

## Academic Administrators Special Interest Group (AASIG)

Business Meeting Minutes

February 2, 2006

Marriott Hotel, San Diego, CA

1. **Call to Order (6:30 pm)** Diane Jette, AASIG Chairperson presiding
2. **Approval of the minutes:** The minutes from October 2005 were approved as published
3. **Report from CAPTE:** Mary Jane Harris

**National Center for Education Statistics (NCES)/IPEDS** met in late December with 30 people from several professions to determine the definition of first professional degree. (Integrated Postsecondary Education Data System (IPEDS) is the core postsecondary education data collection program for NCES.) IPEDS eliminated the term “first professional degree” and replaced it with “professional doctorates and professional master’s degree.” Professional doctorates: The definition will be the same but without a list of disciplines. The institution has the responsibility to decide if graduates meet the definition. Professional master’s degree: unable to quote the definition exactly. The downside of this decision is the possibility of the Department of Health and Human Services to use their own definition. Government Affairs will have to address that issue if it occurs. First have to run it by OMB. Will be piloting it in 2007 and the terminology will become permanent in 2008. [www.ed.gov/NCES/IPEDS](http://www.ed.gov/NCES/IPEDS) for more information.

**CAPTE:** The new PT criteria are in effect. Schools should review the new criteria and work to bring themselves into compliance. CAPTE developed a rule change that means programs come into compliance within 2 years. The Annual Report is now due in October and compliance with the new criteria will begin to be assessed through that report. **PTA Criteria:** CAPTE is in the process of reconfiguring PTA criteria to parallel the PT criteria. CAPTE can do this reconfiguration as long as the intent of the criteria is not changed. Plan to send to the PTA community for comment (2007) **Rules changes for CAPTE:** schools in the process of converting from MPT to DPT and have a visit scheduled in the middle have the option for the visit to be postponed until the first DPT class graduates. Contact Ellen Price for more information. Schools need to take the initiative to contact CAPTE for this request. The change will not be automatic.

CAPTE is up for review by the US Department of Education. Comments will be taken. You may be contacted for some information. The Five-year Interim Report is due to CHEA in Jan. 2007. A RFP to change the CAPTE computerization process for annual reports and self-studies is underway: data and forms will be on the web for downloading. CAPTE is in the process of altering information available on the website. Hopefully, all materials will be available except the application for candidacy.

CAPTE is in the process of developing and implementing a strategic plan. One of the objectives is to increase the diversity of CAPTE and the onsite reviewer pool. Need help finding people to serve. Other issues on the plan include computerization, collaboration,

and quality of the training process. Leslie added post-professional program accreditation (just to think about). Attendees were asked for questions

#### **4. Report from Education Division: Janet Bezner**

Education division developed a strategic plan: deadline for comments is Monday February 6, 2006. Background: 70% of programs have the authority to grant DPT. By 2009/10, we will have 50,000 DPTs practicing. The Division has much more to do other than the DPT. Convened last August to create a strategic plan which now includes 24 goals. Most important is to identify key issues in the plan. Need input on priorities in the next month. Will become collective agenda for the next 15 years. Link is on website. Attendees were asked for comments.

Education staff met with Government affairs to develop an education specific agenda. Number one priority was funding, student loans, grants/scholarships. Government affairs will determine how to incorporate educational agenda into the overall APTA agenda. They will request input in order to implement. Involved in effort for Stafford Loan program. Collecting data to justify that physical therapy students should qualify for higher funding. Students could qualify for approximately \$26,000 besides the \$18,500 now available. This effort will require talking to legislators. We have more data than we thought. This data will be put in a formal report. Plea: Please have financial aid officers contact Elaine Peloquin at [epeloquin@mghihp.edu](mailto:epeloquin@mghihp.edu)

If you are willing to host a visit in your state, Janet would love to come. She appreciates the invitations she has received so far. Attendees were asked for questions.

#### **5. Report from Board of Directors Liason: Babette Sanders**

As issues arise, please contact Babette at [babettesanders@apta.org](mailto:babettesanders@apta.org).

Two actions in November: 1. Discussed bringing a motion to the HoD to rescind the motion on program expansion. Looked at ways to amend motion, and decided CAPTE has methods in place already to assure that new programs meet strict criteria. 2. Discussed the motion pass by the Education Section to endorse common prerequisites for physical therapist programs. Board of directors endorsed common prerequisites. The minimum skill set for PT graduates has been adopted. The next step is to develop the minimum skill set for PTA graduate (2007).

Please encourage students to participate in the Pittsburg-Marquette Challenge. A significant amount of money is raised for the Foundation, and we would like to see 100% participation. This level of participation would show that students know the commitment to the future of research.

Attendees were asked for questions.

#### **6. Nominating Committee: Dennis Fell reported that nominations were sought for three AASIG positions to be filled this year. All candidates have consented.**

Chair: Mary Rodgers, Sandy Quillen

Secretary: Beth Marcoux, Barbara Tschoepe  
Nominating Committee: Mark Weigand, Stan Dacko, Robin Washington

Opened the floor to take nominations. None were offered. Nominations closed.

### **7. AASIG Goals and Function:**

We had previously agreed to have a statement of our purpose. This purpose was moved and passed in October at the annual meeting. That statement may be reviewed in the minutes from October. Revision of existing functions needs to occur now. *Question* posed to attendees: Is this a complete list of functions? *Comment 1*: Re: asterisk mark-should CAPTE be included here? *Answer*: U.S. Department can be changed to U.S. Division and CAPTE is included in the division. *Comment 2*: We should add students to the list under the asterisk. *Comment 3*: Should say PT and PTA administration *Answer*: PTA will be placed along with each mention of PT. Motion to accept the new statement of functions with amendments. Motion passed.

### **8. AASIG Rules of Order**

Rules of Order need to be developed and will be used instead of bylaws. An old document entitled bylaws exists. That document will be sent out to you for feedback. The document will be sent soon since a time frame exists for feedback.

### **9. Update on DPT as regulatory designation: Barb Sanders**

Barb was appointed to represent the Education Section to investigate the feasibility of changing our designation to DPT. The committee met in December. The group recommended that DPT be considered an academic degree not a regulatory designation. They are looking into a regulatory designation that would be more appropriate. They will make a recommendation to the board in March.

*Question*: What does that mean? *Answer* (Barb): The motion originally came from the Arizona Chapter regarding the regulatory designation as DPT without having to earn the degree. Again, the DPT is an academic degree. Possibly we can adopt the designation of PTD

*Question*: I don't understand why we cannot have a similar path to MD *Answer* (Janet): We looked at the pharmacy, optometry and podiatry professions. Pharmacy was the most contemporary. They kept the degree and designator separate. We want to communicate to the public that we are a doctorate profession. The argument is that the designation would be given to people who didn't have the degree.

*Question*: So one would sign their name PTD, DPT? *Answer*: The task force wants just the designator

*Question*: The trouble with PTD as a universal designator is who gets to use it? You are saying that everyone in this case has a DPT. Why don't we just use the degree?

*Comment*: The DPT should either be the designator or not. The notion of a third designator would be ridiculed. *Answer*: Things are under consideration and a strong case exists for the DPT to be the designator. *Comment*: Look at the record, if we have those people that possess the DPT take a vote, we would know the answer. We would be reluctant to tell 50 state practice acts to change the designator.

*Question:* If you use the academic degree, what is the difference between a graduate with the degree and a therapist who is licensed? No answer

**10. Workgroup on post-professional education** Leslie Portney

Difficulty exists in attracting people and a lack of consistency exists across post-professional programs. Should we be thinking that different programs offer different opportunities? We talked about it as a trajectory after finishing DPT. Where do they go from there?

Sharon Olsen: Quality of post-professional education. Should the APTA be involved in ensuring quality? Education strategic plan: not looking to separate but do not want to be redundant. We need to find a way for advanced education to have a meaning. Different schools may have a different focus. Our programs are not surviving out of transitional DPT. We need to go further in advanced education. *Comment:* Emphasize two points. Post-professional education is essential for the vitality of the physical therapy profession. The crisis is that a lot of the previous push for post-professional education was around the DPT. The incentive has decreased for anything other than tDPT or DPT. We need models to push the profession forward. *Comment:* Residency is a good option. We need to make the post-professional master's degree more desirable and impart value to students. *Comment:* The master's degree is, unfortunately, impractical now that the DPT exists. A research track (the PhD) is an appropriate next step for persons with the DPT degree or a clinical track (the residency) exists as a next step for persons with the DPT wanting more clinical knowledge and skills. Where does the master's fit in? *Comment:* Look at other professions. The MDs getting master's degrees are going into a different field. We need to tell our students that a master's degree is valuable. We need to make it clear that advanced master's degrees are important in clinical specialization. *Comment:* MBA and MPH have a high reputation. We have PTs moving into a different realm. We need to package our master's degree appropriately. *Comment:* The University of Connecticut's Residency program has significant credits that come across as a graduate certificate- research degree if it is in a specialty area.

This topic will be included in the agenda for the October annual meeting. Need to consider possible models for post-professional education. *Comment:* Fellowships and residencies are not set in stone, and we can be creative in how they are packaged.

**11. Workgroup on interprofessional education** (Jim Gordon)

Jim reported in general terms. Possible to bring together different positions. JCAHO is pushing the idea for interprofessional education. We need to think about where the health system is going. Patient-centered and client-centered health care systems. Boundaries are not clear of what we do. We need to find ways to deliver health care in collaboration rather than competition.

**12. Workgroup on t-DPT** (Lisa Zuber)

Scott prepared minutes. Diane prepared a statement. Laurie is close to having a document put together. Janet: need to revise FAQs on website- want to revamp information on website for internal and external communities. We need your input. *Question:* Florida

State APTA seeking to offer t-DPT programs to members as a sponsored program through universities in the state. Florida members voiced concern. Should state associations deal with academic degrees? *Answer:* The APTA was contacted regarding Florida. The Florida chapter was partnering with academic program to offer t-DPT at a reasonable price for weekend format. They embarked to find an institution. Montana also contacted APTA. *Comment:* There were no pacts or agreements, though it was a slippery slope. Consider the implications that once it is done on the t-DPT level, it can be done on any level.

### **13. Recruitment and demand (Diane Jette)**

One idea for the agenda is to start a conversation about recruitment and demand. Think proactively and not reactively. Response needs to come from representatives in this room. What is the impact of the cap, high deductible insurance, aging baby boomers, etc? How are we going to position ourselves? Comment on the importance for us to remember that as we have gone from MPT to DPT, we have decreased our class sizes. Fearful that if we do not take a hold of this demand issue, other people will take aspects of our profession. Comment that the Virginia chapter is looking at an RC to investigate the same thing. Suggestion that we talk about it in October at the annual meeting. Growth of programs may not be in long term interests. The expansion of existing programs would be better than making new programs. Have more elasticity in changing market.

### **14. Fall Meeting**

Was the format successful? The AASIG members had asked for more formal meeting time. *Comment:* Too many people left before 12:00 on Sunday so the workgroups did not work. People need to commit to stay. Laurie Hack commented that we have committed to have our meeting coincide with the Clinical Education SIG National Meeting. We try to make it intriguing for people to stay. Was it enough time? Is the timing appropriate? E-mail Diane because she needs to put together that meeting soon. Date and locations were suggested. We will try to put upcoming meetings on the website. *Question:* How is the location chosen? *Answer:* It is coordinated with diversity and clinical education sig. Reasonable sized city, school near by, easy to get to.

### **15. Announcements:**

Mary Brockton: Nova South Eastern Ft. Lauderdale Health Professions Research Symposium next January

Section meeting tomorrow evening, cocktails honoring Jules Rothstein

Dolly Swisher: Adopt-a-student from Hurricane Katrina. Still have 9-12 students who need help. Can also just give donations. LSU foundation can be an alternative. Beth will coordinate. Call to help.

Tomorrow at 8:00am CAPTE presents on new clinical education criteria.

### **16. Adjourned at 8:05pm.**

Respectfully submitted

Venita Lovelace-Chandler  
AASIG Secretary