



AMERICAN BOARD OF PHYSICAL THERAPY RESIDENCY & FELLOWSHIP EDUCATION

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December 11, 2019

Joseph Donnelly, PT, DHSc
President, Academy of Orthopaedic Physical Therapy
2920 East Avenue South, Suite 200
La Crosse, WI 54601

Dear Dr Donnelly and Members of the Executive Board:

At its September 22-24, 2019, meeting the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) thoroughly reviewed and discussed the letter submitted on August 26, 2019, by the Academy of Orthopaedic Physical Therapy (Academy) Board of Directors.

The Academy's letter highlights 3 main areas of concern: (1) ABPTRFE Policy 13.4.2 (Change in Curriculum, Substantive Change Implementation); (2) ABPTRFE Quality Standards 3.1.1. (Admissions Criteria, Fellowship Programs); and (3) ABPTRFE primary health condition charts to track resident patient exposure during their educational experience. The Academy identified several additional ABPTRFE policies of concern and provided suggested changes.

ABPTRFE's response provides clarification on the Academy's 3 main concerns, clarifies the Academy's interpretation of ABPTRFE policy, and highlights ABPTRFE's ongoing work in conducting further analyses of policies, procedures, and standards for accreditation.

Further, any suggestions provided by the Academy related to ABPTRFE policies, procedures, and quality standards are being forwarded to the ABPTRFE Standards Committee for review and consideration during its next scheduled meeting in March 2020. The Standards Committee will provide any suggestions to ABPTRFE for its May 2020 meeting.

(1) ABPTRFE Policy 13.4.2 (Change in Curriculum, Substantive Change Implementation)

ABPTRFE appreciates the Academy's perspectives and thoughtful comments regarding this policy. In an effort to engage residency and fellowship programs and seek feedback, the American Physical Therapy Association (APTA) and ABPTRFE hosted a stakeholder forum in April 2019 to discuss concerns specific to this policy and to identify potential alternatives that could decrease unintended burdens to programs, while maintaining appropriate oversight of accredited programs.

Following the forum, the Standards Committee received a list of possible alternative approaches to ensure that accredited programs maintain compliance with quality standards while effectively implementing changes necessary to meet the needs of its participants. The Standards Committee reviewed, discussed, and conducted a program impact analysis on alternatives identified by the

forum attendees. Based on the results of this analysis, the Standards Committee identified and evaluated 5 viable alternatives and provided its recommendations to ABPTRFE for consideration at its May meeting.

ABPTRFE discussed all recommendations submitted by the Standards Committee and determined that further review was needed. Following this decision, ABPTRFE convened a subgroup to further discuss, investigate, and analyze all recommendations identified by the Standards Committee.

The subgroup presented its analysis to ABPTRFE during its September meeting. ABPTRFE determined that additional research is necessary prior to modifying Policy 13.4.2, as it recognized that new questions emerged. In ABPTRFE's effort to ensure that alternative options were fully vetted and to minimize unintended burdens, ABPTRFE has reconvened the subgroup to further review Policy 13.4.2, and it will provide further recommendations to ABPTRFE during its January 2020 meeting.

ABPTRFE takes program feedback seriously; thus, several stakeholder suggested options remain under consideration, which include offering virtual onsite visits and evaluating recorded mentoring sessions. Additionally, ABPTRFE is consulting with legal counsel to ensure continued protection of participant and patient privacy and confidentiality. While discussions to Policy 13.4.2 continue, the proviso¹ for Policy 13.4.2 remains in effect. Prior to adopting any policy change for 13.4.2, a public comment period will be conducted on the final proposed changes.

In discussing Policy 13.4.2 and how programs may be affected, ABPTRFE unanimously agreed that focused and structured mentoring is the component that delineates accredited physical therapy residency and fellowship programs apart from other postprofessional educational experiences. When substantive changes are made to increase participant practice sites, ABPTRFE monitors implementation of the changes to ensure that mentoring and instructional activities continue to be conducted in compliance with the quality standards, following the program's policies and procedures. ABPTRFE accreditation provides prospective and current participants with assurances that the accredited program meets all quality standards.

In an effort to decrease confusion and the burden of program documentation, ABPTRFE also is administering a pilot of new practice site documentation for all programs categorized as multisite models with the intent of streamlining documentation for these programs, while at the same time providing ABPTRFE documentation to verify continued compliance with all quality standards. Over the next several months, pilot programs will submit this proposed form with their substantive change documentation. This feedback is scheduled for review by ABPTRFE during its January 2020 meeting. If this pilot is successful, the documentation will reduce the onerous process of completing the practice sites chart used for substantive changes, Annual Continuous Improvement Reports, and the Self-Evaluation Report.

(2)ABPTRFE Quality Standard 3.1.1. (Admissions Criteria, Fellowship Programs)

¹ Proviso: For programs increasing the number (3 or more) of participant practice sites in 1 calendar year, implementation of the onsite visit requirement in Section 13.4.2 is suspended.

The Academy raised concerns related to the fellowship program admissions criteria requiring either American Board of Physical Therapy Specialties (ABPTS) board certification or successful completion of an ABPTRFE-accredited residency in a related specialty area. ABPTRFE aspires that residency and fellowship education become the preferred pathway for physical therapist professional development and advancement.

In January 2019, ABPTRFE received feedback from 6 orthopaedic manual physical therapy fellowship program directors and their constituents raising concerns with ABPTRFE's admissions criteria for fellowship programs and the elimination of the demonstrable skills qualification. This feedback was presented to the Standards Committee during its May 2019 meeting. The Standards Committee, including 2 representatives from the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT), unanimously support the current fellowship admissions criteria.

(3) ABPTRFE Primary Health Condition Charts

The purpose of ABPTRFE's primary health condition charts is to provide consistency in data collection across APTA initiatives as well as across practice areas. For example, practice areas such as neurology and geriatrics do not have body regions.

For clarification, an April 1, 2019, letter by Jay Irrgang, PT, PhD, FAPTA, stated that primary health conditions are part of the core data set of the Physical Therapy Outcomes Registry (Registry). Therefore, the primary health condition charts used by ABPTRFE and the Registry actually support each other. Although core data sets can change within the Registry over time, currently, primary health conditions are a component of the Registry.

During its September meeting ABPTRFE requested that APTA residency/fellowship accreditation staff meet with APTA Registry staff and other related APTA staff (eg, practice, specialist certification). This meeting, scheduled on December 12, will discuss the use of primary health conditions to determine if they are in line with the Registry, or whether alternative options exist for the collection of meaningful data and avoids duplication of efforts.

Summary

As an accrediting organization, ABPTRFE is committed to the ongoing self-assessment and continuous improvement of its policies, procedures, and quality standards to ensure physical therapy residency and fellowship program quality on behalf of prospective and current participants, the physical therapy community, and the public.

As an example of how ABPTRFE strives to continually improve the processes, it convened a Standards Committee in 2018, which is an independent committee comprised of program representatives from a variety of practice area backgrounds and program models (eg, single-site, multisite) to provide recommendations to ABPTRFE. Any individual or group may provide recommendations to ABPTRFE on appointments to the Standards Committee, similar to the request received by AAOMPT for representation in the related practice area.

The Standards Committee is charged to annually review and analyze all feedback received by internal and external stakeholders on the effectiveness of implemented policies, procedures, and quality standards. Based on its analysis, the Standards Committee submits proposed revisions and recommendations to ABPTRFE for consideration.

All proposed revisions received from the Standards Committee related to ABPTRFE Quality Standards are presented for public comment during its regular 5-year quality standards review period. Prior to commencing the review process and public comment period, ABPTRFE notifies member residency and fellowship programs, external evaluators, section presidents, section residency/fellowship special interest group chairs, and communities of interest to submit feedback, recommendations, and suggestions for thoughtful improvements to the quality standards. The public then has 6-8 weeks to fully review and provide comments on the value of the proposed revisions, including potential impact to developing and accredited programs.

During the last public comment period, ABPTRFE published weekly updates on all comments received in the prior week on its website, which is available to programs and the public. These weekly updates were offered to provide transparency on the number and substance of the public comments received, and to offer clarification through a frequently asked questions page of any misinterpretations or responses to questions that were received. Although ABPTRFE does not require participation in this process, it encourages comprehensive stakeholder feedback and thoroughly reviews each suggestion or concern on its merit and in consideration of its role as an accrediting organization tasked with overseeing the quality of residency and fellowship programs, while advancing postprofessional educational opportunities.

We greatly appreciate the detailed and specific feedback provided by the Academy and continued participation in ABPTRFE's self-assessment and continuous improvement processes. These clarifications are provided to address some of the concerns identified by the Academy outside of ABPTRFE's established review cycle. In accordance with ABPTRFE processes and procedures, all suggestions submitted by the Academy outlined in its letter were forwarded to the Standards Committee for further consideration at its upcoming March 2020 meeting.

Additionally, ABPTRFE provides further clarification to the additional items identified in the Academy letter. Please see the enclosure for this additional information.

Thank you for your patience and participation as ABPTRFE carefully reviewed and comprehensively discussed every concern. We hope that the information, explanation, and/or clarification provided sufficiently addresses each concern.


Sincerely,



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Chair, American Board of Physical Therapy Residency and Fellowship Education



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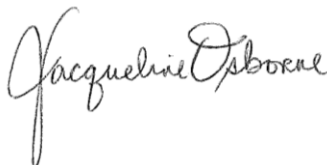
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Enclosure

Recommendations From the Academy of Orthopaedic Physical Therapy (Academy)

Policy	Academy Recommendation	ABPTRFE Clarification
<p>2.5.1.1 Candidacy Status Disclosure</p>	<p>Modify requirement of public disclosures so information is not public access, but rather only provided to applicants of a program in candidacy status.</p>	<p>US accrediting organizations are increasingly being required to offer more transparency and communication, so prospective participants can make informed decisions before committing valuable time and financial resources to educational opportunities, which is standard practice across higher education. This disclosure is not a new policy, but has been required since February 2014.</p>
<p>2.7 Request for Additional Information</p>	<p>Programs should be granted more time (greater than 5-15 days) to respond to requests for additional information.</p>	<p>This policy is specific to the Application for Candidacy programs interested in seeking initial accreditation, and must complete and submit an application to formally obtain developing status. The information requested is for minor clarification and not related to extensive documentation or that require substantive responses. For example, programs may erroneously provide the program’s mission statement in the response requesting the sponsoring organization’s mission statement. This request for additional information relates to basic program clarification. Therefore, 10 days is sufficient for programs to respond while demonstrating preparation to undergo the comprehensive initial accreditation process.</p>

<p>3.1 Participant Start Date</p>	<p>Programs should be allowed more than 10 days to notify APTA when their first participant starts the program.</p>	<p>APTA requires minimum information from programs when they start their first participant. Programs must submit participants' name, APTA membership number, start date, and anticipated graduation date. Ten days is sufficient time to submit the above requested information.</p> <p>APTA uses the submission of this information to begin to coordinate a site visit team, determine a site visit date with the program, and allow the program sufficient time to access its Self-Evaluation Report (SER) to make any necessary revisions prior to the site visit. A program has at least 5-10 months to revise its SER prior to submitting for the site visit while working with the program to demonstrate compliance with all quality standards and allow these initial participants the opportunity to graduate from an accredited program.</p>
<p>3.1 Participant Start Date</p>	<p>Adopt language that extends the opportunity for a program to enroll its first participant beyond the 5-month window of the accreditation track.</p>	<p>The accreditation tracks were established to provide programs a 23-month focused structure for prepared programs to undergo accreditation. This streamlined process addresses prior program complaints that the former accreditation process took 3-5 years to complete.</p> <p>When a program chooses to seek accreditation, it consults with APTA to</p>

		<p>determine the program's planned start date. Based on the program's identified start date, the program is placed into the corresponding accreditation track.</p> <p>If, following ABPTRFE granting a program candidacy, the program is unable to start its first participant at its original planned time (eg, cannot identify a qualified participant, organization dilemmas delaying the start date), the program coordinates with APTA to move to a different accreditation track based on the program's new start date.</p> <p>A program in candidacy is able to select a different accreditation track to accommodate a change in its start date 1 time without incurring additional financial costs or documentation requirements.</p>
<p>4.2.1 Participant Satisfaction Surveys</p>	<p>ABPTRFE has participant contact information and should be responsible for conducting satisfaction surveys.</p>	<p>ABPTRFE has contact information within the APTA database on individuals who took part in residency and fellowship education. In accordance with policy 4.2.1, ABPTRFE will contact graduates of a program seeking renewal of accreditation to obtain participant satisfaction with the program. Satisfaction with the program is different from the program conducting its internal evaluation process on meeting its established outcomes. When ABPTRFE surveys graduates, this data informs its own self-</p>

		<p>assessment and continuous improvement processes which varies from how program's use its data to improve its educational offering and participant experience.</p> <p>For clarification the Academy stated a consequence of this policy is that ABPTRFE is requiring programs to survey graduates every 5 years. ABPTRFE would like to clarify that the 5-year graduate survey was part of the former evaluative criteria and is no longer a requirement of the current policies and procedures.</p>
<p>5.1 Onsite Visits</p>	<p>Clarify language within the policy regarding program expectations during a site visit. In addition, return the policy that site visits will be 1-2 days in duration, not 2 days.</p>	<p>A comprehensive onsite visit is conducted to assess the program's full compliance with ABPTRFE Quality Standards.</p> <p>The onsite visit provides the program an opportunity to elaborate on and demonstrate implementation of information provided in the Self-Evaluation Report and Exhibits.</p> <p>The onsite team is tasked with collecting evidence and data documenting a program's compliance with ABPTRFE Quality Standards.</p> <p>The onsite visit provides an opportunity for team members to verify the implementation of a program's processes</p>

		<p>and procedures as described in the Self-Evaluation Report and Exhibits.</p> <p>A comprehensive onsite visit accomplishes the following objectives:</p> <ul style="list-style-type: none">a) To verify the narratives submitted in the Self-Evaluation Report and evidence submitted through Exhibits. The onsite team members verify that the program is meeting its mission and demonstrates successful participant achievement.b) To collect data that documents the extent of a program's compliance with ABPTRFE Quality Standards.c) To review implemented policies and procedures that promote continuous program improvement. The onsite team confirms implemented processes and procedures through discussions with administration, faculty, staff, program participants, and graduates (if available). <p>Programs receive a Program Guide Packet when the site visit date is confirmed that provides thorough information on preparing for the site visit, expectations during the site visit, and processes following the site visit. Included within this Guide Packet is an agenda outline with recommended time allocations.</p>
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		<p>ABPTRFE expanded the duration of a site visit from 1-2 days to a full 2 days in response to numerous complaints received in the past, from both programs and onsite teams, that the site visits felt rushed and there was not enough time allocated to complete all required components of the visit.</p>
<p>5.4 Onsite Visit Team Responsibilities</p>	<p>With the site visit verifying only content in green font within the Accreditation Report Rubric, there is no need for a 2-day, 3-person onsite visit.</p> <p>Further recommendations is to eliminate the 3-person onsite visit team and consider moving to a virtual site visit.</p>	<p>The recommendations for policy 5.4 submitted by the Academy were not originally clear, as these items are not included within the ABPTRFE processes and procedures.</p> <p>Upon further investigation, it was determined that the Academy is referring to elements of the Accreditation Report Rubric that is completed by the site visit team and the content that is within green font, which represents items that are verified only during the site visit.</p> <p>It is important to note that the Accreditation Report Rubric is a comprehensive document that evaluates the program's compliance with every quality standard.</p> <p>The rubric is used during both the paper review of the program's Self-Evaluation Report as well as during the onsite visit.</p>

		<p>Content in green font represents those areas that are only evaluated during the site visit, since those quality standards cannot be confirmed based solely on the written narratives submitted within the Self-Evaluation Report (SER). However, all content of the Accreditation Report Rubric (both blue and green font text) is reviewed and verified during the onsite visit.</p> <p>There appears to be confusion that only those items in green font are reviewed during a site visit, and therefore a 2-day visit with a 3-person team is not necessary. Again, the entire Accreditation Report Rubric is used and verified during the onsite visit.</p> <p>The Academy brought forward concerns regarding mentoring and the lack of evidence indicating quality of mentoring. Therefore, the Academy objects to the use of the Onsite Mentoring Session Observation Only portion of the Accreditation Report Rubric.</p> <p>It is important to note that the mentoring observation evaluation has been in use during onsite visits since the publication of the Mentoring Resource Manual in 2014, which was the result of work completed by the Mentoring Work Group.</p>
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		<p>The mentoring observation evaluation currently in the Accreditation Report Rubric maintained the same content as the former program evaluation document, but was reformatted to fit the Accreditation Report Rubric.</p> <p>The work of the Mentoring Work Group and subsequent publishing of the Mentoring Resource Manual and mentoring observation evaluation for use during a site visit is based on documented evidence.</p> <p>Since completion of the Mentoring Work Group in 2014, additional evidence was published on the benefits of mentoring.</p> <p>APTA's Board of Directors (Board) has approved a work plan to reconvene a work group to revise and update the Mentoring Resource Manual to reflect current literature and accreditation standards for both clinical and nonclinical residency and fellowship programs. This work group will begin in 2020.</p> <p>ABPTRFE implemented a 3-person onsite team to ensure a thorough review, add opportunities to share higher education best practices, and to ensure objectivity during the evaluation process.</p>
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		<p>The program administrator/outcomes evaluator focuses on reviewing the program's effective administrative operations from the perspective of policy implementation and data collection documenting achievement of the program's mission and goals. Across higher education, there is an increasing focus on outcomes and continuous improvement. Since many program directors may not have exposure to higher education administration, recommendations for improvements in this area allows programs to adopt applicable suggestions and improve overall efficiencies.</p> <p>The practice area expert evaluator carefully reviews all program components including curriculum, instructional design, delivery modality, and mentoring practices to verify that quality postprofessional education opportunities are designed to support participants' achievement of outcomes.</p> <p>The team lead ensures that team members complete their tasks, support the evaluation process, and compile the feedback provided by the other team members to ensure an accurate reflection of the program, and to effectively communicate the program's compliance</p>
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		<p>with the quality standards to allow ABPTRFE to make an accreditation decision.</p> <p>Currently, while consideration is being given to the integration of virtual site visits for substantive changes, ABPTRFE must ensure that programs are comprehensively in compliance with all quality standards. Conducting a 2 or more (depending on the program size) 8-hour virtual visit is not currently effective.</p>
<p>6.4 Appealing the Board's Adverse Decision</p>	<p>Allow programs up to 30 days to submit the required fees for an appeal.</p>	<p>ABPTRFE appeals process provides programs an opportunity to prove that there was an error in the factual record that resulted in the negative decision, or that ABPTRFE did not follow its published policies, procedures, or quality standards in making the final decision on a program's accredited status.</p> <p>Programs are provided with ample opportunity to submit additional information, correct inaccurate or misleading information, and submit additional documentation throughout the accreditation process to guard against the need for programs to avail themselves of the appeals process.</p> <p>Due to the serious nature of an appeals process and the steps required to procedurally initiate an appeals panels,</p>

		<p>programs are required to demonstrate their understanding and commitment to the process and ensure this process is not used for arbitrary disagreements with ABPTRFE decisions. Programs seeking to file an appeal should be prepared to complete the application and submit the corresponding fee.</p>
<p>6.4 Appealing the Board’s Adverse Decision</p>	<p>Clarification as to why the appeal fee is so high.</p> <p>Place a limit on how much these fees can increase annually.</p> <p>If the appeal results in the reversal of an adverse ABPTRFE decision, a portion of the appeals fee should be returned to the program.</p> <p>The Academy would like a report on the outcomes of previous appeals.</p>	<p>The ABPTRFE appeals fee is established to cover the costs incurred to convene an appeals panel, to complete the procedural steps required, and to support the additional duties required of APTA throughout this serious undertaking. The fees associated with an appeal are consumed throughout the process and therefore is not refundable to the program, regardless of whether ABPTRFE’s decision is overturned or upheld.</p> <p>ABPTRFE reviews its fees every 2 years and does not conduct annual increases. Currently, ABPTRFE has established and published its fees through 2022. The appeals fee remains consistent through 2022.</p> <p>In the history of APTA accrediting residency and fellowship programs, there has only been 1 program that filed an appeal.</p>

		<p>The outcome of that appeal was in favor of ABPTRFE, and the adverse accreditation decision was upheld.</p>
<p>6.4.2 Appeals Panel</p>	<p>Create a chair/vice chair position for the Appeals Panel who appoints the panel members rather than ABPTRFE making appointments.</p>	<p>Similar to ABPTRFE’s process for selecting onsite team members, ABPTRFE appoints appeals panel members from the program’s peer group, which includes former members of ABPTRFE, ABPTRFE onsite team members, and active faculty of ABPTRFE-accredited programs. All appointed Appeals Panel members are required to disclose any conflicts of interest.</p> <p>Additionally, a list of proposed panel members is submitted for review by the program in advance. This provides the program an opportunity to request an alternate appointment if a potential conflict of interest exists as defined by ABPTRFE’s Conflict of Interest policy.</p> <p>Both the program and the Board have the same opportunity to present their statements and the Appeals Panel makes an independent decision that is presented to the Board for action. The Appeals Panel is convened for the purposes of the identified appeal filed with the Board and is not an ongoing position.</p>

<p>6.5 Binding Arbitration</p>	<p>An outline of fees associated with the appeals and arbitration process should be clearly outlined.</p>	<p>The cost of an appeal is published on the ABPTRFE website. Additionally, if a program would like a transcript of the oral presentation at the hearing, that fee is indicated and published within the Application for Appeal. There are no other fees associated with an appeal.</p> <p>Costs for appeals resources vary and therefore itemized fees are not published, as they may at any time become outdated or inaccurate.</p> <p>Should the program's appeal not result in a change from the Board's adverse decision, the program has the right to request arbitration.</p>
<p>6.5 Binding Arbitration</p>	<p>Create a chair/vice chair position for the Appeals Panel who appoints the arbitrator.</p>	<p>The Appeals Panel is not an ongoing appointment. Members participate on an appeals panel following the receipt of a written statement indicating the program's intent to appeal a negative Board decision. An arbitrator is appointed from a selection of arbitrators provided by the American Arbitration Association. This is not an ongoing relationship and an arbitrator is only engaged upon notification of a program's intent to engage in binding arbitration. Arbitrators complete continuing legal education that includes ongoing ethics training to guard against any inappropriate or biased behavior.</p>

<p>7.10 Correction of Misleading or Inaccurate Information</p>	<p>Policy needs clarification</p>	<p>US accrediting organizations and the programs they oversee are required to publish accurate and truthful information. If any inaccurate or misleading information is identified, programs have 10 days to correct this information to ensure transparent communication to prospective and current participants, the physical therapy community, and the public, which is standard practice across higher education.</p>
<p>9.3 Waiver Denied</p>	<p>Outside review of petitions should be conducted in order to hold ABPTRFE accountable for its decisions.</p>	<p>When ABPTRFE reviews a program’s request for a waiver of one of the quality standards, this is a time-limited waiver. After the expiration of the waiver period, the program must come into compliance with the standard.</p> <p>When programs request a waiver to a published policy, procedure, or quality standard, they are seeking an exemption to demonstrate compliance with criteria reviewed and established by the Board. Therefore, all waivers must be granted by the Board.</p>
<p>10.3 ABPTRFE Review and Follow-Up Action</p>	<p>Programs should be provided feedback on their Information for Accredited Residency & Fellowship Programs (ACIR) no later than March 31 regarding any request for additional information.</p>	<p>The process for review of ACIR is an APTA review. Should clarifications be necessary, those will be sent to the program. Should staff identify any concerns related to program compliance with the quality standards, those programs will be presented to the ABPTRFE during</p>

		<p>its next meeting following ACIR submission deadline (May).</p> <p>However, 2019 was a transition year for programs and for ABPTRFE as well as APTA into new annual report processes with ACIR.</p> <p>During the Residency/Fellowship Section SIG Chair meeting at CSM in 2019, a request was made that ABPTRFE conduct a review of all 316 programs' Exhibits 2 and 3 and provide thoughtful feedback. The reason for the request was that programs feared without this review by ABPTRFE, when the program next sought renewal of accreditation (potentially 8 or so years later), the program may at that time discover that its goals and outcomes do not meet ABPTRFE quality standards.</p> <p>Following CSM, this request was brought forward to ABPTRFE, who wholeheartedly agreed with the request.</p> <p>Due to the volume of annual reports, ABPTRFE was provided until June 30 to complete its reviews.</p> <p>Clarifications went out in August 2019.</p> <p>All programs are now converted to the new ACIR documentation. The 2019</p>
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		ACIR submission in January 2020 by programs, and the review of ACIR documents by staff, is anticipated to be a quick and efficient process. The goal is for all program ACIR reviews to be completed prior to CSM in February 2020.
10.3.1 Additional Clarifying Documentation	Programs should be allowed 6 months to provide a progress report to address any clarifications within ACIR with the expectation that full compliance by the next ACIR cycle.	Program response times for clarifications from the annual report are always 30-days, which is not a new policy. Requiring a timely response from the program related to a program's annual report (now called the ACIR) is necessary for consistency and thorough review.
10.3.2 Special Visit	The policy needs to include a timeline and process for when a special visit would occur as it relates to the ACIR process.	<p>Policy 10.3.2 is subset of policy 10.3 related to ABPTRFE review and follow-up action on a program's ACIR.</p> <p>As noted above, ACIR documentation is now reviewed by APTA. If clarifications are necessary, those clarifications are requested. If concerns exist regarding a program's compliance with the standards based on its ACIR and clarifications, APTA will bring that program to ABPTRFE during its May meeting.</p> <p>Policy 10.3 states that if the Board, during its May meeting, considers any significant, salient items reported by the program within its ACIR and clarification response, the Board will initiate follow-up actions as necessary. These follow-up</p>

		actions may include the program providing additional clarification documentation (Policy 10.3.1) or undergo a special site visit (Policy 10.3.2). These follow-up actions are rare occurrences and reserved for significant situations where program compliance is in question.
11.2 Special Visits	Timelines for when the special visit occurs should be based on the severity or type of trigger (eg, 11.1.1 through 11.1.7).	The policy states that the special site visit will be conducted in a timely fashion and within 12 months from when ABPTRFE was first made aware of the condition.
12.0 Complaints	ABPTRFE creates a process to handle complaints that are received, but outside of a program's control (eg, an issue at a practice site despite factors not being within the sphere of control of the program).	<p>There appears to be a misinterpretation of what constitutes a complaint. A complaint is related to any instance of noncompliance with ABPTRFE Quality Standards, policies, and procedures.</p> <p>In the example provided by the Academy, if there is an issue with a practice site affiliated with the program, but the issue is outside the control of the program, it is the program's responsibility to identify the issue, and if significant, to remove its affiliation with the practice site.</p> <p>Quality Standard 2.3 Program Delivery states: <i>"The program is conducted in settings or affiliated clinical sites where management and professional staff are committed to seeking excellence in education and patient care by demonstrating substantial compliance with professionally developed and</i></p>

		<p><i>nationally applied practice and operational standards while maintaining sufficient resources to achieve the mission, goals, and outcomes.”</i></p> <p>It is the program’s responsibility to follow its implemented policies and procedures and to respond to all complaints it receives from its participants related to a practice site in which the participant is placed.</p>
<p>13.2 Change in Ownership</p>	<p>Modify the requirement that a substantive change form is submitted within 6 months after the change in ownership has been completed, as the program may not know the required information requested in the substantive change documentation prior to the change in ownership.</p>	<p>Substantive changes, by nature, require prior approval and authorization from an accrediting organization.</p> <p>The information collected within the Substantive Change – Change in Ownership Part 1 application is minimal information that should be discussed during the negotiations of a program ownership change.</p> <p>Following ABPTRFE approval of Part 1, the program institutes the change in ownership. After the ownership change is fully completed, the program submits the Substantive Change – Change in Ownership Part 2 application, which outlines the program’s continued compliance with ABPTRFE quality standards following this change in ownership.</p>

<p>13.3 Change in Leadership</p>	<p>Require notification of change and who will serve as the interim director.</p>	<p>There appears to be confusion regarding the substantive change process, specific to change in leadership.</p> <p>During times when an interim director is required (eg, a program director that was removed from an organization or the death of a current program director), the program's sponsoring organization may appoint an interim director. This person is not submitted through the formal substantive change process, but rather APTA is contacted and informed on who the temporary contact for the program is.</p> <p>Once the organization has identified a permanent program director, the program submits the formal substantive change documentation.</p>
<p>13.4.1 Change in Curriculum Application Part 1</p>	<p>Reverse the policy and return to a single substantive change form filed within 30 days after a program adds additional practice sites.</p>	<p>As stated above, substantive changes, by nature, require prior approval and authorization by an accreditation board.</p> <p>ABPTRFE meets every other month and reviews substantive changes. Once the program's Part 1 Substantive Change Form has been approved, the program is authorized to make the change by adding those additional practice sites and begin training participants at those sites.</p> <p>During its September 2019 meeting, ABPTRFE made revisions to the</p>

		<p>substantive change documentation related to Change in Curriculum. At the same time, a new Practice Site Chart for multisite programs was created to streamline the information being provided by the program and to allow ABPTRFE to easily confirm program compliance with the standards.</p> <p>This new practice site chart is currently undergoing pilot testing with substantive changes being submitted for the January ABPTRFE meeting. ABPTRFE will review the feedback on this new practice site chart prior to finalizing changes to the substantive change documentation related to a change in curriculum, thereby decreasing program workload.</p>
13.4.2 Substantive Change Implementation	Eliminate 13.4.2 or revisiting of solutions from stakeholder meeting.	As described within the letter above, ABPTRFE continues to investigate the recommendations from the Standards Committee that came from the April Stakeholder Forum. At this time, the proviso related to the site visit remains in place. Therefore, there is no financial implication to programs.
13.4.3 Change in Curriculum Substantive Change Decision	Decision following an ABPTRFE meeting should be provided within 7 days to the program.	Minimum response times to programs following an accrediting organization's decision is 30 days.
14.1 Participant Positions	An explanation as to why 3 was selected as the substantive threshold when adding additional participant positions.	ABPTRFE allows programs of varying models and sizes to obtain accreditation. Therefore, creating a one-size-fits-all policy would always leave some program

		<p>type at a disadvantage.</p> <p>ABPTRFE creates policies that ensure quality residency and fellowship education, while allowing flexibility and variability in program size and structure.</p> <p>Statistically, the majority of programs that are ABPTRFE-accredited are small. Therefore, an increase in participant positions by 1 or 2 would result in a 50%-75% increase in the size of a program.</p> <p>This data informed the threshold used when ABPTRFE created the substantive change policy related to additional participant positions.</p>
14.2 Participant Practice Sites	An explanation as to why 3 was selected as the substantive threshold when adding additional participant practice sites.	<p>ABPTRFE attempted to balance program size variability with ensuring program compliance with the quality standards. With the work ABPTRFE is undertaking related to the April Stakeholder Forum and recommendations from the Standards Committee, ABPTRFE is considering various options including returning to its former policies that <i>all additional practice sites</i> are reported through the substantive change process.</p>
15.1 Seeking Feedback	Annual review and feedback should be sought by APTA section leadership and ABPTS with an in-depth review every 5 years.	<p>ABPTRFE accepts feedback at any time from any individuals (internal and external stakeholders). This feedback is accumulated throughout the year and presented to the Standards Committee for</p>

		<p>review and consideration. Any proposed changes by the Standards Committee is presented to ABPTRFE and included within the regular 5-year formal review process for public comment.</p> <p>Policy 15.1 is not meant to be an exhaustive list of all parties ABPTRFE notifies to seek feedback. Section leadership, ABPTS, and other such groups fall under communities of interest within the policy.</p>
<p>15.2 Review Process</p>	<p>Section leadership is represented by apportionment on the Standards Committee.</p>	<p>Policy 15.2 does not relate to the Standards Committee. Policy 15.2 describes the process ABPTRFE uses to create the call for comments for updating its quality standards.</p> <p>The Standards Committee is a group of 6-8 members who represent programs accredited by ABPTRFE. These individuals are responsible for annually reviewing recommendations from all parties on changes to ABPTRFE standards, processes, and procedures. This annual review precedes Policy 15.0.</p> <p>Following review and analysis of impact, the Standards Committee forwards recommendations to ABPTRFE for inclusion in the next systematic 5-year quality standards review and update process in accordance with Policy 15.0.</p>

<p>15.1 Seeking Feedback and 15.2 Review Process</p>	<p>The Academy requests quarterly communications.</p>	<p>This request/recommendation does not relate to Policy 15.1 or 15.2. In the past, ABPTRFE and APTA used a formal newsletter to disseminate information to program directors. With changes in APTA’s communication processes, the original dissemination of the quarterly newsletter was limited to only program directors.</p> <p>Throughout the years, individuals beyond the program director (eg, program coordinators, faculty, mentors, participants) requested copies of the newsletter.</p> <p>To accommodate this request, APTA created the Residency/Fellowship Education HUB community, which all APTA members can access.</p> <p>ABPTRFE has moved away from formal newsletters and instead posts announcements through the HUB in order to disseminate information in a timely manner that the formal newsletters could not provide.</p>
<p>15.3 Call for Comment</p>	<p>A minimum response threshold needs to be established that demonstrates sufficient review has been received by programs and key stakeholders.</p>	<p>It is not possible to establish a minimum response rate, as the full stakeholder audience is undefined.</p> <p>All internal and external stakeholders are informed of the call for comment period</p>

		<p>when released.</p> <p>This includes notifying all programs, posting notices to the Residency/Fellowship Education HUB community (all APTA members can access), posting notifications in section and component newsletters, informing other accreditation groups, etc.</p> <p>With the wide dissemination of the call for comment announcement, there is no way to determine a true response rate.</p> <p>Statistically, response rates on accreditation standards call for comments for all accreditation groups is minimal.</p>
15.4 Revision Proposal	A program impact analysis should be conducted prior to adopting new policies.	<p>Policy 15.4 does not speak to changes in ABPTRFE processes and procedures. Policy 15.0 is specific to changes in ABPTRFE Quality Standards.</p> <p>However, to address the Academy's recommendations to changes in policy, a program impact analysis is conducted as part of the Standards Committee review of recommended changes. ABPTRFE is also piloting new documentation prior to making policy changes.</p>
15.4 Revision Proposal	A program impact analysis should be conducted prior to adopting new quality standards.	The purpose of the call for comment is for stakeholders to provide feedback on the adequacy of the proposed standards and indicate any impact these standards would

		have (positive and negative) on the program.
15.5 Implementation	A timeline and process to educate programs on the implementation of new standards should be established.	<p>Following the adoption of changes to the ABPTRFE Quality Standards, APTA has 12 months to update the Accreditation Handbook and all corresponding documentation to reflect the approved changes.</p> <p>Programs have 24 months to come into full compliance with all approved changes. The 24-month timeframe commences from the published adoption date.</p>
15.6 Effective Dates	The actual timeline for implementation of the new standards is not within the policy.	<p>Following the adoption of changes to the ABPTRFE Quality Standards, APTA has 12 months to update the Accreditation Handbook and all corresponding documentation to reflect the approved changes.</p> <p>Programs have 24 months to come into full compliance with all approved changes. The 24-month timeframe commences from the published adoption date.</p>
Appendix 3.0 Fees	ABPTRFE should conduct a survey to determine barriers to programs seeking initial accreditation or renewal of accreditation.	Based on the continued growth in programs seeking accreditation (157%), annual growth following the adoption of the new accreditation standards, processes, procedures (inclusive of the fee structure), there does not appear to be a

	<p>ABPTRFE should consider using an adjustable fee structure (eg, onsite visit fees).</p> <p>ABPTRFE should expand grant options for programs from APTA sections.</p> <p>There is no information posted about the reaccreditation fees.</p> <p>Insert language that fees cannot increase beyond the normal inflation rate of more than 2% annually.</p>	<p>financial barrier to programs seeking ABPTRFE-accreditation.</p> <p>The purpose of a flat fee structure for onsite visits is to allow programs the ability to accurately budget for onsite visit costs. Similar to the Academy’s concerns, programs should be afforded the ability to accurately and appropriately budget for accreditation fees.</p> <p>ABPTRFE does not offer grant opportunities for programs seeking accreditation. Grants are offered through APTA sections. Sections independently handle the processes and procedures related to grant opportunities for programs seeking accreditation. A few years back, APTA brought to concept expanding and aligning section grant funding to the Residency/Fellowship Section SIG Committee for consideration. No action by the Committee has been taken at this time.</p> <p>ABPTRFE no longer has an application fee for programs seeking renewal of accreditation. The only costs incurred by programs during their renewal of accreditation is the cost of the onsite visit. This information was highlighted in the ABPTRFE 2018 Policies and Procedures Crosswalk published in July 2018,</p>
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		<p>following ABPTRFE’s June 2018 policy adoption.</p> <p>When establishing the fee structure for residency and fellowship accreditation, ABPTRFE does so with the input and guidance of APTA’s chief financial officer.</p> <p>It is important to note that when APTA started the accreditation process in 1997, the fees established at that time remained in effect until 2012 (15 years). However, the operating costs of APTA accreditation program continued to rise.</p> <p>Over the last 7 years, ABPTRFE has adjusted residency/fellowship fees 3 times. The fees have been adjusted to account for increases in operational costs, however, without creating a financial burden to programs.</p> <p>As such, the residency/fellowship program continues to operate at a financial loss for the association.</p>
<p>Appendix 4.0 Accreditation Team Members and Qualifications</p>	<p>Ensure a system is in place to adequately train programs, provide various examples, and ensure ABPTRFE feedback prior to candidacy decision.</p> <p>Ongoing reporting to the community on pitfalls, pearls, etc, to ensure that existing</p>	<p>In January 2018, guidance instructions and examples were published specific to the core of the quality standards (Exhibits 2 and 3) related to a program’s mission, goals, outcomes, and key indicators.</p>

	<p>and new programs are on track with meeting the quality standards.</p>	<p>In April 2019, the Candidacy and Accreditation Workshops were published to the APTA Learning Center. These workshops are free of charge, but are required for all programs seeking candidacy and renewal of accreditation, respectfully.</p> <p>In addition, APTA conducts follow-up webinars that are required of programs seeking initial accreditation and renewal of accreditation. These webinars are conducted several months prior to the accreditation track a program is in to allow sufficient time for the program to work on its accreditation documentation.</p> <p>Throughout 2019, APTA has collected the common questions received from the webinars and plans to create short instructional videos in 2020 that highlight these questions, pitfalls, and pearls.</p> <p>APTA is exploring educational opportunities used by other accreditation groups to support program development and maintenance of accreditation.</p> <p>In addition, APTA is always available to programs to provide consultation.</p>
<p>Appendix 4 Standards Committee</p>	<p>Create a clear and easy pathway for programs to participate in the public comment periods.</p>	<p>The public comment period outlined within the Standards Committee description in Appendix 4 is referring to</p>

		Policy 15.0 that all standards undergo a call for comment at a regular 5-year interval. The Standards Committee does not complete a separate call for comment period.
Appendix 4 Standards Committee	<p>The Standards Committee should include representatives of each of the APTA section leadership.</p> <p>Programs should elect the qualified members to the Standards Committee</p>	<p>ABPTRFE appoints individuals to the Standards Committee. As stated within the above letter and Policy 15.2, the Standards Committee is made up of representatives of the programs ABPTRFE accredits. The current Standards Committee are individuals who have never served ABPTRFE in any capacity. In addition, APTA section and related organizations (eg, AAOMPT) may submit recommendations to ABPTRFE for appointment (similar to the process used by ABPTS when appointing members to its Specialty Council). As an example, AAOMPT provided recommendations with the recent Standards Committee appointments.</p>
Appendix 5.0 Petitioner Guide for Establishing a New Area of Physical Therapist Residency or Fellowship Practice.	<p>ABPTRFE should provide financial and staff resources to reduce the barrier to establish new practice areas.</p> <p>Require critical steps to complete the analysis and be published to reduce consultant costs.</p> <p>ABPTRFE should publish on its website any Declaration of Intents it has received in order to reduce duplicative efforts by</p>	<p>One point of clarification is that the Academy's letter indicates that only 1 program has completed a practice analysis under these new petitioner guidelines.</p> <p>Since this process has been in place, ABPTRFE has received 3 full petitions and currently has an additional 3 petitions pending.</p>

	<p>other potential petitioners as well as report who the individuals of those practice analysis teams are.</p>	<p>The current petitioner guide is aligned with ABPTS processes based on collaborative work between the boards.</p> <p>The steps required to conduct a practice analysis and submit a petition is outlined within Appendix 5.0. APTA is available for consultation along the way.</p> <p>A consultant is an individual with expertise in conducting and analyzing practice analysis studies. When ABPTRFE revalidates practice areas, a consultant must be hired, in the same manner a new group seeking to petition for a new practice area.</p> <p>The first step in establishing a new area of practice is for the petitioning group to declare its intent to submit a petition by notifying ABPTRFE in writing. There is no cost associated with the initial step in the process. At that time, ABPTRFE reviews the declaration of intent, and if it feels the proposed area is similar to one that currently exists or another practice analysis currently being conducted, APTA connects the petitioners to ensure duplicative work is not occurring.</p> <p>Similar to ABPTS, developing practice areas and the practice analysis teams are not published to the website.</p>
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<p>Quality Standard 5: Key Element 5.7 Outcomes Publication</p>	<p>ABPTRFE should allow programs to publish its outcomes internally and externally to the public.</p> <p>ABPTRFE should collate and de-identify program outcomes and publish it in aggregate.</p>	<p>The intent of Key Element 5.7 relates to public disclosure.</p> <p>ABPTRFE values the unique nature of each program based on its mission and goals. Programs self-identify their program’s outcomes in consideration of their mission, goals, participant population, geographic location, delivery modality, curriculum offered, and program type.</p> <p>ABPTRFE supports this autonomy by allowing programs to identify those outcomes or participant achievement indicators that best represent the education experience the program is designed to deliver.</p> <p>ABPTRFE does not identify prescriptive outcomes data or other participant achievement results that need to be published, but allows each program the freedom to publish achievement data indicative of program performance.</p>
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