

FLORIDA BOARD OF GOVERNORS

March 24, 2005

SUBJECT: Authorization to Convert an Existing Master's of Physical Therapy to a Doctor of Physical Therapy at the University of Florida

PROPOSED BOARD ACTION

Consider authorization to convert an existing Master's of Physical Therapy to a Doctor of Physical Therapy (CIP 51.2308) at the University of Florida.

AUTHORITY FOR BOARD OF GOVERNORS ACTION

Article IX, Section 7 (d), Constitution of the State of Florida

BACKGROUND INFORMATION

This UF request is the second of several which may come forward, because six of the state universities (UF, FAMU, UCF, FIU, UNF, and FGCU) currently offer the Master's in Physical Therapy (MPT). These institutions may request transitioning to the Doctor of Physical Therapy (DPT) due to the national trend towards more autonomous practice on the part of physical therapists, which in turn is expanding the breadth and content of the PT curriculum. These institutions are also arguing that the transition is necessary in order to remain competitive in recruiting new students, many of whom are now choosing institutions that offer the DPT. The three independent universities in Florida offering degrees in physical therapy have already transitioned to the DPT.

In Florida, persons are eligible to sit for licensure examinations if they have received a degree in physical therapy from an institution accredited by the Commission on Accreditation for Physical Therapy Education (CAPTE). Both the MPT and the DPT are currently accredited by CAPTE, and, therefore, it would be inaccurate to characterize this transition as a mandate from the accrediting body at this time. However, the 2000 American Physical Therapy Association (APTA) House of Delegates endorsed *Vision 2020*, a vision statement for the next 20 years that reflects the Association's support for doctorally prepared practitioners and the clinical doctorate as the first professional degree. Moreover, it is clear that most programs in the country are in the process of this transition. CAPTE has projected that, within the next five years, more than 80% of all accredited physical therapy educational programs will be awarding the DPT degree as the entry level for professional practice.

UF's Board of Trustees approved this proposal in December 2004. If approved by the Board of Governors, UF will implement the program in Fall 2005. In October, 2004 the Board of Governors approved a similar conversion at USF. Further requests will be considered individually, with particular attention to institutional mission and the current program's viability.

Supporting Documentation Included:
Documentation Previously Provided:
Facilitators / Presenters:

Staff Analysis
White Paper
Chancellor Austin / UF Representatives

STAFF ANALYSIS
Proposed Doctor of Physical Therapy
University of Florida

Estimated Costs:

	Total	% & \$ Current	% & \$ New	% & \$ C&G	Cost per FTE	SUS 02-03 Average Costs
Year 1	\$2,299,898	69.7% \$1,602,538	30% \$643,600	2.3% \$53,760	\$41,070	\$25,717 for CIP 51 at Doctoral Level
Year 5	\$2,595,288	98.9% \$2,565,617	0% \$0	1.1% \$29,670	\$15,350	

NOTE: SUS Average Costs are calculated using the 2002-03 Expenditure Analysis. The cost per FTE in Year Five is driven below the SUS average because students are required to exceed the standard number of hours used for calculating graduate FTE.

Projected FTE and headcount are:

	Projected Headcount	Student FTE
First Year	50	54.69
Second Year	97	119.33
Third Year	142	167.14
Fourth Year	142	167.14
Fifth Year	142	167.14

* FTE exceeds Headcount because students matriculate in cohort groups and the required number of credit hours each year exceeds 32, which is the number used for calculating graduate FTE.

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 were to be assessed. The following is an analysis of the University's proposal based on further delineations of those eight criteria.

Evidence that the proposed program is listed in the current State University System Master Plan, and/or that the goals of the proposed program relate to the institutional mission statement as contained in the Master Plan.

Although the Doctor of Physical Therapy (DPT) was not on the 1998-2003 SUS Strategic Plan, it is consistent with the emphasis on expanding access to healthcare education within the current BOG strategic planning documents, and physical therapy at the Master's level is listed as one of the Critical Needs in Health Care on the BOG's March 2004 List of Targeted Programs. The DPT is also aligned with the UF Strategic Plan, which includes a statement (with regard to the role of the College of Health Professions in moving UF toward its goal of becoming one of the

top twenty universities, public or private, in the nation) that says, “[s]imilarly, the Colleges of Education, Health Professions, ... have been great assets to this University in the education of our undergraduates and graduate students and in the development of programs to meet the needs of this state. Each of them has strengths that should be built upon....”

The desire to transition from the Master of Physical Therapy (MPT) degree to the Doctor of Physical Therapy is driven in part by the national trend towards more autonomous practice on the part of physical therapists, which in turn is driving an expansion in the breadth and content of professional preparation programs. The state university physical therapy programs underwent a similar accreditation body-driven transition from the bachelor’s to master’s level, which was approved by the Board of Regents in 1997, as well as subsequent changes in curriculum format that were also driven by the accreditation body and needs of the profession. The state universities also need to remain competitive in the recruitment of new students, and have begun to lose students to institutions that do offer the DPT. The three Florida independent universities that have physical therapy programs (University of Miami, Nova Southeastern University, and University of St. Augustine) have already transitioned to the DPT.

In Florida, persons are eligible to take the physical therapy licensure examinations if they have received a degree in physical therapy from an institution that has been approved for the training of physical therapists by the Commission on Accreditation for Physical Therapy Education (CAPTE). Although this requirement does not distinguish among degree levels, CAPTE no longer accredits bachelor-level degrees (effective January 1, 2002). Both the MPT and DPT are accredited by CAPTE using the same evaluative criteria, and the institution determines the degree to be offered. In the current health care environment, and depending upon the employer, the DPT graduate will not necessarily be favored over the MPT graduate. However, as more professional entry-level programs make the transition to or develop at the doctoral level, this situation may change substantially.

The 2000 American Physical Therapy Association (APTA) House of Delegates endorsed *Vision 2020*, a vision statement for the next 20 years that contains a clear reference to “doctors of physical therapy,” reflecting the Association’s support for doctorally prepared practitioners and the clinical doctorate as the first professional degree. APTA consciously made a decision not to mandate this transition; however, the transition to the DPT across the discipline is a growing trend. APTA and CAPTE both support and promote the transition. It is expected that, when the preponderance of institutions are offering the DPT as the professional entry degree, CAPTE accreditation standards will be revised to limit accreditation to the doctoral level.

The movement towards doctorally prepared professionals and autonomous practice could have significant cost implications for the healthcare industry and federal programs such as Medicaid and Medicare.

Evidence of a relationship to specific institutional strengths

The proposed program would enjoy the same relationship with campus programs as the MPT currently does. The proposed program would still be located within the College of Public Health and Health Professions, and would utilize the Bachelor in Exercise Science and the Bachelor of

Health Science as feeder programs. The Department Chair and the program enjoy excellent relations with the rehabilitation staff at Shands Healthcare, and a joint Clinical Rehabilitation Seminar has been created between the Department and Shands Healthcare. The Department has developed a summer research series with the McKnight Brain Institute, as well as a bi-monthly Rehabilitation Research Series. The Department and its faculty have also collaborated with the McKnight Brain Institute, the Brooks Center and several university Departments (including Neuroscience, Health and Human Performance, Orthopedics, Radiology, Pediatric Cardiology, Endocrinology & Metabolism, and Veterinary Medicine) to obtain research and grant funding.

The proposal states that, “if UF is to be recognized as one of the top ten universities in the country for physical therapy education, the move to the DPT degree is mandatory.” This is based on the rationale that, of the top 20 physical therapy programs (as ranked by U.S. News and World Report), 18 offered the clinical doctorate (DPT) as the entry-level degree. It continues on to note that the top four DPT programs in the country are based at Research Extensive universities, similar to UF.

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 planning process for this conversion began in 2000, after the vision statement from APTA was published. The formal process to move toward the DPT began in 2002 when a new Chair of the Department of Physical Therapy was hired, and a consultant was also invited to advise the University at that time. An advisory committee was also established by the University to evaluate the existing program and make recommendations on how to prepare for a possible transition. That advisory committee recommended a move to the DPT, stating that “it would allow the Department to compete at a national level for the best PT students, provide the highest quality training for the UF students, and enable the Department to have the greatest impact on a national level for building models for best clinical practice.” Continued planning took place in April, 2003, when directors of all of the state university physical therapy programs met to discuss transition to the DPT. All chairs (those from UF, USF, UCF, UNF, FIU, and FGCU were present) expressed their commitment to move to the DPT. After that time, the planning process has involved several faculty members, several new hires to forward this effort, the peer SUS institutions, the faculty of the Department of Physical Therapy, CAPTE (which, upon a site visit, recommended movement toward the DPT), planning committees, the Dean of the College of Public Health & Health Professions, the Provost, the Vice President for Health Affairs, and other relevant units within the University administration and governance structure.

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

The proposal provides a timetable for implementation that identifies key events beginning with the planning phases of the proposal to the acceptance of first DPT class in January 2005 to program implementation in August 2005. While the timetable does not include mention of submission to the Division of Colleges and Universities or the Board of Governors, DCU did receive the proposal on December 22, 2004.

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 UF Department of Physical Therapy and the MPT program underwent an accreditation site visit by CAPTE in November, 2003. At that time, the on-site evaluation team, in the consultation portion of the visit, recommended that UF move to the entry-level DPT. In April, 2004, the program received notification that CAPTE awarded entry-level program accreditation to June 2014, with no citations or deficiencies. Further, moving to the DPT will not affect accreditation status, as CAPTE allows programs that are accredited following review of a self-study report based on 1998 Evaluative Criteria to make such a change without prior approval by CAPTE. UF falls in that group of institutions. As such, UF must simply notify CAPTE and include copies of any necessary approvals from the institution prior to implementation of the program, as well as report any changes in the program at the time of the next available Interim Accreditation Report (which should be the 2006 Biennial Accreditation Report for UF).

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

Based on a recent American Physical Therapy Association (APTA) information survey, accredited and transitioning DPT programs have augmented the breadth and depth of content in a typical two- or three-year professional (entry-level) MPT program (with specific augmented content typically including, among others, differential diagnosis, pharmacology, radiology/imaging, health care management, prevention/wellness/health promotion, histology, and pathology). Also, the final or culminating clinical education experiences are typically extended beyond the average of 15 weeks, with some being 1 year in length.

The proposed DPT curriculum at UF builds upon the current master's curriculum, expanding it from 6 to 8 semesters (alternatively from 78 credit hours to 113 credit hours), and it is consistent in content and length with other DPT programs in the United States (including the recently approved USF program, which increased from 6 to 9 semesters, and 71 to 101-103 credit hours). The program reflects the breadth of coursework required to meet expected criteria for accreditation while addressing in depth those content areas of professional education considered essential for future PT practice.

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 master's degree is already accredited, and the DPT will be included in the next CAPTE accreditation review. Because the accreditation standards for the MPT and DPT degrees are the same, there should be no accreditation problems related to this transition. The process by which programs convert to offering the DPT depends on whether the program has been evaluated by CAPTE against the *1998 Evaluative Criteria*. If the program has been determined to be in substantial compliance with the 1998 criteria, then CAPTE considers the change of degree to be an institutional prerogative and requires only a notification of the intended degree change and a description of the other changes in the next available reporting mechanism, usually the *Interim*

Accreditation Report. CAPTE expects that the program will have achieved all necessary approvals to offer the new degree as required by the institution, the state higher education board, and the institutional accreditor.

Evidence that the proposed institution has analyzed the feasibility of providing all or a portion of the proposed program through distance learning technologies via its own technological capabilities, as well as through collaboration with other universities

Although select courses within the program, or portions thereof, may lend themselves to online format, the anticipated delivery system will remain a traditional delivery on the main campus, building on existing foundations. The proposed program is heavily integrated with clinical content throughout, which is best suited to the student-cohort, on-campus design. Research collaboration, which is expected to continue, is currently taking place between the MPT program and several other universities (including University of Pennsylvania, Washington University, University of Michigan, Georgetown University, UCLA, and other University of Florida Departments). It is not currently anticipated that this program would be offered jointly with any other university.

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

The proposal identifies 15 current faculty involved with the program, most of whom will be engaged with the program full-time. In Year One, the proposed program would have 12.08 FTE on existing lines and .30 FTE funded by Contracts and Grants. The program would be requesting 3 new faculty lines in Year One (two tenure and one non-tenure accruing lines), and an additional 2 non-tenure accruing lines in Year Two. The program is also planning another .30 FTE funded by Contracts and Grants. The total FTE would be 15.68 in Year One, and after dropping the existing .30 FTE funded by Contracts and Grants in Year Three, the Year Five total faculty FTE would be 17.38. The program indicated that the additional lines would be necessary to provide the expected level of education, research, and service when the program moves from two to three years in length. This funding will provide a student-to-faculty ratio of 3.3:1 in the first year of implementation, increasing to 7.5:1 by Year Five.

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

With the exception of one .15 FTE adjunct teaching in PT/Medical Surgical, all of the current faculty have earned Master's degrees or higher, with 11 of the current 15 having earned degrees at the Ph.D. level. The faculty have been very involved in scholarly activities and research, publishing in all major physical therapy journals (among others), and having earned \$2.6 million in grant funding between March 2003 and March 2004.

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

The proposal provides a plan for hiring 3 new faculty members in Year One (two tenure and one non-tenure accruing lines), and an additional 2 non-tenure accruing lines in Year Two. The program is also planning another .30 FTE funded by Contracts and Grants. The program indicated that the additional lines would be necessary to provide the expected level of education,

research, and service when the program moves from two to three years in length. With the exception of the .30 FTE adjunct position funded by Contracts and Grants, all new hires would be 100 percent engaged with the DPT program. The proposal indicates that all of the new hires, including the adjunct position, will hold a PhD degree. The expected areas of specialty will be PT/Therapeutic Science, PT/Modalities/Wound care, PT/Orthopedics, PT/Radiology/Medical Surgery, PT/Differential Dx/Neuroscience, and Pharmacology (Adjunct).

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

The proposal provides evidence that the eight libraries at the University of Florida (making up the largest information resource system in the State of Florida) contain library serials and volumes sufficient to sustain the converted program. The University of Florida Health Science Center Library (HSC) serves as the primary information center for the program (as it does for Medicine, Nursing, Public Health & Health Professions, Veterinary Medicine, Dentistry, and Pharmacy), and as indicated in the proposal, consists of extensive holdings to support the program. A listing of holdings was provided with the proposal.

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 program moved into the new Public Health & Health Professions/Nursing/Pharmacy complex (HPNP) in December 2002, and as a result has more than sufficient space to sustain conversion of the program to the DPT. There are classrooms ranging in size from 20 – 139 seats, as well as a 500-seat auditorium and 76-seat distance learning lab, and each is equipped with a broad range of audio-visual devices. The main floor of the Physical Therapy Department consists of about 2400 square feet housing faculty and staff offices, 917 square feet of additional office space, a 702 square foot graduate student room, and a 567 square foot conference room. There is also a 3000 square foot teaching space, where the majority of psychomotor skill acquisition classes take place. In addition, the program manages 7 research laboratories (4894 square feet). There is also additional space outside the PT department, to which PT faculty and students have access.

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

The program currently has, or has access to, a wide variety of teaching facilities, equipment, and supplies needed to maintain a successful program. The proposal provides an extensive listing of the equipment available to the program in the teaching laboratories within the HPNP building, as well as in several facilities outside of the building. Extensive AV equipment exists in the major classrooms and teaching laboratories, and the HPNP Building has a data network service and wireless networking capabilities. The proposal indicates that “the equipment and materials have been deemed of excellent quality and quantity to meet the educational needs of the faculty and the students.”

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

The Department currently has several scholarships dedicated to entry-level MPT students (typically ranging from \$100 to \$1000). The total amount of scholarships awarded annually

varies between \$3,200 and \$9,700. The Department also offers 2 one-year fellowships for graduates of the program, which are offered in conjunction with Shands Rehabilitation (for which each fellow receives a stipend of \$30,000). Additional fellowships, teaching assistantships, and graduate assistantships are available to post-professional students.

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

Currently, the School of Physical Therapy maintains contracts with more than 200 clinical affiliation sites (about 80% of which are in Florida). This allows each student to have four clinical experiences, which vary in patient type and level of care.

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

The proposal includes evidence that indicates a need for such a conversion to take place, with significant information relating to the national move being promoted by the American Physical Therapy Association (APTA) toward the DPT as the entry-level degree for physical therapists. This information also includes language from the APTA House of Delegates vision statement for the next 20 years and the February 2004 draft of the *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists* (used in accreditation of physical therapy programs), each containing references to “doctors of physical therapy” as the preferred practitioner degree.

The number of accredited programs offering the DPT continues to rise, and the three independent universities in Florida offering degrees in physical therapy have already moved to the DPT. The proposal indicates that UF, and other state institutions, are losing potential students who elect instead to enroll at those independent universities with the DPT. As UF suspected that it may be losing top applicants to DPT programs at other universities, data was collected on the individuals who were offered a spot and turned it down. The top 20 of those students elected to attend a DPT program elsewhere. In fact, the proposal indicates that many of the students declaring PT as their intent while enrolled in UF’s bachelor of health science program did not apply to UF, but instead enrolled in DPT programs elsewhere.

CAPTE has projected that, within the next five years, more than 80% of all accredited physical therapy educational programs will be awarding the DPT degree as the entry level for professional practice. Although continued accreditation by CAPTE is not currently at risk without this transition, in order to effectively compete for the strongest students and most qualified faculty, the proposal indicates that it is imperative for UF to offer the professional degree preferred and promoted by the American Physical Therapy Association.

According to the Bureau of Labor Statistics, physical therapists held about 137,000 jobs in 2002. The number of jobs is greater than the number of practicing physical therapists, because several physical therapists hold two or more jobs (e.g., working in a private practice, as well as part-time in another healthcare facility). Employment of physical therapists is expected to “grow faster than the average” for all occupations through 2012 (meaning it will increase 21 to 35 percent). Whereas there may be individual exceptions, any implications regarding the employability of DPT graduates are uncertain at best at the moment. In the current health care environment, and depending upon the employer, the DPT graduate will not necessarily be favored over the MPT or

the BSPT graduate. Because licensure to practice does not distinguish among degrees, the BSPT, MPT, and DPT are all permissible. However, as more professional entry-level programs make the transition to or develop at the doctoral level, this may change substantially, and the number of graduates will offer a credible basis for the collection of data regarding employability and performance of the DPT graduate. The proposal indicates that the augmented didactic and extended clinical components of the proposed DPT program will also make graduates more marketable, as they should provide better preparation in the healthcare arena.

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

UF would be the second of the seven state universities with Physical Therapy programs to request implementation authorization to convert to the DPT. The first request, made by USF, was approved by the Board of Governors in October, 2004. Currently, the DPT is offered at all three independent institutions offering Physical Therapy in Florida, including the University of Miami, the University of St. Augustine, and Nova Southeastern University. Duplication does not have the same meaning within the context of this proposal because this is an existing professional educational program that seeks to transition to a new degree level.

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

The proposal indicates that the program anticipates enrolling 50 students each fall into the program, and as such, once the program reaches its third year, it is expected to have 150 students enrolled at any given time. The rationale for the projections is based upon the number of applicants to the MPT program in 2002, 2003, and 2004, and the program believes that more applicants will be attracted who have graduated from “preceding degree programs at non-public universities because currently those students have no public university options for the DPT.” The proposal also indicates that out-of-state applicants are expected to increase due to the fact that students nationwide are “seeking high quality programs that offer the DPT degree.”

Because students are enrolled and matriculate through the program in cohort groups, the number of credit hours taken each year exceeds the standard number used for calculating graduate FTE, which is 32 credit hours per year. The number of students is multiplied times the required credit hours and then divided by 32 to arrive at the FTE. The calculation also allows for three students to drop out after year one, and two after year two. This breaks down as follows:

Year 1: 50 hc X 35 ch (Fall & Spring) = 1,750, divide by 32 = 54.69 FTE

Year 2: 47 hc X 44 ch (Summer, Fall, & Spring) = 2,068 + (1,750), divide by 32 = 119.33

Year 3: 45 hc X 34 ch (Summer, Fall, & Spring) = 1,530 + (3,818), divide by 32 = 167.14

The proposal indicates a commitment on the part of the University, Graduate Studies, and the Department to achieve a diverse student body. In addition, the program will be marketed at career fairs and other opportunities to attract applicants from diverse backgrounds. Approximately 9% of the MPT students admitted have been classified as minorities (with all but one graduating from the program). A signed EEO statement is included in the proposal.

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

The total amount of new revenue requested in Year One is \$653,680 (of which \$143,000 is non-recurring). In Year One, the program is requesting 3 new faculty lines, and in Year Two, the program is requesting two more. The additional faculty lines are to support the year added to the program length (with 15 additional courses) and eleven additional clinical internship weeks. In Year One, the program is also requesting an additional 1.0 FTE to fund a Coordinator of Academic Programs to oversee admissions, registration, student relations, recruiting, and marketing specific to the proposed program, as well as 1.0 FTE to fund a Program Assistant. An office assistant will also be requested in Year Two. The proposal details expenses in the budget for Salaries, Expenses, and OCO, and the budget provided appear to be complete, reasonable, and comparable to that expected of a program such as this. Although the first year cost per student FTE is somewhat higher than the average, the fifth year estimated cost (at \$15,350) is well below that of the SUS average for CIP 51, which is \$25,717 (as calculated using the 2002-03 Expenditure Analysis). Further, the budget is reflective of the narrative within the proposal.

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

Resources supporting the currently entry-level MPT program would be utilized to support the proposed DPT, but additional faculty lines and a Coordinator, Academic Programs would need to be implemented to support the conversion. There will be no anticipated impact on undergraduate education, as the undergraduate feeder programs would remain the same, and the requirements for admission are similar to those for the existing MPT program. Also, the physical therapy faculty does not teach in undergraduate education, so, faculty effort impact and/or enrollment rates would also be nonexistent. In fact, the proposed program indicates that conversion to the DPT would positively impact the campus, as the students would now have the option to pursue the DPT, among other reasons.

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

The proposal indicates that the academic unit associated with the proposed DPT has been productive in teaching, research, and service. Department faculty members typically teach 2 to 4 graduate-level courses per year, and all faculty carry teaching loads consistent with the "12-hour rule." Three current faculty members have received, and two other have been nominated for, the "Teacher of the Year Award" for the College of Public Health & Health Professions. All faculty participate in scholarly activity (with the core faculty having 58 peer-reviewed publications accepted and/or published, 16 additional papers submitted, and 70 making presentations from 2002-2004), and total grant funding for 2003-2004 was \$2.6 million (which is expected to increase in 2004-2005). Collectively, all faculty are also involved in professional service at UF and within the profession, and are involved with governance at the Department, College, and University levels.