

### **What is a "DPT"?**

The Doctor of Physical Therapy (DPT) is a postbaccalaureate degree conferred upon successful completion of a doctoral level professional (entry-level) or postprofessional education program. The specific nomenclature "DPT" is not a substitute or alternative for the physical therapist clinical designator "PT."

### **I have heard about "professional," "transition," and "advanced clinical science" DPT degrees. What are they, and how are they different?**

All three DPT degrees are professional "clinical" doctorates and are primarily intended for those clinicians who elect to practice physical therapy or, depending on the degree, serve as academic or clinical faculty in a physical therapist professional education program. Consistent with the academic precedent, these "professional" degrees are not considered in the category of "academic" degrees such as the MA, MS, or PhD.

The "professional" DPT is the degree conferred upon successful completion of a doctoral level physical therapist professional (entry-level) education program. This program prepares the graduate to enter the practice of physical therapy. (For a professional DPT program list, see "How many professional (entry-level) DPT programs are accredited?", "How many professional (entry-level) MPT programs have decided to make the transition to professional (entry-level) DPT programs?", and "How many institutions have decided to develop a professional (entry-level) DPT program?")

The "transition" DPT is the degree conferred upon successful completion of a postprofessional physical therapist education program. The "transition" DPT is intended for practicing clinicians and typically offers a didactic and, in some cases, a clinical augmentation that is deemed necessary to meet current and future expectations for physical therapy practice. This augmentation (knowledge, skills, and behaviors) is defined by the difference in content between a practicing clinician's entry-level education (whatever the year of graduation) and current entry-level education that has not been otherwise acquired through continuing education or specialization. As of April 2000, Creighton University, University of Southern California, and University of St. Augustine offer postprofessional "transition" DPT programs. Other "transition" DPT programs are in various stages of development.

The "advanced clinical science" DPT is one of several degrees conferred by institutions upon successful completion of a postprofessional physical therapist education program. This program is intended to provide an experienced clinician with advanced knowledge, behaviors, and clinical skills, usually in a specific specialty area. These programs may include specialization, certification, or clinical residencies. Although there are many postprofessional "advanced clinical science" doctoral programs, very few use the "DPT" degree nomenclature; in fact, some postprofessional "advanced clinical science" doctoral programs have dropped the "DPT" nomenclature in favor of less confusing alternatives (eg, DPTSc, DHSc, etc.).

### **What is the difference between a professional (entry-level) DPT program and a professional (entry-level) MPT program?**

The length of the majority of DPT programs has been extended beyond the traditional two-year masters program. Based on a recent informal 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. The specific augmented content areas include, among others, differential diagnosis, pharmacology, radiology/imaging, health care management, prevention/wellness/health promotion, histology, and pathology. In addition, the final or culminating clinical education experience is typically extended beyond the average of 15 weeks; some are 1 year in length.

### **What is the difference between a professional (entry-level) DPT program and an advanced clinical science DPT program?**

The DPT awarded upon completion of a physical therapist professional education program is an entry-level degree, albeit a terminal one. The advanced clinical science DPT is awarded upon completion of a postprofessional education program that signifies and recognizes advanced clinical skills. Many of these programs include specialist certification or a clinical residency.

### **What is the difference between a professional (entry-level) DPT program and the "transition" DPT program?**

The professional (entry-level) DPT is awarded upon completion of a physical therapist professional

education program; the "transition" DPT is awarded to a physical therapist upon completion of a postprofessional education program and signifies augmented knowledge, skills, and behaviors that are equivalent to CURRENT entry-level education standards. This learner-centered augmentation provides the physical therapist with knowledge, skills, and behaviors that have been added to the professional (entry-level) curricula since the learner's year of graduation.

### **What is the rationale for having professional (entry-level) DPT programs?**

The rationale for awarding the DPT is based on at least four factors, among others: 1) the level of practice inherent to the patient/client management model in the Guide to Physical Therapist Practice requires considerable breadth and depth in educational preparation, a breadth and depth not easily acquired within the time constraints of the typical MPT program; 2) societal expectations that the fully autonomous healthcare practitioner with a scope of practice consistent with the Guide to Physical Therapist Practice be a clinical doctor; 3) the realization of the profession's goals in the coming decades, including direct access, "physician status" for reimbursement purposes, and clinical competence consistent with the preferred outcomes of evidence-based practice, will require that practitioners possess the clinical doctorate (consistent with medicine, osteopathy, dentistry, veterinary medicine, optometry, and podiatry); and 4) many existing professional (entry-level) MPT programs already meet the requirements for the clinical doctorate; in such cases, the graduate of a professional (entry-level) MPT program is denied the degree most appropriate to the program of study.

### **Are professional (entry-level) DPT programs accredited?**

Yes. The Commission on Accreditation for Physical Therapy Education (CAPTE) is responsible for the accreditation of DPT and MPT professional (entry-level) education programs. The current standards are contained in the 1998 Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists. Effective January 1, 2002, CAPTE no longer accredited baccalaureate level professional education programs.

### **Are there separate accreditation standards for professional (entry-level MPT programs and professional (entry-level) DPT programs? If not, why are programs different?**

No. There is only one set of standards for postbaccalaureate level professional (entry-level) education. The 1998 Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists apply to masters and doctoral level physical therapist professional education programs. All accredited programs must meet this quality standard; however, programs can and do regularly exceed the standard in one or more areas.

Differences do exist among accredited masters level programs and between accredited masters level and accredited doctoral level programs. For example, some of the differences are driven by institutional mission and are attributable to compliance with the accreditation standards. Other differences - noteworthy as they can be - are not attributable to compliance with CAPTE's quality standard. Rather, these differences should be attributed to decisions of the host institution and program to enhance the quality and/or outcomes of the program beyond compliance with CAPTE's quality standards. Many of the differences that exist between and among programs are of the latter kind.

### **How many professional (entry-level) DPT programs are accredited?**

As of September 2004, 111 professional (entry-level) DPT programs are accredited or developing.

### **How many professional (entry-level) MPT programs have decided to make the transition to professional (entry-level) DPT programs?**

As of November 1, 2003, 89 programs are approved to convert, developing, or intending to convert to the DPT.

### **Why do programs decide to make the transition from the professional (entry-level) MPT to the professional (entry-level) DPT?**

Programs have decided to make the transition from the professional (entry-level) MPT to the professional (entry-level) DPT for several reasons, including among others: 1) The decision to make the transition is the end result of a comprehensive assessment of an MPT program based on current and future expectations and preferences for practice; 2) The decision to make the transition is warranted on the basis of the greater scope, rigor, depth, breadth, and length of a high-quality program; 3) The decision to make the transition is based on the assumption that the program will be better positioned to successfully recruit the most qualified applicants in a highly competitive applicant marketplace; and 4) The decision to make the transition is perceived to be in the best interests of tomorrow's practitioner.

### **Are postprofessional DPT programs accredited?**

No. Similar to other health care disciplines, there are no specialized accrediting agencies responsible for the accreditation of postprofessional education programs for physical therapists. However, the vast majority of the postprofessional education programs reside in institutions accredited by recognized accrediting agencies.

### **Is the professional (entry-level) DPT degree appropriate for physical therapy professional education?**

Yes. The professional (entry-level) DPT degree is currently conferred by institutions that are regionally accredited and fully authorized to confer the degree. The fact that some persons may oppose the DPT does not make the degree any less "appropriate" for professional (entry-level) education.

### **Is the DPT degree appropriate for physical therapy practice and the profession?**

"Appropriateness" for physical therapy practice and the profession involves a subjective judgment; for clarity, the question is often framed in terms of benefits and liabilities. Members of the academic and clinical communities have identified the following benefits and liabilities, among others.

#### **Perceived Benefits:**

- a. Professional (entry-level) DPT programs more accurately reflect the scope, depth, breadth, and rigor of the high-quality education preparation needed for current and future practice;
- b. The professional (entry-level) DPT program offers a sound educational background that should better equip the graduate to enter clinical practice able to examine, evaluate, diagnose, prognose, and intervene in the management of impairments, functional limitations, and disabilities of the cardiopulmonary, musculoskeletal, neuromuscular, and integumentary systems;
- c. The DPT degree will better facilitate the consumer's recognition of the physical therapist as a fully autonomous health care practitioner who is a point of entry into the health care system;
- d. The DPT degree will better facilitate interactions with medical colleagues on an equal basis;
- e. The professional (entry-level) DPT program offers greater knowledge, skills, and behaviors related to the administration and business aspects of physical therapy practice;
- f. Assuming an uncertain and unpredictable future, the DPT degree positions the physical therapist to advocate and negotiate more successfully on behalf of high-quality health care, the consumer, and the profession.

#### **Perceived Liabilities:**

- a. The DPT is nothing more than an unwarranted inflation of professional education;
- b. The physical therapy clinical science and its associated body of knowledge does not justify doctoral-level preparation;
- c. Other health care providers, including physicians, will not "like" physical therapists being called "doctor";
- d. The DPT degree only adds to the confusion of patients, employers, and other health care providers about physical therapists and physical therapy services;
- e. The necessary human and financial resources for professional (entry-level) DPT programs are not adequate;
- f. The educational costs of the professional (entry-level) DPT are prohibitive.

### **Why do some educators object to the DPT degree?**

Educators may object to the professional (entry-level) DPT for a variety of reasons, including among others:

- a. Doctoral-level professional (entry-level) programs require increased human and financial resources that some programs cannot easily acquire;
- b. Some institutions cannot make the transition from the master's to the doctoral level because the state and/or the institution's mission does not allow for the awarding of the DPT;
- c. The professional (entry-level) DPT program is longer than the typical professional (entry-level) MPT program and, therefore, more costly to the student;
- d. Professional (entry-level) DPT programs do not offer benefits to the profession and physical therapy practice that are not readily available in the MPT graduate;
- e. The DPT degree (nomenclature) adds to the current confusion regarding the purpose, meaning, and significance of degrees within the physical therapy profession.

### **Why do some clinicians object to the DPT degree?**

Clinicians may object to the professional (entry-level) DPT for a variety of reasons, including among others:

- a. Physical therapy practice does not require doctoral-level professional (entry-level) education (ie, what physical therapists are "asked to do" does not require a DPT);
- b. The professional (entry-level) DPT preparation will not improve the quality of patient care;
- c. Professional (entry-level) DPT programs are likely to stretch clinical education resources beyond the "breaking point;"
- d. Baccalaureate- and master's-level graduates are fearful that DPT graduates will displace them in the workforce or diminish their relative value in the health care marketplace;
- e. The generalized concerns that doctoral-level professional (entry-level) programs run counter to current trends in health care and that other health care providers, employers, and patients will resist, if not resent, the DPT practitioner.

### **Will APTA or The Commission on Accreditation in Physical Therapy Education (CAPTE) mandate doctoral-level professional (entry-level) education?**

APTA cannot and will not compromise higher education prerogatives or mandate higher education decisions or degrees. The move from baccalaureate- to postbaccalaureate-level professional education took nearly 20 years. CAPTE's 1998 decision to narrow its scope of accreditation activity to include only postbaccalaureate-level programs came after the profession had reached agreement on the scope, breadth, depth, and meaning of professional education and a critical mass of MPT programs had been established (approximately 83%). Before CAPTE would consider narrowing its scope of activity further, the profession would have to agree that the DPT is the preferred degree, a consensus would have to be achieved on all aspects of doctoral-level professional education, a critical mass of professional (entry-level) DPT programs would have to be established, and CAPTE's communities of interest would have to support, at least in principle, a move to doctoral-level professional education. Although such a move is conceivable at some point in the future, it is not imminent.

### **Does APTA have a formal position or policy on the DPT degree? Does APTA advocate for the DPT degree?**

No and yes. As of October 1, 2000, there is no "formal" APTA policy or position on doctoral-level professional education. However, in June 2000, the House of Delegates endorsed Vision 2020 - a vision statement for the physical therapy profession for the next 20 years. Vision 2020 contains a clear reference to "doctors of physical therapy" and thus reflects support for doctorally-prepared practitioners and the clinical doctorate as the first professional degree.

Apart from the issue of formal policies or positions, some APTA members and leaders are strong advocates for doctoral-level professional education. Consistent with a rationale for the DPT degree (See "What is the rationale for professional (entry-level) DPT programs?"), these persons believe that the DPT will enhance the quality of physical therapy services and patient care, hasten the granting of pervasive direct access and "physician status" for reimbursement, and ensure the profession's continued growth, maturation, and services. Other APTA members and leaders do not advocate for doctoral level professional education (See "Is the DPT degree appropriate for physical therapy practice and the profession?", "Why do some educators object to the DPT degree?", and "Why do some clinicians object to the DPT degree?").

### **How does the DPT degree relate to physical therapy licensure?**

Licensure requires graduation from an accredited physical therapist professional education program and a passing score on a state licensure examination. There are no degree-specific requirements; the BSPT, the MPT, and the DPT are all appropriate degrees for licensure.

### **Is the graduate of a professional (entry-level) DPT program more competent than the graduate of a professional (entry-level) BSPT or MPT program?**

Some APTA members believe that this may be the case because of the augmented didactic component and the extended, more mentored clinical education experience. However, there are insufficient data to demonstrate any correlation between the DPT and higher levels of clinical competence or improved treatment outcomes. Moreover, it would appear that there are no major economic advantages to the DPT. In the absence of compelling data, perhaps the more important question for any physical therapist should be: "How can the physical therapy profession position itself to accommodate the changing expectations for practice and the changing health care environment in a future that is entirely uncertain?" The answer for some physical therapists will include acquiring a "transition" DPT; for others, the DPT will not offer sufficient benefit.

### **What implications does the DPT degree have for the workplace and employability?**

None for certain, though there may be individual exceptions. In the current health care environment, and depending on the employer, the DPT graduate will not necessarily be favored over the MPT or BSPT graduate. Since licensure to practice does not distinguish among degrees; the BSPT, MPT, and DPT are all permissible. As more professional (entry-level) programs make the transition to or develop at the doctoral level, the overall number of graduates will offer a credible basis for the collection of data regarding employability and performance of the DPT graduate. For now, the implications of the DPT degree for the workplace and employability are unclear.

### **Are DPT graduates paid more than BSPT or MPT graduates?**

The transition to postbaccalaureate professional (entry-level) education gave rise to the fear that a practitioner with a professional master's degree would be paid more than one with a baccalaureate degree. In retrospect, it appears that those fears were unfounded. Although there may be instances where a DPT graduate is paid more than a BSPT or MPT graduate, there are no data to support a correlation between the DPT and higher levels of compensation. Data collected in the future may or may not demonstrate such a correlation.

### **If I have a professional (entry-level) BSPT or MPT degree, will I have to acquire the DPT degree in order to practice in the future?**

No. Again, licensure to practice physical therapy does not include degree-specific requirements, only graduation from an accredited program.

### **If not required for practice, why would an MPT or BSPT graduate want to acquire a postprofessional "transition" DPT?**

Regardless of any specialization, a physical therapist might wish to acquire new knowledge that was not a part of his/her professional (entry-level) education. Depending on the learner's career goals, practice setting, and need to demonstrate continued competence, a "transition" DPT would signify and recognize the acquisition of knowledge that could more strongly position the graduate in the current practice environment and in the future health care marketplace.

### **How will I be able to acquire a "transition" DPT?**

Almost every institution with a professional (entry-level) DPT program will have reason to consider, if not

implement, a postprofessional "transition" DPT for potential applicants within its various communities of interest, including alumni. These programs will probably vary in terms of: purpose/outcome; scope, depth and breadth of content; accessibility and delivery; length; and cost. As of April 2000, several postprofessional "transition" DPT programs are available. Also, postprofessional "transition" DPT programs will be available only as long as demand for the "transition" DPT degree exists. Admission criteria for these programs will also vary; however, the great majority of them will be learner-centered so as to recognize experience and competence and accommodate a learner's unique professional and educational needs.

**If I choose to acquire a postprofessional "transition" DPT, what mechanism would be used to recognize competence, experience, and achievement since graduation from a baccalaureate- or master's-level program?**

Any postprofessional "transition" DPT program will need an assessment process/tool that will document a practitioner's knowledge, skills, and behaviors. Results from the assessment could lead to the "waiving" of coursework, the substitution of electives for otherwise required coursework, or the reduction of the normal credit hours required for the degree.

APTA is currently exploring a variety of mechanisms to 1) help ensure consistency across and among postprofessional "transition" clinical doctorate programs (eg, consensus-based competencies), 2) provide a consistent mechanism for evaluating the knowledge, skills, and behaviors of the experienced physical therapist (eg, valid and reliable evaluation tool), 3) encourage the development of accessible and affordable "transition" clinical doctorate programs that are fully analogous to current professional doctoral programs, and 4) facilitate the physical therapy profession's overall transition to doctoral level professional education.

**Why can't the profession just use "DPT" as a clinical designator, like "PT"?**

At some point in the future, it may be possible to successfully argue that "DPT" should be an additional clinical designator for the licensed physical therapist. One requirement for such a decision would be the existence of a "critical mass" of DPT graduates in physical therapist practice. Of course, such a decision would involve changes in state practice acts; authority would rest with state boards of licensure and state legislatures. It is not inconceivable that an acceptable clinical designator would be DPT.

**Does the professional (entry-level) DPT qualify a graduate to teach in a physical therapist professional program?**

Yes and no. The professional (entry-level) DPT would not qualify a graduate to be a member of the academic or clinical faculty immediately upon graduation. However, if the professional development of DPT graduates, within the years following graduation, prepared them to meet the qualifications for appointment as academic and clinical faculty, there would be no reason to exclude these individuals merely because they possessed an "entry-level" clinical doctorate, rather than an "advanced" clinical doctorate or the academic PhD.

**Does a professional (entry-level) DPT program prepare a graduate to contribute to the profession's body of knowledge and/or to clinical research in support of evidence-based practice?**

There is no agreement within the academic or clinical communities regarding the scope, purpose, and appropriateness of a research component in the curriculum of a professional (entry-level) education. For that reason alone, there will continue to be considerable variance in the degree level to which a DPT graduate is prepared to be a contributor to, not just a consumer of, the profession's body of knowledge and/or clinical research in support of evidence-based practice.

**What are the implications of the professional (entry-level) DPT for clinical education?**

Professional (entry-level) education programs may provide both incentives and opportunities to design and implement alternative models that provide for more expansive clinical education experiences. These

models would offer increased depth and breadth (eg, 1-year internship), stronger clinical mentorship, and strengthened, more efficient and effective academic/clinical partnerships. The configuration of clinical education in a professional (entry-level) DPT program will depend upon the mission of the institution, the program vision and setting, and the preferred educational outcome for program graduates. If the current configuration of clinical education cannot achieve the desired practice expectations for graduates at the level of competency desired by the profession, employer, consumer, and payer, then a DPT program will need to consider other possible models that can achieve what is necessary.