

**BOARD OF GOVERNORS
STATE UNIVERSITY SYSTEM OF FLORIDA
NEW DOCTORAL DEGREE PROPOSAL STAFF ANALYSIS**

Program: Doctor of Physical Therapy
Institution: FGCU
Staffed By: Richard Stevens

CIP Code: 51.2308

Proposed Implementation Date: Fall 2008

Initial Review Date: 9/27/07

Degree Level: DPT

Last Update: 10/31/07

Estimated Costs:

	Total	% & \$ Current	% & \$ New	% & \$ C&G	Cost per FTE	SUS 2004-2005 Average Costs
Year 1	\$497,622	37% \$185,441	63% \$312,181	0	\$13,823	\$24,174.40 for CIP 51 Doctoral Level
Year 5	\$977,288	100% \$977,288	0	0	\$11,875	

Projected FTE and Headcount are:

	Projected Headcount	Student FTE
First Year	24	36
Second Year	46	64.4
Third Year	68	82.3
Fourth Year	68	82.3
Fifth Year	68	82.3

On April 30, 2003, the Florida Board of Governors approved eight criteria, divided into the two categories of Readiness and Accountability, by which implementation authorization of new doctorates was to be assessed, and further revised those policies on March 29, 2007. When SUS Physical Therapy programs began to make the transition to Doctor of Physical Therapy (DPT) programs in 2004, it was decided that universities should use a slightly abbreviated version of the new degree proposal format, because they were expanding existing programs rather than implementing new ones. This proposal was developed using the abbreviated format.

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READINESS

*1. **Mission and Strength** - The goals of the program are aligned with the university's mission and relate to specific institutional strengths. The program is aligned with goals identified within the State University Strategic Plan.*

Evidence that the proposed program is responsive to the goals of the current State University System Strategic Plan and that the goals of the proposed program relate to the institutional mission statement as contained in the Strategic Plan

The proposed Doctor of Physical Therapy (DPT) program is consistent with the 2005-2013 SUS Strategic Plan initiative of meeting statewide professional and workforce needs. The Commission on the Accreditation of Physical Therapist Education (CAPTE) supports and promotes the transition of existing Master of Physical Therapy (MPT) programs to DPTs. The American Physical Therapy Association (APTA) supports doctorally prepared practitioners, as well. CAPTE's Web site states that it will not consider requiring the DPT until consensus is reached within the profession that the DPT is the preferred degree. However, as of September 2007, there were 176 DPT programs and 27 MS/MPT programs within the United States listed on the CAPTE Web site, indicating that more than 80 percent of the physical therapy programs nationwide have made the conversion to the DPT. Only graduates from accredited physical therapy programs may sit for the licensing exam in Florida and other states.

With the exception of programs at FGCU and FAMU, all existing Master of Physical Therapy (MPT) programs within the State University System have converted to the DPT. This degree is also offered in the independent sector.

In support of the university mission, the proposed DPT program at FGCU would help meet community needs by providing access to a physical therapy degree program and would aid in the provision of quality physical therapists in the Southwest Florida region. However, this program would be the first doctorate implemented at Florida Gulf Coast University, which would require FGCU to seek a change in its accreditation level from the Southern Association of Schools and Colleges (SACS).

Evidence of a relationship to specific institutional strengths

The proposal does not address this issue directly. Enrollments in the master's program have remained steady over the past five years at a level commensurate with other state universities of similar size (approximately 40 headcount). The physical therapy program was founded in 1996, and graduated its first class of students in 2001. Since then, the program has become the cornerstone for the Department of Physical Therapy and Human Performance, which also includes baccalaureate programs in athletic training and human performance.

2. Program Quality – Planning activities have been sufficient, and responses to any recommendations to program reviews or accreditation activities in the discipline pertinent to the proposed program have been addressed.

Evidence that planning for the proposed program has been a collaborative process involving academic units and offices of planning and budgeting at the institutional level, as well as external consultants, representatives of the community, etc.

The proposal provides evidence that planning for the proposed Doctor of Physical Therapy program has involved all appropriate department, college, and university procedures. A table has been provided that outlines these steps in the process, beginning with the initial request to plan for a DPT in the Fall 2005. Planning for the program conversion has also included internal and external evaluators. Those internal to the university included the Associate Provost of Planning and Institutional Performance; the Director of Program Development, Curriculum, and Accreditation; and the Associate Vice-President for Curriculum and Instruction. External sources included the on-site review team for CAPTE accreditation, staff with the American Physical Therapy Association, and local physical therapy providers in the community.

Evidence of an appropriate timetable of events leading to the implementation of the proposed program

The timetable for implementation provided with the proposal anticipates initiating the SACS substantive change to accreditation immediately following Board of Governors approval. The first DPT students would be enrolled starting in Fall 2008. There is no plan to transfer existing MPT students into the DPT, but there would be an opportunity for the next class of MPT graduates to pursue the planned DPT transitional program for working professionals. This approach differs from that of other SUS physical therapy programs that have made the conversion and transferred MPT students in the process. However, the outcome would be essentially the same.

When a practice-based healthcare program moves to another degree level for entry into the profession, it creates an imbalance in educational credentials between those who graduated under the previous requirements and those who will graduate under the new requirements. Although this difference is insignificant in some situations, in other cases, it can put previous graduates at a competitive disadvantage in the labor market. For this reason, transitional programs (also referred to as professional development) are created to allow working professionals to earn the higher degree by completing a curriculum that augments their existing education and experience. Transitional programs are generally implemented in conjunction with the change in degree level for a profession and fade in enrollments over time.

Evidence that progress has been made in implementing the recommendations from

program reviews or accreditation activities in the discipline pertinent to the proposed program

The FGCU Master of Physical Therapy program is fully accredited by CAPTE, having achieved that status in 2001. The current program completed its most recent self-study in July of 2006. An on-site review team from CAPTE visited the University in September of 2006. The proposal provides evidence that the review team's report was very favorable.

3. Curriculum - The proposal describes an appropriate and sequenced course of study, admissions and graduation criteria are clearly specified and appropriate, and the appropriateness of specialized accreditation is addressed.

Evidence of an appropriate, sequenced, and fully described course of study; evidence of specific learning outcomes and industry driven competencies are discussed for any science and technology programs

The proposal describes a curriculum for the DPT that would consist of 115 credit hours, distributed across six tracks of required courses. The proposed program length and curriculum compare favorably with programs previously implemented at Florida universities, as well as at programs implemented in other states. A dissertation would not be required, because the program would be designed as a practice doctorate. The increased coursework that would differentiate the DPT from the existing MPT would include medical imaging, medical differential diagnosis, pharmacology, applied sciences, evidence-based practice, health promotion, cultural competence, and enhanced clinical learning. Admission requirements for the DPT would include completion of a baccalaureate degree, at least a 3.2 GPA in prerequisite undergraduate science courses, and an overall upper-division GPA of 3.0.

Evidence that, if appropriate, the bachelor's and master's degree programs associated with the program are accredited and that the institution anticipates seeking accreditation for the proposed program if available

The proposed DPT would replace the MPT currently accredited by CAPTE. At the present time, accreditation standards for the two programs are the same. The change of degree level is driven by the need to remain competitive in student recruitment and also to be prepared when CAPTE begins to require doctoral level programs for accreditation.

Evidence that the institution has analyzed the feasibility of providing all or a portion of the proposed program through distance learning technologies via its own technological capabilities

The university would plan to use a combination of traditional classroom, online, and site-based clinical instruction. The academic portion of the program would be primarily delivered on campus using a Web-enhanced format. Professional Development Seminars would be offered mainly online. The technical DPT track also would be offered primarily as an online program.

4. Faculty – A critical mass of faculty will be available to initiate the program based on estimated enrollments, and faculty in the aggregate has the necessary experience and research activity to sustain a doctoral program.

Evidence that there is a critical mass of faculty available to initiate the program based on estimated enrollments

The proposal states that faculty members currently associated with the program also have teaching responsibilities in other degree programs within the Department. Content expertise within the faculty would need to be increased to teach the expanded curriculum. In addition, upon implementation of the DPT, the University would plan to expand the cohort group from 12 to 24 students. This expansion initially would require additional class sections, because existing laboratory space would be limited until an additional lab could be provided, with an expectation that this could be accomplished by Fall 2009. For this reason, it would be necessary to gradually increase the number of faculty as the DPT is implemented.

For these reasons, the Department would plan to hire two 12-month, full-time physical therapy faculty by Fall 2008. An additional anatomy/neuroscience faculty person and an additional exercise physiology faculty person would be needed by Fall 2009.

These hires would increase the number of faculty involved with the program to 11, with a full time equivalent of 8.38 by Year Five.

Evidence that the faculty in aggregate have the necessary experience and research activity to sustain the program

The proposal provides evidence that existing physical therapy faculty members have the credentials and experience to help sustain the program if it is implemented. As noted above, additional faculty would be needed to provide specific content expertise for the expanded curriculum and additional students. Most of the current faculty members have a degree in physical therapy, as well as a doctorate in education. All new hires would be expected to have either an academic doctorate or DPT.

Evidence that, if appropriate, there is a commitment to hire additional faculty in later years, based on estimated enrollments

The proposal shows the intent to provide good coverage of teaching, advising, and scholarly activity as enrollment increases. A plan is in place to hire two new physical therapy faculty members at the onset of the program, and additional faculty members for support courses by the end of the first year of implementation.

The proposal also states that, with the new faculty hires, at 8.38 FTE, the University would still be below the national average of 9.9 full-time, 1.8 part-time, and 1.9 associated faculty FTE. By comparison, UF's program had eleven faculty members scheduled to devote 100% of their workload at its inception, and USF had eight full-

time faculty members in the program at its inception.

5. Resources – The necessary library volumes and serials; classroom, teaching laboratory, research laboratory, office space, equipment, clinical and internship sites, fellowships, scholarships, and graduate assistantships will be sufficient to initiate the program.

Evidence that library volumes and serials are sufficient to initiate the program

The proposal provides evidence that current library holdings and subscriptions are generally sufficient to implement the program. The library annual budget includes \$38,000 allocated to the College of Health Professions, and there is a plan to acquire additional resources, for which \$8,337 is included in the DPT program budget projections. The electronic resources of the library are available 24/7, and full-text electronic resources and Interlibrary Loan are available.

Evidence that classroom, teaching laboratory, research laboratory, office, and any other type of space that is necessary for the proposed program is sufficient to initiate the program

The proposal states that classroom and laboratory space are adequate to implement the program, but cites the September 2006 CAPTE site visit report, which recommended adding an additional teaching laboratory by 2009. The University plans to create this lab by retrofitting an existing classroom at an estimated cost of \$95,000. Generally, rapid growth in the number of students is outstripping the speed at which new buildings can be completed, so faculty, staff, and students are starting to feel space constraints across the campus.

Evidence that necessary and sufficient equipment to initiate the program is available

The proposal states that space and equipment are adequate to implement the program, and cites the 2006 CAPTE site visit as evidence. It also provides information about faculty office space and office equipment, but does not provide any detailed information about the type and quantity of specialized equipment needed for clinical instruction. Such specialized equipment at the recently approved UNF DPT program included wall-mount mat tables, wall-mount pulleys, wall mount parallel bars, traction tables, an electric high-low mat table, floor drains to allow for the use of hydrotherapy equipment, a mixer valve for filling whirlpools, and a Lido functional movement assessment unit.

Evidence that, if appropriate, fellowships, scholarships, and graduate assistantships are sufficient to initiate the program

The program currently has support for students in the form of one dedicated scholarship, tuition waivers, and a graduate assistantship. Funding for 2007-2008 has been increased to support more tuition waivers and to create five additional assistantships. An additional two assistantships would be added in 2008-2009.

Evidence that, if appropriate, clinical and internship sites have been arranged

The proposal states that the Physical Therapy program is affiliated with multiple clinical sites throughout the Southwest Florida area, but does not identify them by name. No evidence is provided that new clinical sites would be necessary; however the program would expect to double its student cohort size. It is not made clear in the proposal how this increase would be achieved.

ACCOUNTABILITY

6. Need - There is a need for more people to be educated in this program at this level, and, if the program duplicates other professional and doctorate degrees in Florida, a convincing rationale for doing so is provided.

Evidence that there is a need for more people to be educated in this program at this level

The proposal states that there are approximately 50 unfilled physical therapist positions within the University's five-county service area, and that, nationally, the unemployment rate for physical therapists is 0.2 percent. Graduates of physical therapy programs receive multiple employment offers and 100 percent of FGCU graduates are employed once licensed.

The proposal also raises the concern that the program will not be able to compete for the most qualified students in the state if it does not transition from the MPT to the DPT. Of those students accepted into the FGCU MPT program who chose to attend elsewhere, 50 percent cited the desire for a DPT as their reason for not enrolling at FGCU. The proposal notes that nationally, unfilled seats in physical therapy programs (50 out of 7,600 total) are consistently in the remaining master's programs.

According to the Bureau of Labor Statistics (BLS) *Occupational Outlook Handbook*, employment of physical therapists is expected to grow "much faster than the average" for all occupations through 2014. This level of growth is described as an increase of 27 percent or more. In 2004, physical therapists held about 155,000 jobs. The BLS states that there are currently more physical therapy positions than there are qualified, licensed physical therapists.

In addition to students seeking professional licensure in physical therapy, there is a growing demand for transitional DPT programs to upgrade the credentials of practicing physical therapists. For this reason, FGCU also would plan to implement a transitional program which would be offered online.

Evidence that the proposed program does not duplicate other SUS or independent college offerings or, otherwise, provides an adequate rationale for doing so

The proposed program is now offered at UF, USE, FIU, UCF, and UNF. FAMU is also seeking approval to move to the DPT. If approval is granted for both universities to convert, then all SUS institutions that offer physical therapy education would be awarding the DPT. The three independent institutions in Florida with Physical Therapy

programs—the University of Miami, Nova Southeastern and the University of St. Augustine for Health Sciences—converted to the DPT prior to any SUS institution.

Evidence of reasonable estimates of student headcount and FTE who will major in the proposed program, and commitment to a diverse student body

Unlike most programs, the student FTE estimates for physical therapy are higher than headcount because graduate FTE is calculated using the formula 1 FTE per 32 annual credit hours. Physical therapy programs are offered in a cohort model that requires students to exceed 32 credit hours per year. FGCU estimates that its students would average 1.5 FTE per year, which would be feasible in Year One when students would be required to take 48 credit hours, but would fall off in Year Two when the curriculum outline would only call for 41 credit hours.

Fall 2006 enrollment data indicated that 40 students were enrolled in the MPT program at that time. The Department expects that the program would double its cohort size if it converts to the DPT. Currently, at 12 students per cohort in the MPT, the projection would be to enroll 24 students in Year One and 68 in Year Five of the DPT. Justification for this ambitious goal is based in part on increasing out-of-state student enrollments. Follow-up data on students who decided to matriculate at other universities indicate that their reason for doing so was to pursue a DPT.

The proposal states that FGCU would achieve a diverse student body by recruiting from its five-county service area and by recruiting aggressively from geographic regions with a large minority population. In addition, FGCU would expect to work with administrators at predominantly minority institutions throughout the state to identify and recruit students. Other resources would include professional associations and affinity groups whose memberships comprise prospective students. The proposal is signed by the University's Equal Opportunity Officer, Cheryl Seals-Gonzalez.

7. Budget - A complete and realistic budget for the program is provide, and any redirection of funding will not have an unjustified negative impact on other needed programs.

Evidence of a budget for the program that is complete and reasonable, and comparable to the budgets of similar programs at other SUS institutions, and reflective of the proposal's text

The proposal estimates the costs of the DPT (including existing faculty and staff salaries) at \$497,622 in Year One and \$977,288 in Year Five. This budget would include the hiring of four faculty members in the first five years. Library funds and graduate student stipends are also included in the projected program budget. New dollars identified in the budget table (Table 3) would be associated with enrollment growth, due primarily to the increase in program hours and expectations of larger cohort groups.

The proposal makes an argument that converting to the DPT would improve efficiency,

because the additional credit hours generated would increase revenue, whereas the larger student cohort groups would reduce the cost per FTE. The proposed program would be expected to increase the number of credit hours generated annually by approximately 1721.72, which, if calculated at the 2006-07 rate for in-state graduate student (\$228), would net an additional \$387,600 in tuition revenue (actually \$392.55 by BOG staff calculation). Table 3, Projected Costs and Funding Sources, identifies \$312,181 in enrollment growth dollars that would be generated by the new program, but it is not clear that this number includes projected tuition increases. Typically, tuition has been considered as part of E&G funds.

In addition, FGCU has provided a cost/benefit analysis which projects that, by Year Five, the program would be generating approximately one million in revenue above what it would cost to run the program (state FTE and tuition). Although it is true that the physical therapy program would generate more fundable credit hours per student headcount than most other graduate-level programs, this would not necessarily result in the level of additional funding being projected. The Legislature has not fully funded the existing funding formula in recent years, and the percentage of the formula funded can vary each legislative session. However, FGCU would receive the tuition and fees generated by the additional credit hours required each year, and the cohort method of instruction typically results in operational efficiencies and increased faculty productivity.

A significant part of the argument for increased revenues and program efficiencies is based upon the expectation that FGCU could double its physical therapy cohort group size once it moves to the DPT. When existing physical therapy programs moved from the baccalaureate to the master's level in 1998-1999, there was an immediate drop in enrollments even though additional SUS programs were added. Enrollment built back up over the next few years, although not to pre-1998 levels. It is too early to tell what impact conversion to the DPT will have on enrollments at those universities that have made the transition.

SUS Physical Therapy Enrollments

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
FAMU	72	77	64	63	77	88	100	88	117	69	61	27	32	-	27	38	58
FAU	-	-	-	-	-	-	-	42	-	1	-	-	-	-	-	-	-
FGCU	-	-	-	-	-	-	-	-	-	12	27	24	37	41	39	37	40
FIU	120	194	255	287	381	416	347	236	186	151	22	98	119	114	128	133	137
UCF	-	-	16	41	43	46	53	54	54	-	55	59	40	49	54	60	64
UF	204	218	280	474	394	469	366	337	64	19	84	110	84	91	85	92	109

UNF	-	-	23	45	70	84	95	102	-	-	-	68	60	61	67	43	48
USF	-	-	-	-	-	-	-	-	-	16	34	45	50	53	58	53	54
Total	396	489	638	910	965	1,103	961	859	421	268	283	431	422	409	458	456	510

Evidence that, in the event that resources within the institution are redirected to support the new program, such a redirection will not have a negative impact on undergraduate education.

As existing FGCU cohort groups graduate, resources from the MPT program would be shifted to the new DPT program. This would take place over a period of three years and would not be expected to have a negative impact on students in the MPT program.

Current MPT students would be able to graduate under their present curriculum and then enroll in the transitional DPT program if they chose to do so. There would be no anticipated impact on undergraduate education or other programs at FGCU.

8. Productivity - The academic unit(s) associated with this new degree have been productive in teaching, research, and service.

Evidence that the academic unit(s) associated with this new degree have been productive in teaching, research, and service.

Evidence is provided that the existing faculty members have been active in teaching, scholarship, and service. Physical therapy faculty members have more actual contact hours with students than faculty in other types of programs, but they are assigned the same course load in credit hours. In the past five years, the current faculty members collectively have directed 63 master's theses and served on an additional 58 thesis committees. (One individual has served on 3 doctoral dissertations committees.)

Conference presentations in aggregate total 30 (international, national, and state) and publications total nine. The proposal also provides information on the number of university committees and associations with which each faculty member is involved. According to SUS data files, fifty-seven students graduated with a MPT from FGCU during the period from 2000 to 2006.

SUS Physical Therapy Degrees Granted Since 1999

	99-00	00-01	01-02	02-03	03-04	04-05	05-06
FAMU	55	47	41	7	-	6	1
FGCU	-	12	3	9	8	14	11
FIU	64	81	18	53	66	38	44
UCF	-	7	27	41	14	24	23
UF	7	61	62	15	36	41	40
UNF	-	-	26	24	11	18	18

USF	-	-	11	19	21	20	29
Total	126	208	188	168	156	161	166