Notes from Standards Committee Annual Meeting

ABPTRFE
American Board of Physical Therapy Residency & Fellowship Education

November 2025

The ABPTRFE Standards Committee is responsible for annually reviewing suggestions received by internal and external stakeholders on the adequacy of implemented policies, procedures, and standards. The Standards Committee reviews this feedback and submits proposed revisions to ABPTRFE for consideration during their systematic review of its Quality Standards at regular five-year intervals.

Feedback Carried Forwarded from November 2024 Meeting

Required Practice Settings and Patient Populations

Recommendation

That the ABPTRFE Standards Committee determine whether physical therapist residency and fellowship programs must meet all required practice settings and patient populations outlined in the respective DRP or DFP and establish a timeline for programs to implement necessary modifications to achieve compliance.

Current Requirements

The current DRP and DFP requirements state:

Practice Settings
The clinical curriculum of all accredited residency/fellowship programs must include a variety of practice settings, as noted below. A resident/fellow should experience a minimum of 5% of patient-care practice hours within each setting based on the minimum patient-care practice hours outlined within "ABPTRFE Quality Standards for Clinical Physical Therapist Residency and Fellowship Programs."

If a residency/fellowship program is unable to provide each participant with an opportunity to engage in patient care activities within these settings, the program must provide additional learning opportunities (e.g., observation, didactic, journal club, research) related to patient care within these settings for the minimum required hours noted above.

Patient Populations

The clinical curriculum of all accredited residency/fellowship programs must include a variety of patient populations, as noted below, specific to age. A resident/fellow should experience a minimum of 5% of time in each patient population based on the minimum patient-care practice hours outlined within "ABPTRFE Quality Standards for Clinical Physical Therapist Residency and Fellowship Programs."

If a residency/fellowship program is unable to provide each resident/fellow with an opportunity to engage in patient care activities within these populations, the program must provide additional learning opportunities (e.g., observation, didactic, journal club, research) related to patient care within these populations for the minimum required hours noted above."

These standards equate to a program having a **minimum of 75 hours** in each required practice setting and patient population.

2024 Committee Action

The committee discussed the difficulty that could result if programs are required to provide program participants access and exposure to all minimum patient populations and practice settings identified within the area of practice's DRP/DFP. However, consideration must be made regarding the appropriateness of programs that only provide participant access to one setting or patient population (if more than one is listed within the DRP/DFP) and the impact on participant learning. The committee requested staff gather data for continued discussion during the 2025 standards committee meeting.

2025 Committee Action

The committee reviewed survey results from accredited residency and fellowship programs regarding the practice settings and patient populations currently included in program curricula. Based on this review, the committee determined that changes to the DRP and DFP requirements are not warranted at this time. The committee voted to retain the existing language in both documents regarding required minimum practice settings and minimum patient populations.

Program Completion Rates

Recommendation

That the ABPTRFE Standards Committee investigates whether there should be established benchmarks or thresholds for program completion rates.

Current Standard
Key Element 5.7 requires programs to publish their completion rates annually. No standards exist regarding benchmarks or thresholds for completion rates that programs must achieve.

2024 Committee Action

The committee discussed the concept that benchmarks, or thresholds, be established for program completion rates and board-certification pass rates. While conceptually there is positive aspects to such requirements, data is needed to determine what these thresholds should be as well as an exploration on any negative, or unintended consequences that may result of such requirements (e.g., impact on residency/fellowship programs due to the small cohort size of most programs). The committee requested staff gather data for continued discussion during the 2025 standards committee meeting.

2025 Committee Action

The committee reviewed completion rate and certification examination pass rate standards used by other accreditors and noted a lack of consistency across agencies. As a result, the committee voted to explore the development of a centralized outcomes database to capture key program metrics (e.g., completion rates, ABPTS pass rates, average scores on APTA's Resident Competency Evaluation Instrument) and to assess the feasibility and value of publishing these data on the commission's program directory.

The committee also requested that staff consult with ABPTS on the feasibility of providing residency programs with aggregate pass-rate data for their graduates. Additionally, the committee noted that detailed score reports outlining resident performance by examination content area would support programs' annual reviews and help identify potential curriculum improvements.

Feedback Received Since November 2024 Meeting

Minimum Program Hours

Recommendation

That the ABPTRFE Standards Committee approve the addition of the word "all" into its proposed language change for Key Element 5.4.

Current Standard

The program establishes an annual process for evaluating faculty which may include an assessment of teaching ability, professional activities, clinical expertise, mentoring, and adequate participant support. When determining faculty effectiveness, the program identifies benchmarks and gathers data from multiple sources. Mentor performance is evaluated through direct observations by the program director/coordinator. Annually, faculty receive feedback results for continuous improvement purposes.

Proposed Revision Following 2024 Standards Committee Meeting

The program establishes an annual process for evaluating faculty which may include an assessment of teaching ability, professional activities, clinical expertise, mentoring, and adequate participant support. When determining faculty effectiveness, the program identifies benchmarks and gathers data from multiple sources. **In addition, m**~~M~~entor performance is evaluated **annually** through direct observations by the program director, /coordinator, **or an individual who has been designated by the program director or coordinator and determined qualified in the evaluation of mentoring**. Annually, faculty receive feedback results for continuous improvement purposes.

2025 Committee Action

The committee proposes the following revision to the standard, which incorporates both the 2024 and 2025 recommendations. This proposed change will be included in the public comment period for the 2028 Quality Standards revision:

The program ~~*establishes*~~ ***conducts*** *an annual* ~~*process for evaluating*~~ ***evaluation of all*** *faculty which* ~~*may*~~ *include****s*** *an assessment of teaching ability, professional activities, clinical expertise, mentoring, and* ***provision of*** *adequate participant support.* ~~*When determining*~~ ~~*f*~~ ***F****aculty effectiveness*~~*, the program identifies*~~ ***is determined using established*** *benchmarks and* ~~*gathers*~~ *data* ***gathered*** *from multiple sources.* ***As part of this process, all mentors undergo an annual observation evaluation conducted*** ~~*Mentor performance is evaluated through direct observations*~~ *by the program director****,*** ~~*/*~~*coordinator****, or a qualified designee identified by the program director or coordinator****.* ~~*Annually, faculty receive*~~ ***Results of faculty evaluations are provided annually for*** *feedback* ~~*results for*~~ ***and*** *continuous improvement purposes.*

Key Elements 3.1 and 3.6

Recommendation

That the ABPTRFE Standards Committee determine if a change to Standards 3.1 and 3.6 is warranted based on recent federal and state developments relating to accreditation requirements that include elements relating to diversity, equity, and inclusion in education programs.

2025 Committee Action

The committee was advised of a proposed change to the standards, which may include legal review. Proposed standard revisions will not be released for public comment until 2028, in accordance with ABPTRFE policy.

Transfer Credits

Recommendation

That the ABPTRFE Standards Committee determine if standards are needed related to transfer credits between programs.

2025 Committee Action

At this time, establishing formal standards for the use of transfer credits is not warranted. Such cases are uncommon, and when they do occur, the circumstances are typically unique. As a result, creating a universal standard would be challenging. The existing ABPTRFE petition and waiver process adequately addresses these one-off situations. If the use of transfer credits becomes a common practice in the future, this topic can be revisited.

In-Person Mentoring

Recommendation

That the ABPTRFE Standards Committee determine what counts towards in-person mentoring hours.

Current Standards
The participant is the primary patient/client care provider for 100 (residency) / 75 (for fellowship) of the minimum 150 mentoring hours.

- At least 100 (residency) / 75 (for fellowship) of the 150 mentoring hours must be in-person (1:1)
- The remaining mentoring hours may occur in-person or using synchronous or asynchronous methodologies.

2025 Committee Action

The committee agrees that the full patient encounter—before, during, and after treatment—counts toward the in-person minimum hours when both the participant and mentor are physically present in the same location.

While accessibility to mentors is a concern, there is currently no evidence demonstrating differences in effectiveness between virtual and in-person mentoring. Therefore, changes to the current standards are not warranted at this time.

Last Updated: 12/20/2025
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