



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 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.