



FSBPT
Leadership Issues Forum
July 13-14, 2019

2019 Final Report

- **2019 Strategic Planning Overview Focus: Continuing Competence**
- **FSBPT Bylaws Considerations: Simplified FSBPT Delegate Credentialing**
- **Exploratory Analyses of the Exam, Licensure, and Disciplinary Database**
- **Continuing Competence Committee: A Case for Healthy Practice**
- **Criminal Background Checks Requirements & Resources**
- **Occupational Licensing Reform: Trends in Deregulation**
- **FSBPT Examination Licensure and Disciplinary Database (ELDD)**
- **Board Composition: PTA on the FSBPT Board of Directors**
- **General Updates**
 - **American Council of Academic Physical Therapy Task Force: National Registry of Graduates**
 - **Board Assessment Tool**
 - **International Physical Therapy Regulation**
 - **National Physical Therapy Exam (NPTE)**
 - **Physical Therapy Compact**

Table of Contents

Introduction	4
2019 Strategic Planning Overview Focus: Continuing Competence	5
FSBPT Bylaws Considerations: Simplified FSBPT Delegate Credentialing	6
Exploratory Analyses of the Exam, Licensure, and Disciplinary Database	7
Continuing Competence Committee: A Case for Healthy Practice	9
Results of Small Group Discussion	11
Hearing from the Membership, Part 1	13
Results of Small Group Discussion	14
Criminal Background Checks Requirements and Resources	14
Results of Small Group Discussion	15
Occupational Licensing Reform: Trends in Deregulation	18
Results of Small Group Discussion	19
FSBPT Examination Licensure and Disciplinary Database (ELDD)	21
Results of Small Group Discussion	21
Board Composition: PTA on the FSBPT Board of Directors	22
Hearing from the Membership, Part 2	23
Results of Small Group Discussion	23
General Updates	24
American Council of Academic Physical Therapy Task Force: National Registry of Graduates	24
Board Assessment Tool.....	25
International Physical Therapy Regulation	25
National Physical Therapy Examination (NPTE).....	26
Physical Therapy Compact	27
Appendix A: List of Attendees	30
Appendix B: Results of Quick Polls	32
FSBPT Board Composition: PTA on the FSBPT Board of Directors	32
FSBPT Collaboration with Professional Licensing Coalition.....	33
National Registry of PT Graduates.....	34
Simplified FSBPT Delegate Credentialing.....	34
Appendix C: Summary of Small Group Questions and Answers	35
Continuing Competence Committee: A Case for Healthy Practice	35
Hearing from the Membership, Part 1	37
Criminal Background Checks Requirements and Resources	38

Occupational Licensing Reform: Trends in Deregulation	40
FSBPT Examination Licensure and Disciplinary Database (ELDD)	42
Hearing from the Membership, Part 2	42
Appendix D: Guidelines for Continuing Professional Development	44

Introduction

The 2019 FSBPT Leadership Issues Forum (LIF) was held on July 13-14, 2019, in Alexandria, Virginia. Participants included FSBPT Board of Directors, committee chairs, delegates/member board representatives, member board administrators, and stakeholders from the APTA, American Council of Academic Physical Therapy (ACAPT), CAPTE, Foreign Credentialing Commission on Physical Therapy (FCCPT), and the Physical Therapy Compact.

The forum focused on some general updates as well as these main topics:

1. Strategic Planning and Bylaw Considerations
2. Healthy Practice, Risks, and Supports
3. Criminal Background Checks
4. Occupational Licensing Reform: Trends in Deregulation
5. FSBPT Examination, Licensure, and Disciplinary Database (ELDD)

Purpose

To provide leadership in regulation—more specifically, to improve the way we protect the public.

Objectives

- Provide input to the FSBPT Board of Directors on initiatives and issues for decision making
- Discuss issues and get input from FSBPT leadership on these issues
- Share information and data on important issues that impact the regulation of physical therapy
- Provide information that participants can take back to their jurisdiction boards

The first section of this report summarizes the presentation on each main topic, including the results of the small group discussion about that topic. The second section includes general updates about various initiatives. A list of attendees is provided in [Appendix A](#).

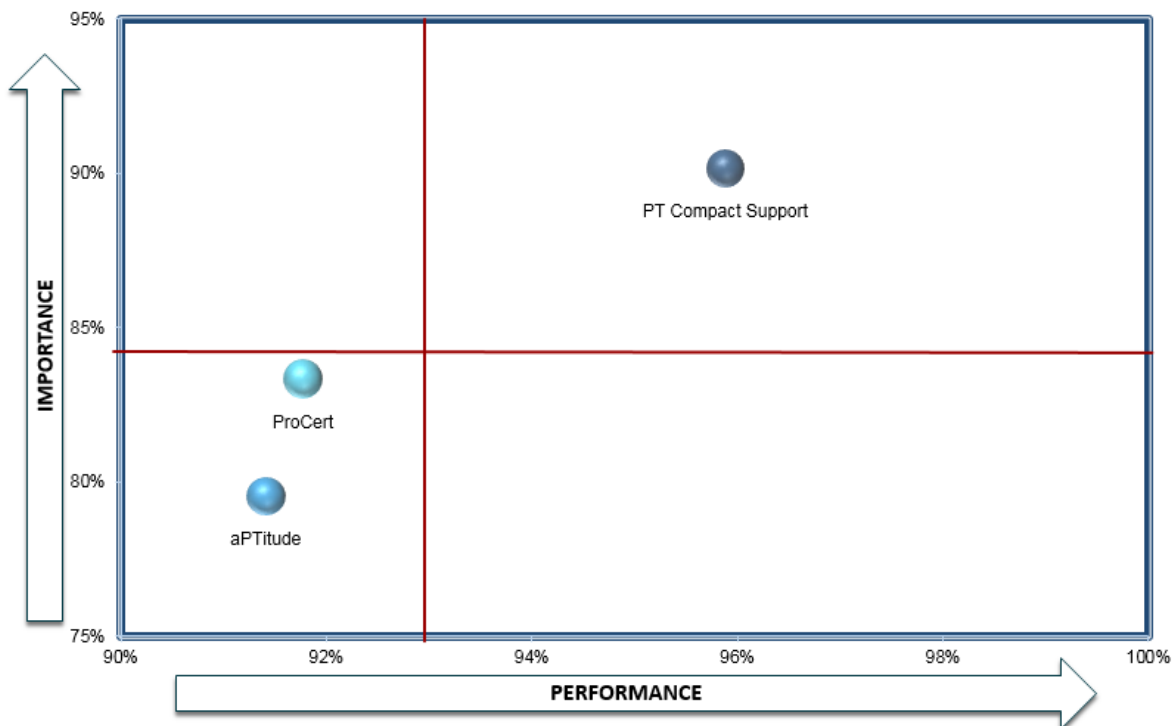
2019 Strategic Planning Overview Focus: Continuing Competence

Nancy Kirsch

As the Board of Director’s developed the strategic plan that will guide the organization for the next three to five years, one question was paramount: “What is the best future course based on the respective value propositions to FSBPT stakeholders and FSBPT?” To answer this question the board performed an environmental assessment, conducted a survey of member satisfaction, and executed a financial forecast.

The environmental scan painted a picture of regulation under fire. There are challenges from federal governmental entities (e.g., the Federal Trade Commission, the US Supreme Court), state governments, licensees, and others that bring the legitimacy of the state-based licensure system into question. Further, externally there was a movement to move in a new direction and there were concurrent internal recommendations from our Continuing Competence Committee to pivot to a more proactive, risk and evidence based model.

The 2018 Membership Survey provided data relative to the continuing competence tools aPTitude and ProCert that indicated that, while satisfaction with performance was high overall, the relative performance and importance of those offerings compared to other FSBPT services necessitated the board reviewing whether too many resources were being allocated to these products.



The financial forecast indicated that for a seven-year period ending in 2025 the FSBPT faced a potential cumulative loss of \$10 million. That, coupled with the need to invest approximately \$2.5 million in the aPTitude system to update and enhance the software, led the board to engage an independent third party for review and analysis of various FSBPT programs. Because the continuing competence tools were shown to require substantial additional personnel and technology resources with little potential increase in revenue, the board determined that those tools, and oPTion, would be discontinued and resources would be focused on more evidence-based continuing competence models.

The board also highlighted critical products and services that FSBPT would be prepared to continue to support including; the NPTE development with new item types and ongoing work on the analysis of practice, the ELDD (Exam, Licensure, and Disciplinary Database, which is a key public protection tool, the PT Compact, the Minimum Data Set, and resources for the credentialing of foreign-educated physical therapists.

The key takeaway from this portion of LIF was that the FSBPT remains committed to continuing competence as an important part of our mission and that adjusting where we focus our resources will allow us to explore new evidence-based models of competence.

FSBPT Bylaws Considerations: Simplified FSBPT Delegate Credentialing

David Relling

The current process that administrators complete in order to credential the state's delegate and alternate delegate for FSBPT meetings is lengthy and overly complex. The board of directors is proposing that the lengthy process be replaced by the state board simply selecting the delegate and alternate delegate and notifying the FSBPT via email by a designated date.

The attendees at LIF were overwhelmingly supportive of the change (99% agreement) which would include changes to the bylaws to: 1) Simplify the delegate designation language, 2) Remove FSBPT from the delegate selection process, 3) remove the explanation of the credentialing process, 4) Designate May 1 as the deadline by which states should notify the FSBPT about their delegate/alternate delegate selections, and 5) Indicate that any resolution or discussion of conflict of interest is the member board's responsibility.

Session Name: New Session 7-13-2019 2-16 PM

Date Created: 7/13/2019 12:28:53 PM

Active Participants: 83 of 83

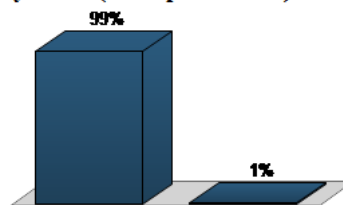
Average Score: 0.00%

Questions: 2

Results by Question

1. Do you support the recommendations to Change the Bylaws? (Multiple Choice)

	Responses	
	Percent	Count
Yes	98.78%	81
No	1.22%	1
Totals	100%	82



The funding of delegates and alternate delegates to LIF and the Annual Meeting will not change. The FSBPT will fund a delegate and administrator to LIF and the Annual Meeting. If the budget allows, an alternate delegate may also be funded to the annual meeting.

Exploratory Analyses of the Exam, Licensure, and Disciplinary Database

Aparna Higgins

The Healthcare Regulatory Research Institute (HRRRI) is exploring FSBPT's Exam, Licensure, and Disciplinary Database (ELDD) to help identify factors that place physical therapists (PTs) or physical therapist assistants (PTAs) at risk for disciplinary action. As a first step toward addressing this and other important questions, HRRRI/FSBPT undertook a preliminary study in collaboration with Ananya Health Innovations Inc. to

- Review the ELDD and outline potential analyses that can inform FSBPT/HRRRI's research agenda related to risks and supports,
- Perform an initial exploration of select factors that place PTs or PTAs at risk for state board actions; and
- Consider future research related to supporting PT and PTA professionals.

These study objectives were partly rooted in a meta-analysis of relevant literature conducted by Glover Takahashi et al. (2017)¹ on the epidemiology of actionable work-related problems for health professionals.

The study population consists of each PT and PTA who held a license to practice during our study period (2008–2018) in any of the states designated by FSBPT to have the most valid and reliable data in 2018 relating to disciplinary actions, referred to as the 2018 list of five-star states by FSBPT.

Within the study populations, we created key analytic categories for the main contrasts explored in this study:

- PTs and PTAs who had one or more disciplinary actions during the observation period, versus
- PTs and PTAs who had no disciplinary actions during the observation period

In addition to the key analytic categories we created additional analytic subcategories for PTs and PTAs who had one or more disciplinary actions. These subcategories were developed based on our review of the list of disciplinary actions in the data and through consultations with FSBPT/HRRRI. These subcategories were primarily designed to distinguish disciplinary actions by severity.

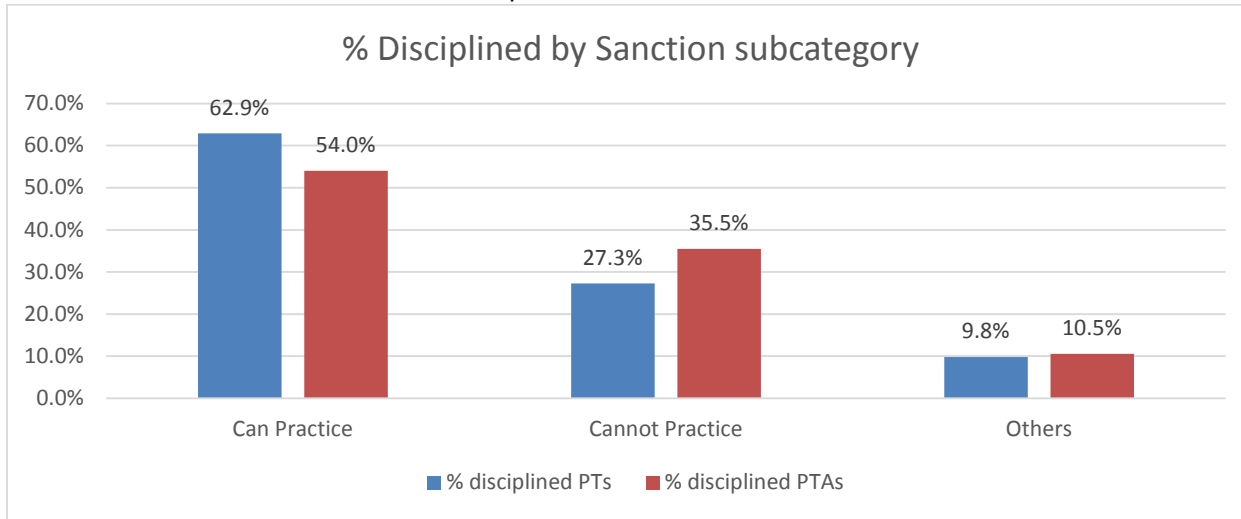
- Actions that allowed a PT (or PTA) to continue practicing, versus
- Actions/sanctions taken by the state boards that did not allow a PT (or PTA) to practice.

Our study represents a preliminary exploration of the ELDD and its capacity to support an examination of factors that are associated with risks for disciplinary action. The findings reported in this study are therefore also preliminary and do not represent definitive conclusions about which factors place PTs or PTAs at risk for disciplinary action. The following represent specific study limitations: (1) We focused on states that were deemed five-star by FSBPT in 2018 based on the disciplinary data that they submitted. The observed counts of disciplinary action may be biased downwards because data on key variables (e.g., disciplinary actions, changes in licensure status or licensees) for PTs and PTAs may be incomplete for the study period. (2) In analyzing the subset of the ELDD for this exploratory study, we found that data on certain demographic characteristics of PTs and PTAs such as gender are missing for a significant percentage of the study population. Therefore, we are unable to draw reliable conclusions on the factors associated with risks for disciplinary action.

The percentage of disciplined PTs (1.1%) and PTAs (1.2%) is small. The top 4 most common Sanctions for PT include: publically available fine/monetary penalty (22.7%), probation of license (17.2%), reprimand or censure (13.8%), and suspension of license (12.3%). The top 4 most common sanctions for PTAs include: suspension of license (19.1%), publically available fine/monetary penalty (18.7%), probation of license (15.5%), and reprimand or censure (9.6%).

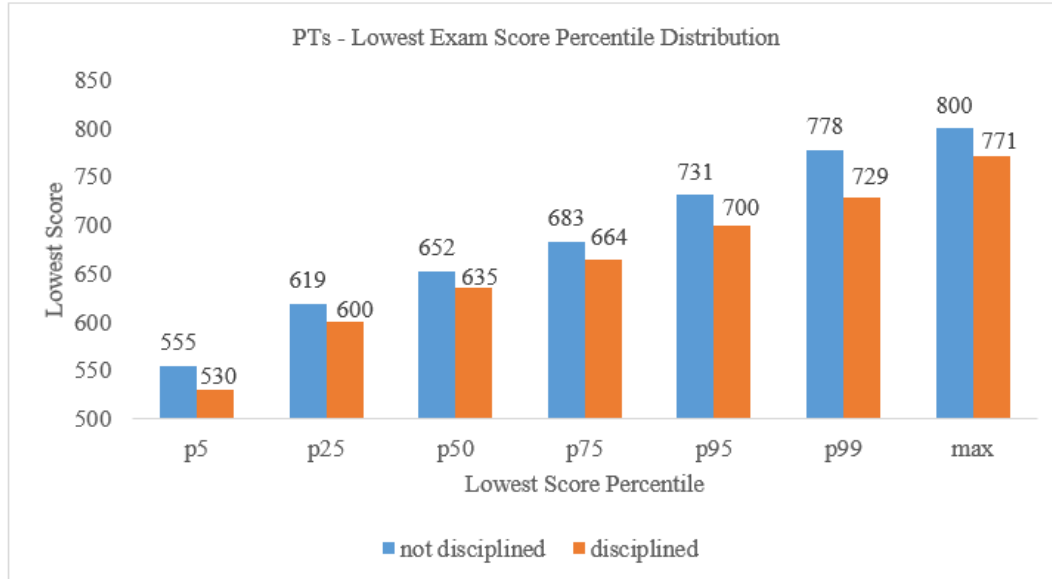
¹ Glover Takahashi, Susan, Marla Nayer, Lisa Michelle Marie St. Amant, "Epidemiology of competence: a scoping review to understand the risks and supports to competence of four health professions," *BMJ Open* 7 (2017), <https://bmjopen.bmj.com/content/7/9/e014823>.

Sanctions categories were further grouped into subcategories of those sanctions that allowed continued practice and those sanctions that did not allow further practice.



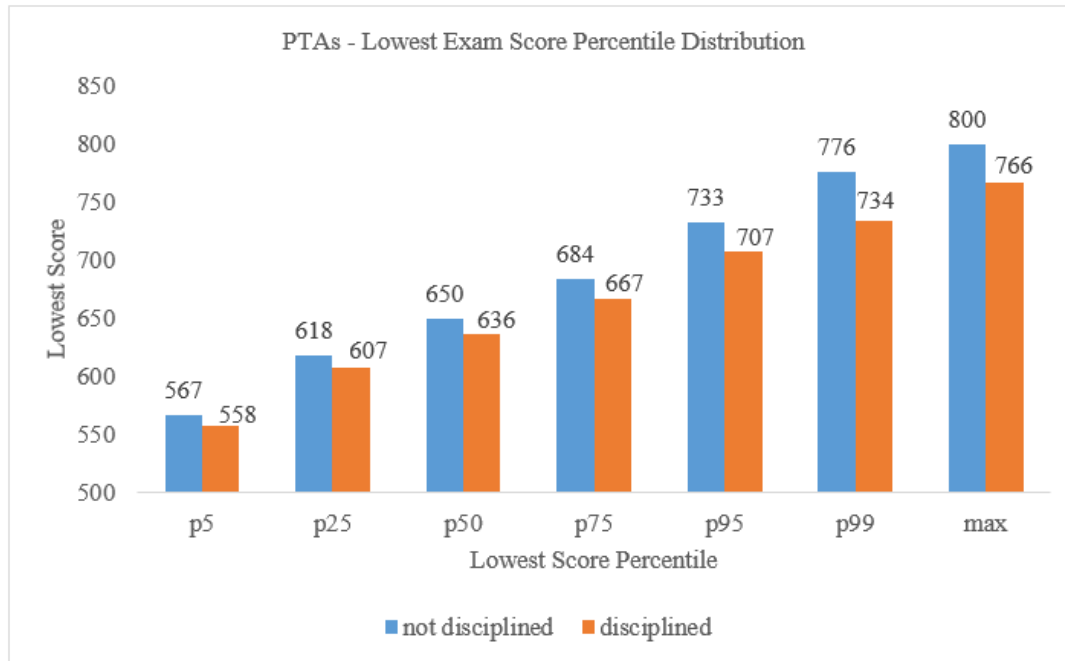
For any PT or PTA to earn a license to practice, he or she needs to pass the National Physical Therapy Exam (NPTE), which has a passing score of 600. Therefore, every PT and PTA licensee in the data must have passed the exam at some point, although some failed the exam one or more times before earning a passing score. For each PT and PTA, we identified their lowest historical exam score as a way of identifying early indications of potential problems. The data show a differential in the percentile distribution of the lowest exam scores between those PTs (or PTAs) who were disciplined versus those who were not disciplined.

Distribution of Exam Scores: Disciplined vs Non-Disciplined PTs



*Number missing 54,990

Distribution of Exam Scores: Disciplined versus Non-Disciplined PTAs



*Number missing 13,509

This study is a preliminary exploration of the ELDD and its capacity to support an examination of factors that are associated with risks for disciplinary action. The findings reported in this study are therefore also preliminary and do not represent definitive conclusions about which factors place PTs or PTAs at risk for disciplinary action. As the number of jurisdictions that are rated by FSBPT as “five-star” for disciplinary data sharing increases and the data fields become more complete, stronger conclusions will be possible.

Continuing Competence Committee: A Case for Healthy Practice

Michele Thorman

Since 2016, FSBPT’s Continuing Competence Committee has been developing a new paradigm to better assure licensee competence based on a framework of risks and supports. At the 2018 Leadership Issues Forum (LIF), the committee presented its initial work, seeking feedback from regulatory stakeholders.

The new draft Guidelines for Continuous Professional Development contain four elements.

1. Jurisprudence & Ethics Assessment
2. Risks and Supports Self-Inventory
3. Practice/Work (Skills & Knowledge) Self-Inventory
4. “Healthy Practice” Self-Inventory

Since the 2018 LIF meeting, additional feedback on the draft guidelines was obtained from the FSBPT Board of Directors, the APTA Executive Board, and from attendees at the 2018 FSBPT Annual Meeting and the 2019 INPTRA Conference. At the INTPRA Conference, which is attended by physiotherapy regulators from around the globe, some attendees described the guidelines as “seminal work.”

The majority of the presentation focused on component four of the guidelines—the “Healthy Practice” self-inventory. Healthy practice is defined as “conditions under which safe, effective, and ethical practice is most likely to thrive.” An

awareness of an individual’s risks to and supports for competence will be obtained by conducting a self-assessment of the elements identified on the Healthy Practice guidelines.

Elements of the Healthy Practice Guidelines

The elements contain two domains of risks and supports—Individual and Practice Environment. Each of these two domains are further divided into two subdomains.

For the Individual, the Healthy Practice Guideline contains Practice elements and Personal elements. For the Practice Environment, the two subdomains are Support & Culture and Organizational.

Individual		Practice Environment	
Practice	Personal	Support & Culture	Organizational
Relational Competence	Physical Well Being	Supports for Pursuit of Professional Well Being	Systems/Infrastructure/Technical Support
Professionalism	Emotional Well Being	Resources for Professional Development	Operational Processes
Professional Engagement	Social Well Being	Compassion from (and for) Colleagues, Professionals, Patients, and Self	Compliance
Use of Evidence in Decision-Making	Mental Well Being	Wellness Programs: Physical, Social, and Emotional	Ethics
Use of Outcome Measures to Evaluate Practice Effectiveness	Demographic Characteristics		Performance Expectations
Evaluation of One’s Practice Performance	Financial Well Being		

After providing an overview of the Healthy Practice Guidelines, the presentation focused on looking at healthy practice in the context of environmental stressors, such as student debt, administrative burden, productivity standards, and burnout.

In her address to the 2019 House of Delegates, APTA President Sharon Dunn described student debt as a “crisis that is plaguing our present and threatening our future.” An APTA student of PT and PTA graduates from 2013 to 2015 showed that 87 percent of PT graduates and 53 percent of PTA graduates had student loan debt. The amount of student debt that new licensees have has both personal and professional consequences. It can lead to constraints on professional choices, limit discretionary investment in professional development, and postpone saving for long-term financial needs, among others.

By drilling down into the guidelines above, one can see how a self-assessment of risks and supports can help an individual be more aware of potential impacts to competence and identify resources to mitigate risks and enhance supports. For example, under Financial Well Being, debt management and financial literacy are two components that an individual should evaluate.

Although student debt falls under the Individual domain, issues associated with administrative burden and productivity standards fall under the Practice Environment domain. An article by Tammany, et al, in Volume 1, Issues 1-2 of the *Archives of Research and Clinical Translation*², reports that there is a positive correlation that existed between expected productivity rate and the rate of unethical behaviors observed and the amounts of organizational emphases on ethical practice and evidence-based practice were negatively correlated with total observed unethical behavior.

In essence, “organizational culture appears to be a greater predictor of observed unethical behavior than any individual clinician-related characteristics.” As noted earlier, drilling down into the above guidelines can help the individual be more aware of these potential impacts. Many of the components in the elements of the Practice Environment: Organizational subdomain identify the potential risks to competence associated with these kinds of organizational pressures on practice.

In summary, could personal constraints resulting from student debt lead to poor professional choices and unethical behaviors? Could patient outcomes be impacted by fewer resources and supports invested in continuing education? Could environmental stressors result in harmful clinical decisions and care?

The Continuing Competence Committee believes the answers to these questions is “yes” and developed the Healthy Practice guidelines specifically, and the Guidelines for Continuous Professional Development more globally, to address these areas that can have an impact on licensee competence.

Although the Committee has made progress in finalizing the Guidelines, there are still additional steps that need to be taken before we can pilot the implementation of this new process with some of our member boards. A key step is developing the healthy practice self-inventory tool that licensees can use to evaluate their personal risks and supports to competence. Additional work with key partners, such as the professional association, employers, and educators, is also needed to help develop the resources that can be used by individuals upon completion of self-inventories.

Results of Small Group Discussion

Small group questions:

Attendees at even numbered tables answered these questions:

1. What is the climate in your jurisdiction to incorporate the concept of healthy practice in your continuing competency requirements by 2020?
2. What are the most important questions that should be asked of licensees in a confidential healthy practice inventory?

Attendees at odd numbered tables answered these questions:

1. What supports would your jurisdictions need/want from FSBPT and/or APTA to help address environmental factors impacting healthy practice?
2. If you had the authority and resources to implement a healthy practice initiative consistent with the Continuing Competence Committee’s vision, would you do so? If yes, would implementation be high on your priority list? Please explain.

² Tammany, Justin E., Janelle K. O’Connell, Brad S. Allen, and Jean-Michel Brismée, “Are Productivity Goals in Rehabilitation Practice Associated With Unethical Behaviors?,” *Archives of Rehabilitation Research and Clinical Translation* 1, no. 1-2 (June 2019), <https://www.sciencedirect.com/science/article/pii/S2590109519300011>.

Responses to Question 1 Even Tables

Attendees indicated that although there is a general desire and interest in incorporating the concepts of healthy practice, it isn't clear the best path to follow. In many jurisdictions, amending the statutory language that governs the existing continuing competence requirements could prove challenging. In addition, it would likely take many years to make changes the regulatory language, which means it is unlikely to get accomplished by 2020.

Although challenging, there was a feeling that continuing competence requirements that included ethics, documentation, and mandatory reporting could assist boards in addressing some of the elements of healthy practice.

Some participants indicated there could be some unintended consequences, especially regarding who can view the self-inventory information and how might it be used to impact the individual licensee.

Responses to Question 2 Even Tables

The following are some of the topics identified that should be asked of licensees in a confidential healthy practice inventory:

- What are the behaviors in my practice that are unhealthy?
- Have you thought about leaving the profession? Why?
- What kind of support do you get from your employer?
- How do you manage stress?
- Do you have social supports?
- Consider using ethical dilemma questions, such as a mismatch between best practice and productivity/billing requirements imposed or implied by the employer.
- What percentage of your time is spent on EMR (electronic medical records)?
- What are the standards/perception of the standards of productivity in your workplace?
- What type of stressors are you experiencing and what outlets are available to you?
- What is your primary practice setting?
- What is the primary entity for reimbursements?
- Do you have access to continuing competence resources? Is your employment supportive of continuing competence?
- How much student debt do you have?

Other important items include the following:

- Employers and schools should be encouraged to use this information.
- Since the self-inventory is not meant to be provided to the licensing board, it should be kept separate from the renewal application.
- This must be done in a way that the practitioner feels empowered to change, otherwise it could have the opposite effect.
- Instead of a self-inventory, develop an educational module that describes each risk and support and provides links to information that can be used by the individual.
- There was a question of whether employers can provide assistance for employees' mental health and whether regulators can really "get involved in a licensee's life."

Responses to Question 1 Odd Tables

The following are some of the supports that attendees identified:

- Tools to help with lobbying, such as FAQs and fact sheets with legislative talking points.
- Functional training for licensees on how to schedule a work-day efficiently, including use of EMR.
- Public relations campaign targeted at building support for the risks and supports model.
- Information for new and potential practitioners regarding information about the financial expectations of income, debt, and expenses that come with the practice of physical therapy.
- Resources to help individuals manage financial stressors, such as student debt.
- Data regarding effectiveness of different types of continuing competence activities (e.g., online vs. in person; required defined hours in certain topics vs. total flexibility)
- Guidance of the appropriate way to address unethical billing.
- Research into the characteristics of the licensee that is both productive and ethical.
- More hard data on burnout. Most of the research on burnout has focused on other health care professions, not physical therapy.
- Strengthen FSBPT's post-NPTE exposure to licensees.
- Research based on ELDD data to see where the areas of risk are (e.g., geographical, practice setting, etc.).
- Development of best practices in addressing some of the practice requirements from a regulatory perspective.
- Collect data to support our regulatory positions.
- Proactively educate employers that are pushing/allowing for unethical behavior vs. solely being reactionary.
- Boards need to do a better job educating licensees on what is actually required under the laws and rules to practice ethically.
- Development of jurisprudence tools, including content outline review and identifying the items that should be included.
- Development of a duty to report pamphlet that could be shared with licensees.
- Tools for new graduates to use to help assess potential employers.
- Developing informational resources that could be shared with licensees.
- Develop tools to help boards educate stakeholders about healthy practice at state meetings.
- Collaboration with other organizations to create a more global approach for health care professionals in general.

Responses to Question 2 Odd Tables

In general, attendees felt that they would implement a healthy practice initiative consistent with the Committee's vision if they had the appropriate authority and resources. That being said, even if high on a board's priority list, it would take time to implement.

Hearing from the Membership, Part 1

The Leadership Issues Forum is an opportunity for the FSBPT Board of Directors to hear from the jurisdictions and other important stakeholders on a variety of issues. The *Hearing from the Membership* sessions were developed specifically to meet this goal.

At the first session, attendees were seated in small groups as a volunteer recorded each person's top two challenges that boards are facing on a flip chart, and then each person voted for the two most important challenges.

Results of Small Group Discussion

Small group prompts:

Identify the top two challenges that physical therapy regulatory boards are facing.

- a. Go around the table twice having each person identify an important regulatory issue their jurisdiction is dealing with. Have a volunteer record them on the flip chart. Each person will then vote for the two that are most important using the dot stickers.
- b. Discuss the top two and identify how jurisdictions are facing this challenge.
- c. What resources would be helpful in dealing with the top two issues you identified?

Issues:* Although many issues were identified and discussed by the small groups, there were a few topics that rose to the top. In no particular order, the following issues were listed the most frequently by the small groups:

1. [PT Compact implementation](#)
2. Billing and fraudulent charges; the role productivity standards play—[the board's role](#)
3. Board and staff turnover and [training](#)

Other issues that were identified by many of the small groups included:

- [Remediation Resources](#)
- [Dry needling](#)
- Sexual harassment
- [Stakeholder communication](#)
- Fixed date testing and a lack of seats in the jurisdiction
- [Disciplinary consistency](#)

**The issues listed have been hyperlinked to FSBPT resources on the topic.*

Resources: The attendees have used many FSBPT resources. However, attendees noted additional resources would be helpful on the following topics:

1. Board member training on-demand videos or modules on a variety of topics including sexual harassment, communication with alleged victims of sexual abuse, substance abuse
2. FSBPT resources on how the compact impacts states (financial, procedural, jurisprudence requirement implementation) including financial analysis information
3. Licensee documentation and billing resources; leverage current APTA offerings such as Defensible Documentation

Criminal Background Checks Requirements and Resources

Tina Baum

More and more jurisdictions are adding a criminal background check (CBC) requirement prior to initial licensure as a physical therapist (PT) or physical therapist assistant (PTA). Physical therapy and other health care providers work with vulnerable populations often in one-on-one situations where potential harm could be done; having a comprehensive report of an applicant's history and knowledge of any incidents may help a board identify appropriate pre-licensure remediation or post-licensure restrictions.

A review* of health care professions and CBC requirements for licensure confirmed that CBC is being used by many different health care boards:

- Physicians: 86 percent of jurisdiction medical boards require CBCs for initial licensure
- Nursing: all but six jurisdictions require a CBC
- Pharmacy: thirteen jurisdictions require CBCs; however, most US pharmacy educational programs require a CBC for initial, conditional acceptance
- Occupational Therapy: thirteen jurisdictions require some form of a CBC
- Chiropractic: thirty-one jurisdictions require some form of a CBC
- Massage Therapy: twenty-one jurisdictions require some form of a CBC

Thirty-four jurisdictions currently require a CBC for PT or PTA licensure, which is a significant increase since initiation of the PT Compact. Prior to the PT Compact, only fifteen states required CBCs and of the twenty-five PT Compact members, only six had FBI CBC requirement prior to joining the Compact. With so many physical therapy boards new to criminal background checks, one-third of adults having a criminal record, and more than 15,000 provisions in jurisdiction statutes and regulations (which limit occupational licensing opportunities for individuals with criminal records), the membership has communicated that they need resources and assistance regarding the implications of a positive criminal background check.

The Ethics & Legislation Committee is developing a resource for member boards to help understand, handle, and use CBCs appropriately. The goals of this resource will be to share foundational information, assist the membership, and help boards gain a basic understanding of the CBC process. Additionally, the resource will encourage jurisdictions to think about how CBC data in aggregate may help inform future research both intra- and inter-jurisdictionally. There are many potential research questions that could be answered, such as what is the most common criminal offense, how often are licenses denied for individuals with a remarkable CBC, and are there any connections between criminal history and disciplinary history?

**Not all health care boards were researched*

Results of Small Group Discussion

Small group questions:

1. What questions/concerns does your board have about requiring a criminal background check for licensure? (whatever stage your board is in)
2. How might (or does) your board use information from a criminal background check to inform/influence licensure decisions?

Responses to Question 1

The attendees voiced many questions/concerns about required CBCs for licensure. However, common themes began to emerge from the tables:

- 1) liability of the jurisdiction
- 2) handling CBC information,
- 3) how to read/interpret reports,
- 4) making decisions using the reports,
- 5) receiving updates to the CBC,

- 6) lack of clear FBI guidance, and
- 7) predeterminations

The questions/concerns most often expressed in each category are below.

Liability of the Jurisdiction

- What is the jurisdiction's liability if CBCs are not required for licensure and someone with a significant criminal history is licensed and goes on to commit a crime while in practice?
- Do board members have any liability for denying someone a license?
- Do board members have anonymity when ruling on such matters?
- What is the burden on the board to collect the information?
- What is the liability on the jurisdiction if various local law enforcement agencies do not share criminal conviction information with the FBI, what are the liabilities involved and the impact on public protection?
- What are the concerns regarding inconsistency of different states requiring CBCs and other laws limiting ability to deny license?

Handling CBC Information

- How long does it take to get a CBC completed?
- How long does it take a jurisdiction to set up the processes and procedures to complete CBCs?
- How long should CBC information be kept?
- How much does it cost for the jurisdiction to get CBCs in place?
- How long is a CBC valid?
- What policies and procedures are needed to implement CBCs correctly?

How to Read/Interpret Reports

- How do you interpret the reports? Can the board use an attorney to discuss the offense?
- How long does it take to resolve an error on the report?

Making Decisions with the Reports

- How do you define nexus to practice?
- How do you determine when the criminal activity has enough of an intersection with the practice of physical therapy to deny a license?
- What types of offenses should be considered to deny a license?
- How can the process be made less subjective?
- Is any training available or provided on how to use the information?
- Can a license be denied for "off the job" activity/behavior vs. during work?
- Are action guidelines or a standardized method available to narrow the variability in decisions and actions? Should any offenses require an automatic disqualification of the applicant?

Receiving Updates to the CBC

- How does the RAPback system work?
- Is RAPback available in all jurisdictions?
- Should CBC be required upon renewal?
- Should a jurisdiction go back and have a CBC completed on all current licensees when first implement CBCs?
- How do we know what has happened since an initial CBC?

Lack of Clear FBI Guidance

- Why do different FBI field offices handle CBC and language differently?

- Are there common definitions of offenses when looking from jurisdiction to jurisdiction?
- Is the FBI database complete? Are all issues on the CBC?
- How do you handle records expunged, inconsistent reporting to FBI?

Predeterminations

- Can a pre-applicant petition the board regarding a past activity before even applying to a school and hold future boards to the decision made to allow them to get licensed?
- Is it possible to do a provisional license while you wait for a CBC?

Responses to Question 2

Attendees state they use information from CBCs to inform licensure decisions by also considering the following factors:

- Intent
- How long ago the issue occurred
- Age of applicant at time of issue
- What remediation has occurred
- Have there been additional issues
- Was the issue related to practice
- Arrests vs. convictions
- Demonstration of remediation or rehabilitation

Attendees felt that each case needs to be considered individually and a judgment should be made based on the circumstances and guidelines. However having some criteria or guidelines on whether to issue a license based on what comes back from a CBC would be helpful. Additionally, a list of infractions that “relate” or have a “nexus to practice” to the profession would help.

A decision tree/matrix would create a reliable process to consider the severity of offenses and licensure would be a good resource; some states already have something like this in place and agreed it was helpful to create a more objective process. In at least one jurisdiction, the health boards are developing resources to provide non-binding guidance to applicants with criminal history on the kinds of things that would prevent licensure. Examples of appropriate licensure restrictions for certain offenses would give jurisdictions some ideas of how to handle individual cases. Some attendees have a list of infractions that prohibit licensure while others are seeing legislation passed to make it easier to become licensed with a criminal history. Attendees questioned how to handle the applicant if the application is submitted in the interim time between the arrest and the end result of the case, especially a conviction. Overall, the most important thing is to consider safety to practice and public protection in determining licensure decisions.

Board members and administrators discussed multiple ways CBCs are dealt with across jurisdictions. In a few states, if there is a criminal background the person has to come before the board. In many states, the board may or may not see the results of the CBC, it may go through an investigations committee only. In instances of lesser crimes, some boards allow staff to approve sitting for the exam without board intervention. In some instances, hearings are conducted and the attorney general’s office advises the board. However, in many states, if the offense is serious then it is mandated to be seen and discussed by the full board. Most jurisdictions require additional information or report records from other jurisdictions if applicable.

One parking lot item attendees discussed was students being required to have CBCs by clinical sites. Depending on the results, there is an impact on clinical sites at which they can be placed. Many clinical rotation sites won’t allow rotations if you have a felony conviction or no CBC. Schools are beginning to counsel students when they apply that the CBC will be necessary, which has led to boards receiving pre-application calls from future candidates with criminal backgrounds.

Attendees thought it was a good idea to be able to give individuals applying to PT/PTA schools a decision prior to admission, however, they were concerned about the idea of binding a future board to a decision made by a previous board.

Occupational Licensing Reform: Trends in Deregulation

Ellen Donald, Leslie Adrian

In recent years, external pressure on regulatory boards to demonstrate value, efficiency, and effectiveness has increased significantly. Occupational licensing regulated by state boards has come under significant scrutiny as a detriment to the labor market. Various economists, public policy groups, governors, and federal and state agencies have been vocal critics of occupational licensure. The proliferation of licensing mandates at the federal, state, and local levels have sparked increased study and analysis of the impact of occupational licensure on the American labor market. Licensure requirements are suspected to negatively impact the employment of certain populations more than others. For example, requirements disproportionately impact military spouses, immigrants with legal authorization to work, individuals without higher education, and people with criminal records.

While questioning the benefits of regulation is not a new phenomenon, the overt criticism by external entities of the benefit of regulatory boards and occupational licensing has increased significantly in the last few years. In the 2019 state legislative session, sixty-seven bills regarding occupational licensing reform were introduced; as of June 30, 2019, twenty bills were enacted. The bills focused on easing restrictions on individuals with criminal histories, improving endorsement, reciprocity, and recognition and other topics such as expedited rule making, temporary licensure, and expediting military related licensure.

The *NC Dental Board vs. FTC* US Supreme Court case has had an impact on state regulatory boards. States have reacted to the ruling by establishing stricter oversight authority within state agencies, consolidating boards, and increasing the scrutiny of board decisions—subjecting them to review by an advisory agency that can revise, reverse, or remove the decision to protect the liability of the state. States have also taken steps to limit market participant involvement on state boards and created legal cause of action for licensees to bring cases against licensing boards if they feel the board is acting in an anti-competitive manner.

FSBPT has been a member of the Professional Licensing Coalition (PLC) since 2016. The PLC seeks a federal legislative solution to the financial threat to states and board members resulting from the Supreme Court decision. PLC initiated federal legislative efforts in 2016 to introduce and enact the State Licensing Board Antitrust Act, which would relieve state regulatory boards and members of treble damages under federal antitrust laws. To date, PLC has been unsuccessful in passing this legislation but it will continue to identify sponsors to reintroduce the bill in 2019.

A catalyst to the increase in state legislative activity may be the work of the consortium of the National Council of State Governments, the National Governors Association Center for Best Practices, and The Council of State Governments. They are two years into the three-year project *Occupational Licensing: Assessing State Policy and Practice*, looking at licensure requirements for thirty-four occupations (including PTAs) in partnership with fourteen states. The consortium of states will investigate the licensure requirements in these thirty-four occupations, highlight the discrepancies, and attempt to implement ways to remove barriers to labor market entry and increase the ease of movement between states.

In light of this criticism, licensing boards need to be diligent in demonstrating their role and effectiveness in protecting the public. Additionally, physical therapy boards should begin to differentiate professional licensing from occupational licensing and demonstrate the necessity of physical therapy regulation. Responding to the members' concerns, the FSBPT Board of Directors directed staff to create a resource paper defending the regulation of physical therapy providers. This paper discusses the purpose of regulation and state licensing boards and explores the positive and negative impacts of occupational licensing on the economy. The paper disputes the claim of proponents of deregulation

that policing health care professionals and weeding out bad actors or unqualified practitioners via the free market is more than sufficient to protect the public. The paper explores the following topics:

- Health care is not another consumer product
- Health care consumers are not the same as consumers of other products
- Health care consumers lack understandable, quality information
- Health care is not always readily accessible
- Health care is high stakes and poor quality can have significant consequences

Finally, the paper includes recommendations for several things the physical therapy regulatory community should consider to act proactively to defend the necessity of occupational licensure and regulatory reform:

- Careful board member selection to negate the appearance of regulatory capture
- Board self-assessment
- Licensure compacts
- Promote consistency amongst states, between whether the same occupation is licensed or not and addressing any inconsistency in the number of total occupations licensed by the state
- Reassess regulatory requirements to ensure current licensing requirements are the minimum necessary to guarantee safe and effective practice
- Research to demonstrate how regulation positively impacts public protection

Results of Small Group Discussion

Small group questions:

1. What deregulation pressure is your jurisdiction currently experiencing?
2. What are you doing to address those pressures?
3. What resources could FSBPT help provide?

Responses to Question 1

Many jurisdictions reported experiencing some type of pressure regarding deregulation or reviewing occupational licensure. From governors attempting to consolidate boards to legislative initiatives to reduce licensure barriers, boards are aware that pressures exist. On a positive note, having the PT Compact in place has helped some states stave off deregulation pressures. While not all boards have felt a pressure to deregulate, most reported pressure to simplify processes and review regulations for unnecessary barriers and possible improvement.

Jurisdictions have faced the following challenges:

- Combined and consolidated board staffing, which has created response delays and inaccuracies
- Consolidation of other regulatory boards in the jurisdiction but not PT
- Review of decreased regulation of the PTA
- Bill to replace all board members with consumers/public members
- Change in how board members are nominated and appointed
- Looking at boards that have certifications from other related entities—requires certification, but don't get the rest of the other information. Does the profession need to be regulated if another party is doing all the certifications?
- Reshuffling of different boards/responsibilities (OH).
- Board audits
- Nationwide Occupational Licensing Consortium promoting easing restrictions

- Reducing the size of the board
- Sunset reviews
- PT Board now charged with creating regulations for AT, OT, and other professions
- Increased oversight from higher agency
- Reduced barriers for those with criminal histories; limiting to relevant criminal history only
- Reciprocity bills
- Occupational licensure studies to determine need for regulation
- Board being placed under umbrella of the State Health Department
- Endorsement licensure requirements- allowing anyone with a license from another state to immediately get a license in that state
- Reduction in some responsibility board had previously
- Veto for an occupation seeking licensure

Responses to Question 2

The jurisdictions identified several things each has done to address the pressures of deregulation:

- Reviewing, updating, and simplifying regulations on a regular cycle
- Set performance measures and reasonable goals. Track the performance measures, take analytical approach and investigate when goals are not met.
- Proactive education of legislators on regulatory issues:
 - Communicate with a bill's author/sponsor to note the consequences of change suggested- even more powerful if collaborative with other boards impacted in the jurisdiction
 - Meeting with legislators to educate on what is being done at the boards
 - Formal reports to legislators
- Prepare and participate in sunset review
- Increased public members on the board and changed the nomination process for board members
- Intentional staffing, do our job well, provide a great service to our customer
- Collaboration with other boards in the jurisdiction
- Collaboration with the professional association
- PT Compact implementation
- Ensure statutory authority exists for all you do; make sure rules reflect the law
- Collect as much data as possible and document
- Use external sources for training as necessary
- Communicate function and value of the board to the public
- Create targeted talking points to anticipate contrary arguments and have literature and data/facts prepared in advance

Overall, jurisdictions felt being more proactive and telling the positive story about regulation would help with understanding the role and benefits of the regulatory board. Attendees also felt the self-reflection tool being created by the Board Assessment Task Force would be valuable.

Responses to Question 3

Attendees identified many of FSBPT's current resources including the Examination, Licensure, and Disciplinary Database; licensure reference guide; FSBPT legislative tracking tool; and staff are helpful in defending themselves against deregulation pressures. Continued collaboration with organizations such as the APTA and the Professional Licensing Coalition help keep the membership updated on trends in deregulation and potential ways to strengthen arguments to

defend state based regulation. Additionally, the PT Compact initiative is helpful in demonstrating action towards increasing licensure portability. The attendees noted having the ability to reach out to FSBPT for assistance (both staff and resources) is key.

Attendees identified two initiatives in progress that were extremely helpful in their role as regulators: the Board Self-Assessment Tool and the white paper defending state-based regulation. To enhance the value of the paper there could be a corresponding list of talking points, a presentation similar to the one shown at the meeting, or other educational materials to use in communication with legislators and stakeholders. Attendees suggested that the white paper and talking points help separate professional licensure, such as with health care professions, from occupational licensure. Additionally, guidance on educating the public about the importance of a board would be helpful.

Finally, attendees identified research as key to demonstrating why regulatory requirements are necessary to protect the public and not just barriers to entry. Data that benchmarks regulatory boards would be helpful. Any other data that shows the value of the regulatory board, such as what was presented by the Healthcare Providers Service Organization at the 2018 FSBPT Annual Meeting & Delegate Assembly, is very valuable to the boards.

FSBPT Examination Licensure and Disciplinary Database (ELDD)

Seif Mahmoud

The objective of the ELDD has grown to support the profession as we implement the PT Compact and update the exam eligibility requirements. We now receive graduation information directly from the educational programs and store compact privilege and encumbrance information.

The primary uses of the database in support of our shared mission of public protection continue to be the Disciplinary Notification Service and Discipline Archive.

As we begin to see increasing participation we are finding opportunities to better understand and recognize trends in the “supply” of PTs and PTAs across the Member Jurisdictions. We are potentially able to provide census-style information about the profession. With up-to-date data, we can watch the number of licenses expiring each year (and more importantly the number of people whose last license is expiring), which helps us differentiate between people who are exiting the profession and those who are simply moving to a new jurisdiction to continue their practice. With higher confidence in graduation information (since it now comes directly from the education program instead of being self-reported) we have the ability to monitor the number of people entering the profession.

With full participation we have a solid foundation on which to collect and analyze workforce data (Minimum Dataset) to help us get an even deeper understanding.

As we have seen based on the exploratory research, there are limitless possibilities for identifying public protection trends in such a rich pool of data. As participation continues to increase and the quality of the data continues to improve, new trends will emerge to support our Risks and Supports model of Continuing Competence.

As we move forward we will continue to look at potential enhancements to the way we measure Participation Levels. We will attempt to make these changes in batches so we can continue to measure progress.

Results of Small Group Discussion

Small group question:

1. What do you want to get from the ELDD in order for your jurisdiction to participate?

Responses to Question 1

- Adding Minimum Dataset information can provide deeper insight into Practice Settings and help us get an even deeper understanding of the profession.
- More consistent use across the membership of the Disciplinary Action Guidelines.
- Moving away from social security numbers and using the FSBPT ID (many states will need help implementing the FSBPT ID, but the benefits in the long-run should outweigh the cost).

Board Composition: PTA on the FSBPT Board of Directors

Nancy Kirsch

According to the most recent membership survey, thirty-two member jurisdictions have one or more PTAs on the board, and twenty-eight member jurisdictions *require* PTA representation. In terms of how PTA representation is encoded in statute, twenty-one member board require one PTA member, six require two members, one requires at least one PTA member, and three jurisdiction board statutes allow PTAs but do not require them. This information was a driver in the FSBPT Board's decision to seek additional input on this issue.

In terms of benchmarking against other health professions (such as medicine, pharmacy, psychology, occupational therapy, social work, and nursing), technical and assistive personnel do generally serve on the boards that regulate them. Assistive personnel are also generally eligible to serve on federations/associations of regulatory boards, if they serve on a state board. However, there are few examples of technical/assistive personnel being elected to federations/associations of regulatory boards. At the current time, a PTA is eligible to be a member of the FSBPT Board of Directors, however, there is no requirement for a PTA member.

There are several pros of including a PTA on the FSBPT board, including improving engagement of PTA regulators, representing a key membership segment, increasing transparency and mirroring jurisdictional boards, and adding the potential for new insight. At the same time, there are challenges, including a limited pool of candidates from which to draw, limited time availability among eligible candidates, a potential "slippery slope" of expanding to other subgroups, and potentially increasing the cost and size of the FSBPT Board.

Following this presentation, there was time for discussion and questions. At the conclusion of the open discussion, the attendees voted on two questions relating to PTA representation on the FSBPT Board. The first was "Would you consider a PTA serving on the FSBPT Board?" This question was affirmatively supported by 89 percent of the respondents, with 11 percent answering no. The second question related to how PTA representation should be accomplished, with three options. The first option, "There be a designated PTA position and existing board size not increase" was selected by 5 percent of respondents. The second option, "There be a designated PTA position and an additional board position recognizing the additional cost" was supported by 18 percent of respondents. The third option, "The Nominating Committee should be charged to always consider a PTA for one of the current board positions" was favored by 77 percent of respondents.

Hearing from the Membership, Part 2

The final session was used to reflect upon and discuss the topics presented over the two days.

Results of Small Group Discussion

Small group prompts:

- List two “take-aways” you received from this meeting.
- Is there something that you, as a group, think that the regulatory community should focus on as a result of your discussions? Are there things that we shouldn’t be as focused on?

Topics that the regulatory community should focus on

- Board Assessment Tool
- Enacting the PT Compact
- Minimum Data Set (MDS)
- Risk and supports to competence/healthy practice
 - Continue to look for ways to make programs like continuing competence (risks and supports) easier to use (like an app) that are fiscally viable
 - Tools to measure healthy practice
- Importance of research and data collection
 - More research/discussion on patient outcomes based on the regulation of boards.
 - Spending resources on outreach to patients; being more proactive instead of reactive.
 - An assessment of assessing competence. It would be interesting to see the variation of continuing education unit assessments across jurisdictions. Is there a correlation between competence credentials and disciplinary actions? Is continuing competence still relevant in its current form?
 - Research about test score and gender profiling while not correlated, implies that males are at higher risk. Some dimensions may be inappropriate in data analysis.
- International PT community
 - More information about the International Network of Physiotherapy Regulatory Authorities (INPTRA) and international perspectives with FSBPT providing detailed information about the things that are being done outside of the United States.
 - Information about the trends we see internationally, and how those trends may affect/influence FSBPT and US jurisdictions.
 - Background of foreign-trained PTs attempting to practice in the United States. (USCIS does this to a large extent). INPTRA could consider this as a potential area of investigation.
- Board action guidelines
 - Consistent set of guidelines on disciplinary actions is especially important in light of the PT Compact
 - Consider another workshop at the FSBPT annual meeting
- Continued collaboration with partner stakeholders – APTA, ACAPT
 - Consideration of ACAPT proposal on a national registry of PT graduates

Other suggestions:

- Discontinuation of aPTitude, ProCert, and oPTion
 - Provide potential alternative options for boards that use these products

Topics that the regulatory community should not focus on

- While the current focus of continuing competence (risk and supports/healthy practice) was supported overall, there were some additional perspectives

- Continuing competence/professional development units/quality should be a state, not FSBPT issue
- Health and wellness of PTs (burnout, for example) blurs the line between regulators and advocates for PTs. Stay within FSBPT's mission area. We want to avoid regulating peoples' personal lives.
- Development of a mandatory annual renewal self-assessment not yet supported

General Updates

American Council of Academic Physical Therapy Task Force: National Registry of Graduates

Jeff Rosa

At its fall 2018 business meeting, the American Council of Academic Physical Therapy (ACAPT) adopted a resolution to develop a strategic plan to determine what would be required to develop and implement a national registry of PTs and PTAs who graduated from a CAPTE-accredited program.

The vision of this ACAPT task force is for all US jurisdictions, by 2024, to use and accept the registration as primary source of verification of completion of a CAPTE-accredited program.

Although this task force has not yet met, ACAPT's proposal is to leverage the current graduation validation process developed by FSBPT and implemented in late 2016. Under this process, CAPTE schools validate that a student is "on track" to graduate no earlier than 150 days before graduation. This process is done electronically within the FSBPT school interface.

The proposed enhancement would be that, in addition to the current process, once the student graduates, the CAPTE program will validate the graduation in the FSBPT school interface. Currently, accredited programs must maintain historic records of all graduates so that the appropriate documentation can be sent to a state board when that graduate is endorsing into a new state at a future point in their career.

Task Force Goals

1. Develop a national mechanism through FSBPT to create a record of program completion for all CAPTE graduates starting with the 2020 cohort.
2. Secure an agreement from a select group of jurisdictions to pilot the process in 2021.
3. Develop a process to register past graduates and implement this option for pilot jurisdictions by 2022.
4. Secure 100 percent participation among jurisdictions by 2024.

ACAPT has appointed a representative from FSBPT to serve on this task force and asked for input from the jurisdictions on the potential acceptance of this process.

Of the attendees at LIF, more than 50 percent were not sure if their current laws and rules would allow the board to accept this proposed process as proof of graduation in lieu of a physical document sent by the school. Attendees were also asked if they would personally support the proposed process, assuming that it was acceptable under their statutes. Almost 88 percent of LIF attendees indicated that they personally support this proposal. Some feedback stated that this would make sense, especially in light of the movement towards online licensure applications.

This feedback will be shared with the members of the ACAPT task force when it meets. As was stated during the presentation, any potential enhancements to FSBPT's operating system would need to be prioritized against other public protection initiatives being planned by FSBPT in future years.

Board Assessment Tool

Charlotte Martin

The Board Assessment Task Force is in the second year of researching and developing a self-assessment tool for FSBPT member boards. The purpose of the tool is to provide a mechanism for a physical therapy regulatory board to evaluate its performance in accomplishing its mission of allowing the consumer access to safe and competent physical therapy services while preventing and reducing real or potential harms.

The task force has identified four high level categories and three topics under each category for a total of twelve assessment areas for board self-assessment

- Board Performance
 - Does the board participate in a planning process?
 - Does the board provide training opportunities for board members?
 - Does the board periodically review relevant statute and regulations?
- Outreach & Education
 - Does the board receive feedback about its performance?
 - Does the board actively disseminate educational information to audiences?
 - Does the board take action to be responsive to stakeholders?
- Licensure Practices
 - Does the board (or jurisdiction) collect physical therapy workforce data?
 - Does the board review licensure requirements to facilitate licensure portability?
 - Does the board have a publicly available mechanism to verify an individual's licensure status?
- Complaint Resolution
 - Does the board publish (results of) complaint resolution?
 - Does the board have a consistent process for board actions?
 - Does the board track trends in board actions?

Based on the answers provided on the self-assessment, the board will be provided with resources and recommendations for improvement. The completion of the tool and availability to the members in an online format is planned for 2020.

International Physical Therapy Regulation

Richard Woolf

This session discussed the International Network of Physiotherapy Regulatory Authorities (INPTRA) and the benefits of involvement in the international regulatory community. The mission of INPTRA is to promote and contribute to the continuous development of leading regulatory practice through education, information sharing, and other collaborative activities with key stakeholders worldwide.

The INPTRA 2019 Conference was held in Geneva, Switzerland prior to the World Confederation of Physical Therapy Congress. The theme for the INPTRA Conference was *regulatory effectiveness through evidence and innovation*. A number of different countries from Africa, Asia, Australia, Europe, North America, and South America were represented. Presentations were given on regulatory topics pertinent to all regulators; nations with well-established regulatory frameworks learned alongside nations just beginning to explore regulation.

There are multiple ways in which you and your jurisdiction can get involved in the international physiotherapy regulatory community:

- Join INPTRA

- Subscribe to the mailing list for newsletters
- Listen to INPTRA webcasts
- Attend future meetings and conferences
- Explore and utilizing the regulatory resources available on the INPTRA website
- Take advantage of opportunities to be involved on task forces
- Submit a proposal for presentation at future INPTRA conferences

Member jurisdictions and individuals are encouraged to join and get engaged with INPTRA. Membership information can be found on the INPTRA homepage: <http://www.inptra.org/>.

National Physical Therapy Examination (NPTE)

Lorin Mueller

The National Physical Therapy Examination (NPTE) continues to serve its role in assessing entry-level competence for licensure candidates. Changes to NPTE eligibility requirements continue to be an area of progress for FSBPT. In 2016, following a lengthy benchmarking, research, and stakeholder input gathering process, FSBPT implemented a six-attempt limit at each level of the NPTE and a limit of two very low scores. FSBPT has been evaluating the impact of those measures.

Overall, the evidence for the impact of these measures is very positive. In conjunction with an extensive communication process including informing all active candidates of the changes and their options, and more extensive outreach to unsuccessful candidates, NPTE pass rates have risen substantially. Since implementation, pass rates have risen for each successive attempt, and the overall pass rates have risen approximately 12% for the NPTE-PT and nearly 3% for the NPTE-PTA. The number of very low scores has also dropped by about 70%.

Pre-Eligibility			Post-Eligibility		
Year	NPTE-PT Pass Rate	NPTE-PTA Pass Rate	Year	NPTE-PT Pass Rate	NPTE-PTA Pass Rate
2013	61.1%	69.7%	2016	75.5%	74.2%
2014	67.5%	73.2%	2017	75.3%	77.1%
2015	64.5%	72.2%	2018	78.2%	73.2%
Aggregate	64.3%	71.5%	Aggregate	76.3%	74.2%

FSBPT is continuing to evaluate two additional eligibility requirements: the requirement for a minimum TOEFL score and the requirement for educational credentials to be evaluated using the Coursework Tool 6. FSBPT began collecting data on these two requirements in October 2018. All the data are self-reported and FSBPT is not enforcing standards yet. FSBPT expects to conduct additional research when sufficient data are collected, and FSBPT plans to provide additional information in 2020. If and when FSBPT moves forward with requiring these new eligibility steps, FSBPT will undertake another substantial communication effort. We expect to implement any new requirements no sooner than January of 2022.

FSBPT is continuing to invest in the NPTE through enhancing the types of items available to NPTE item writers, specifically adding items that use video and patient scenarios. These enhancements were the result of substantial

feedback from educators and volunteers, including a formal survey of experienced volunteers in 2016. Following initial feasibility work in 2017 and 2018, the Item Writing Task Force was asked to take on the bulk of new item development in 2019 to better assess our ability to sustain item development of these types of items going forward.

FSBPT has learned several lessons during the course of this process. For video items, we had retained the services of a videographer, but we now believe we have the capability to use in-house personnel to shoot videos, and we need to be more active in shooting video in clinical settings. For patient scenario-based items, we continue to investigate efficient ways to store and deliver information contained in the standardized patient information box. We also need to reduce the number of items we ask item writers to produce for each scenario, and better train item writers to recognize when their items do not require information from the scenario. The Exam Development Committee (EDC) has given us a lot of positive feedback for these new item types in terms of our ability to better assess entry-level clinical reasoning. We are still gathering information on our item development capacity, and we expect to be able to provide more information near the end of 2019. However, at this time we are not ready to announce when these items will appear on the NPTE.

The 2019 practice analysis data collection is complete. In 2018, we began collecting data every year for the practice analysis, rather than every five years as we had done previously. This new model gives us the advantage of getting more data over time and the ability to better assess trends and predict future changes to the NPTE. It also provides the EDC with an ongoing process to generate follow-up questions to inform future content outline revisions as well as information on which to make smaller changes to the NPTE development process (such as instructing item writers to stop writing items on outdated content based on the results of the data analysis; this has always been an option per NPTE policy, but now we have data to inform these decisions). The 2018 report of the data collection was well-received.

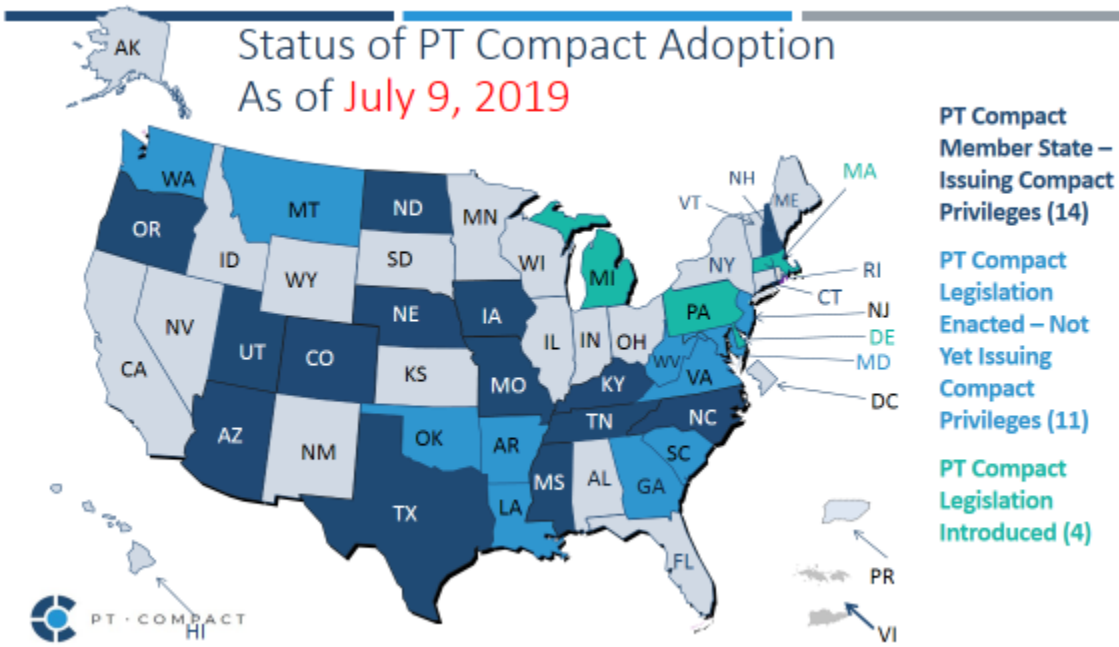
We continue to conduct outreach to stakeholders. In October of 2019, we plan to hold an NPTE Workshop for Educators in Los Angeles, California, for educators on the West Coast who might have difficulty traveling to Alexandria, where most of our workshops are held. We are also in the process of updating the forms for the Practice Exam and Assessment Tool (PEAT) and expect to make the academic versions available to educators by the end of 2019, with the individual versions revised shortly thereafter.

Physical Therapy Compact

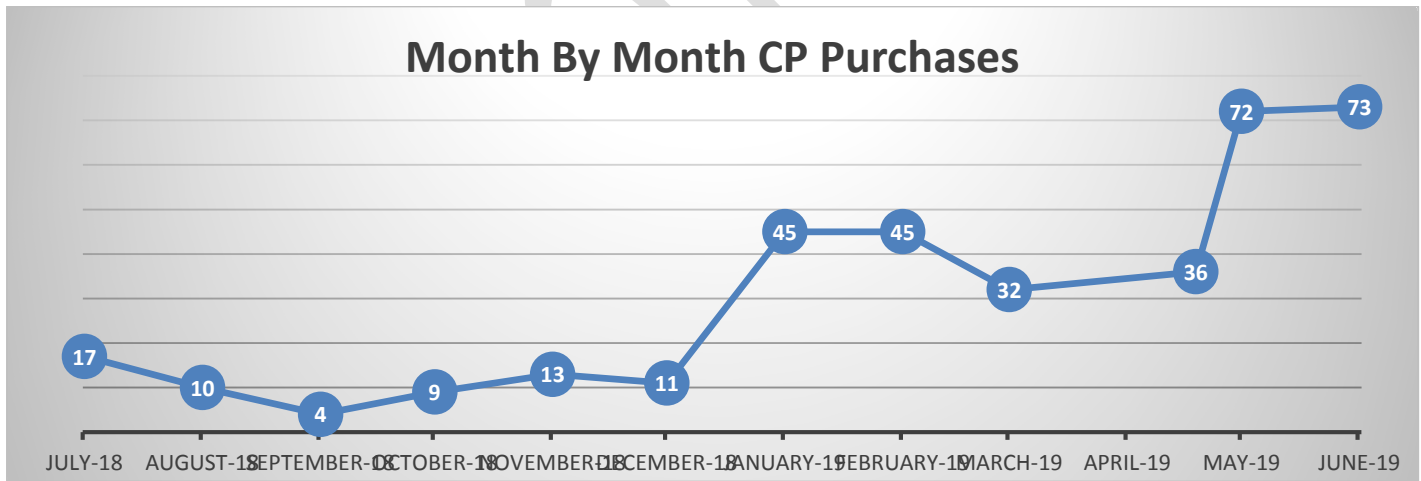
Kathy Arney

The PT Compact has grown to twenty-five states since its inception. Delaware's 2019 bill has passed both chambers, however, it awaits the governor's action to become law.³ Three additional states, Massachusetts, Michigan, and Pennsylvania still have active legislation.

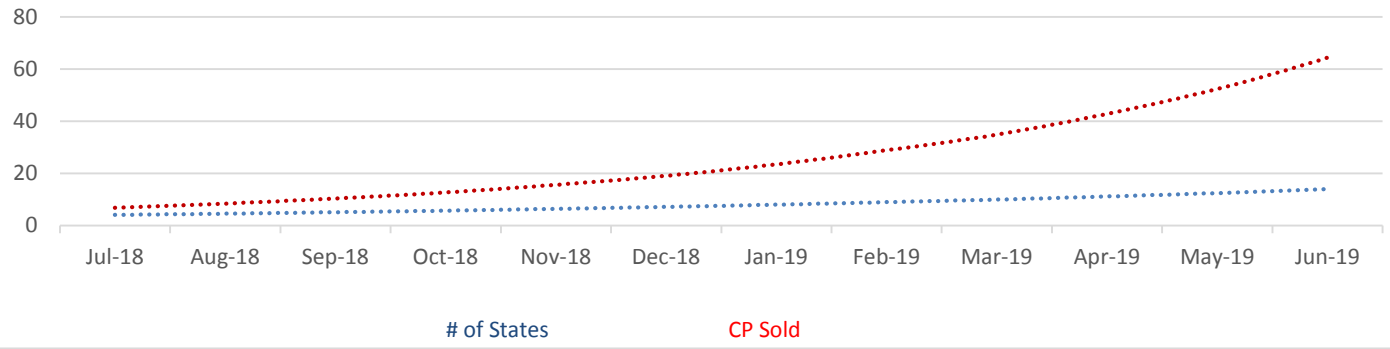
³ Delaware's PT Compact bill was signed into law on July 30, 2019 making it the 26th member.



To date, sixteen states have fully implemented the PT Compact and are able to issue and accept compact privileges; sales have continued to increase as the number of states increases. Louisiana will begin issuing and accepting compact privileges prior to the end of July 2019.



Impact of New States on Privileges Sold by Month



DO NOT COPY

Appendix A: List of Attendees

Leslie Adrian
Kathy Arney
Bill Aronson
Jennifer Ball
Wendy Baltzer Fox
Tina Baum
Betsy Becker
Barbara Behrens
Jade Bender-Burnett
Aubree Benson
John Brautigam
Thomas Caldwell
Tyler Campbell
Ruggiero Canizares
Veronica Cardoza
Gillian Cavezzali
Wiley Christian
James Clahane
Mark Cornwall
Arkena Dailey
Katie Dale
Lisa Dannemiller
Carlo de Castro
Jeanne DeKrey
Paul Delaney
Erin DeTomaso
Daniel Diep
Ellen Donald
Maggie Donohue
Jeffery Duvall
Katarina Eleby
Audrey Elswick
Craig Esplin
Heather Freeman
Karen Gordon
John Greany
Linda Grief
Ryan Hamilton
David Harris
Julie Harris
Charles Harvey
Bill Hatherill
Joel Hemphill
Matt Hyland
Randy Jean
Caitlin Jennings
Rob Jordan
Jason Kaiser
Joni Kalis
Tina Kelley
Kelly King
Nancy Kirsch
Debbie Kubota
Chad Lairamore
Susan Layton
Colleen Lettvin
Sandra Levi
Michael Lewis
Martha Limberick
Seif Mahmoud
Scott Majors
Francois Marjorie
Charlotte Martin
Sarah McAllister
Yolanda McGowan
Lori McMillan
Linda Michelsen
Lorin Mueller
Flora Muñoz
Jennifer Nash
Katy Neas
Aisha Nixon
Nolan Nolan
Isaac Okehie
Liesl Olson
Michael Parisi
Judi Pastorino
Michele Pendergraph
Tom Pennington
Aixa Perez Mink
Cindy Potter
Stacy Price
Ashley Ray
David Reed

David Relling
Deborah Richardson-Peter
Robert Romero
Jeff Rosa
Barb Sanders
Cyndi Scott
Deb Sellheim
Michelle Sigmund-Gaines
Paula Smith
Nikki Snyder
Christine Sousa
Alan Taniguchi
Kay Tasso
Jessica Taylor
Sumesh Thomas
Anne Thompson
Michele Thorman
Corie Tillman Wolf
Shannon Turner
Tim Vidale
Jeffrey Vinzant
Kelsey Wadsworth
Justin Waters
Mary Webb
Bruce Wessman
Mack Williams
Sandra Wise
Jennifer Wissinger
Krista Wolfe
Rich Woolf
John Young

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Appendix B: Results of Quick Polls

FSBPT Board Composition: PTA on the FSBPT Board of Directors

Session Name: New Session 7-13-2019 4-50 PM

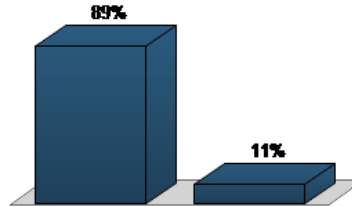
Date Created: 7/13/2019 2:19:43 PM Active Participants: 86 of 86

Average Score: 0.00% Questions: 2

Results by Question

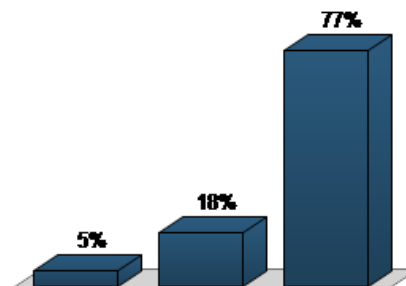
1. Would you consider a PTA serving on the FSBPT Board? (Multiple Choice)

Responses		
	Percent	Count
Yes	89.16%	74
No	10.84%	9
Totals	100%	83



2. Would you suggest: (Multiple Choice)

Responses		
	Percent	Count
There be a designated PTA position and existing board size not increase	5.06%	4
There be a designated PTA position and an additional board position recognizing the additional cost	17.72%	14
The Nominating Committee should be charged to always consider a PTA for one of the current board positions	77.22%	61
Totals	100%	79



FSBPT Collaboration with Professional Licensing Coalition

Session Name: New Session 7-14-2019 3-54 PM

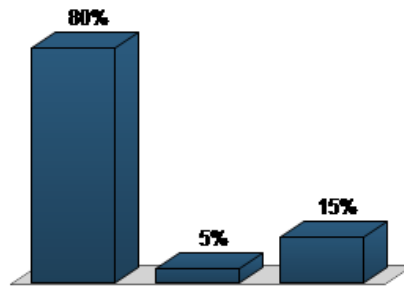
Date Created: 7/14/2019 11:41:38 AM Active Participants: 84 of 84

Average Score: 0.00% Questions: 1

Results by Question

1. Do you support FSBPT continuing to collaborate with the PLC on a national level?
(Multiple Choice)

	Responses	
	Percent	Count
Yes	79.76%	67
No	4.76%	4
Unsure	15.48%	13
Totals	100%	84



DRAFT

National Registry of PT Graduates

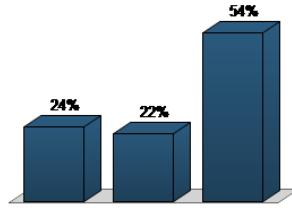
Session Name: New Session 7-14-2019 11-35 AM

Date Created: 7/14/2019 7:43:10 AM Active Participants: 83 of 83
 Average Score: 0.00% Questions: 2

Results by Question

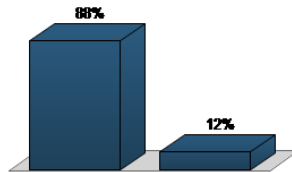
1. Would your current law/rules allow you to accept this system as proof of graduation for a CAPTE applicant (in lieu of a physical document)? (Multiple Choice)

Responses		
	Percent	Count
Yes	24.1%	20
No	21.69%	18
I don't know	54.22%	45
Totals	100%	83



2. Conceptually, if your laws did allow you to accept this as proof of graduation, would you personally support using this process? (Multiple Choice)

Responses		
	Percent	Count
Yes	87.5%	70
No	12.5%	10
Totals	100%	80



Simplified FSBPT Delegate Credentialing

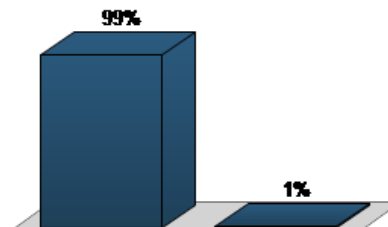
Session Name: New Session 7-13-2019 2-16 PM

Date Created: 7/13/2019 12:28:53 PM Active Participants: 83 of 83
 Average Score: 0.00% Questions: 2

Results by Question

1. Do you support the recommendations to Change the Bylaws? (Multiple Choice)

Responses		
	Percent	Count
Yes	98.78%	81
No	1.22%	1
Totals	100%	82



Appendix C: Summary of Small Group Questions and Answers

Continuing Competence Committee: A Case for Healthy Practice

Small group questions:

Attendees at even numbered tables answered these questions:

1. What is the climate in your jurisdiction to incorporate the concept of healthy practice in your continuing competency requirements by 2020?
2. What are the most important questions that should be asked of licensees in a confidential healthy practice inventory?

Attendees at odd numbered tables answered these questions:

1. What supports would your jurisdictions need/want from FSBPT and/or APTA to help address environmental factors impacting healthy practice?
2. If you had the authority and resources to implement a healthy practice initiative consistent with the Continuing Competence Committee's vision, would you do so? If yes, would implementation be high on your priority list? Please explain.

Responses to Question 1 Even Tables

Attendees indicated that although there is a general desire and interest in incorporating the concepts of healthy practice, it isn't clear the best path to follow. In many jurisdictions, amending the statutory language that governs the existing continuing competence requirements could prove challenging. In addition, it would likely take many years to make changes the regulatory language, which means it is unlikely to get accomplished by 2020.

Although challenging, there was a feeling that continuing competence requirements that included ethics, documentation, and mandatory reporting could assist boards in addressing some of the elements of healthy practice.

Some participants indicated there could be some unintended consequences, especially regarding who can view the self-inventory information and how might it be used to impact the individual licensee.

Responses to Question 2 Even Tables

The following are some of the topics identified that should be asked of licensees in a confidential healthy practice inventory:

- What are the behaviors in my practice that are unhealthy?
- Have you thought about leaving the profession? Why?
- What kind of support do you get from your employer?
- How do you manage stress?
- Do you have social supports?
- Consider using ethical dilemma questions, such as a mismatch between best practice and productivity/billing requirements imposed or implied by the employer.

- What percentage of your time is spent on EMR (electronic medical records)?
- What are the standards/perception of the standards of productivity in your workplace?
- What type of stressors are you experiencing and what outlets are available to you?
- What is your primary practice setting?
- What is the primary entity for reimbursements?
- Do you have access to continuing competence resources? Is your employment supportive of continuing competence?
- How much student debt do you have?

Other important items include the following:

- Employers and schools should be encouraged to use this information.
- Since the self-inventory is not meant to be provided to the licensing board, it should be kept separate from the renewal application.
- This must be done in a way that the practitioner feels empowered to change, otherwise it could have the opposite effect.
- Instead of a self-inventory, develop an educational module that describes each risk and support and provides links to information that can be used by the individual.
- There was a question of whether employers can provide assistance for employees' mental health and whether regulators can really "get involved in a licensee's life."

Responses to Question 1 Odd Tables

The following are some of the supports that attendees identified:

- Tools to help with lobbying, such as FAQs and fact sheets with legislative talking points.
- Functional training for licensees on how to schedule a work-day efficiently, including use of EMR.
- Public relations campaign targeted at building support for the risks and supports model.
- Information for new and potential practitioners regarding information about the financial expectations of income, debt, and expenses that come with the practice of physical therapy.
- Resources to help individuals manage financial stressors, such as student debt.
- Data regarding effectiveness of different types of continuing competence activities (e.g., online vs. in person; required defined hours in certain topics vs. total flexibility)
- Guidance of the appropriate way to address unethical billing.
- Research into the characteristics of the licensee that is both productive and ethical.
- More hard data on burnout. Most of the research on burnout has focused on other health care professions, not physical therapy.
- Strengthen FSBPT's post-NPTE exposure to licensees.
- Research based on ELDD data to see where the areas of risk are (e.g., geographical, practice setting, etc.).
- Development of best practices in addressing some of the practice requirements from a regulatory perspective.
- Collect data to support our regulatory positions.
- Proactively educate employers that are pushing/allowing for unethical behavior vs. solely being reactionary.
- Boards need to do a better job educating licensees on what is actually required under the laws and rules to practice ethically.
- Development of jurisprudence tools, including content outline review and identifying the items that should be included.

- Development of a duty to report pamphlet that could be shared with licensees.
- Tools for new graduates to use to help assess potential employers.
- Developing informational resources that could be shared with licensees.
- Develop tools to help boards educate stakeholders about healthy practice at state meetings.
- Collaboration with other organizations to create a more global approach for health care professionals in general.

Responses to Question 2 Odd Tables

In general, attendees felt that they would implement a healthy practice initiative consistent with the Committee's vision if they had the appropriate authority and resources. That being said, even if high on a board's priority list, it would take time to implement.

Hearing from the Membership, Part 1

Small group prompts:

Identify the top two challenges that physical therapy regulatory boards are facing.

1. Go around the table twice having each person identify an important regulatory issue their jurisdiction is dealing with. Have a volunteer record them on the flip chart. Each person will then vote for the two that are most important using the dot stickers.
2. Discuss the top two and identify how jurisdictions are facing this challenge.
3. What resources would be helpful in dealing with the top two issues you identified?

Issues:* Although many issues were identified and discussed by the small groups, there were a few topics that rose to the top. In no particular order, the following issues were listed the most frequently by the small groups:

- [PT Compact implementation](#)
- Billing and fraudulent charges; the role productivity standards play—[the board's role](#)
- Board and staff turnover and [training](#)

Other issues that were identified by many of the small groups included:

- [Remediation Resources](#)
- [Dry needling](#)
- Sexual harassment
- [Stakeholder communication](#)
- Fixed date testing and a lack of seats in the jurisdiction
- [Disciplinary consistency](#)

**The issues listed have been hyperlinked to FSBPT resources on the topic.*

Resources: The attendees have used many FSBPT resources. However, attendees noted additional resources would be helpful on the following topics:

1. Board member training on-demand videos or modules on a variety of topics including sexual harassment, communication with alleged victims of sexual abuse, substance abuse

2. FSBPT resources on how the compact impacts states (financial, procedural, jurisprudence requirement implementation) including financial analysis information
3. Licensee documentation and billing resources; leverage current APTA offerings such as Defensible Documentation

Criminal Background Checks Requirements and Resources

Small group questions:

1. What questions/concerns does your board have about requiring a criminal background check for licensure? (whatever stage your board is in)
2. How might (or does) your board use information from a criminal background check to inform/influence licensure decisions?

Responses to Question 1

The attendees voiced many questions/concerns about required CBCs for licensure. However, common themes began to emerge from the tables:

- liability of the jurisdiction
- handling CBC information,
- how to read/interpret reports,
- making decisions using the reports,
- receiving updates to the CBC,
- lack of clear FBI guidance, and
- predeterminations

The questions/concerns most often expressed in each category are below.

Liability of the Jurisdiction

- What is the jurisdiction's liability if CBCs are not required for licensure and someone with a significant criminal history is licensed and goes on to commit a crime while in practice?
- Do board members have any liability for denying someone a license?
- Do board members have anonymity when ruling on such matters?
- What is the burden on the board to collect the information?
- What is the liability on the jurisdiction if various local law enforcement agencies do not share criminal conviction information with the FBI, what are the liabilities involved and the impact on public protection?
- What are the concerns regarding inconsistency of different states requiring CBCs and other laws limiting ability to deny license?

Handling CBC Information

- How long does it take to get a CBC completed?
- How long does it take a jurisdiction to set up the processes and procedures to complete CBCs?
- How long should CBC information be kept?
- How much does it cost for the jurisdiction to get CBCs in place?
- How long is a CBC valid?

- What policies and procedures are needed to implement CBCs correctly?

How to Read/Interpret Reports

- How do you interpret the reports? Can the board use an attorney to discuss the offense?
- How long does it take to resolve an error on the report?

Making Decisions with the Reports

- How do you define nexus to practice?
- How do you determine when the criminal activity has enough of an intersection with the practice of physical therapy to deny a license?
- What types of offenses should be considered to deny a license?
- How can the process be made less subjective?
- Is any training available or provided on how to use the information?
- Can a license be denied for “off the job” activity/behavior vs. during work?
- Are action guidelines or a standardized method available to narrow the variability in decisions and actions? Should any offenses require an automatic disqualification of the applicant?

Receiving Updates to the CBC

- How does the RAPback system work?
- Is RAPback available in all jurisdictions?
- Should CBC be required upon renewal?
- Should a jurisdiction go back and have a CBC completed on all current licensees when first implement CBCs?
- How do we know what has happened since an initial CBC?

Lack of Clear FBI Guidance

- Why do different FBI field offices handle CBC and language differently?
- Are there common definitions of offenses when looking from jurisdiction to jurisdiction?
- Is the FBI database complete? Are all issues on the CBC?
- How do you handle records expunged, inconsistent reporting to FBI?

Predeterminations

- Can a pre-applicant petition the board regarding a past activity before even applying to a school and hold future boards to the decision made to allow them to get licensed?
- Is it possible to do a provisional license while you wait for a CBC?

Responses to Question 2

Attendees state they use information from CBCs to inform licensure decisions by also considering the following factors:

- Intent
- How long ago the issue occurred
- Age of applicant at time of issue
- What remediation has occurred
- Have there been additional issues
- Was the issue related to practice
- Arrests vs. convictions
- Demonstration of remediation or rehabilitation

Attendees felt that each case needs to be considered individually and a judgment should be made based on the circumstances and guidelines. However having some criteria or guidelines on whether to issue a license based on what comes back from a CBC would be helpful. Additionally, a list of infractions that “relate” or have a “nexus to practice” to the profession would help.

A decision tree/matrix would create a reliable process to consider the severity of offenses and licensure would be a good resource; some states already have something like this in place and agreed it was helpful to create a more objective process. In at least one jurisdiction, the health boards are developing resources to provide non-binding guidance to applicants with criminal history on the kinds of things that would prevent licensure. Examples of appropriate licensure restrictions for certain offenses would give jurisdictions some ideas of how to handle individual cases. Some attendees have a list of infractions that prohibit licensure while others are seeing legislation passed to make it easier to become licensed with a criminal history. Attendees questioned how to handle the applicant if the application is submitted in the interim time between the arrest and the end result of the case, especially a conviction. Overall, the most important thing is to consider safety to practice and public protection in determining licensure decisions.

Board members and administrators discussed multiple ways CBCs are dealt with across jurisdictions. In a few states, if there is a criminal background the person has to come before the board. In many states, the board may or may not see the results of the CBC, it may go through an investigations committee only. In instances of lesser crimes, some boards allow staff to approve sitting for the exam without board intervention. In some instances, hearings are conducted and the attorney general’s office advises the board. However, in many states, if the offense is serious then it is mandated to be seen and discussed by the full board. Most jurisdictions require additional information or report records from other jurisdictions if applicable.

One parking lot item attendees discussed was students being required to have CBCs by clinical sites. Depending on the results, there is an impact on clinical sites at which they can be placed. Many clinical rotation sites won’t allow rotations if you have a felony conviction or no CBC. Schools are beginning to counsel students when they apply that the CBC will be necessary, which has led to boards receiving pre-application calls from future candidates with criminal backgrounds. Attendees thought it was a good idea to be able to give individuals applying to PT/PTA schools a decision prior to admission, however, they were concerned about the idea of binding a future board to a decision made by a previous board.

Occupational Licensing Reform: Trends in Deregulation

Small group questions:

1. What deregulation pressure is your jurisdiction currently experiencing?
2. What are you doing to address those pressures?
3. What resources could FSBPT help provide?

Responses to Question 1

Many jurisdictions reported experiencing some type of pressure regarding deregulation or reviewing occupational licensure. From governors attempting to consolidate boards to legislative initiatives to reduce licensure barriers, boards are aware that pressures exist. On a positive note, having the PT Compact in place has helped some states stave off deregulation pressures. While not all boards have felt a pressure to deregulate, most reported pressure to simplify processes and review regulations for unnecessary barriers and possible improvement.

Jurisdictions have faced the following challenges:

- Combined and consolidated board staffing, which has created response delays and inaccuracies
- Consolidation of other regulatory boards in the jurisdiction but not PT
- Review of decreased regulation of the PTA
- Bill to replace all board members with consumers/public members
- Change in how board members are nominated and appointed
- Looking at boards that have certifications from other related entities—requires certification, but don't get the rest of the other information. Does the profession need to be regulated if another party is doing all the certifications?
- Reshuffling of different boards/responsibilities (OH).
- Board audits
- Nationwide Occupational Licensing Consortium promoting easing restrictions
- Reducing the size of the board
- Sunset reviews
- PT Board now charged with creating regulations for AT, OT, and other professions
- Increased oversight from higher agency
- Reduced barriers for those with criminal histories; limiting to relevant criminal history only
- Reciprocity bills
- Occupational licensure studies to determine need for regulation
- Board being placed under umbrella of the State Health Department
- Endorsement licensure requirements- allowing anyone with a license from another state to immediately get a license in that state
- Reduction in some responsibility board had previously
- Veto for an occupation seeking licensure

Responses to Question 2

The jurisdictions identified several things each has done to address the pressures of deregulation:

- Reviewing, updating, and simplifying regulations on a regular cycle
- Set performance measures and reasonable goals. Track the performance measures, take analytical approach and investigate when goals are not met.
- Proactive education of legislators on regulatory issues:
 - Communicate with a bill's author/sponsor to note the consequences of change suggested- even more powerful if collaborative with other boards impacted in the jurisdiction
 - Meeting with legislators to educate on what is being done at the boards
 - Formal reports to legislators
- Prepare and participate in sunset review
- Increased public members on the board and changed the nomination process for board members
- Intentional staffing, do our job well, provide a great service to our customer
- Collaboration with other boards in the jurisdiction
- Collaboration with the professional association
- PT Compact implementation
- Ensure statutory authority exists for all you do; make sure rules reflect the law
- Collect as much data as possible and document
- Use external sources for training as necessary
- Communicate function and value of the board to the public

- Create targeted talking points to anticipate contrary arguments and have literature and data/facts prepared in advance

Overall, jurisdictions felt being more proactive and telling the positive story about regulation would help with understanding the role and benefits of the regulatory board. Attendees also felt the self-reflection tool being created by the Board Assessment Task Force would be valuable.

Responses to Question 3

Attendees identified many of FSBPT's current resources including the Examination, Licensure, and Disciplinary Database; licensure reference guide; FSBPT legislative tracking tool; and staff are helpful in defending themselves against deregulation pressures. Continued collaboration with organizations such as the APTA and the Professional Licensing Coalition help keep the membership updated on trends in deregulation and potential ways to strengthen arguments to defend state based regulation. Additionally, the PT Compact initiative is helpful in demonstrating action towards increasing licensure portability. The attendees noted having the ability to reach out to FSBPT for assistance (both staff and resources) is key.

Attendees identified two initiatives in progress that were extremely helpful in their role as regulators: the Board Self-Assessment Tool and the white paper defending state-based regulation. To enhance the value of the paper there could be a corresponding list of talking points, a presentation similar to the one shown at the meeting, or other educational materials to use in communication with legislators and stakeholders. Attendees suggested that the white paper and talking points help separate professional licensure, such as with health care professions, from occupational licensure. Additionally, guidance on educating the public about the importance of a board would be helpful.

Finally, attendees identified research as key to demonstrating why regulatory requirements are necessary to protect the public and not just barriers to entry. Data that benchmarks regulatory boards would be helpful. Any other data that shows the value of the regulatory board, such as what was presented by the Healthcare Providers Service Organization at the 2018 FSBPT Annual Meeting & Delegate Assembly, is very valuable to the boards.

FSBPT Examination Licensure and Disciplinary Database (ELDD)

Small group question:

1. What do you want to get from the ELDD in order for your jurisdiction to participate?

Responses to Question 1

- Adding Minimum Dataset information can provide deeper insight into Practice Settings and help us get an even deeper understanding of the profession.
- More consistent use across the membership of the Disciplinary Action Guidelines.
- Moving away from social security numbers and using the FSBPT ID (many states will need help implementing the FSBPT ID, but the benefits in the long-run should outweigh the cost).

Hearing from the Membership, Part 2

Small group prompts:

- List two "take-aways" you received from this meeting.

- Is there something that you, as a group, think that the regulatory community should focus on as a result of your discussions? Are there things that we shouldn't be as focused on?

Topics that the regulatory community should focus on

- Board Assessment Tool
- Enacting the PT Compact
- Minimum Data Set (MDS)
- Risk and supports to competence/healthy practice
 - Continue to look for ways to make programs like continuing competence (risks and supports) easier to use (like an app) that are fiscally viable
 - Tools to measure healthy practice
- Importance of research and data collection
 - More research/discussion on patient outcomes based on the regulation of boards.
 - Spending resources on outreach to patients; being more proactive instead of reactive.
 - An assessment of assessing competence. It would be interesting to see the variation of continuing education unit assessments across jurisdictions. Is there a correlation between competence credentials and disciplinary actions? Is continuing competence still relevant in its current form?
 - Research about test score and gender profiling while not correlated, implies that males are at higher risk. Some dimensions may be inappropriate in data analysis.
- International PT community
 - More information about the International Network of Physiotherapy Regulatory Authorities (INPTRA) and international perspectives with FSBPT providing detailed information about the things that are being done outside of the United States.
 - Information about the trends we see internationally, and how those trends may affect/influence FSBPT and US jurisdictions.
 - Background of foreign-trained PTs attempting to practice in the United States. (USCIS does this to a large extent). INPTRA could consider this as a potential area of investigation.
- Board action guidelines
 - Consistent set of guidelines on disciplinary actions is especially important in light of the PT Compact
 - Consider another workshop at the FSBPT annual meeting
- Continued collaboration with partner stakeholders – APTA, ACAPT
 - Consideration of ACAPT proposal on a national registry of PT graduates

Other suggestions:

- Discontinuation of aPTitude, ProCert, and oPTion
 - Provide potential alternative options for boards that use these products

Topics that the regulatory community should not focus on

- While the current focus of continuing competence (risk and supports/healthy practice) was supported overall, there were some additional perspectives
 - Continuing competence/professional development units/quality should be a state, not FSBPT issue
 - Health and wellness of PTs (burnout, for example) blurs the line between regulators and advocates for PTs. Stay within FSBPT's mission area. We want to avoid regulating peoples' personal lives.
 - Development of a mandatory annual renewal self-assessment not yet supported

Appendix D: Guidelines for Continuing Professional Development

(See Next Page)

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