Competency Model of Physical Therapy

Physical therapy as a profession developed during World War I, sometime between 1914 and 1917 (Nicholson, 2008). Originally called reconstruction aides, the first physical therapists graduated from Reed College and Walter Reed Hospital (Nicholson, 2008). At that time, there was no true professional organization or unifying structure. In 1921, physical therapists decided to form a professional organization, deemed the American Women's Physical Therapeutic Association, now known as the American Physical Therapy Association, or APTA (Nicholson, 2008; APTA, 2015). In 1986, the Federation of State Boards of Physical Therapy (FSBPT) was formed, providing an organization through which state licensing authorities could coordinate (APTA, 2011). Today, the FSBPT develops and administers the national physical therapy examination, a standardized test needed prior to obtaining licensure in the United States; however, each state still holds jurisdiction over the threshold of scoring on the test required for licensure, as well as the continued educational requirements necessary to maintain licensure.

In early 2010, the APTA and the FSBPT published a joint paper regarding continuing competence and the vision ahead for more alignment throughout the profession, moving from continuing education models to continuing competence models (APTA, 2012; APTA, 2010). Originally adopted in 2000 and revised in 2006, the FSBPT has devised a Standards of Competence framework to aid licensing authorities nationwide in the assessment of continuing competence of physical therapists (FSBPT, 2006). Under these standards, physical therapists would follow two domains, professional practice and patient/client management. Under each of these domains are competencies, three under professional practice and five under patient/client management, followed by many behaviors in each competency that physical therapists must be able to perform and demonstrate. A visual example is provided in Figure 1 and Figure 2, below.

Figure 1: Professional Practice Domain

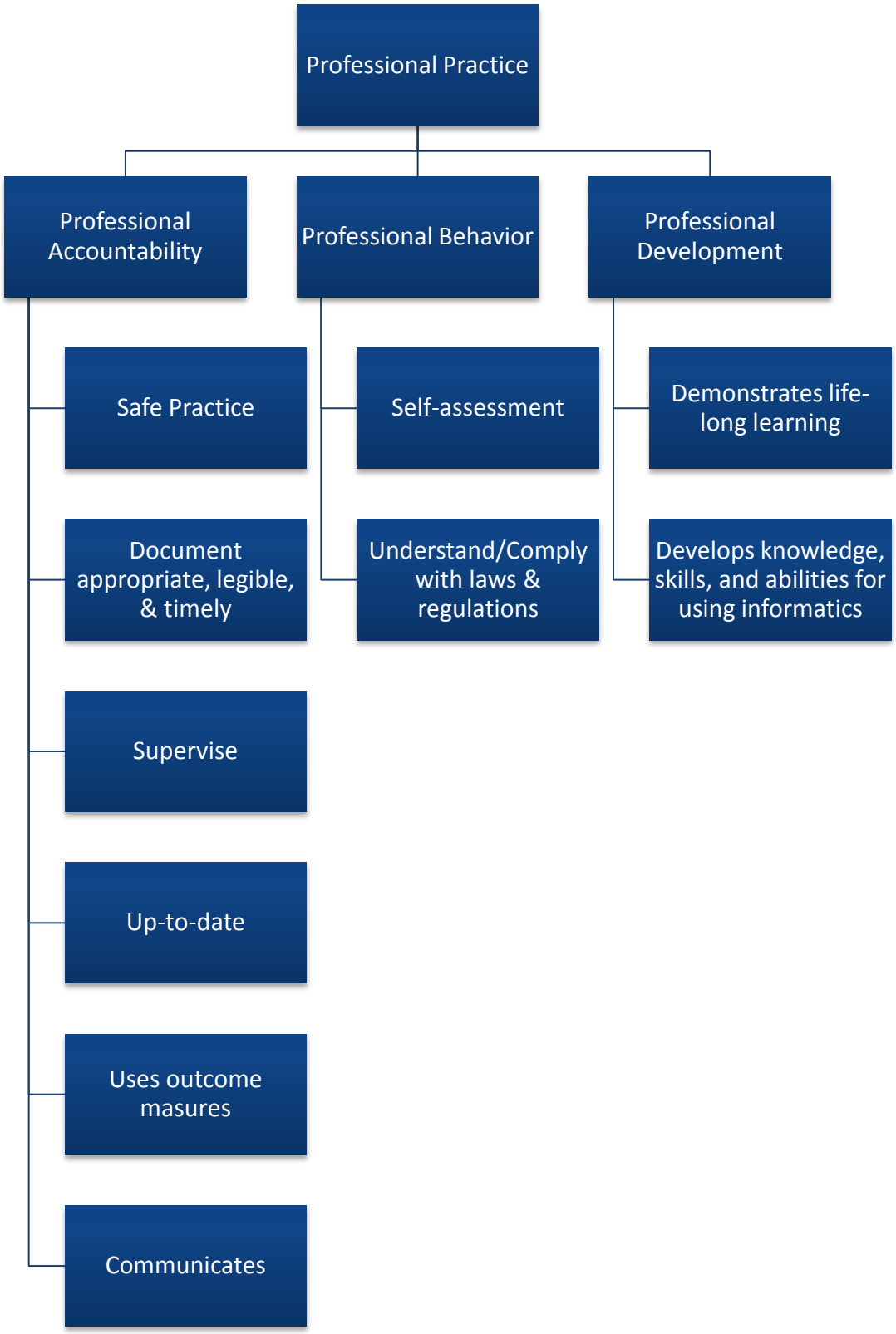
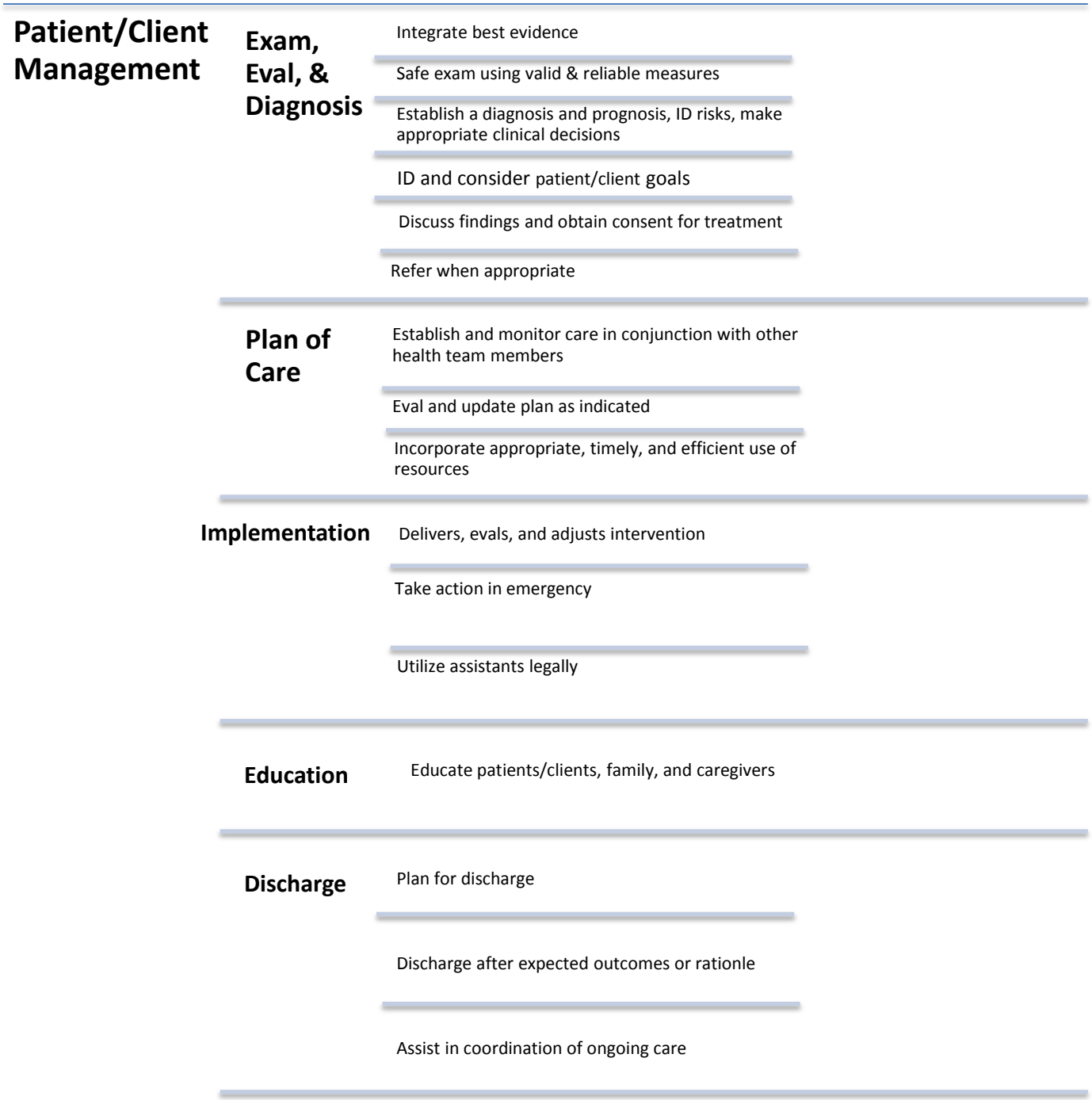


Figure 2: Patient/Client Management Domain



While this framework enables individual states to collectively unify under homogenous standards, only five states have begun adopting a continuing competence approach (APTA, 2012). As each jurisdiction is legally responsible for determining what tools and/or requirements are obligatory for the protection of license-holders and patients/clients, the FSBPT cannot mandate a change from continued education models. Instead, they offer several resources for free to physical therapists and to jurisdictions, including aPTitude, an online continuing competence resource developed by the FSBPT to allow for easier listing of and searching for qualifying continuing competency courses (FSBPT, 2015).

The basic requirements with the new model include obtaining a minimum of 30 continuing competence units, either from certified or approved activities, in a two year renewal period (FSBPT, 2015). At least 15 of these units must be obtained by taking certified activities, as delineated by FSBPT guidelines. This differs from the traditional continuing education model, where units are earned simply due to hours spent doing the continuing educational activity, not based on merit of the type of activity. This shift is dramatic in the profession, so it is not a surprise that it has been met with resistance to change, with barriers including territoriality within professions and boards (Citizen Advocacy Center, 2001). However, as reimbursement models start to move away from volume and more towards value, physical therapy jurisdictions may need to look at the true value of their current model and reconsider the benefit of its use.

Overall, the continuing competency model of physical therapy is more individually focused, as you must complete a self-assessment to determine what courses/activities will be best to target for your overall competence advancement. This model shifts away from hours required to value of learning experiences required, advancing the profession towards a true renewal of

competency during licensure renewal every two years. Using the FSBPT's aPTitude system helps physical therapists and jurisdictions in transitioning to this model and organizing the requirements to maintain proper licensure. In order to remain relevant in today's healthcare landscape, physical therapists must keep up-to-date with the latest evidence-based practices and guidelines. To achieve this goal, as well as to ensure the best care is provided to all patients/clients, physical therapists should consider this model, even if their state/jurisdiction has not currently transitioning away from a continuing education credits model.

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