

AGENDA

PHYSICAL THERAPY LICENSING BOARD

March 18, 2014 – 9:00 a.m.

Room 402 – 4th Floor

Heber M. Wells Building

160 E. 300 S. Salt Lake City, Utah

This agenda is subject to change up to 24 hours prior to the meeting.

ADMINISTRATIVE BUSINESS:

- / 1. Sign Per Diem
- / 2. Call Meeting to Order
- / 3. Review and approve December 17, 2013 minutes
- / 4. Susan Higgs, Compliance report

APPOINTMENTS:

Please note: The compliance report and probation interviews may result in a closed meeting in accordance with §52-4-205(1)(a) to discuss the character, professional competence, or physical or mental health of an individual.

- / 9:15 a.m. - Craig Bischoff, probation interview
- / 9:30 a.m. - Steven Orrock, probation interview
- / 9:45 a.m. - Jared Stohel, New Order

BOARD BUSINESS/DISCUSSION ITEMS:

- 10:00 a.m. - Heidi Herbst-Paakkonen and Jim Heider, FSBPT
Presentation regarding FSBPT continuing competence tools and service developed for member licensing boards.
- 11:30 a.m. - Carolyn Dennis, Division Manager – Discussion regarding PT and PTA take home examination
- 11:45 a.m. - Environmental Scan:
 - Rules
 - Review AA Steps

Next Scheduled Meeting: June 17, 2014

2014 Meeting schedule: September 16, 2014 and December 16, 2014

Note: In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify, Dave Taylor, ADA Coordinator, at least three working days prior to the meeting. Division of Occupational & Professional Licensing, 160 East 300 South, Salt Lake City, Utah 84115, 801-530-6628 or toll-free in Utah only 866-275-3675

Guests - Please sign

Date: 3/18/14

PHYSICAL THERAPY
LICENSING BOARD

NAME: (Please Print)

REPRESENTING

Jim Heider

FSBPT

Heidi Herbst Paakkonen

FSBPT

Mark HYDER

UPTA

Amberteigh Farrell

UPTA

REVISED CHECKLIST FOR PUBLIC MEETINGS

(Fill in the blanks to correspond to each respective board, commission, or committee.)

I am, Kim Cohee acting
J. Trent Casper, chairperson of the Physical Therapy Licensing Board.

I would like to call this meeting of the Physical Therapy Licensing Board to order.

It is now (time) 9 : 00 am on March 18, 2014.

This meeting is being held in Room 402 of the Heber Wells Building, Salt Lake City UT.

Notice of this meeting was provided as required under Utah's Open Meeting laws.

In compliance with Utah's Open Meetings laws, this meeting is being recorded in its entirety. The recording will be posted to the Utah Public Notice Website no later than three business days following the meeting.

In compliance with Utah's Open Meeting laws, written minutes will also be prepared of this meeting. Appropriately marked "pending approval" minutes will be available to the public no later than 30 days after the close of the meeting. "Approved" minutes will be posted to the Utah Public Notice Website no later than three business days after approval.

The following Board members are in attendance:

	YES	NO
<u>J. Trent Casper</u> , Chairperson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Anne H. Jones</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Lindsay Gordon</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Kim Cohee</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Kim W. Reid</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The following Board members are absent: (Refer to the above list.)

The following individuals representing DOPL and the Department of Commerce are in attendance:

	YES	NO
<u>Mark B. Steinagel</u> , Division Director	<input type="checkbox"/>	<input type="checkbox"/>
<u>Debra Hobbins</u> , Bureau Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Shirlene Kimball</u> , Board Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Susan Higgs Connie Call</u> , Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

We welcome any visitors and interested persons at this time. Please be sure to sign the attendance report for the meeting and identify yourself before speaking.

As a courtesy to everyone participating in this meeting, at this time we ask for all cell phones, pagers, and other electronic devices to be turned off or changed to silent mode.

Board motions and votes will be recorded in the minutes.

Let us now proceed with the agenda.

(End of the Meeting) It is now (time) _____ (am / pm), and this meeting is adjourned.

Representative Gregory H. Hughes proposes the following substitute bill:

PHYSICAL THERAPY SCOPE OF PRACTICE AMENDMENTS

2014 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Gregory H. Hughes

Senate Sponsor: Todd Weiler

LONG TITLE

General Description:

This bill amends provisions of the Physical Therapy Practice Act related to trigger point dry needling.

Highlighted Provisions:

This bill:

- ▶ allows a licensed physical therapist with two years of experience that meets certain other requirements to practice trigger point dry needling; and
- ▶ makes technical and conforming amendments.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

58-24b-102, as last amended by Laws of Utah 2012, Chapter 117

ENACTS:

58-24b-505, Utah Code Annotated 1953



26 *Be it enacted by the Legislature of the state of Utah:*

27 Section 1. Section **58-24b-102** is amended to read:

28 **58-24b-102. Definitions.**

29 As used in this chapter:

30 (1) "Animal physical therapy" means practicing physical therapy or physiotherapy on
31 an animal.

32 (2) "Board" means the Utah Physical Therapy Licensing Board, created in Section
33 58-24b-201.

34 (3) "Consultation by telecommunication" means the provision of expert or professional
35 advice by a physical therapist who is licensed outside of Utah to a licensed physical therapist or
36 a health care provider by telecommunication or electronic communication.

37 (4) "General supervision" means supervision and oversight of a person by a licensed
38 physical therapist when the licensed physical therapist is immediately available in person, by
39 telephone, or by electronic communication to assist the person.

40 (5) "Licensed physical therapist" means a person licensed under this chapter to engage
41 in the practice of physical therapy.

42 (6) "Licensed physical therapist assistant" means a person licensed under this chapter
43 to engage in the practice of physical therapy, subject to the provisions of Subsection
44 58-24b-401(2)(a).

45 (7) "Licensing examination" means a nationally recognized physical therapy
46 examination that is approved by the division, in consultation with the board.

47 (8) "On-site supervision" means supervision and oversight of a person by a licensed
48 physical therapist or a licensed physical therapist assistant when the licensed physical therapist
49 or licensed physical therapist assistant is:

50 (a) continuously present at the facility where the person is providing services;

51 (b) immediately available to assist the person; and

52 (c) regularly involved in the services being provided by the person.

53 (9) "Physical impairment" means:

54 (a) a mechanical impairment;

55 (b) a physiological impairment;

56 (c) a developmental impairment;

- 57 (d) a functional limitation;
- 58 (e) a disability;
- 59 (f) a mobility impairment; or
- 60 (g) a bodily malfunction.
- 61 ~~[(11)]~~ (10) (a) "Physical therapy" or "physiotherapy" means:
- 62 (i) examining, evaluating, and testing an individual who has a physical impairment or
- 63 injury;
- 64 (ii) identifying or labeling a physical impairment or injury;
- 65 (iii) formulating a therapeutic intervention plan for the treatment of a physical
- 66 impairment, injury, or pain;
- 67 (iv) assessing the ongoing effects of therapeutic intervention for the treatment of a
- 68 physical impairment or injury;
- 69 (v) treating or alleviating a physical impairment by designing, modifying, or
- 70 implementing a therapeutic intervention;
- 71 (vi) reducing the risk of an injury or physical impairment;
- 72 (vii) providing instruction on the use of physical measures, activities, or devices for
- 73 preventative and therapeutic purposes;
- 74 (viii) promoting and maintaining health and fitness;
- 75 (ix) the administration of a prescription drug pursuant to Section 58-24b-403;
- 76 (x) subject to Subsection 58-28-307(12)(b), engaging in the functions described in
- 77 Subsections ~~[(11)]~~ (10)(a)(i) through (ix) in relation to an animal, in accordance with the
- 78 requirements of Section 58-24b-405; and
- 79 (xi) engaging in administration, consultation, education, and research relating to the
- 80 practices described in this Subsection ~~[(11)]~~ (10)(a).
- 81 (b) "Physical therapy" or "physiotherapy" does not include:
- 82 (i) diagnosing disease;
- 83 (ii) performing surgery;
- 84 (iii) performing acupuncture;
- 85 (iv) taking x-rays; or
- 86 (v) prescribing or dispensing a drug, as defined in Section 58-37-2.
- 87 ~~[(10)]~~ (11) "Physical therapy aide" means a person who:

88 (a) is trained, on-the-job, by a licensed physical therapist; and
89 (b) provides routine assistance to a licensed physical therapist or licensed physical
90 therapist assistant, while the licensed physical therapist or licensed physical therapist assistant
91 practices physical therapy, within the scope of the licensed physical therapist's or licensed
92 physical therapist assistant's license.

93 (12) "Recognized accreditation agency" means an accreditation agency that:

94 (a) grants accreditation, nationally, in the United States of America; and

95 (b) is approved by the division, in consultation with the board.

96 (13) (a) "Testing" means a standard method or technique used to gather data regarding
97 a patient that is generally and nationally accepted by physical therapists for the practice of
98 physical therapy.

99 (b) "Testing" includes measurement or evaluation of:

100 (i) muscle strength, force, endurance, or tone;

101 (ii) cardiovascular fitness;

102 (iii) physical work capacity;

103 (iv) joint motion, mobility, or stability;

104 (v) reflexes or autonomic reactions;

105 (vi) movement skill or accuracy;

106 (vii) sensation;

107 (viii) perception;

108 (ix) peripheral nerve integrity;

109 (x) locomotor skills, stability, and endurance;

110 (xi) the fit, function, and comfort of prosthetic, orthotic, or other assistive devices;

111 (xii) posture;

112 (xiii) body mechanics;

113 (xiv) limb length, circumference, and volume;

114 (xv) thoracic excursion and breathing patterns;

115 (xvi) activities of daily living related to physical movement and mobility;

116 (xvii) functioning in the physical environment at home or work, as it relates to physical
117 movement and mobility; and

118 (xviii) neural muscular responses.

119 (14) (a) "Trigger point dry needling" means the stimulation of a trigger point using a
120 dry needle to treat neuromuscular pain and functional movement deficits.

121 (b) "Trigger point dry needling" does not include the stimulation of auricular or distal
122 points.

123 ~~(14)~~ (15) "Therapeutic intervention" includes:

124 (a) therapeutic exercise, with or without the use of a device;

125 (b) functional training in self-care, as it relates to physical movement and mobility;

126 (c) community or work integration, as it relates to physical movement and mobility;

127 (d) manual therapy, including:

128 (i) soft tissue mobilization;

129 (ii) therapeutic massage; or

130 (iii) joint mobilization, as defined by the division, by rule;

131 (e) prescribing, applying, or fabricating an assistive, adaptive, orthotic, prosthetic,
132 protective, or supportive device;

133 (f) airway clearance techniques, including postural drainage;

134 (g) integumentary protection and repair techniques;

135 (h) wound debridement, cleansing, and dressing;

136 (i) the application of a physical agent, including:

137 (i) light;

138 (ii) heat;

139 (iii) cold;

140 (iv) water;

141 (v) air;

142 (vi) sound;

143 (vii) compression;

144 (viii) electricity; and

145 (ix) electromagnetic radiation;

146 (j) mechanical or electrotherapeutic modalities;

147 (k) positioning;

148 (l) instructing or training a patient in locomotion or other functional activities, with or
149 without an assistive device;

- 150 (m) manual or mechanical traction; ~~and~~
- 151 (n) correction of posture, body mechanics, or gait[-]; and
- 152 (o) trigger point dry needling, under the conditions described in Section 58-24b-505.

153 Section 2. Section **58-24b-505** is enacted to read:

154 **58-24b-505. Trigger point dry needling -- Experience required.**

155 (1) A physical therapist may practice trigger point dry needling if the physical
156 therapist:

157 (a) has held a license to practice physical therapy under this chapter, and has actively
158 practiced physical therapy, for two years;

159 (b) has successfully completed a course in trigger point dry needling that:

160 (i) is approved by the division; and

161 (ii) includes at least 300 total course hours, including at least:

162 (A) 54 hours of in-person instruction; and

163 (B) 250 supervised patient treatment sessions;

164 (c) files a certificate of completion of the course described in Subsection (1)(b) with
165 the division;

166 (d) registers with the division as a trigger point dry needling practitioner; and

167 (e) meets any other requirement to practice trigger point dry needling established by the
168 division.

★ 169 (2) The division shall make rules, in accordance with Title 63G, Chapter 3, Utah
170 Administrative Rulemaking Act, that establish:

171 ★ (a) the criteria for approving a course described in Subsection (1)(b); and

172 ★ (b) the requirements described in Subsection (1)(e).

172a §→ (3) The division may charge, in accordance with Section 63J-1-504, a fee for the
172b registration described in Subsection (1)(d). ←§

Memorandum

To: Administrator
From: Administrative Team
Date: 1/10/2014
Re: CBT Comment Summary and Candidate Satisfaction Survey Report

Enclosed please find the CBT comment summary report and candidate satisfaction survey results for July through September 2013.

The survey results include all candidates that took the NPTE last quarter. **We were able to break out the results for your jurisdiction on the question “How satisfied were you with the processing of your application by the state in which you applied for licensure?” Please see the last page of the survey for your jurisdiction’s results.**

The comments summary includes all comments from licensure candidates in your jurisdiction testing last quarter.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Rhonda Collins
Administrative Assistant

Enclosure

RECEIVED
JAN 13 2014
DIVISION OF OCCUPATIONAL
& PROFESSIONAL LICENSING



Federation Of State Boards Of Physical Therapy
124 West Street South, 3rd Floor, Alexandria, Virginia, 22314
Phone: 703.299.3100 Fax: 703.299.3110
<http://www.fsbpt.org>

List of comments by candidates seeking licensure in: Utah

*S# = Site #
 TC = Test City
 TS = Test State
 LS = Licensure State*

October 2013

<i>S#</i>	<i>TC, TS, LS</i>	<i>Exam</i>	<i>Name</i>	<i>Comments</i>
0086	TAYLORSVILLE, UT, UT	PTA	GRANT, DEBRA	Special accomodations for test takers are very strict. The process is so long to get special accomodations you may not get a spot to test in your states. Why does it take so long if you have a Dr. note and it is a one time problem?!
0090	LINDON, UT, UT	PT	WEST, MICHAEL	For those students that fail the exam multiple times due to dyslexia or some kind of learning difficult. I think it would be nice to have some kind of practical exam. I struggle with tests but i am very confident in my physical therapy abilities. Thanks
0596	GARDENA, CA, UT	PTA	ESTRELLA, VICTOR	I dont have any suggestions at this time.
4511	ST. GEORGE, UT, UT	PT	CU, JENNIFER MAY	i am thankful to all the staff who gave me a pretzel snack (since i forgot my snack at home), that snack went a long way and helped me throughout my exam.
5307	GRAND JUNCTION, CO, UT	PT	BURKHALTER, SHONTOL	need atleast two scheduled breaks that don't count against you. Should be allowed to have water at computer station so you don't waste time wandng in and out and fingerprinting
5340	ATLANTA, GA, UT	PT	BILLOTTE, CHASE	Tell people that when you need to leave it takes time to check out and then check back in with your license and the signing process.

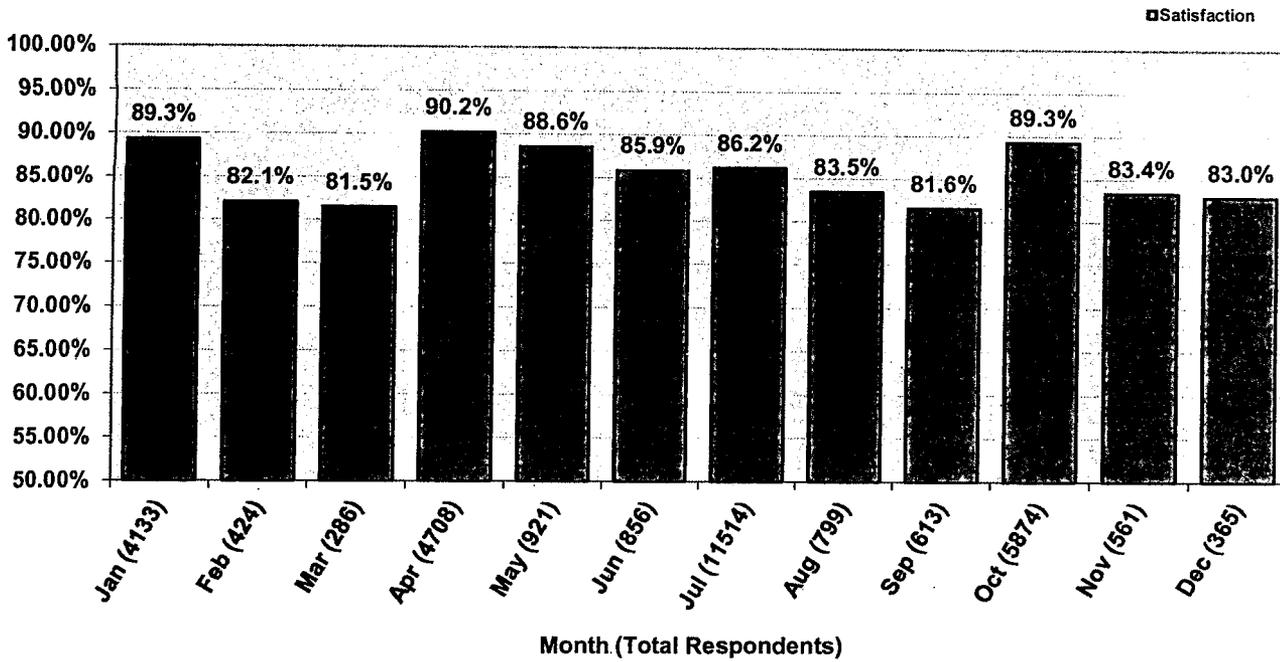
Satisfaction with Application Processing by State 2013

In 2013, 31,054 candidates completed the post-examination survey. The overall satisfaction rating for all jurisdictions on the question "How satisfied were you with the processing of your application by the state in which you applied for licensure?" was 85.38%.

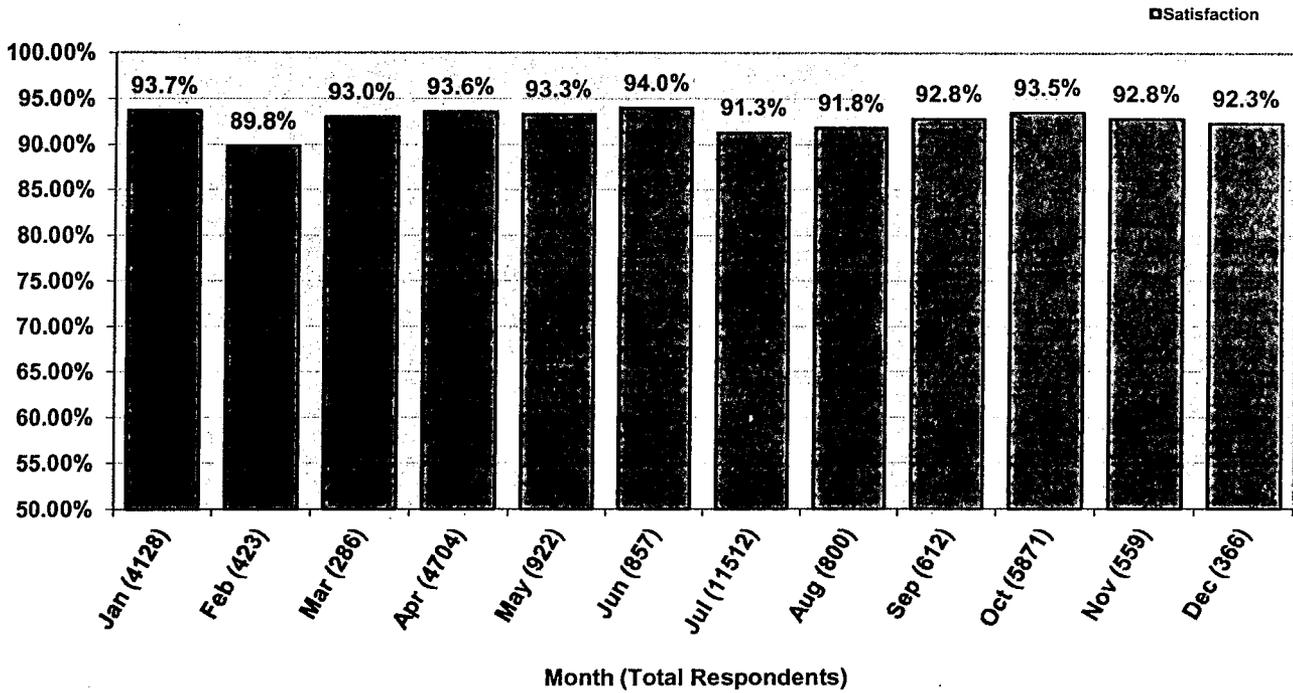
The table below shows the satisfaction percentage by quarter for your jurisdiction on this question.

State	Q1	Q2	Q3	Q4	Comment
UT	87.18%	79.84%	80.49%	92.59%	<p>Note: Low candidate volumes may have a large impact on changes in ratings from one quarter to the next.</p> <p>Satisfaction is defined as selecting "Very Satisfied" or "Satisfied" on the post-examination survey.</p> <p>Dissatisfaction is defined as selecting "Uncertain", "Dissatisfied", or Very Dissatisfied".</p>

How satisfied were you with the processing of your application by the state in which you applied for licensure?



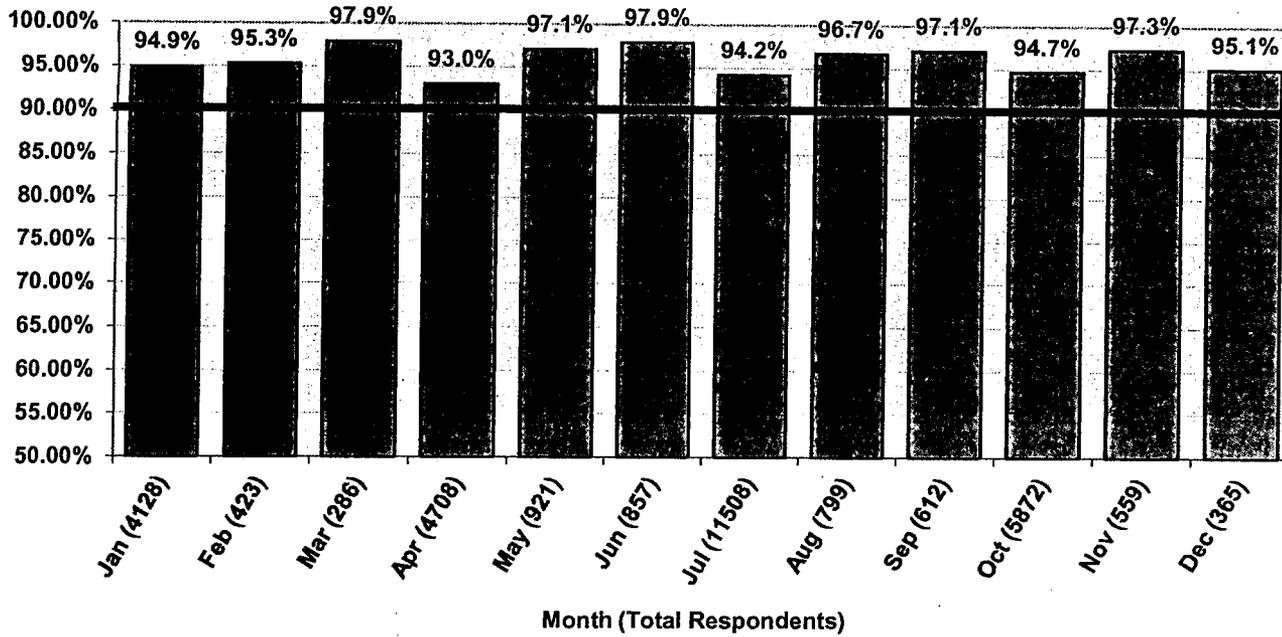
How satisfied were you with the processing of your registration to test by the FSBPT?



How satisfied were you with the scheduling of your examination by Prometric?

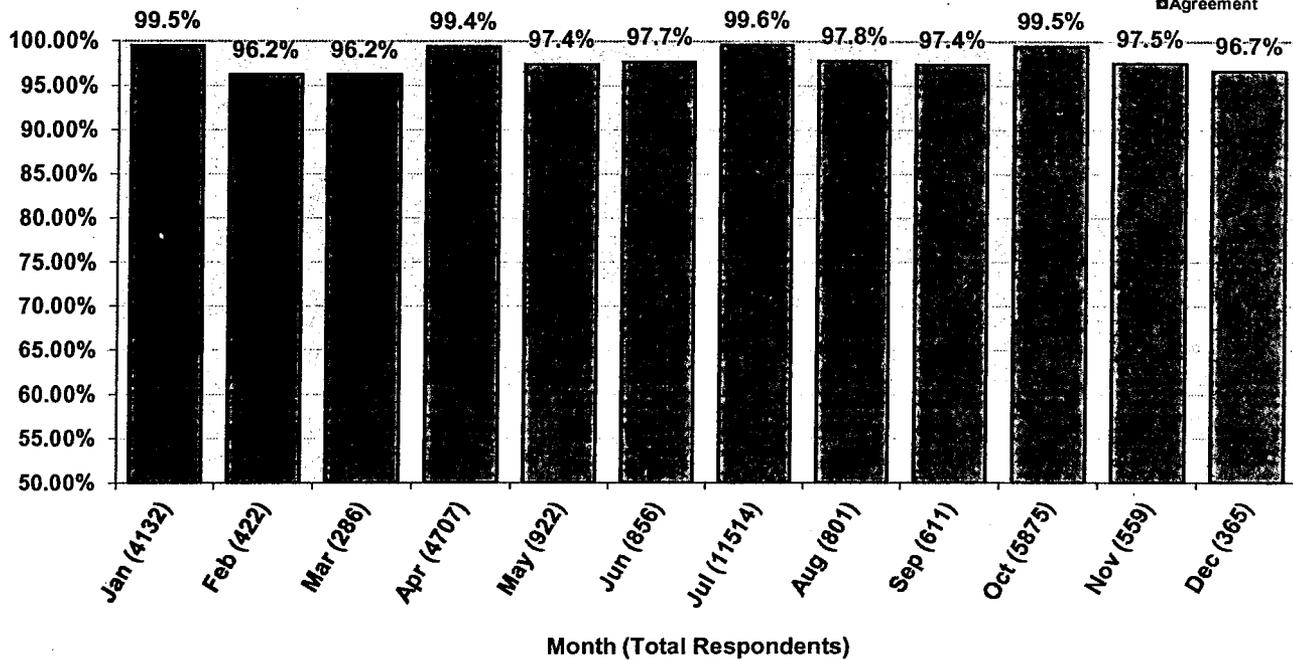
Goal 90% Satisfaction

■ Satisfaction

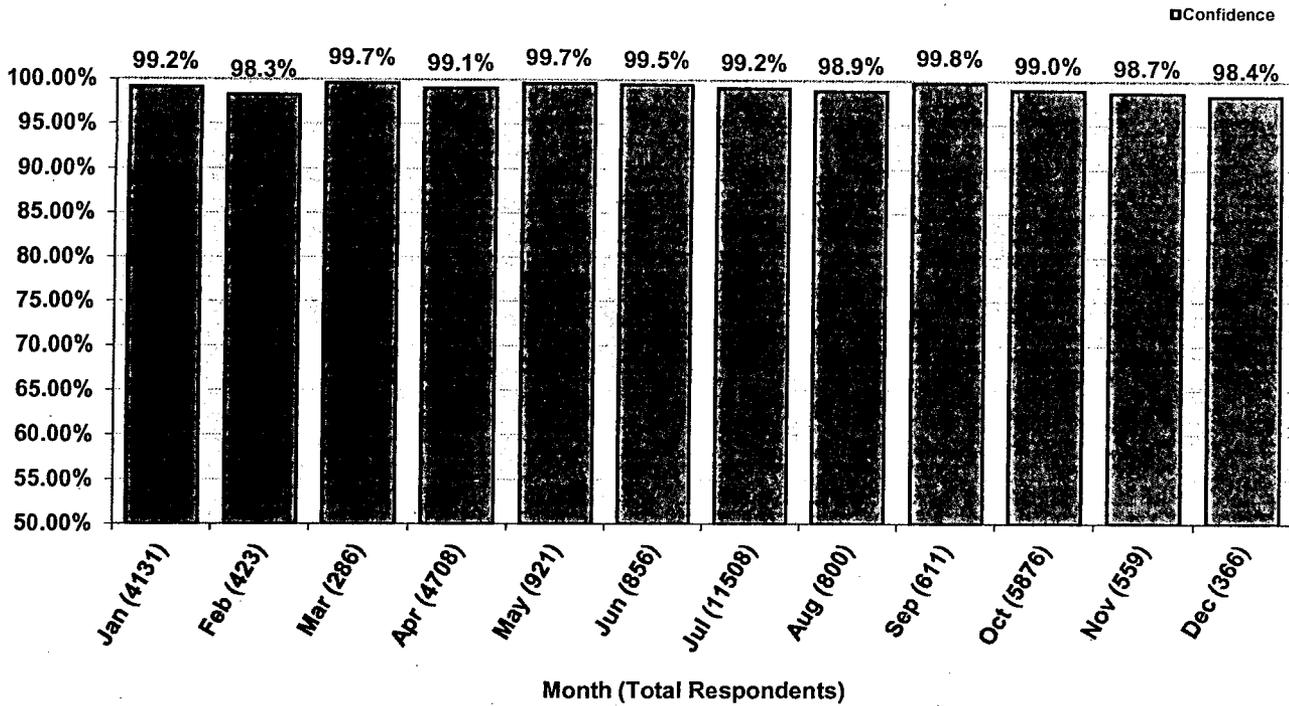


Were you fingerprinted, photographed, and required to present identification prior to your examination?

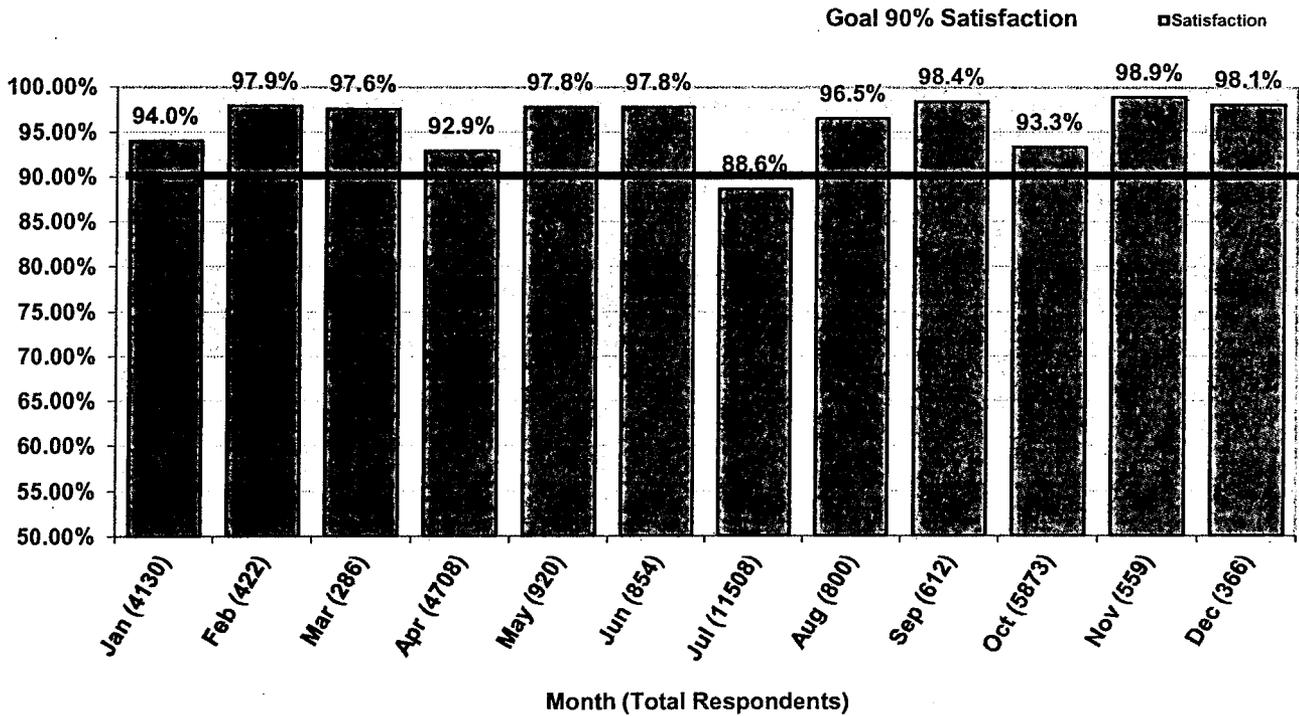
■ Agreement



How confident were you that the security procedures at this center were adequate for protecting the examination?

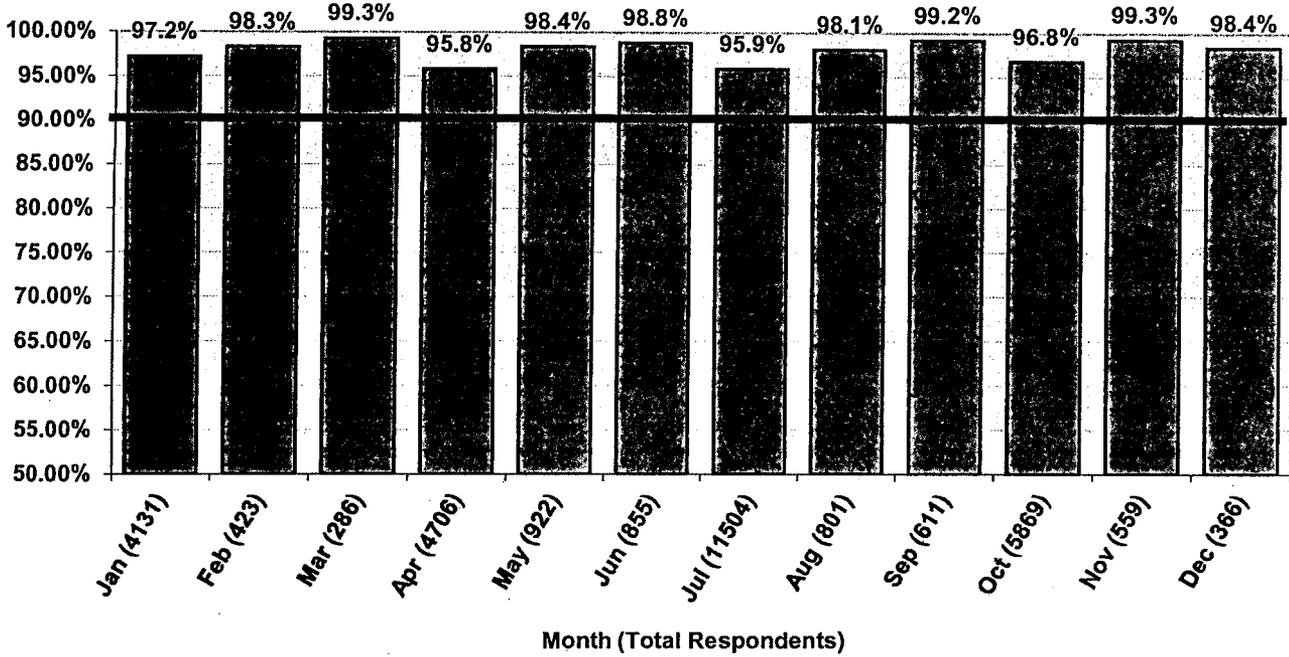


How satisfied were you with the efficiency of the check in process?



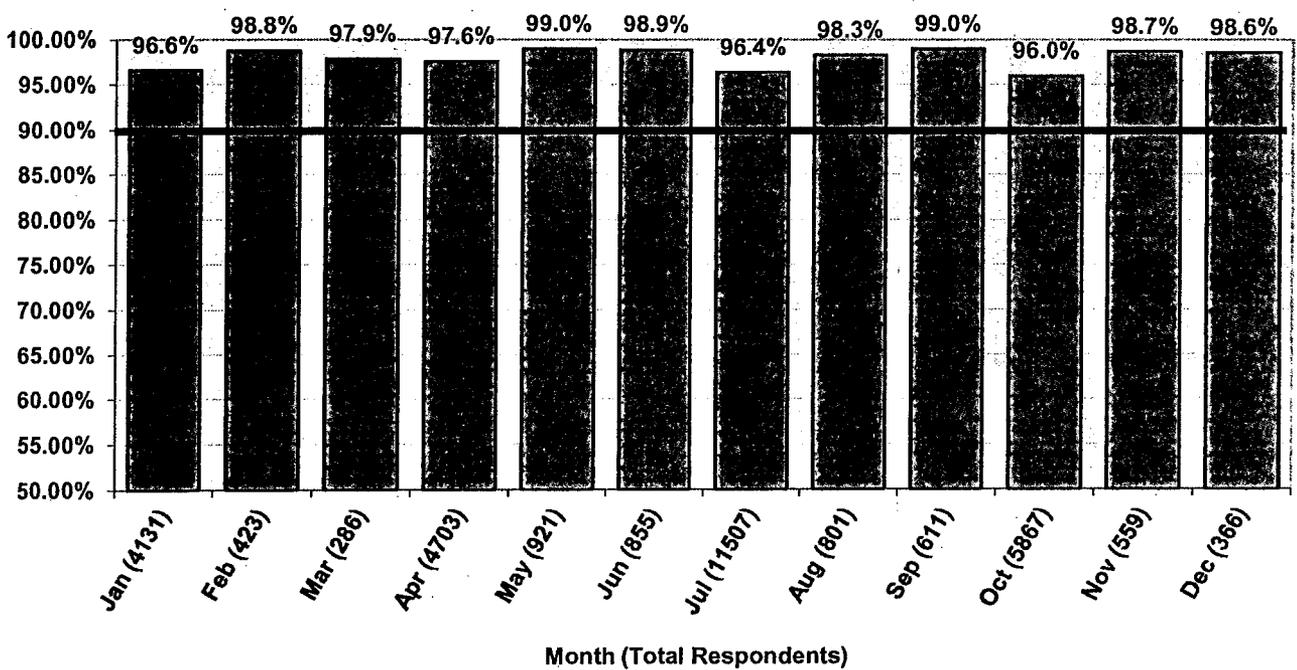
How satisfied were you with the with the staff's helpfulness while at this center?

Goal 90% Satisfaction Satisfaction

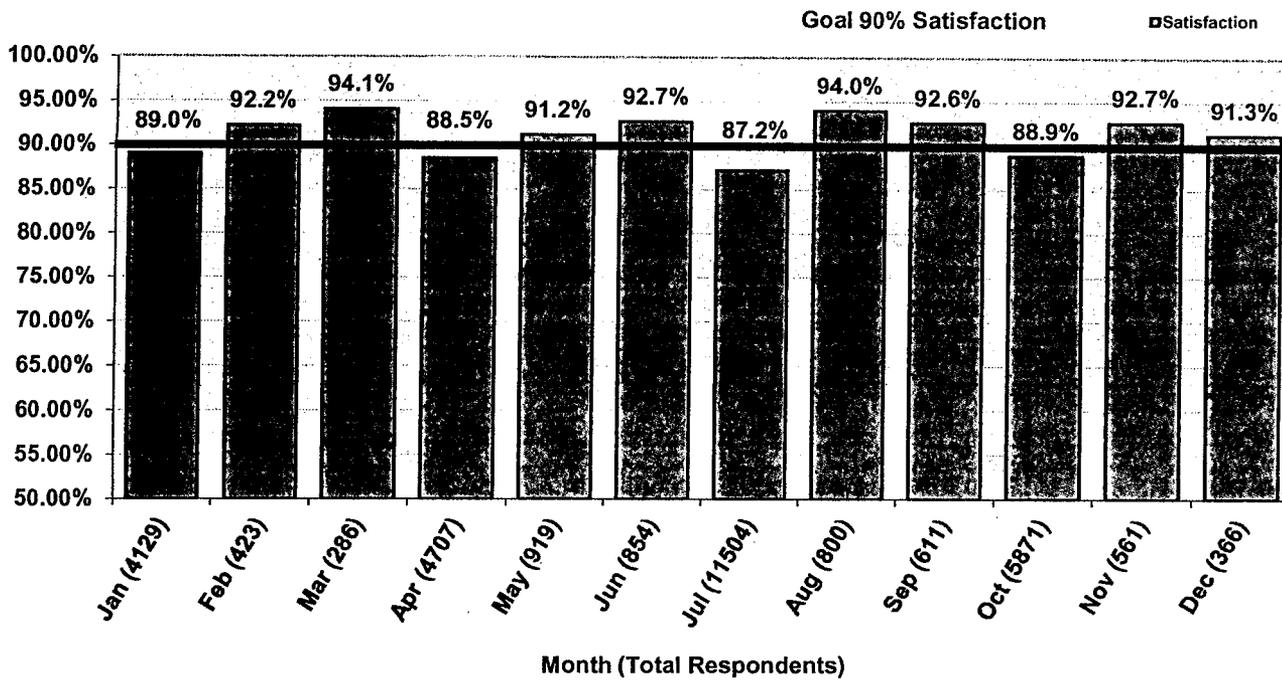


How satisfied were you with the performance of the computer during your examination?

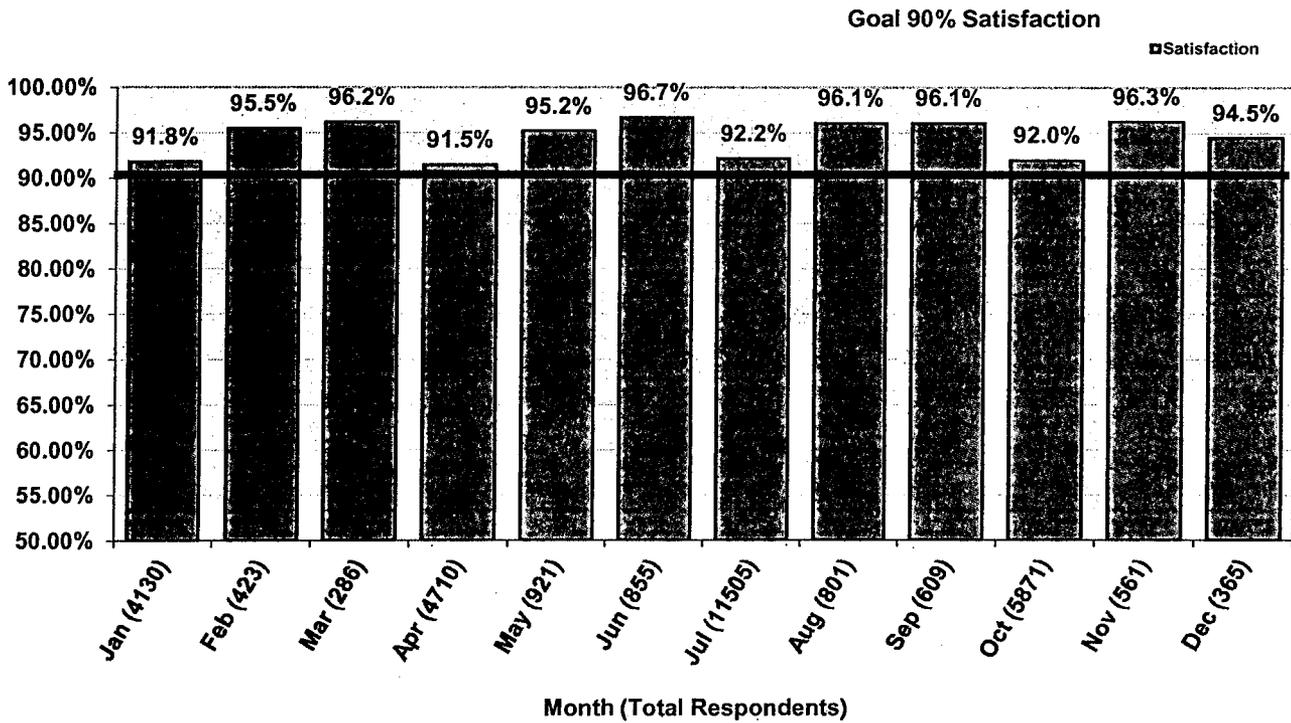
Goal 90% Satisfaction Satisfaction



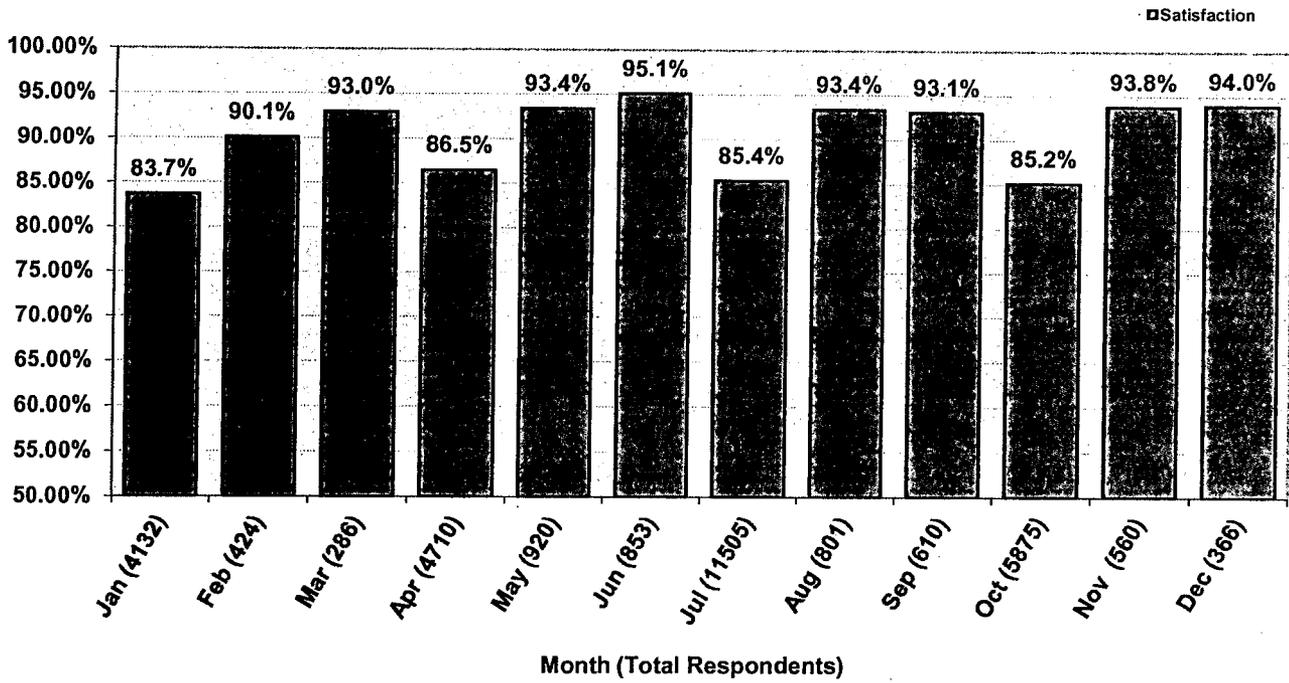
How satisfied were you with the ergonomic design of the testing station?



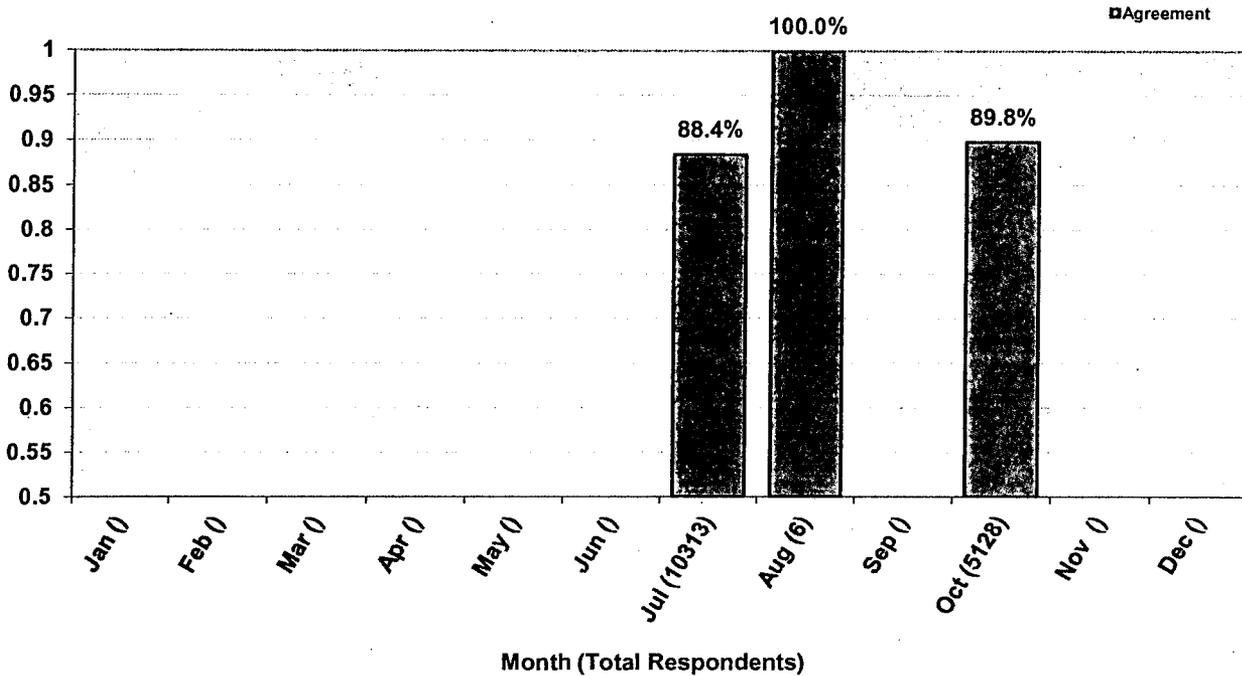
How satisfied were you that the center's atmosphere was conducive to testing?



How satisfied were you with the amount of time you had to take the examination?



Were you able to schedule your examination at your preferred testing location?



AA Steps

- 1. We admitted we were powerless over alcohol - that our lives had become unmanageable.**
- 2. Came to believe that a Power greater than ourselves could restore us to sanity.**
- 3. Made a decision to turn our will and our lives over to the care of God as we understood Him.**
- 4. Made a searching and fearless moral inventory of ourselves.**
- 5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.**
- 6. Were entirely ready to have God remove all these defects of character.**
- 7. Humbly asked Him to remove our shortcomings.**
- 8. Made a list of all persons we had harmed, and became willing to make amends to them all.**
- 9. Made direct amends to such people wherever possible, except when to do so would injure them or others.**
- 10. Continued to take personal inventory and when we were wrong promptly admitted it.**
- 11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.**
- 12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.**

Reprinted from the book Alcoholics Anonymous (The Big Book)
with permission of A.A. World Services, Inc.

fsbpt Continuing Competence

Utah Board of Physical Therapy

Exploring Continuing Competence

Jim Heider – Board of Directors
Heidi Herbst Paakkonen – Staff

Jurisprudence Assessment Tool

fsbpt Practice Review Tool (PRT)

aPTitude

ProCert Recognizing quality in continuing competence

Presentation Topics

- FSBPT Continuing Competence (CC) Initiative
 - Background and purpose
 - Overview of FSBPT CCTools and Services:
 - The FSBPT Continuing Competence Model
 - aPTitude – demo if time permits
 - ProCert Certification of CC Activities & Continuing Competence Activity Standards
 - The Practice Review Tool (PRT)
 - Jurisprudence Assessment Tool development
- Envision how Utah Board of PT can utilize CC Tools and Services to help fulfill public protection mission

Continuing Competence Context & Purpose

What is the FSBPT?

- Non-profit membership organization
 - Members are the 53 U.S. jurisdiction PT regulatory boards
- Owns, develops, administers and validates the National Physical Therapy Exam (NPTE)
- Promotes public protection through effective, consistent and evidence based regulation
- Serves as a regulatory issues resource to members
 - Entry level and continuing competence
 - Discipline, remediation, impaired professional
 - Professional Standards, standards of practice

Continuing competence – what's the big deal?

FSBPT Mission: To protect the public by providing service and leadership that promote safe and **competent** physical therapy practice.

UT PHYSICAL THERAPY PRACTICE ACT (58-24B-303) Term of license – Renewal – Temporary license for physical therapist assistant

... At the time of license renewal, the licensee shall provide satisfactory evidence that the licensee completed continuing education competency requirements accordingly. . .

2007 FSBPT Delegate Assembly Motion

That the Board of Directors be charged to move forward with the development of a comprehensive continuing competence program in support of public protection to include, but not be limited to, the following components:

- Continuing competence tools
- A framework for integrating continuing competence tools
- A comprehensive continuing competence certification program
- An appropriate organizational structure

Our Assumptions

- **Continuing competence is complex**
- Individuals have a variety of perspectives
- Different stakeholder groups will have a variety of perspectives and may draw different conclusions
- We don't have all the answers
- Important that we identify and address issues while continuing to move forward

FSBPT Approach to Continuing Competence

- Involve and engage stakeholders
- Share information and report on our efforts and progress
- Build systems and tools that are *optional*
- Continue to fortify our efforts with knowledge and experience
- Provide assistance to member boards using a variety of strategies
- Promote the value of our CC tools and services in the context of *public protection*

Why Use FSBPT's Tools?

- As your membership organization, FSBPT is an extension of your board
- The Utah board – along with all other member boards – *is* the FSBPT
- FSBPT has resources to build what individual members cannot do independently
- Tools are a membership directive

FSBPT Continuing Competence Model

FSBPT Continuing Competence Model

What is it?

- Developed by the FSBPT Continuing Competence Committee
- Based on current evidence
- Addresses issues raised by the consumer groups on this complex subject
- Committee sought input from all licensing authorities to ensure that the model represents the FSBPT's best collective knowledge versus the knowledge of one state or committee

FSBPT Continuing Competence Model

What is it?

- Every jurisdiction has the latitude to use the Model in any way they determine is best
- Some uniformity across jurisdictions benefits both licensees as well as the licensing boards

FSBPT Continuing Competence Model

What is it?

- A proposed set of requirements for jurisdictions to consider implementing as part of the licensure renewal process
- Assumes a 2-year licensure period
- Licensees complete a minimum of 30 Continuing Competence Units (CCUs) from either the **Certified Activities** list or from the **Approved Activities** list
 - At least 15 of those CCUs shall be obtained by completing **Certified Activities**

FSBPT Continuing Competence Model

Certified Activities	Approved Activities
Conferences	Degree Coursework
Continuing Education	Exams & Assessments
	Residencies & Fellowships
	Board & Committee Work
	Clinical Instructorship
	Structured Interactive (group study)
	In-service
	Mentorship - as the mentor or protégé
	Publication - peer-reviewed or not
	Research
	Self Study - includes a wide variety including preparing to teach an educational program

- At least 15 CCUs
- Evaluated
- No more than 15 CCUs
- Not evaluated - value is assigned

Any activity eligible for certification -- but isn't-- is approved for less value
 Complete Model with recommended values: continuingcompetence.org

UT Continuing Competence Model

Certified Activities	Approved Activities
Conferences	Conferences ✓
Continuing Education	Continuing Education ✓
	Degree Coursework ✓
	Board & Committee Work
	Clinical Instructorship ✓
	Structured Interactive (group study)
	In-service ✓
	Mentorship - as the mentor or protégé
	Publication - peer-reviewed or not ✓
	Research
	Self Study - wide variety including teaching prep ✓
	Exams & Assessments
	Residencies & Fellowships ✓

✓ - Option in the current UT model with some limitations
 All courses must be approved by, conducted by, or under the sponsorship of an accredited college or university; a state or federal agency, a professional PT association/organization/facility, or a continuing education provider

FSBPT Continuing Competence Model

Guiding Principles

- Continuing competence activity choices should be self-directed by the licensee
- Evaluation or an assessment of current competence should be the essential first step
 - Results are used by the licensee to then select appropriate and relevant development activities

FSBPT Continuing Competence Model

Guiding Principles

- Licensees should have varied menu of activities from which to choose to demonstrate their competence
 - Appropriately reflects and accommodates the diversity of PT practice
- There is no one single "right" way to demonstrate competence

FSBPT Continuing Competence Model How to Get There

- Add Board/Committee Work, Mentorship and Research activity types as qualifying activities
- Require certification of CE and Conference activities through an evaluative process for quality assurance (e.g. ProCert)
- Change the required units from hours to Continuing Competence Units (CCUs)
- FSBPT has proposed CCU values for all activity types that are not awarded CCUs through certification
- Number of required units can remain at 40, or change to 30

Continuing Competence Activity Certification

ProCert Recognizing **quality** in continuing competence

ProCert - What is it?

- A method of evaluating CE/CC activities against a comprehensive set of standards – the **FSBPT Standards for Continuing Competence**
 - Researched and drafted by FSBPT CC Committee
 - Broad stakeholder review and feedback
 - Approval by Board of Directors
 - Find them at continuingcompetence.org
- Standards serve as the foundation for certification system

FSBPT Continuing Competence Standards

Required

- | | |
|--------------------------|--|
| • Administration | • Instructor/Developer Qualifications |
| • Appropriate Language | • Information and Materials |
| • Non-discriminatory | • Engagement * |
| • Copyright & Disclosure | • Evidence-based Practice * |
| • Content | • Behavioral Objectives * |
| • Content Analysis | * Include both required & value-added criteria |

Value-Added

- Activity Design
- Assessment
- Review and Evaluation

Full text at continuingcompetence.org

ProCert - What is it?

- Awards value to activities beyond merely on the basis of time in that it also evaluates:
 - Content areas addressed
 - Level of learning demand of those content areas
- Activities that comply with more standards, or better comply with the standards, are awarded the highest value
- Activities that comply with fewer standards or demonstrate less compliance with the standards receive lower value

ProCert - What is it?

- Certification submissions are filed, reviewed, and awarded entirely within **aPTitude**
- **ProCert** certified activities are clearly indicated in **aPTitude** to assist licensees in making informed and appropriate choices

ProCert - What is it?

- Reviewers are selected from a nationwide pool of applicants
 - Educators
 - Regulatory background
 - Range of subject matter expertise and specializations
- Reviewers complete initial and ongoing training, and periodic quality assurance exercises

ProCert - Why It Belongs in a CC Model

- Evaluates activities against clearly articulated and comprehensive set of requirements
- Preparation and expertise of the Reviewers
- Many providers of CC/CE activities have been calling for a single system of approval
- Licensees' perspective is that consistency across states makes more sense

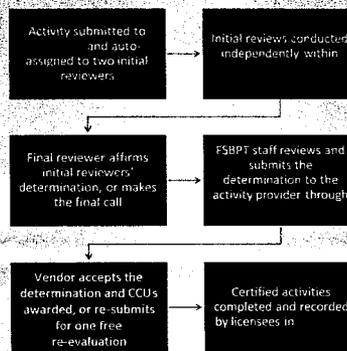
ProCert - Term and Fees

- Certification term is one year
- Any certified activity is eligible for recertification

Submission Fee Options

- Single Activity - \$60
- Subscription I (1-20 activities) - \$495 for 1 year
- Subscription II (21-500 activities) - \$995 for 1 year
- Subscription III (500+ activities) - \$1,995 for 1 year

ProCert Submission & Review Process

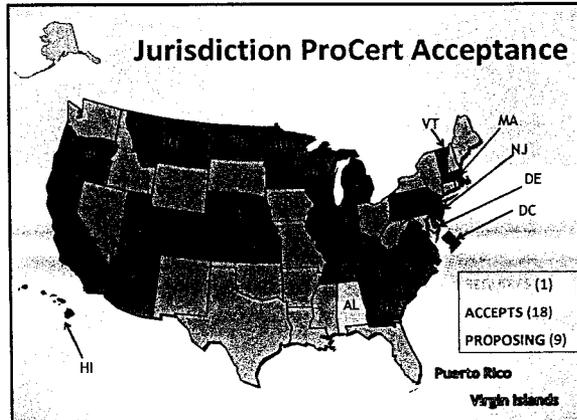


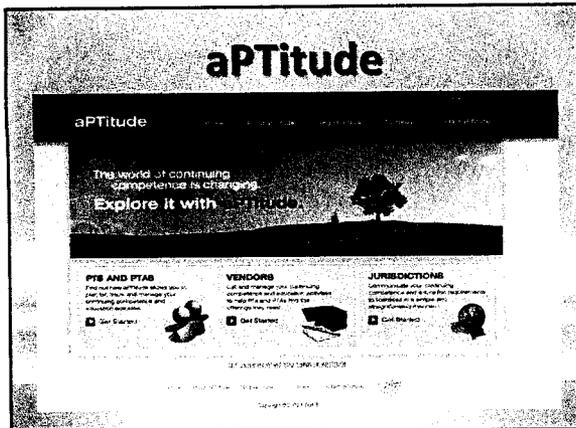
ProCert - Why Accept It?

Would accepting ProCert help the Utah PT Board better meet its public protection responsibilities?

We believe yes - that's why we developed it

Jurisdiction ProCert Acceptance





aPTitude - *What is it?*

- An online system for 3 user types to share CC information
 - Licensees
 - Vendors (providers of CC activities)
 - Jurisdiction boards
- Other online CC recording systems exist
 - aPTitude's purpose is compliance and public protection
 - Other systems have limitations
 - No tracking of specific requirements, just # of units
 - Available only to certain users, or are fee-based

aPTitude – *Licensee Features*

- Find and verify current state requirements, options and related information
- Maintain record of completed activities
- Securely store documentation for those activities
- Set email reminders for license renewal and CC compliance reporting due dates

aPTitude – *Licensee Features*

- Assess multiple offerings to facilitate informed selection of activities
- Provides single place to monitor licensure records when licenses are held in multiple jurisdictions
- Rate and comment on activities

aPTitude – *Activity Providers (Vendors)*

- View CC requirements for all jurisdictions
- Share information about offerings (topic, instructor, learning objectives, fees, location, schedule...)
- Receive feedback on activities from attendees
- Access information about the marketplace and design and schedule activities accordingly

aPTitude – *Activity Providers (Vendors)*

- Multi-jurisdiction certification (**ProCert**) when requirements are met

And another public protection related benefit:

- Help raise the bar on what's being offered to licensees

aPTitude – Jurisdiction Board Features

- Communicate CC requirements to licensees in a simple and straightforward manner
- Automatically notify registered licensees when requirements change
- Verify licensees' completion of activities*
- Run and analyze compliance status reports*

**for licensees who elect to release that information*

Using aPTitude to Verify Licensee CC Compliance

CC/CE Compliance & Discipline

Failure to complete continuing education/competence requirements was the third most frequently reported violation for PT and second for PTAs.

Study conducted by Debbie Ingram, PT, EdD, University of Tennessee at Chattanooga; Tom Mohr, PT, PhD, University of North Dakota; Renee Mabey, PT, PhD, University of North Dakota; and J. Randy Walker, PT, PhD, DPT, COMT, CMP, University of Tennessee at Chattanooga of disciplinary reports submitted to the FSBPT Disciplinary Database from 2000-2009.

CC/CE Compliance & Discipline

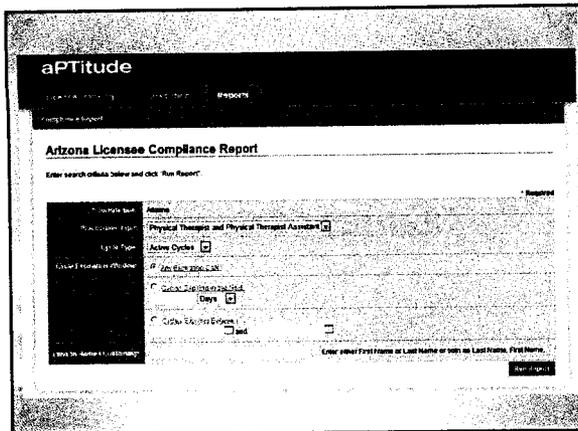
- Audits are significant drain on board resources
- Minimal impact due to low percentage typically reviewed
- Affirms licensees do not always understand requirements

Licensee Compliance Report

- Jurisdiction can run a custom Licensee Compliance Report at any time
- Report includes licensees who have granted board access to records
- Report can be used for the entire audit/compliance verification process
 - Reduce administrative burden for staff
 - The more aPTitude is utilized by licensees, the more effective it will be for audits/verifications
 - As other states are doing, consider making compliance reporting mandatory through aPTitude

Licensee Compliance Report

- Expand your audit reach
- Save time
- Virtually paperless process
- Reduce printing, storage and postage costs
- Update your database – Compliance Report import



Arizona Licensee Compliance Results

Jurisdiction Overview
 Total Licensees in Report: 128 (100.00%) | Licensees Meeting Tracking: 54 (42.97%) | Licensees Not Meeting Tracking: 72 (57.03%)

Compliance Report Summary
 Sharing Status = Shared & Unshared Practitioner Type = PT & PTA Cycle Type = Active Change Report Criteria

Cycle Type	Licensees in Report	Licensees Meeting Requirements	Licensees Below Requirements
Active	115 (100.00%)	15 (13.04%)	100 (86.96%)

Compliance Report Details
 Showing Records 1 to 20 of 115

Licensee Name	License Number	CCU Expiration	Practitioner Type	Verified Activities	Units Required	Units Applied	Units Remaining
#1		8/31/2012	PT	0%	20.00	0.00	20.00
#2		8/31/2012	PT	0%	20.00	0.00	20.00
#3		8/31/2012	PT	0%	20.00	0.00	20.00
#4		8/31/2012	PT	0%	25.00	11.50	9.50
#5		8/31/2012	PT	0%	20.00	11.50	8.50
#6		8/31/2012	PT	0%	20.00	20.00	0.00
#7		8/31/2012	PT	0%	20.00	20.00	0.00

There is no fee to use
aPTitude
 for Licensee
 for Vendors
 for Jurisdictions

**FSBPT Practice Review Tools
 (PRT)**

Practice Review Tool (PRT)
What is it?

- A tool for use by PTs to assess their ongoing competence
- A unique opportunity for PTs to compare their current knowledge, skills and abilities to entry-level practice
- *A starting point for creating a plan for continuing competence development*

Practice Review Tool (PRT)
Why It Should Be in a CC Model

- *Continuing competence* (as defined by FSBPT) is the lifelong process of maintaining and documenting competence through ongoing *self-assessment*, development, and implementation of a personal learning
- The literature defines attributes of competence as including **assessment** and periodic **re-assessment**
- A licensee's CC development plan will be most effective when it's guided by the results of an assessment

Practice Review Tool (PRT) What is it?

- IL may elect to establish a **requirement** that licensees periodically complete a self-assessment tool such as the PRT
 - Example: Colorado PT requirement every 10 years
 - Example: Michigan requirement with initial Continuing Professional Development (CPD) period

Practice Review Tool (PRT) What is it?

- Scenarios and multiple-choice questions that emphasize clinical application of content knowledge
 - Closed book
 - 25 Scenarios
 - 125 Items
 - Administered in Prometric centers
 - Largest secure testing network in the U.S. (300+ locations)
 - Available 7 days/week in some and 6 days/week in most
- General and Orthopedic PRTs currently available

Practice Review Tool (PRT) What is it?

- Candidate immediately receives a Feedback Report and a certificate of completion
- Candidate also receives a Development Worksheet
- Guides their knowledge assessment
- Helps prioritize their CC path
- Tracks their progress toward meeting CC goals

Scenario 3 of 3
Practice Review Tool - General Practice
Scenario 3, Question 2 of 1

Scenario 3
Gender:
Age:

Presenting Problem/Current Condition

Medical History

Other Information

Examination

Evaluation

Diagnosis

Time Remaining: 00:00:00 Total Ques:

fbpt

PRACTICE REVIEW TOOL
CANDIDATE FEEDBACK REPORT

Name: Tahir, Test Date: 6/10/2006
Test Type: Practice Review Tool - General Practice
State: AR

Please note that the detailed information on this report will not be released to anyone other than you.

Your performance on the Practice Review Tool - General Practice (PRT) is summarized below. This information is intended to help you analyze your strengths and weaknesses with regard to the various areas covered by the PRT.

Your overall performance is dependent on how you scored on each area and will either read **Sufficiently Qualified** or **Needs Improvement**. The bar graph ranges from Low to High depending on how you performed. If one or more knowledge areas have relatively short bars, you should focus on reviewing content within those areas; development ideas on how to do this are included on the second page of this report.

Result: Needs Improvement

Distinction of Areas Assessed/Content Area

OVERALL PERFORMANCE

KNOWLEDGE AREAS (% of total score)

SPOT TEST (% of total score)

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DEVELOPMENT PLANNING WORKSHEET

This worksheet is designed to help you formulate a plan for further development based on the objective data you received in your Feedback Report from the Practice Review Tool (PRT). Copying this worksheet is a five-year process. Ranking Assessment, Practicum, Study, Communication and Training. In the first step you will be asked to rank your performance in each of the Knowledge Areas. Afterwards, you will identify what your specific strengths are and in which areas you need improvement for both System and Knowledge Areas. You will then determine what your greatest need is and identify what type of development activity will best help to address your need. Lastly, you will be able to track your completion of your selected activity. This worksheet will only be visible to you if you arrive here and create a complete or a thoughtful view.

Step 1: Ranking

The first step in creating your development plan is to see the results of the PRT to objectively rank your knowledge, skills, and abilities. While looking at your Feedback Report use the table below to rank your performance in each of the Knowledge Areas. Afterwards, you will identify what your specific strengths are and in which areas you need improvement. Note that the same Knowledge Areas along the left side of the table on a scale of 1-4. The aim is to rank your performance in the areas that correlate to your lowest ranking. For example, if you ranked Manual/Handwritten Systems 1 and have received a 4 you will want to review the information about that area to better understand your development needs and to help determine what improvement is key.

Knowledge Area	Rank	Development Plan
Manual/Handwritten Systems	1	Review the information about that area to better understand your development needs and to help determine what improvement is key.
Computerized Systems	2	Review the information about that area to better understand your development needs and to help determine what improvement is key.
Medical History	3	Review the information about that area to better understand your development needs and to help determine what improvement is key.
Examination	4	Review the information about that area to better understand your development needs and to help determine what improvement is key.

Jurisprudence Assessment Tool

- A high-quality assessment on which licensees and candidates can rely
- FSBPT ensures integrity of process and product
- 24-hour access on-line with a responsive support network behind it
- FSBPT development and maintenance includes
 - Compliance with industry standards
 - Psychometric analysis annually
 - Review and revision of items as necessary

Jurisprudence Assessment Tool Development & Administration Considerations

Fees

- State Board
 - Minimal expense to the Utah Board (one meeting only)
- Licensees
 - Determined by volume and delivery method (online vs testing center)
- Contract
 - Requires an addendum to the current NPTE agreement
 - Notification would be provided to the jurisdiction when the licensee/candidate has passed (versus issuing individual score reports)

Jurisprudence Assessment Tool *Why Require It?*

The most important reason to require it:
***Improved assurance of public protection
when licensees demonstrate they know the
law***

*Sounds good?
Where do we go from here?*

Where do we go from here?

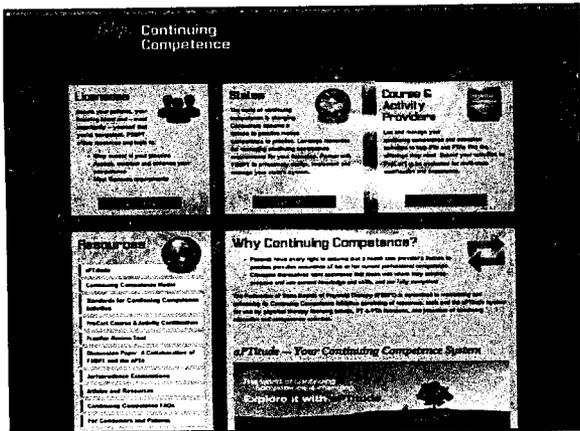
Rule revisions:

- CC Model
 - Add Board Committee Work, Mentorship and Research activity types
 - Require CE courses and Conferences to be evaluated for quality (**ProCert**)
 - Units - hours to Continuing Competence Units (CCUs)
- **aPTitude** for compliance reporting and audits
- Periodic requirement of self-assessment to guide CC development - the PRT
- Partner with FSBPT to develop and administer your jurisprudence assessment tool

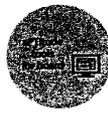
Sound Daunting? Let FSBPT Help!

- Draft/review proposed rule language changes
- Assistance in implementing the CC tools:
 - **aPTitude, ProCert**
- Jurisprudence Assessment Tool development
- Research
- Referral to resources
- Drafting communiques to licensees, vendors, other stakeholders

We are here to serve YOU!




- Verify requirements
- Search for activities
- Record completed activities and store documentation
- Track compliance with requirements



- Verify licensee compliance with continuing competence requirements
- Generate compliance statistical reports



- Continuing competence activities are evaluated for quality



- Licensees evaluate and re-evaluate their competence and guide their development



- Boards use to determine licensees' knowledge of the law



aPTitude Demo

aPTitude

The world of continuing competence is changing. Explore it with aPTitude.

PTS AND PTAB	VENDORS	JURISDICTIONS
<ul style="list-style-type: none"> Find out how aPTitude works for you. Get the most out of your continuing education. Get the most out of your continuing education. 	<ul style="list-style-type: none"> Get the most out of your continuing education. Get the most out of your continuing education. Get the most out of your continuing education. 	<ul style="list-style-type: none"> Get the most out of your continuing education. Get the most out of your continuing education. Get the most out of your continuing education.

Questions, Comments or Feedback?

Thank You!

hherbstpaakkonen@fsbpt.org
1.703.299.3100 x283

AA Steps

- 1. We admitted we were powerless over alcohol - that our lives had become unmanageable.**
- 2. Came to believe that a Power greater than ourselves could restore us to sanity.**
- 3. Made a decision to turn our will and our lives over to the care of God as we understood Him.**
- 4. Made a searching and fearless moral inventory of ourselves.**
- 5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.**
- 6. Were entirely ready to have God remove all these defects of character.**
- 7. Humbly asked Him to remove our shortcomings.**
- 8. Made a list of all persons we had harmed, and became willing to make amends to them all.**
- 9. Made direct amends to such people wherever possible, except when to do so would injure them or others.**
- 10. Continued to take personal inventory and when we were wrong promptly admitted it.**
- 11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.**
- 12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.**

Reprinted from the book *Alcoholics Anonymous (The Big Book)*
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