Frequently Asked Questions
Quality Standards for Clinical Physical Therapist Residency and Fellowship Programs
Updated June 21, 2018

1. What is the effective date for the new Quality Standards for Clinical Physical Therapist Residency and Fellowship Programs?

The effective date is January 1, 2018.

2. What is the date by which currently accredited programs must comply with the new standards?

Currently accredited programs, or programs that apply for accreditation on or before December 31, 2017, have until January 1, 2020, to comply with the quality standards.

Programs are strongly encouraged to begin reviewing and making the necessary modifications now rather than waiting until January 1, 2020. ABPTRFE will publish templates and guidance documents to assist programs in demonstrating compliance with the quality standards by the end of 2017.

3. What happens to program participants who started a program prior to January 1, 2020, but do not meet the current fellowship admission criteria described in the new standards?

Participants who have started their fellowship program on or before December 31, 2019, can continue in that program until graduation (even if they do not meet the new admission standards). These participants do not need to be terminated from the program.

Individuals admitted and matriculated into a fellowship program on or after January 1, 2020, must meet the new fellowship admission quality standards. While programs can continue to administer their current admissions policy up until this date, programs are strongly encouraged to take steps before then that demonstrate continued compliance with ABPTRFE’s quality standards as an ABPTRFE-accredited fellowship program.

4. Will currently accredited programs have to submit a new application in 2020 to demonstrate their compliance with the new standards?

No, currently accredited programs will not be required to submit a new accreditation application in 2020 to demonstrate their compliance with the new standards. The expectation is that all programs will be compliant on or before January 1, 2020, as an ABPTRFE-accredited residency or fellowship program.

Should ABPTRFE find a program not in compliance with the standards as of January 1, 2020, (eg, through information provided within a program’s annual report or substantive change
documentation, during a program audit, or through the investigation of a complaint filed against a program for noncompliance with the standards), the program’s accreditation status may be negatively impacted.

5. Can ABPTRFE provide a definition of what an “active clinical site” means when a program is going through a reaccreditation process?

Sites that are used by a program for a participant’s patient-care clinic hours are considered clinic sites. Please review the Glossary of Terms on page 41 in the ABPTRFE Processes and Procedures Manual for the definition of patient-care clinic hours.

6. Will there be a block on RF-PTCAS during 2019 where only board-certified or residency graduates will be able to apply?

No, programs may continue to use their current admissions criteria through December 31, 2019. However, programs using RF-PTCAS in 2018 have until January 1, 2020, to be compliant with the new standards.

As noted in the October 2017 program director newsletter, RF-PTCAS was transitioned to Ryan Bannister, APTA’s director of centralized application services (CAS) and student recruitment, APTA Education Department. He will assume both PTCAS and RF-PTCAS as part of his responsibilities. Any questions regarding future modifications to RF-PTCAS can be directed to Mr Bannister.

7. Is there evidence to show that board-certified or residency graduates will have a better fellowship experience?

When APTA created the original fellowship admission evaluative criteria in 2001, there were a small number of accredited residency programs and board-certified specialists. Therefore, APTA, through its evaluative criteria, allowed fellowship programs to admit individuals who demonstrated specialist-level knowledge and skills, despite their not undergoing residency training or board certification.

The number of residency graduates and board-certified specialists have grown exponentially through the years. In looking at the data of the number of individuals who are either residency graduates or board-certified specialists, it is clear that APTA can move in the direction of formalized professional growth and development by professionals becoming specialists through board certification or residency training, and then becoming subspecialists through fellowship training.

8. Did the ABPTRFE Board consider the length of time someone will need in order to complete the ABPTS board-certification process (1 year) before applying to a fellowship program, and how that could impact the number of applicants?

Based on current data, there are more than 15,000 individuals who are board-certified specialists or who have graduated from an accredited residency program. This number continues to grow annually. With only 415 current training positions among all 49 accredited fellowship programs, ABPTRFE believes the current applicant pool is more than sufficient to support and implement the new quality standards.
9. How did ABPTRFE conduct its revisions to the former evaluative criteria?

During its recent standards review process, ABPTRFE chose to seek the expertise of an external consultant. Consistent with APTA’s best practice processes as implemented with other programs (e.g., Strategic Communications, CAPTE), this consultant was asked to conduct an audit of ABPTRFE policies, procedures, and standards. Please review the ABPTRFE Audit Overview and Summary presentation.

The current audit process has concluded with ABPTRFE’s adoption of new processes and procedures on June 5, 2018. The duration of time the specific ABPTRFE standards review and revision process took, slightly over 1 year, is consistent with its previous ABPTRFE standards revision processes and that of other accreditation groups.

The creation of revised documentation is an ongoing process and not necessarily tied to a standards review period. However, ABPTRFE is utilizing this opportunity with an accreditation expert to streamline its paperwork to facilitate the ease and effectiveness in application and reporting procedures, which ultimately will improve efficiencies in the review process of accreditation documentation.

All accreditation groups, including ABPTRFE, undergo regular standards review and revision processes every few years. The purpose of this cyclical process is to ensure accreditation standards reflect current practice and initiatives of the accreditation group’s profession. In addition, it serves to evaluate the outcomes of previous standards revisions to determine if the standards are having a positive or negative effect on the profession, and to make adjustments as deemed necessary. ABPTRFE will be entering its next standards review process in just over 3 years.

10. Why did ABPTRFE remove additional accreditation standards enacted by other groups (Sports Physical Therapy Section [SPTS] and American Academy of Orthopaedic Manual Physical Therapy [AAOMPT]) that were above and beyond ABPTRFE standards for all other areas of practice?

During its audit process, the ABPTRFE consultant noted that ABPTRFE was operating under 4 different accreditation standards. There was a set of standards for sports residency programs, another set of standards for all other residency programs, a different set of standards for orthopaedic manual physical therapy fellowship programs, and a final set of standards for all other fellowship programs.

The consultant’s findings noted that this is not a sustainable model for accreditation. Prior to the release of the proposed changes to the accreditation standards during the 2017 Combined Sections Meeting, SPTS and AAOMPT were notified of this recommendation to create 1 set of standards for all residency and fellowship programs, so as not to operate under 4 separate sets of standards. Both groups agreed to the removal of the extra criteria from ABPTRFE standards.

11. Why did ABPTRFE utilize Primary Health Conditions within its Description of Residency Practice (DRP) documents as the method to record resident exposure to patient populations within each area of practice?

APTA produced a cross-departmental presentation per the request of APTA’s Orthopaedic Section to ABPTRFE Board of Director liaison Bob Rowe. This presentation was finalized and posted to the
ABPTRFE website on February 14, 2018. Members were informed of this presentation at the various section/academy residency and fellowship special interest group meetings, held during APTA’s Combined Sections Meeting in February.

The presentation serves as a reminder to the public that the DRP documents were developed after ABPTRFE was approached by APTA to incorporate primary health conditions into these new documents as a means to align APTA initiatives with residency and fellowship accreditation. It also provides information on how primary health conditions interrelate to other APTA initiatives, specifically the Physical Therapist Outcomes Registry, Clinical Practice Guidelines, the Movement System, International Classification of Functioning, Disability and Health (ICF), SNOMED, LOINC, and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

12. What is the potential negative financial impact to programs related to the increase of didactic hours implemented with the new ABPTRFE accreditation standards?

The standards do not state these are didactic hours, but rather educational hours. Didactic coursework is one of many methods that are included within educational hours. Educational hours are program hours that are not specific to patient-care clinic hours (please review the definition for patient-care clinic hours in the Glossary of Terms, ABPTRFE Processes and Procedures Manual). Some examples of program educational hours currently utilized include, but are not limited to, didactic coursework, research activities, teaching, journal clubs, lab/simulated work, observation, required readings.

The intent of establishing minimum curricular hours within the new ABPTRFE standards was in response to decreasing unwarranted variation in current residency and fellowship programs. When looking at required program hours, ABPTRFE did audit the accreditation applications of residency and fellowship programs to determine what is currently occurring within residency and fellowship education specific to patient care and educational hours. The decision by ABPTRFE to increase education hours was not arbitrary and capricious. In addition, the change in program hours were vetted in the public comment period, along with the ABPTRFE proposed standards. Based on feedback, modifications were made to fellowship program hours, prior to ABPTRFE adoption of the new standards.