainant. If the requested information is not received within 15 days, the complaint may be considered abandoned and may not be investigated by ABPTRFE.

12.6.3 If the Director of Residency/Fellowship Accreditation determines after the initial review of the complaint that the information or allegations do not reasonably demonstrate that a program is out of compliance with ABPTRFE Quality Standards, policies, or procedures, the complaint may be considered closed and will not be investigated by ABPTRFE. The complainant is notified in writing.

12.6.4 If the Director of Residency/Fellowship Accreditation determines after the initial review of the complaint that the information or allegations reasonably suggest, but do not provide enough information to ascertain that a program may not be in compliance with ABPTRFE Quality Standards, policies, and procedures, the Director of Residency/Fellowship Accreditation notifies the program that a complaint has been filed. The notice summarizes the allegations, identifies the ABPTRFE Quality Standards, policies, or procedures that were allegedly violated, and submits a copy of the original complaint to the program. The program is

given 30 days to provide a response, except for:

12.6.4.1 If a news article or media broadcast carries a negative report on an ABPTRFE-accredited program, the program is required to respond to the statement within 15 days.

12.6.4.2 In cases when the complaints are from participants concerning curriculum delivery, mentoring, support services, or program fees, the program is required to respond directly to the participant within 15 days to address his/her concerns.

12.6.5 The Director of Residency/Fellowship Accreditation reviews the complaint and the program's response for compliance with the ABPTRFE Quality Standards, policies, and procedures.

12.6.6 If the Director of Residency/Fellowship Accreditation concludes that the allegations do not establish there has been a violation of the ABPTRFE Quality Standards, policies, or procedures, the Director will consider the complaint closed, no further action is required, and the complainant is notified in writing.

12.6.7 If the Director of Residency/Fellowship Accreditation concludes that the allegations may establish a violation of ABPTRFE Quality Standards, policies, or procedures, the Director takes one of the following actions:

12.6.7.1 Postpone the final action on the complaint for a period not to exceed 60 days if there is evidence that the program is making progress in addressing the complaint. In the case of postponement of action, the complainant is informed of the status of the complaint and its final action. NOTE: The failure of the program to resolve the complaint by the end of the 60-day period is then referred to the Board for consideration and action.

12.6.7.2 Notify the program that, on the basis of the information provided, ABPTRFE determined that the program is failing to meet the ABPTRFE Quality Standards, policies, and procedures and that ABPTRFE is taking appropriate action. Such action may include requiring the program to take specific corrective action and report back to the Board and/or conducting a Special Visit to the program on an announced or unannounced basis. If circumstances warrant, the Board may initiate action, including a show cause proceeding, that may result in the withdrawal of the program's accreditation. If appropriate, Board actions may

also include referring the matter to federal, state, or local agencies for review and possible action.

12.6.8 In all instances, the Director of Residency/Fellowship Accreditation sends a letter to the complainant and the program regarding the final disposition of the complaint, and a record of the complaint is retained on file at ABPTRFE offices subject to ABPTRFE's document retention policies. NOTE: The failure of the program to provide either a response to the complaint or any additional information as requested by the Director of Residency/Fellowship Accreditation within the specified time frames are considered a violation of ABPTRFE's policy on complaints and is referred to the Board for consideration and action.

12.6.9 An adverse action against a program arising from a complaint is not taken until the program has had an opportunity to respond to the complaint within the time frames established by ABPTRFE.

12.7 **Complaints Against Programs Seeking Initial and Renewal of Accreditation:** ABPTRFE posts on its website and publishes a list of programs seeking initial and renewal of accreditation and encourages third-party comments. If a complaint (as defined above) is received about a program seeking initial or renewal of accreditation, the procedures followed for handling the complaint are the same as for handling a complaint as described above.

13.0 Substantive Changes

A substantive change is one that may significantly affect a program's mission, quality, scope, or control. Substantive changes are reviewed to assure that changes to curriculum, instructional modalities, locations, scope of offerings, and program ownership are made in compliance with ABPTRFE Quality Standards. The Board's review of the application seeks to determine whether the substantive change adversely affects the capacity of the program to continue to meet the ABPTRFE Quality Standards. Board approval is required before the program can implement the substantive change. The program seeking a substantive change follows ABPTRFE's approval process. Programs may contact ABPTRFE staff for clarification on what constitutes substantive changes.

Substantive changes include the following:

- A change to the program's mission;
- A change in organizational ownership of the program;
- A change of leadership (e.g., changes in program director or program coordinator);
- Change in curriculum content that represents a significant departure from existing offerings of the program;
- A change in method of program delivery (e.g., changes to in-person versus distance learning or changes from full-time to part-time offering);
- A substantial increase or decrease in total program hours; or
- An increase in the number of planned participant positions or participant practice sites.

The Board monitors changes that are proposed by programs. When the Board ascertains that proposed changes, or an accumulation of changes that singly or in combination are seen to be so significant that it results in transforming the program, the Board may require a comprehensive re-evaluation of the program that may include a special visit.

Proposed changes may be so substantial that the Board considers the program granted accreditation to have effectively ceased and a new program exists. After providing the program an opportunity to demonstrate ongoing compliance with ABPTRFE Quality Standards and continuity of the accredited program is maintained, the Board may require a re-evaluation of the program or withdraw accreditation and require the program to re-apply. The Board allows for due process by providing reasonable time for a program to comply with its request for additional information and documentation. In all cases, the Board will allow the program sufficient time to respond to any findings before making any final decision regarding a program's accredited status.

- 13.1 **Change of Mission:** a program seeking to substantively depart from its core mission requires prior approval because the program's accreditation is predicated on its core mission. A significant revision to the program's core mission signals a change throughout the program. These are the steps programs complete in

obtaining Board approval for this substantive change:

- 13.1.1 **Change of Mission Application Part 1:** A program submits a Change of Mission Application Part 1, 30 days prior to the next ABPTRFE meeting. The completed application and documentation are presented to the Board for initial approval.
 - 13.1.2 **Substantive Change Implementation:** Once the change of core mission is fully implemented, the program submits a Change of Mission Application Part 2, including required documentation.
 - 13.1.3 **Change of Mission Substantive Change Decision:** The Board reviews all documentation submitted to date and approves or denies the substantive change, in compliance with the ABPTRFE Quality Standards. ABPTRFE notifies the program in writing within 30 days of the Board's action and notifies other relevant constituencies in accordance with policy 8.0 Program Notifications.
- 13.2 **Change of Ownership:** A “change of ownership” is any transaction or combination of transactions that would result in a change in the control of an accredited program. Accreditation does not automatically transfer with a program when all or a majority share of its interests are sold or when a program changes ownership or control. If the new ownership desires to continue the program's accredited status, it must notify the Board before the change is made. Failure to obtain approval results in withdrawal of accreditation as of the date of the change of ownership.
- 13.2.1 **New Ownership:** The program's proposed new owners and administrators possess sound reputations, record of integrity, and ethical conduct in their professional activities, business operations, and relations. The proposed new owners are free from any association with misfeasance, including owning, managing, or controlling any educational operations that entered into bankruptcy or closed, to the detriment of participants.
 - 13.2.2 **New Ownership Capacity:** A proposed transfer of ownership is approved based on the new owners' capacity to oversee an ABPTRFE-accredited program. The new ownership's financial condition includes sufficient resources to continue sound operations in fulfillment of all commitments to enrolled participants. The new ownership's financial stability allows the program to remain in compliance with ABPTRFE Quality Standards.
- These are the steps programs complete in obtaining Board approval for this substantive change:
- 13.2.3 **Change of Ownership Application Part 1:** A program submits a Change of Ownership Application Part 1, 30 days prior to the next ABPTRFE

meeting. The completed application and documentation are presented to the Board for initial approval.

13.2.4 **Substantive Change Implementation:** Following the change of ownership, the program submits a Change of Ownership Application Part 2, including required documentation.

13.2.5 **Change of Ownership Substantive Change Decision:** The Board reviews all documentation submitted to date and approves or denies the substantive change, in compliance with the ABPTRFE Quality Standards. ABPTRFE notifies the program in writing within 30 days of the Board's action and notifies other relevant constituencies in accordance with policy 8.0 Program Notifications.

13.3 **Change of Leadership:** a program seeking to appoint a new program director or program coordinator (as applicable) requires prior approval to verify the administrative capacity in compliance with ABPTRFE Quality Standards. These are the steps programs complete in obtaining Board approval for this substantive change:

13.3.1 **Change of Leadership Application Part 1:** A program submits a Change of Leadership Application Part 1, 30 days prior to the next ABPTRFE meeting. The completed application and documentation are presented to the Board for initial approval.

13.3.2 **Substantive Change Implementation:** Following the change of ownership, the program submits a Change of Leadership Application Part 2, including required documentation.

13.3.3 **Change of Leadership Substantive Change Decision:** The Board reviews all documentation submitted to date and approves or denies the substantive change, in compliance with the ABPTRFE Quality Standards. ABPTRFE notifies the program in writing within 30 days of the Board's action and notifies other relevant constituencies in accordance with policy 8.0 Program Notifications.

13.4 **Change in Curriculum:** a program seeking to change curriculum content that represents a significant departure from the existing curriculum; make a change in the delivery method of the program (e.g., program type, in-person to distance education, full-time to part-time, number of educational tracks); a substantial increase or decrease in total program hours; increasing the number (3 or more) of planned participant positions or increasing the number (3 or more) of participant practice sites in one calendar year requires prior approval to verify the revised curriculum and support services continue to meet ABPTRFE Quality Standards. These are the steps programs complete in obtaining Board approval for this

substantive change:

- 13.4.1 **Change in Curriculum Application Part 1:** A program submits a Change in Curriculum Application Part 1, 30 days prior to the next ABPTRFE meeting. The completed application and documentation are presented to the Board for initial approval.
- 13.4.2 **Substantive Change Implementation:** Following the change in curriculum, the program submits a Change in Curriculum Application Part 2, including revised curriculum and undergoes an onsite visit.
- 13.4.3 **Change in Curriculum Substantive Change Decision:** The Board reviews all documentation submitted to date and approves or denies the substantive change, in compliance with the ABPTRFE Quality Standards. ABPTRFE notifies the program in writing within 30 days of the Board's action and notifies other relevant constituencies in accordance with policy 8.0 Program Notifications.

14.0 Non-Substantive Changes

Non-substantive changes are those changes that require a program to notify ABPTRFE but do not prior approval. The following are non-substantive changes:

- 14.1 **Participant Positions:** A program may add 2 or less participant positions in one calendar year. A program is required to notify ABPTRFE in writing and update the Accreditation Management System to reflect the additional positions. The program is responsible for following established procedures for increasing participant positions and maintaining ongoing compliance with published Quality Standards.
- 14.2 **Participant Practice Sites:** A program may add 2 or less participant practice sites in one calendar year. A program is required to notify ABPTRFE and update the Accreditation Management System to include all new participant practice sites. The program is responsible for following established procedures for identifying additional participant practice sites and maintaining ongoing compliance with published Quality Standards.
- 14.3 **Non-Substantive Change Review:** ABPTRFE reserves the right to direct a program to the substantive change process when it appears that the changes may affect compliance with published Quality Standards.

15.0 Reviewing, Adopting, and Circulating Changes

ABPTRFE initiates a systematic review of its Quality Standards at regular five-year intervals. These reviews assess the effectiveness of the accreditation process to support the development and ongoing accessibility of quality residency and fellowship clinical and non-clinical physical therapist residency and fellowship programs. These reviews are designed to align the Quality Standards to address changes in residency and fellowship education, patient care needs, and the physical therapist population.

- 15.1 **Seeking Feedback:** Prior to commencing the review process, ABPTRFE notifies member residency and fellowship programs, external evaluators, Board members, and communities of interest to seek feedback, recommendations, and suggestions for thoughtful improvements on the Quality Standards.
- 15.2 **Review Process:** ABPTRFE reviews the Quality Standards individual and comprehensively against the data collected over the past five years and in consideration of the comments received. This process results in proposed changes to the Quality Standards published for review and feedback from ABPTRFE residency and fellowship programs.
- 15.3 **Call for Comment:** Proposed changes to ABPTRFE Quality Standards are published during a specified call for comment period not less than six weeks in duration.
- 15.4 **Revision Approval:** ABPTRFE collectively reviews all feedback and either approves or denies proposed changes to the Quality Standards.
- 15.5 **Implementation:** Following the adoption of proposed changes, revisions are implemented within twelve months.
- 15.6 **Effective Dates:** Programs are required to come into compliance with all approved and implemented changes within 24 months from the published adoption date.



PART IV: APPENDICES

FOR CLINICAL AND NON-CLINICAL PHYSICAL THERAPIST
RESIDENCY AND FELLOWSHIP PROGRAMS

1.0 GLOSSARY

Accreditation Management System (AMS): ABPTRFE's portal for programs to manage identifying information and upload Self-Evaluation Report and Exhibits for initial or renewal of accreditation.

Admissions Offer Disclosures Check List: An ABPTRFE created check list that identifies the required items programs must incorporate in the participant contract and handbook. The admissions offer disclosures check list outlines the policies that must be disclosed to participants prior to, and as a part of, participants' offer of admissions. This check list is Exhibit 5 and submitted as a part of the program's Self-Evaluation Report.

Annual Continuous Improvement Report (ACIR): ABPTRFE requires all accredited residency/fellowship programs to submit a report and fees annually by January 31st.

Assessment: A form of measuring participants' advancing mastery of major components within the curriculum and achievement of program outcomes.

Asynchronous: A method of using technology to provide distance or online educational methods, instruction, and learning when participants do not engage in activities in the same place at the same time for all participants (e.g., email, discussion boards, etc.).

Defined Area of Practice: A program's curriculum encompasses the essential knowledge, skills, and responsibilities of an advanced physical therapist which is based on the results of an ABPTRFE-approved analysis of practice as published within a Description of Residency Practice (DRP) or Description of Fellowship Practice (DFP).

Educational Methods: Represents the various learning activities a program can use to deliver instruction (e.g., didactic classroom instruction, journal club/reflection, discussion forums, home or independent study courses, problem solving sessions, and other planned educational experiences).

Educational Hours: Program hours not specific to direct patient care activities (e.g., didactic coursework, self-study, continuing education coursework, required readings, journal club, research, observation, etc.).

Fellowship Programs: A postprofessional planned learning experience comprised of a curriculum encompassing the essential knowledge, skills, and responsibilities of an advanced physical therapist within a defined area of subspecialty practice. A fellowship candidate has either completed a residency program in a related specialty area or is an American Board of Physical Therapy Specialties (ABPTS) board-certified specialist in a related area of specialty. See definition for **Defined Area of Practice** and **Residency and Fellowship Programs**.

Formative Evaluation: Assessment methods used to monitor participant learning and provide ongoing feedback to participants during the learning experience. Results can be used by faculty

to improve their teaching and allow participants to increase their learning. These assessments are used as one indicator to predict final participant evaluation results.

Goals: Describe the general aims or purposes of the program administration and its curriculum. Effective goals are broadly stated, meaningful, achievable, and lead to measurable outcomes. Goals provide a framework for determining the more specific educational program outcomes and are consistent with the mission. This framework informs curriculum development, continuous improvement efforts, financial stability, strategic planning, and program sustainability.

In-Person: Educational methods that occur face-to-face and in the physical presence of the faculty and participant(s).

Key Indicators: Types of measurable performance metrics identified by the program to gauge its performance over time. The program identifies quantitative and qualitative metrics that best communicate achievement of its mission, goals, and outcomes. The program identifies corresponding data that supports the key indicators which are regularly collected and evaluated. The results of this data inform continuous improvement efforts.

Live Patient Practical Examinations: A method of focused observation and evaluation of participants demonstrating their knowledge, clinical reasoning, and psychomotor skills in patient management during an in-person patient care encounter. Does not include simulated or mock scenarios.

Mentoring: Instructional guidance provided by advanced and experienced physical therapists as a part of a residency or fellowship program in a defined area of practice. Mentoring focuses on advancing participants' knowledge and expertise in a defined area of practice and is delivered as a continual learning experience provided on an ongoing basis throughout the duration of the program.

Mission Statement: A formally adopted statement of the fundamental reasons for existence, shared purposes and values, including the defined area of practice and participant population served. The mission guides growth, continuous improvement, and strategic initiatives.

Multi-Facility Program: A program instructional delivery method that uses more than one participant practice site to conduct educational methods where every participant rotates to each practice site over the course of the program (rotation).

Multi-Site Program: A program instructional delivery method that uses more than one participant practice site to conduct educational methods where participants do not rotate to each practice site over the course of the program (no rotation).

Outcomes: Concise statements that flow from, and support, achievement of the program's mission and goals. Program outcomes reflect the defined area of practice. Program outcomes reflect the specific knowledge, skills, and affective behaviors graduates demonstrate upon completion of the program. Program outcomes are observable, measurable, and focus on learning outcomes rather than curriculum inputs.

Participant Achievement: Data collected by the program that demonstrates participants gained the knowledge, skills, and affective behaviors as published in the program outcomes. A program evaluates participant achievement data throughout and at the end of the program to inform continuous improvements.

Patient-Care Clinic Hours: Participant time spent in patient care, documentation of patient care, direction and supervision of a physical therapist assistant or student during patient care, and conference/rounds on patient care. Mentoring hours are inclusive of the patient-care clinic hours (whether a program meets the minimum mentoring hours or exceeds the minimum mentoring hours).

Performance-Based Evaluations: A method of focused observation and evaluation of participants demonstrating their knowledge and skills in a defined area of practice.

Program Completion Rates: Annually, programs document their completion rates for the previous year for all participants in the Annual Continuous Improvement Report (ACIR). The completion rate benchmark for all programs is an average of 80% over 5 years.

Program Type: A program is categorized as single-site, multi-facility, or multi-site. See definition for **Single-Site Program**, **Multi-Facility Program** and **Multi-Site Program**.

Residency and Fellowship Programs: Provide postprofessional education through one-to-one mentoring, structured curricular experiences, and guided learning designed to increase the quality of patient care and practitioner knowledge in specialty and subspecialty areas through best practices. If more than 50% of the residency program's curriculum is focused in a specific area of the DRP, then this is considered a fellowship program.

Program Assessment: The collection of data used to analyze the program's overall effectiveness and document achievement of the mission, goals, and outcomes.

Program Effectiveness: The extent to which programs are achieving the mission, goals, and outcomes indicative of an ABPTRFE-accredited residency or fellowship program.

Residency Programs: A postprofessional planned learning experience comprised of a curriculum encompassing the essential knowledge, skills, and responsibilities of an advanced physical therapist within a defined area of practice. When board certification exists through the American Board of Physical Therapist Specialties for that specialty, the residency program prepares the physical therapist with the requisite knowledge and skill set needed to pass the certification examination following graduation. See definition for **Defined Area of Practice** and **Residency and Fellowship Programs**.

Self-Evaluation Report (SER): ABPTRFE requires programs seeking initial or renewal of accreditation to complete a template demonstrating compliance with all published Quality Standards.

Single-Site Program: A program that uses one participant practice site to conduct educational methods and all participants are located at this practice site for the duration of the program.

Sponsoring Organization: An institution (e.g., university, hospital, private practice, or professional continuing education corporation) that is responsible for oversight and resource support of a residency or fellowship program. The sponsoring organization monitors and measures the effectiveness of the residency/fellowship program to ensure continued alignment with its mission. As a sponsoring organization, the mission and goals vary from the residency or fellowship program's mission and goals, but demonstrate alignment based on the affiliation.

Summative Evaluation: Assessment methods used at the end of educational methods that focuses on participant performance and achievement of program outcomes.

Support Services: Resources available to program participants and faculty to achieve the program outcomes. These may include space for program activities, equipment, educational resources, research databases, computers, and other resources determined useful to support successful participant completion and faculty instruction.

Synchronous: A method of using technology to provide distance or online educational methods, instruction, and learning that occurs at the same time without delay for all participants (e.g., Skype, Facetime).

Written Examination: A demonstration of an identified level of theoretical knowledge by the participant based on achievement of program outcomes.

2.0 ACCREDITATION TIMELINES AND PROCESSES

INITIAL ACCREDITATION TIMELINE – TRACK ONE

An overview of residency/fellowship program pathway to ABPTRFE initial accreditation.

Before the 23 Month (Minimum) Accreditation Process*

Are you ready for accreditation?

- Read ABPTRFE Quality Standards
- Review Self-Evaluation Report and Exhibit Templates
- Complete Accreditation Workshop
- Meet Eligibility Requirements
- Focus on Curriculum Development and Assessment Planning
- Begin Completing the Self-Evaluation Report

**ABPTRFE recommends that developing programs begin the above steps 9-12 months prior to submission of the Application for Candidacy.*

APRIL: SUBMIT APPLICATION FOR CANDIDACY

- Submit the Following:
 - Completed Application for Candidacy
 - Application Fee
 - Certificate of Workshop Completion

MAY: APPLICATION FOR CANDIDACY ACCEPTANCE

- Receive Application Acceptance Letter (within 30 days following submission to ABPTRFE staff)

MAY – JUNE: SELF-EVALUATION REPORT AND EXHIBITS SUBMISSION

- Program Submits Completed Self-Evaluation Report and Exhibits no later than June 30th.

MAY – AUGUST: CANDIDACY REVIEW COUNCIL (CANDIDACY REVIEW)

- Self-Evaluation Report and Exhibits Submitted to Candidacy Review Council for Review (6-8 weeks)

SEPTEMBER: CANDIDACY DECISION

- ABPTRFE Meets September (in-person) to Make Candidacy Decisions
- Candidacy Decision
 - Granted
 - Denied

OCTOBER: CANDIDACY DECISION NOTIFICATION

- Notify Program of Candidacy Decision (30 days following ABPTRFE meeting)

NOVEMBER – MARCH: ENROLL PARTICIPANTS

- Residency/Fellowship Programs Must Enroll Their First Participant(s) By March 31st following Grant of Candidacy.
- Notify ABPTRFE Staff of Official Start Date (2 weeks following Start Date)
- ABPTRFE Staff Schedules Onsite Visit (May through September)

MARCH – JULY: SUBMIT REVISED SER AND EXHIBITS

- Submit Revised Self-Evaluation Report and Exhibits at a minimum of 5 weeks Prior to Onsite Visit

MAY – SEPTEMBER: ONSITE VISIT

- Two Day Onsite Visit (minimum)
 - Dinner with Program Director (evening before)
 - Main Site/Clinical Education Sites (all day)
 - Clinical Education Sites/Wrap-Up (part day)

JUNE – OCTOBER: ONSITE TEAM REPORTS

- Evaluators – Submit Reports to Team Lead 2 Weeks After Onsite Visit
- Team Lead – Submits Report to ABPTRFE Staff 2 Weeks After Receiving Evaluators’ Reports
- ABPTRFE Staff – Reviews Team Lead Report for Accuracy/Tone (1 Week After Receiving Team Lead’s Report)

JULY – NOVEMBER: PROGRAM RESPONDS TO TEAM LEAD REPORT

- Program Receives Team Lead’s Report 5 Weeks Following the Onsite Visit
- Program Responds by Providing Narrative and/or Additional Supporting Evidence to Any *Needs Improvement* or *Inadequate* Findings within 4 Weeks.

OCTOBER – DECEMBER: ABPTRFE REVIEW

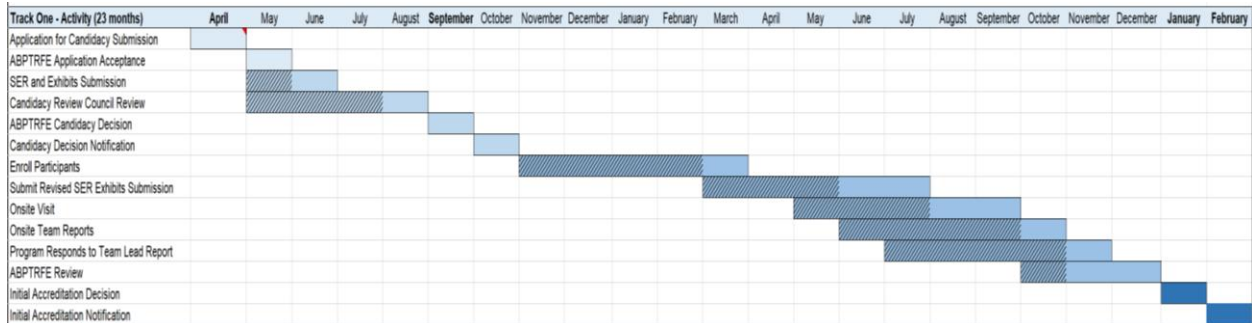
- Team Lead and Program Response Reports Submitted to ABPTRFE for Review and Initial Accreditation Consideration

JANUARY: INITIAL ACCREDITATION DECISION

- ABPTRFE Meets to Grant, Defer, or Deny Initial Accreditation

FEBRUARY: INITIAL ACCREDITATION NOTIFICATION

- Program Receives ABPTRFE Letter that Grants, Defers or Denies Initial Accreditation (Backdated to the ABPTRFE meeting date)



INITIAL ACCREDITATION TIMELINE – TRACK TWO

An overview of residency/fellowship program pathway to ABPTRFE initial accreditation.

Before the 23 Month (Minimum) Accreditation Process*

Are you ready for accreditation?

- Read ABPTRFE Quality Standards
- Review Self-Evaluation Report and Exhibit Templates
- Complete Accreditation Workshop
- Meet Eligibility Requirements
- Focus on Curriculum Development and Assessment Planning
- Begin Completing the Self-Evaluation Report

**ABPTRFE recommends that developing programs begin the above steps 9-12 months prior to submission of the Application for Candidacy.*

AUGUST: SUBMIT APPLICATION FOR CANDIDACY

- Submit the Following:
 - Completed Application for Candidacy
 - Application Fee
 - Certificate of Workshop Completion

SEPTEMBER: APPLICATION FOR CANDIDACY ACCEPTANCE

- Receive Application Acceptance Letter (within 30 days following submission to ABPTRFE staff)

SEPTEMBER – OCTOBER: SELF-EVALUATION REPORT AND EXHIBITS SUBMISSION

- Program Submits Completed Self-Evaluation Report and Exhibits no later than October 31st.

SEPTEMBER – DECEMBER: CANDIDACY REVIEW COUNCIL (CANDIDACY REVIEW)

- Self-Evaluation Report and Exhibits Submitted to Candidacy Review Council for Review (6-8 weeks)

JANUARY: CANDIDACY DECISION

- ABPTRFE Meets January (virtual) to Make Candidacy Decisions
- Candidacy Decision
 - Granted
 - Denied

FEBRUARY: CANDIDACY DECISION NOTIFICATION

- Notify Program of Candidacy Decision (30 days following ABPTRFE meeting)

MARCH – JULY: ENROLL PARTICIPANTS

- Residency/Fellowship Programs Must Enroll Their First Participant(s) By July 31st following Grant of Candidacy.
- Notify ABPTRFE Staff of Official Start Date (2 weeks following Start Date)
- ABPTRFE Staff Schedules Onsite Visit (September through January)

JULY – NOVEMBER: SUBMIT REVISED SER AND EXHIBITS

- Submit Revised Self-Evaluation Report and Exhibits at a minimum of 5 weeks Prior to Onsite Visit

SEPTEMBER – JANUARY: ONSITE VISIT

- Two Day Onsite Visit (minimum)
 - Dinner with Program Director (evening before)
 - Main Site/Clinical Education Sites (all day)
 - Clinical Education Sites/Wrap-Up (part day)

OCTOBER – FEBRUARY: ONSITE TEAM REPORTS

- Evaluators – Submit Reports to Team Lead 2 Weeks After Onsite Visit
- Team Lead – Submits Report to ABPTRFE Staff 2 Weeks After Receiving Evaluators' Reports
- ABPTRFE Staff – Reviews Team Lead Report for Accuracy/Tone (1 Week After Receiving Team Lead's Report)

NOVEMBER – MARCH: PROGRAM RESPONDS TO TEAM LEAD REPORT

- Program Receives Team Lead's Report 5 Weeks Following the Onsite Visit
- Program Responds by Providing Narrative and/or Additional Supporting Evidence to Any *Needs Improvement* or *Inadequate* Findings within 4 Weeks.

FEBRUARY – APRIL: ABPTRFE REVIEW

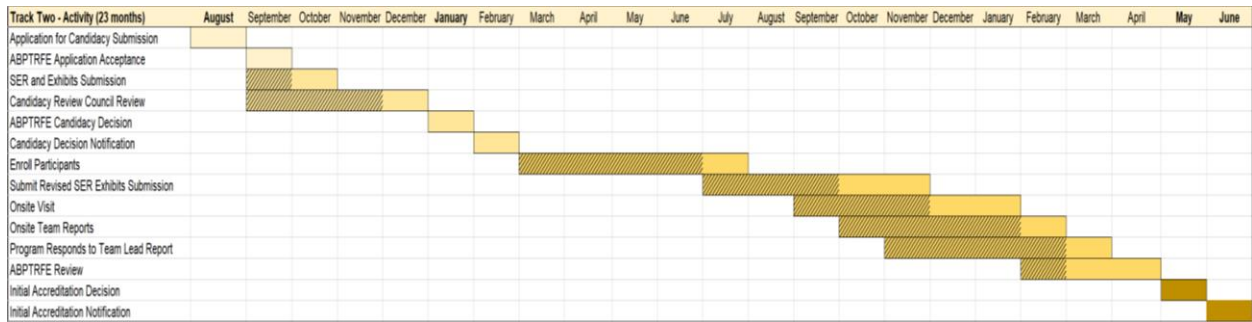
- Team Lead and Program Response Reports Submitted to ABPTRFE for Review and Initial Accreditation Consideration

MAY: INITIAL ACCREDITATION DECISION

- ABPTRFE Meets to Grant, Defer, or Deny Initial Accreditation

JUNE: INITIAL ACCREDITATION NOTIFICATION

Program Receives ABPTRFE Letter that Grants, Defers, or Denies Initial Accreditation (Backdated to the ABPTRFE meeting date)



INITIAL ACCREDITATION TIMELINE – TRACK THREE

An overview of residency/fellowship program pathway to ABPTRFE initial accreditation.

Before the 23 Month (Minimum) Accreditation Process*

Are you ready for accreditation?

- Read ABPTRFE Quality Standards
- Review Self-Evaluation Report and Exhibit Templates
- Complete Accreditation Workshop
- Meet Eligibility Requirements
- Focus on Curriculum Development and Assessment Planning
- Begin Completing the Self-Evaluation Report

**ABPTRFE recommends that developing programs begin the above steps 9-12 months prior to submission of the Application for Candidacy.*

DECEMBER: SUBMIT APPLICATION FOR CANDIDACY

- Submit the Following:
 - Completed Application for Candidacy
 - Application Fee
 - Certificate of Workshop Completion

JANUARY: APPLICATION FOR CANDIDACY ACCEPTANCE

- Receive Application Acceptance Letter (within 30 days following submission to ABPTRFE staff)

JANUARY – FEBRUARY: SELF-EVALUATION REPORT AND EXHIBITS SUBMISSION

- Program Submits Completed Self-Evaluation Report and Exhibits no later than February 28th.

JANUARY – APRIL: CANDIDACY REVIEW COUNCIL (CANDIDACY REVIEW)

- Self-Evaluation Report and Exhibits Submitted to Candidacy Review Council for Review (6-8 weeks)

MAY: CANDIDACY DECISION

- ABPTRFE Meets May (in-person) to Make Candidacy Decisions
- Candidacy Decision
 - Granted
 - Denied

JUNE: CANDIDACY DECISION NOTIFICATION

- Notify Program of Candidacy Decision (30 days following ABPTRFE meeting)

JULY – NOVEMBER: ENROLL PARTICIPANTS

- Residency/Fellowship Programs Must Enroll Their First Participant(s) By November 30th following Grant of Candidacy.
- Notify ABPTRFE Staff of Official Start Date (2 weeks following Start Date)
- ABPTRFE Staff Schedules Onsite Visit (January through May)

NOVEMBER – MARCH: SUBMIT REVISED SER AND EXHIBITS

- Submit Revised Self-Evaluation Report and Exhibits at a minimum of 5 weeks Prior to Onsite Visit

JANUARY – MAY: ONSITE VISIT

- Two Day Onsite Visit (minimum)
 - Dinner with Program Director (evening before)
 - Main Site/Clinical Education Sites (all day)
 - Clinical Education Sites/Wrap-Up (part day)

FEBRUARY – JUNE: ONSITE TEAM REPORTS

- Evaluators – Submit Reports to Team Lead 2 Weeks After Onsite Visit
- Team Lead – Submits Report to ABPTRFE Staff 2 Weeks After Receiving Evaluators’ Reports
- ABPTRFE Staff – Reviews Team Lead Report for Accuracy/Tone (1 Week After Receiving Team Lead’s Report)

MARCH – JULY: PROGRAM RESPONDS TO TEAM LEAD REPORT

- Program Receives Team Lead’s Report 5 Weeks Following the Onsite Visit
- Program Responds by Providing Narrative and/or Additional Supporting Evidence to Any *Needs Improvement* or *Inadequate* Findings within 4 Weeks.

JUNE – AUGUST: ABPTRFE REVIEW

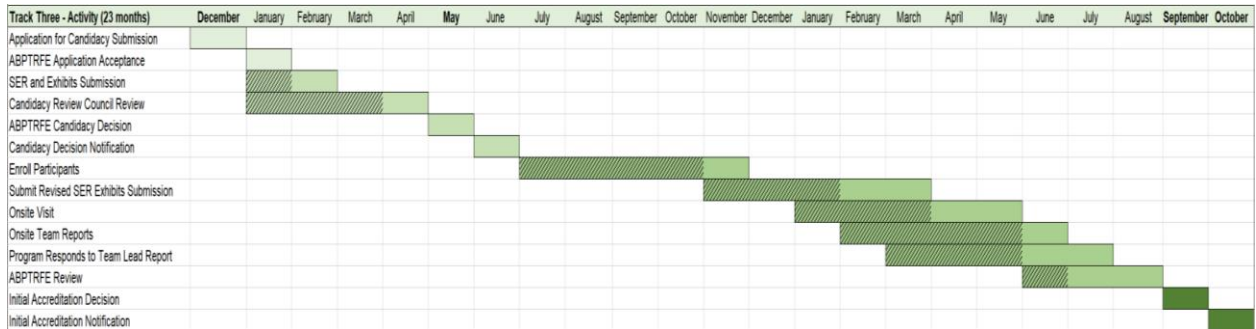
- Team Lead and Program Response Reports Submitted to ABPTRFE for Review and Initial Accreditation Consideration

SEPTEMBER: INITIAL ACCREDITATION DECISION

- ABPTRFE Meets to Grant, Defer, or Deny Initial Accreditation

OCTOBER: INITIAL ACCREDITATION NOTIFICATION

- Program Receives ABPTRFE Letter that Grants, Defers, or Denies Initial Accreditation (Backdated to the ABPTRFE meeting date)



RENEWAL OF ACCREDITATION TIMELINE – TRACK ONE

An overview of residency/fellowship program pathway to ABPTRFE renewal of accreditation.

Before the 11 Month Renewal of Accreditation Process*

Are you ready for accreditation?

- Read ABPTRFE Quality Standards
- Review Self-Evaluation Report and Exhibit Templates
- Complete Accreditation Workshop
- Begin Completing the Self-Evaluation Report

**ABPTRFE recommends that developing programs begin the above steps 9-12 months prior to undergoing Renewal of Accreditation.*

15 months prior to the program's accreditation expiration, ABPTRFE staff notifies the program via letter and schedules the onsite visit.

Program has 90-days following ABPTRFE notification to submit certificate of workshop completion and a list of past participants' contact information.

APRIL – JUNE: SUBMIT REVISED SER AND EXHIBITS

- Submit Revised Self-Evaluation Report and Exhibits 4-5 weeks Prior to Onsite Visit

MAY – SEPTEMBER: ONSITE VISIT

- Two Day Onsite Visit (minimum)
 - Dinner with Program Director (evening before)
 - Main Site/Clinical Education Sites (all day)
 - Clinical Education Sites/Wrap-Up (part day)

JUNE – OCTOBER: ONSITE TEAM REPORTS

- Evaluators – Submit Reports to Team Lead 2 Weeks After Onsite Visit
- Team Lead – Submits Report to ABPTRFE Staff 2 Weeks After Receiving Evaluators' Reports
- ABPTRFE Staff – Reviews Team Lead Report for Accuracy/Tone (1 Week After Receiving Team Lead's Report)

AUGUST – NOVEMBER: PROGRAM RESPONDS TO TEAM LEAD REPORT

- Program Receives Team Lead's Report 5 Weeks Following the Onsite Visit
- Program Responds by Providing Narrative and/or Additional Supporting Evidence to Any *Needs Improvement* or *Inadequate* Findings within 4 Weeks.

OCTOBER – DECEMBER: ABPTRFE REVIEW

- Team Lead and Program Response Reports Submitted to ABPTRFE for Review and Renewal of Accreditation Consideration

JANUARY: RENEWAL OF ACCREDITATION DECISION

- ABPTRFE Meets to Grant, Defer, Place on Show Cause, or Withdraw Accreditation

FEBRUARY: ACCREDITATION NOTIFICATION

Program Receives ABPTRFE Letter that Grants, Defers, Places on Show Cause, or Withdraws Accreditation (Backdated to the ABPTRFE meeting date)

Renewal of Accreditation (11 months)	April	May	June	July	August	September	October	November	December	January	February	April	May	June	July	August	September	October	November	December	January	February	
SER Exhibits Submission	■	■	■									■	■	■									
Onsite Visits		■	■	■	■	■	■						■	■	■	■	■	■					
Onsite Team Reports			■	■	■	■	■	■	■	■				■	■	■	■	■	■	■			
Program Responds to Team Lead Report					■	■	■	■	■	■						■	■	■	■	■			
ABPTRFE Review							■	■	■	■								■	■	■	■		
Renewal of Accreditation Decision										■	■										■	■	
Renewal of Accreditation Notification											■	■										■	■

RENEWAL OF ACCREDITATION TIMELINE – TRACK TWO

An overview of residency/fellowship program pathway to ABPTRFE renewal of accreditation.

Before the 11 Month Renewal of Accreditation Process*

Are you ready for accreditation?

- Read ABPTRFE Quality Standards
- Review Self-Evaluation Report and Exhibit Templates
- Complete Accreditation Workshop
- Begin Completing the Self-Evaluation Report

**ABPTRFE recommends that developing programs begin the above steps 9-12 months prior to undergoing Renewal of Accreditation.*

15 months prior to the program's accreditation expiration, ABPTRFE staff notifies the program via letter and schedules the onsite visit.

Program has 90-days following ABPTRFE notification to submit certificate of workshop completion and a list of past participants' contact information.

DECEMBER – FEBRUARY: SUBMIT REVISED SER AND EXHIBITS

- Submit Revised Self-Evaluation Report and Exhibits 4-5 weeks Prior to Onsite Visit

JANUARY – MAY: ONSITE VISIT

- Two Day Onsite Visit (minimum)
 - Dinner with Program Director (evening before)
 - Main Site/Clinical Education Sites (all day)
 - Clinical Education Sites/Wrap-Up (part day)

FEBRUARY – JUNE: ONSITE TEAM REPORTS

- Evaluators – Submit Reports to Team Lead 2 Weeks After Onsite Visit
- Team Lead – Submits Report to ABPTRFE Staff 2 Weeks After Receiving Evaluators' Reports
- ABPTRFE Staff – Reviews Team Lead Report for Accuracy/Tone (1 Week After Receiving Team Lead's Report)

APRIL – JULY: PROGRAM RESPONDS TO TEAM LEAD REPORT

- Program Receives Team Lead's Report 5 Weeks Following the Onsite Visit
- Program Responds by Providing Narrative and/or Additional Supporting Evidence to Any *Needs Improvement* or *Inadequate* Findings within 4 Weeks.

JUNE – AUGUST: ABPTRFE REVIEW

- Team Lead and Program Response Reports Submitted to ABPTRFE for Review and Renewal of Accreditation Consideration

SEPTEMBER: RENEWAL OF ACCREDITATION DECISION

- ABPTRFE Meets to Grant, Defer, Place on Show Cause, or Withdraw Accreditation

OCTOBER: ACCREDITATION NOTIFICATION

Program Receives ABPTRFE Letter that Grants, Defers, Places on Show Cause, or Withdraws Accreditation (Backdated to the ABPTRFE meeting date)

Renewal of Accreditation (11 months)	December	January	February	March	April	May	June	July	August	September	October	December	January	February	March	April	May	June	July	August	September	October
SER Exhibits Submission	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Onsite Visits		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Onsite Team Reports			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Program Responds to Team Lead Report				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
ABPTRFE Review						■	■	■	■	■	■							■	■	■	■	■
Renewal of Accreditation Decision										■	■										■	■
Renewal of Accreditation Notification											■	■										■

3.0 ABPTRFE FEES

APPLICATION FOR CANDIDACY

- \$3,000 (effective April 1, 2019)

ANNUAL FEE (accredited residency/fellowship programs)

- \$1,100 (effective January 1, 2020)

ONSITE VISIT FEES

- \$550* (per team member, per day) (effective April 1, 2019)

PETITION FEE

- \$250 (effective June 5, 2018)

APPEALS FEE

- \$6,000 (effective June 5, 2018)

All fees are non-refundable and are subject to increase every 2 years to support operational costs.

*Onsite visits will consist of 3 site visitors for a minimum of 2 days. A maximum of 5 sites may be visited. If any of these sites are beyond a reasonable distance from the program's main address, these sites may require a separate 1 person, 1 day regional site team member.

4.0 ACCREDITATION TEAM MEMBERS AND QUALIFICATIONS

CANDIDACY REVIEW COUNCIL

ABPTRFE appoints members to the Candidacy Review Council who are responsible for completing comprehensive reviews of programs seeking candidacy status.

- **CANDIDACY REVIEW COUNCIL MEMBER TERMS**

Candidacy Review Council members serve four-year terms. The number of members selected to serve on the Candidacy Review Council is determined by the number of new program applicants. Candidacy Review Council members are appointed by ABPTRFE staff.

- **CANDIDACY REVIEW COUNCIL MEMBER QUALIFICATIONS**

Licensed physical therapists with expertise in physical therapy education, clinical or non-clinical education, or a defined area of practice. Members must have completed a minimum of 3 onsite visits and 1 onsite visit serving as a Team Lead. Must hold active APTA membership.

- **PURPOSE**

The Candidacy Review Council is responsible for comprehensively reviewing a program's initial quality prior to enrolling participants and the likelihood that developed curriculum, policies, and procedures will lead to an award of initial accreditation. The Candidacy Review Council provides a comprehensive report along with a recommendation to ABPTRFE whether to grant or deny candidacy status using the Accreditation Report Rubric.

- **TASKS**

The Candidacy Review Council is responsible for the following as a part of their oversight responsibilities:

- 1) Evaluating residency and fellowship programs seeking ABPTRFE initial accreditation by completing comprehensive reviews of the Self-Evaluation Report and Exhibits.
- 2) Provide recommendations to ABPTRFE on whether developing residency and fellowship programs should be granted or denied candidacy status.

ONSITE TEAM

The onsite team is tasked with collecting evidence and data documenting a program's compliance with ABPTRFE Quality Standards. The onsite visit provides an opportunity for team members to verify the implementation of a program's processes and procedures as described in the Self-Evaluation Report and Exhibits.

- **ONSITE TEAM MEMBERS**

ABPTRFE staff appoint individuals to serve on onsite teams. Onsite team members are evaluated annually regarding their performance.

- **ONSITE TEAM MEMBER QUALIFICATIONS**

Physical Therapist Members: Licensed physical therapist with expertise in physical therapy education and/or physical therapist residency or fellowship education. Graduate of an ABPTRFE-accredited residency or fellowship program and/or recognized expertise in an ABPTRFE approved area of practice/concentration. Agree to complete training, agree to be available for at least three application reviews and site visits per year, and agree to stay current in residency/fellowship application evaluation procedures. Member must hold active APTA membership.

Public Members: Doctoral/Terminally degreed faculty or administrators who complete ABPTRFE onsite team training. Public members are not physical therapists.

- **TASKS**

- 1) Verifying programs meet their mission and demonstrate successful participant achievement.
- 2) Confirming implementation of processes and procedures through discussions with administration, faculty, staff, program participants, and graduates.
- 3) Documenting whether programs minimally meet ABPTRFE Quality Standards using the Accreditation Report Rubric.

STANDARDS COMMITTEE

ABPTRFE appoints members to the standards committee who are responsible for annually reviewing suggestions received by internal and external stakeholders on the adequacy of implemented policies, procedures, and standards. The Standards Committee review this feedback and submit proposed revisions to ABPTRFE for consideration. ABPTRFE shall forward the proposed revisions for public comment for a period of 6-8 weeks. Following receipt of comments, ABPTRFE will either approve or deny the proposed revision.

- **STANDARDS COMMITTEE MEMBER TERMS**

ABPTRFE appoints 6-8 members representative of the programs accredited to the standards committee to serve 3-year terms.

5.0 PETITIONER GUIDE FOR ESTABLISHING A NEW AREA OF PHYSICAL THERAPIST RESIDENCY OR FELLOWSHIP PRACTICE

INTRODUCTION

If a physical therapist residency or fellowship program's focused area of practice is not covered by a Description of Residency Practice (DRP) or Description of Fellowship Practice (DFP), the program may develop its curriculum from an analysis of practice that has been conducted in accordance with accepted sound psychometric standards and that has been approved by ABPTRFE. The purpose of this document is to outline the process for applying to obtain ABPTRFE's approval of a new area of residency or fellowship practice.

An analysis of practice is a systematic plan of study of the professional practice behaviors and knowledge that comprise a specialty or subspecialty area of practice. The purpose of the analysis of practice is to collect data that reliably and accurately describes what knowledge and skills are necessary to practice in a given area of specialization/subspecialization.

Any individual, or group of individuals, may petition ABPTRFE to recognize a specific area of physical therapist practice as a residency or fellowship. However, all individuals listed in Step 2, including an analysis of practice coordinator and project team members, must be involved in the development, review, and interpretation of the analysis of practice.

Any individual or group interested in filing a petition with ABPTRFE is encouraged to communicate with all individuals in the proposed area of practice who may have interest in filing a similar petition, to consolidate resources, and to coordinate information so that one comprehensive petition is submitted for a proposed area of practice.

If more than one petition is submitted to ABPTRFE regarding the same specific area of physical therapist practice, ABPTRFE will accept the first complete petition received as the "petition of record" and refer all subsequent petitioners to the originator of the petition of record for support, coordination, and any necessary modification.

PETITIONING PROCESS

When establishing a new area of practice, the person or group involved in developing the practice shall complete the following steps when conducting an analysis of practice. All costs associated with the development of the petition, including the analysis of practice, as well as filing the petition and conducting public comment forums (if approved) will be borne by the petitioner.

1.0 Orient to Process

The individual(s) interested in obtaining ABPTRFE approval of a new area of residency or fellowship practice should review the Petitioner Guide and consult with ABPTRFE staff to obtain the necessary instructions and materials to submit a petition.

2.0 Declare Intent to Submit

The individual(s) interested in obtaining ABPTRFE approval of a new area of residency or fellowship practice will declare their intent to submit a petition by notifying ABPTRFE in writing. The intent must be submitted electronically in 1 PDF file to American Physical Therapy Association (APTA) residency/fellowship staff at resfel@apta.org.

The individual shall include the following as part of the letter of intent:

- Identifying the type of program (residency or fellowship);
- Providing a title for the proposed area of practice;
- Defining the proposed area of practice;
- Identifying the practice analysis team to include the team members, the practice analysis coordinator (coordinator), and the consultant; and
- The curriculum vitae for the practice analysis coordinator and consultant.

2.1 **Practice Analysis Coordinator:** The coordinator serves as the project manager who will direct the analysis of practice activities so that it can be completed within the specified time frame.

2.1.1 **Roles and Responsibilities:** The coordinator forms a project team and provides expertise to the project team during the development of the practice analysis plan and ensures that the ABPTRFE Guidelines for practice analysis studies are followed, as described in the subsequent sections.

2.1.2 **Qualifications:** The role of the coordinator may be assumed by a subject matter expert (SME) in the specific area of practice or an individual with expertise in the conduct of an analysis of practice.

2.2 **Consultant:** A consultant is utilized throughout the petition process to provide guidance at several critical junctures in the process.

2.2.1 **Roles and Responsibilities:** The consultant provides expertise to the project team as they develop a practice analysis plan. The consultant provides input into the development of the pilot survey, analyzing the survey results, interpreting the survey data, and assisting in the development of the DRP or DFP, as described in the subsequent sections.

The amount of time spent by the consultant varies depending on any number of factors, including the expertise of the project team in research and practice analyses. Contract terms would be negotiated between the consultant and the petitioning group. Consultant fees vary and have been reported as no cost to more than \$5,000.

APTA residency/fellowship staff can assist in identifying individuals who are qualified and willing to serve as consultants who provide assistance with practice analysis activities.

2.2.2 **Qualifications:** The consultant must have expert knowledge in the conduct of practice analysis research. Each consultant will have completed graduate level coursework, preferably at the doctoral level.

2.3 **Project Team:** The project team includes subject matter experts (SMEs). SMEs are individuals who have been identified as having recognized expertise regarding the knowledge, skills, and abilities required for practice in the specialty or subspecialty area. While there is no minimum for the number of members in the SME group, the group must represent the spectrum of the specialty/subspecialty area with diverse origins of practice, practice setting, geographic area, gender, and race.

2.3.1 **Roles and Responsibilities:** The project team develops the content of the pilot survey instrument, reviews the data from the pilot survey instrument, develops the analysis of practice survey, and interprets the analysis of practice survey results, as described in the subsequent sections.

3.0 Conduct an Analysis of Practice

APTA Residency/Fellowship Accreditation Department as well as the APTA Research Department may be of assistance in planning activities related to the formatting of the pilot survey, disseminating the survey, and data analysis. Interpretation of the survey results are the responsibility of the project team.

3.1 **Develop a Practice Analysis Plan:** The plan must include the following information:

3.1.1 **Goal of Project:** A brief statement that becomes the purpose statement for the pilot survey.

3.1.2 **Description of Methodology:** The description of methodology must include:

- Methods for development of the survey instruments for the pilot and analysis of practice surveys;
- Description of the sample size and composition for the pilot and analysis of practice surveys;
- Description of the methodology for data collection for the pilot and analysis of practice surveys;
- Projected return rate for the pilot and analysis of practice surveys; and

- Description of the proposed methods for data analysis of the pilot and analysis of practice surveys, including the decision rules.

3.1.3 **Timeline:** A timeline for convening the first meeting of the project team, development of the initial description of practice and the pilot survey instrument, fielding the pilot survey, development of the analysis of practice survey, fielding the analysis of practice survey, and convening of the second meeting of the project team to interpret the data from the practice analysis, and preparing the DRP/DFP blueprint.

3.2 **Develop the Pilot Survey:** The pilot survey is the first draft of the analysis of practice survey. The purpose of conducting a pilot survey is to ensure clarity of the survey questions prior to distributing the full analysis of practice survey to the entire sample population. In addition, the coordinator and SMEs may use information collected from the pilot survey to determine whether any new competencies should be incorporated into the analysis of practice survey, and whether the survey should be subdivided in order to reduce the time required to complete it.

The pilot survey should be developed considering the following elements:

- Purpose of the pilot survey (established from Goal of Project above);
- Sample size and composition for the pilot study;
- Methodology for data collection;
- Plan for achieving the desired survey return rate; and
- Methodology for data analysis.

The pilot survey instrument must assess existing competencies (knowledge, skills, and abilities) in order to determine if they are important to specialty or subspecialty practice. For residency or fellowship programs, these competencies are the statements developed from the curriculum's behavioral objectives and describe:

- The practice process;
- Current best practice knowledge;
- Skills specific to the specialty or subspecialty practice;
- Admission criteria/prior knowledge and experience required (fellowships only);
- Required practice settings; and
- Required patient demographics, including but not limited to, patient sex, age, primary health conditions

In addition, the pilot survey should contain a method to identify additional competencies not included within pilot survey. New competencies can be identified from the pilot survey respondents by including open-ended questions asking for additional knowledge, skills or abilities than those listed in the survey.

These competency statements included within the pilot survey as well as additional competencies identified by survey respondents become the basis for the analysis of practice survey.

The survey must include an assessment of the importance of each competency and an assessment of the frequency with which practitioners perform each activity. An assessment of the criticality of each task/activity must also be included. Standard wording for importance, frequency, and criticality scales have been developed and used by other groups in their pilot and practice analysis surveys (Figure 1). This information can be obtained from APTA residency/fellowship staff.

The language of the survey questions and specialty/subspecialty content should be consistent with the terminology of the *Guide to Physical Therapist Practice*.

Consideration should be given to developing a survey that could be divided into sections such that the most rapidly changing knowledge, skills and abilities could potentially be revalidated.

3.3 **Submit the Practice Analysis Plan and Pilot Survey:** The petitioner is required to submit the practice analysis plan and their pilot survey to ABPTRFE for review and comment prior to implementation.

3.4 **Field Test the Pilot Survey:** ABPTRFE requires that the pilot survey be field tested with no fewer than 25 individuals from varied geographic and demographic populations.

3.5 **Analyze Pilot Data:** Data should be analyzed descriptively by computing means, standard deviations, and frequency distributions for the three rating scales (frequency, importance, and level of criticality) for each of the competencies.

The coordinator and consultant assist the project team to analyze and interpret the survey results by developing and applying consistent decision rules. The results of the survey analysis are used to determine which knowledge, skills, and abilities (KSAs) or competencies are to be included in the DRP/DFP.

3.6 **Revise the Survey:** If necessary, the practice analysis survey may be revised based on information gathered from the pilot survey. Examples, of revisions that might be required include changes to improve clarity or the addition of new items based on responses to open-ended questions.

3.7 **Submit the Revised Survey to ABPTRFE:** ABPTRFE must approve the revised survey prior to fielding.

- 3.8 **Conduct the Analysis of Practice Survey:** To validate the residency/fellowship curriculum, ABPTRFE requires representative random samples of physical therapists for which the proposed focused area of clinical practice falls within.

Follow-up communication to individuals who have not responded to the survey is required to increase the response rate. Lengthy questionnaires should be subdivided into "stand- alone" portions such that the individual respondents can complete their task within 60 minutes.

- 3.9 **Analyze Survey Results:** Data should be analyzed descriptively by computing means, standard deviations, and frequency distributions for the three rating scales (frequency, importance, and level of criticality) for each of the competencies for the total sample and any appropriate subgroups (eg, certification status, gender, age, race). Data should be analyzed to determine if there are significant differences between subgroups.

- 3.10 **Interpret Analysis of Practice Survey Results:** The results of the survey analysis are used to determine which knowledge, skills, and abilities (KSAs) or competencies are to be included in the DRP/DFP. The justification for inclusion or exclusion of competencies in the DRP/DFP must be documented.

The survey results will be interpreted by applying consistent decision rules to identify the competencies that define specialty/subspecialty practice. The coordinator is responsible for working with the project team to derive the decision rules for defining specialty or subspecialty practice. The coordinator may wish to review the technical reports, DRPs or DFPs of recently conducted analyses of practice for an overview of the development of decision rules.

4.0 Submit Petition

The petition shall be submitted by the analysis of practice coordinator to APTA residency/fellowship staff at resfel@apta.org. The petition must be a single PDF file utilizing the bookmark feature to clearly outline each section of the petition.

Once received, APTA staff will conduct a preliminary screening for completeness within 10 business days of receipt of the petition.

All documents related to the implementation of the analysis of practice, including all data collected, will be carefully archived by APTA residency/fellowship staff. This data will serve as the rationale and substance of the residency or fellowship program's curricular content.

- 4.1 **Fee:** A non-refundable filing fee of \$5,000 must accompany the submission of a petition. This fee serves to offset administrative costs associated with overseeing and assisting in the creation of curriculum blueprint documents (DRP/DFP), as well as future administrative costs associated with revalidating the area of

practice every 10 years. This fee may be paid by the petitioning group, or an APTA Section/Academy supporting the petition.

4.2 **Organization of Petition:** The petition shall be organized to address each criterion and its associated guidelines, in the order outlined:

4.2.1 **Demand:** The area of practice shall be one for which there exists a significant and clear demand.

The petition must include at least 5, but no more than 10, statements addressing the demand for physical therapists within the proposed area of practice, written by individuals from any of the following 3 categories:

- Non-physical therapist health professional leaders, planners, or administrators;
- Physical therapists who are not practicing in the proposed area of practice; or
- Members of the public.

Workforce data and patient demographics should be utilized to provide estimates of the number of physical therapist positions within the proposed area of practice that area currently fill and those that are vacant. These positions should be identified by location (eg, academic, hospital, private practice, etc.).

In addition, historical data for on the number of filled and unfilled positions for the last 3 years must be provided to demonstrate a sustained or increased demand for physical therapists within the proposed area of practice. A description of how these estimates were determined must be included.

4.2.2 **Need:** The proposed area of practice shall be one for which specifically educated and trained practitioners are needed to fulfill the responsibilities of the physical therapy profession in improving the health and welfare of the public. In addition, it shall be an area that other health care providers may not currently or effectively fulfill.

The petition shall identify specific public health and patient are needs that are not being met currently that physical therapists in the proposed area of practice can meet effectively.

Specify how the functions performed by physical therapists in the proposed area of practice benefit these specific needs of the public's health and well-being.

Describe and document, with references, how the public's health and well-being may be at risk if physical therapist practitioners do not provide the services in the proposed area of practice.

Describe the reasons why the needs as described above are not, or cannot be, met by physical therapists who do not have specialized education and training in the proposed area of practice.

Describe the reasons why the needs as described above are not, or cannot be, met by other health professionals.

If other areas of physical therapy practice or other health care professionals are currently meeting the needs, describe how physical therapist in this proposed specialty/subspecialty can meet these needs more effectively and efficiently.

- 4.2.3 **Current Practitioners:** The proposed area of practice shall include a reasonable number of individuals who devote a significant portion of their clinical activity to practice in the specialty/subspecialty area.

Include a documented estimate of the number of physical therapists currently practicing in the proposed area of practice.

Include an estimate of the percentage of time that physical therapists currently practicing in the proposed area of practice devote exclusively to practicing in this proposed area. Provide supporting documentation.

Estimate the number of physical therapists who would likely undergo residency/fellowship training in the proposed area during the first 5 years the programs would be available. Provide supporting documentation.

- 4.2.4 **Admission Criteria:** For proposed fellowship areas of practice only, provide the related area(s) of residency training, or American Board of Physical Therapy Specialties (ABPTS) specialist certification, a physical therapist would acquire prior to admission to the fellowship program in this proposed area of practice. Provide supporting documentation.

- 4.2.5 **Specialized Knowledge and Skills:** Describe in detail the specialized knowledge and skills of a physical therapist required for the proposed area of practice based on the results of the analysis of practice.

- 4.2.6 **Practice Settings:** Identify the appropriate and required practice settings for these physical therapists based on the results of the analysis of practice.

- 4.2.7 **Patient Demographics:** Based on the results of the analysis of practice, identify patient demographics, including but not limited to, patient sex, age, and primary health conditions that a physical therapist within the proposed area of practice would be required to have exposure to as part of their educational training.
- 4.2.8 **Curriculum Resources:** Identify current resources that exist to support a program's curriculum in the proposed area of practice (eg, articles, conferences, certifications, courses, etc.).
- 4.3 **Requirements of Petition:** The petition shall clearly demonstrate to ABPTRFE that the proposed specific area of residency or fellowship practice meets all criteria by providing complete documentation within a full technical report.

The full technical report must provide a description of every step of the analysis of practice. It represents the permanent record of the analysis of practice, which can be used as a resource for defense of the process, future analyses, etc. The components described below must be included in the technical report:

- Description of all project team members including names, addresses, credentials, and delineation of their specific involvement;
 - Description of the sampling strategy, groups surveyed, number surveyed, return rate, follow-up procedure for non-respondents, and any demographic data depicting the respondents;
 - A copy of the pilot survey instrument;
 - Description of responses to the pilot survey;
 - Description of changes made to the pilot survey with a rationale for the changes;
 - Copy of the analysis of practice survey instrument, including instructions to the respondents and cover letters;
 - Description of the rationale for the choice of measurement scales (frequency, importance, criticality);
 - A copy of the raw data; including survey response rates
 - Description of data analysis including tables and/or graphs, and any sub-sample analysis (eg, ratings of certified specialists vs. non-certified specialists);
 - Explanation of how the results of data analysis were used to determine which competencies were included in the DRP/DFP; and
 - Conclusions with statements about the consultant's confidence in the analysis of practice process highlighting the strengths of the analysis, problems with any portion of the analysis, and recommendations for future analyses of practice.
- 4.4 **DRP/DFP:** The practice analysis coordinator oversees the development of the DRP or DFP for the proposed area of practice. The document is written based on the survey findings and submitted to ABPTRFE with the completed petition.

Petitioners are to utilize the current DRP/DFP template obtained through APTA residency/fellowship staff. The document must be approved by ABPTRFE prior to publication. Historically, the approval process requires several reviews and revisions.

5.0 Preliminary Review of Petition

Preliminary review by ABPTRFE along with members of ABPTS for appropriateness and further consideration (within 90 days of receipt of the petition in the APTA Residency/Fellowship Accreditation Department) of the implications, of and recommendations for, development of the proposed area of practice.

6.0 ABPTRFE Action Following Preliminary Review

Following the review and recommendation by the ABPTRFE and ABPTS reviewers, ABPTRFE shall make one of the following two decisions:

- Preliminarily approve the petition
- Preliminarily deny the petition

If the petition does not receive preliminary approval, ABPTRFE will provide specific feedback to the petitioner about the reason the petition was not approved. The petitioner may resubmit an amended petition within 30 days of receipt of the letter from ABPTRFE indicating that the petition was not approved.

7.0 Public Announcement and Hearing

Within 120 days of preliminary approval, a public announcement will be made concerning the petition, including requesting comments in support of or opposing the petition from currently accredited residency and fellowship programs, the physical therapist profession, other health professions, third-party payers, the public, and other identified stakeholders. Comments will be accepted for a period of 4 weeks following the release of the announcement.

8.0 ABPTRFE Final Decision

ABPTRFE will conduct a final evaluation of the petition during their next regularly scheduled meeting following the requisite public comment period and open hearing. ABPTRFE will make its final decision on the basis of its review of the petition and any additional information gathered during the public comment period and open hearing.

8.1 **Decisions:** ABPTRFE shall make one of the following decisions:

- 8.1.1 **Petition Approved:** ABPTRFE will approve the petition if the petition and any information gathered during the public comment period and opening hearing warrants the need for the new area of residency or fellowship practice.
- 8.1.2 **Petition Denied:** ABPTRFE shall deny a petition if the petition and information gathered during the public comment period and opening hearing does not warrant granting approval status. ABPTRFE's notification of a decision to deny the petition shall contain a clear statement as to its decision. A program can request reconsideration/appeal.

9.0 Publication of Results

ABPTRFE recommends that validation study results are published in a public forum such as an APTA Section/Academy newsletter or journal.

10.0 Program Development

ABPTRFE will begin accepting program accreditation applications for the approved area of practice upon its publication of the DRP/DFP.