



Reentry of Physical Therapy Providers: A Resource for Regulatory Boards

Introduction

The flexibility to move in and out of the workforce is attractive for many healthcare professionals. For many different reasons, physical therapists and physical therapist assistants (PT providers) may voluntarily choose to take an extended absence from active practice lasting weeks, months, or even years. The provider may or may not have maintained active licensure during the absence from practice. However at some point, some of these same PT providers choose to return to, or reenter, the workforce.

The requirements to reenter the workforce as a PT provider vary significantly from jurisdiction to jurisdiction. Physical therapy boards have the responsibility to protect the public and determine if an individual desiring to reenter active practice demonstrates the skills and knowledge for safe and competent return to practice. The definition of reentry for this resource is a return to practice or work for which one has been licensed or certified following an extended period of absence not resulting from discipline. The key characteristic to reentry is that the absence has **no relationship to a disciplinary action or the board's knowledge of substance abuse issues**. Although many scenarios regarding licensure status are possible with a voluntary absence from practice, for purposes of this resource, reentry will be considered for the PT providers that have not maintained active licensure.

The intent of this resource is to: 1) outline and describe current definitions and requirements for reentry for PT providers in the United States 2) provide a review of models for reentry in other professions 3) provide an international perspective of reentry for health care professions and 4) provide considerations for jurisdictions regarding current reentry requirements.

Review of Literature

Review of Health Care Professional Models on Reentry

A thorough review of the literature regarding reentry in other professions was completed. Providers of all types must be prepared to return to the current practice environment after an absence. Several professions are actively working on policies for professional reentry.

In 1990, the Center for Personalized Education for Physicians (CPEP) was established to assess physician skills, identify trouble areas, and assist with the development of a personalized learning plan. The CPEP program facilitated the reentry of the physicians but did not directly provide the necessary educational programs or clinical experiences. Universities and other physician training institutions have begun programs to integrate education and clinical mentoring with the assessment component. (3) In 2009, the American Academy of Pediatrics (AAP) developed the **Physician Reentry Work Project** providing resources for the return to practice and a “toolkit” for those considering clinical inactivity. (2) (4) The American Medical Association (AMA), Federation of State Medical Boards, and AAP, collaborated in 2010 to produce resources for state medical boards and physicians with the **Road Map to Reentry** and the **Physician Reentry Workforce Project** outlining specific recommendations for a comprehensive and transparent regulatory process for physicians returning to practice. (4) The Council on Medical Education (CME) of the AMA has issued some guiding principles as well. (2)



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While physicians have developed many recommendations from their professional associations, the guidance for nurses tends to come from the statutes and regulations. Many state nursing practice acts and regulations provide the guidelines needed for nurses to reenter the profession. The reentry requirements vary from retaking NCLEX-RN or NCLEX-PN examinations or completing distance education. Nursing reentry and refresher programs have been led by educational institutions, community colleges and medical centers. Common themes in the development of these programs were the shortage of nurses and programs that assisted with not only reentry after absence from practice but also retention. (5)

The American Occupational Therapy Association (AOTA) has also developed guidelines for return to the field after a prolonged absence. Designed to assist those who have left the field of occupational therapy, the guide consists of four specific guidelines:

1. *Engage in a formalized process of self-assessment.*
2. *Attend a minimum of 10 hours of formal learning related to occupational therapy service delivery for each year out of practice*
3. *Attain and study relevant updates to core knowledge of the profession of occupational therapy and the responsibilities of occupational therapy practitioners*
4. *Complete a supervised practice experience (for practitioners who have been out of practice more than three years) (6)*

The American Physical Therapy Association (APTA) Learning Center provides resources within the Learning Center to support PT providers reentering the workforce and the employers. Content areas covered include documentation, payment models, direct access, and integrity in practice. The APTA and the Federation of State Boards of Physical Therapy (FSBPT) both offer self-assessments to help PT providers objectively identify areas of strength and weakness. PT providers also must navigate the requirements of the regulatory boards which are covered in depth later in this document.

Often, jurisdictions use a tiered approach to reentry requirements based on the length of the absence from actively practicing or working. Physicians have published the recommendation “that physicians who take a leave of absence from clinical practice for a period of 2 or more years participate in a physician reentry program before returning to practice.” (1) The American Board of Medical Specialties re-states the importance of the two year time period: “a physician is considered clinically active if he or she provided any direct or consultative patient care in the preceding 24 months.” (2) However, no evidence was found in the literature to identify or support an appropriate time frame, including 24 months, as related to the loss of professional skills and knowledge.

Review of International Models on Reentry

The concept of reentry has also been looked at internationally. Canada has been very active developing a reentry project. This may be related to an effort to address an overall skill shortage in the country and also a progressive increase in internationally educated professionals seeking registration.(7) The SEPP (Supporting (Re) Entry to



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Professional Practice) project was an Ontario based, short term project designed as a mentoring model for both reentering providers and others that were internationally educated in need of learning opportunities, including understanding of the Canadian healthcare system, bridging language barriers, and an overall guide to license registration. Individuals recognized as preceptors and mentors partnered with candidates for the evaluation and observation of particular skills; however, the initial education, examination, or language requirements were not addressed. The program was intended to serve as a “bridge” and supervised clinical practice opportunity that assists in improving knowledge and skills in preparation for full license registration. The success of the program has led to the implementation of a full reentry model in Ontario. The full reentry model includes orientation activities, educational courses and supplemental workshops, most of which is offered as continuing education or courses at local universities. It was acknowledged that a successful program would require cooperation and partnership with the educational institutions in the area. (7) Additionally, the College of Physiotherapists of Ontario developed a *Professional Portfolio Guide: Quality Management Program*. This tool provides an individual with specific ideas and resources on lifelong learning, continued competence, and methods to develop professional goals. (9)

The Canadian Alliance of Physiotherapy Regulators developed and adopted the *Framework for a Harmonized Approach to Entry to Practice Supervision by Physiotherapy Regulators in Canada*. (8) This is a structured form of supervised clinical practice that outlines evidence-based best practices, promotes consistency in supervision approaches, and clarifies practice expectations. (8)

Australia and New Zealand are similar to the United States with regard to reentry guidelines and requirements. No formal assessments are present to determine if a candidate is competent to current standards and no assessments exist to assist with a candidate developing a learning plan and pathway to reentry. There are some requirements for a supervised clinical practice. However, there is no objective process to assess the clinical skills or determine if the candidate meets the criteria or standard of practice. (11)

The United Kingdom has established a process for individuals that wish to resume practice. The Health & Care Professionals Council published a guide for reentering professionals to apply to readmission to the registry.

See [Appendix A](#) for a summary of international requirements for reentry.

Review of Jurisdictional Practice Acts with Regard to Reentry

A review of a sampling of physical therapy practice acts of the United States and its territories demonstrated significant variety with regard to the definition of reentry and requirements to return to practice/work. Most practice acts had no specific definition or requirements for reentry; there is no definition for reentry in the 5th Edition of the Model Practice Act. (12) If mentioned at all, reentry language was often found in the renewal or reinstatement sections of the practice act. Boards are often granted flexibility and discretion when evaluating the case of a reentering PT provider.

Jurisdictions varied on the time frames that necessitated reentry and several were without any specific tiered or defined years out of practice. Requirements for reentry or reinstatement of the license were also varied but



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dependent on the time out of practice. The most common requirements included a prescribed amount of continuing education hours, remediation by coursework, limitations on practice or work including supervised clinical practice, and payment of fees. In review of the practice acts, only six provided language for the use of temporary/restricted licensure for an individual to complete reentry requirements. The table below demonstrates requirements for reentry.

Years Out Of Practice Thresholds	# Jurisdictions	CEU Required	Supervised Clinical Practice Required	Remedial Courses Required	Knowledge Evaluation Tool Used (NPTE, oPTion, etc)	Fees Required	Meet Initial Licensure Requirements
0-1 year	12	Yes				Yes	2 states after 1 yr
0-2 years	5	Yes	1 state 2 after yrs	Board discretion	3 states after 2 yrs	Yes	2 states after 2 yrs
0-3 years	12	Yes	3 states after 3 yrs	Board discretion	6 states after 3 yrs	Yes	3 states after 3 yrs
0-4 years	2	Yes	2 states after 2 yrs	Board discretion	1 state after 4 yrs	Yes	1 state after 4 yrs
0-5 years	11	Yes		Board discretion		Yes	
2-4 years	1	Yes		Board discretion		Yes	
1-5 years	3	Yes		Board discretion		Yes	
2-5 years	4	Yes		Board decides		Yes	
>5 years	1	Yes	8 states after 5 yrs	5 states require	12 states after 5 years	Yes	7 states after 5 yrs
>10 years	0		2 states 5 to 10 yrs		1 state after 10 years	Yes	

Conclusion

Professional and regulatory associations have recognized the need for reentry programs and tools to assist with those seeking to return to their profession after an absence. PT providers may find reentry difficult due to the lack of organized educational programs and objective learning tools, assessments and clinical opportunities that can assist an individual with a return to safe and competent practice. Currently, there are no formalized programs, learning plans, professional portfolios, mentoring or structured supervised clinical skills evaluations to assist with a more direct and comprehensive approach to reentry in physical therapy. The FSBPT has worked to develop



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tools including oPTion, the Practice Review Tool, and aPTitude for continuing education/continuing competence management, but all are not used universally. With no objective programs or assessment tools, significant variation exists amongst the jurisdictions in requirements for reentry.

The need for reentry programs for PT providers is not well documented in the evidence but rather mostly anecdotal. Research opportunities exist to determine the actual incidence of physical therapy providers reentering the workforce and the demand for structured programs to facilitate the return. Additionally, there is a lack of information and evidence with regard to when skills degrade or are lost. Determining when to require reentry requirements, or what those requirements should be, or how to have those requirements met are all questions that Boards need to consider. With people living longer and continuing to work into their older ages, the likelihood increases that there may be a non-disciplinary break in active practice necessitating reentry requirements. Boards must realize that reentry of PT providers is a career occurrence and work towards a framework of standards and processes to ensure a return to safe and competent practice.



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Appendix A: International Requirements for Reentry*

<p>Australia</p>	<p>Upon renewal of registration, all physiotherapists must confirm that they have practiced physiotherapy within the five years before the first day of the renewal period.</p> <p>The Board will accept as evidence at renewal a declaration by an individual that they have practiced physiotherapy.</p> <p>If an applicant has not practiced for more than five years, they will be required to demonstrate competence to practice and registration will be at the Board's discretion.</p>
<p>Canada College of Physiotherapists of Ontario http://www.collegept.org/Physiotherapists/EP/CurrentRegistrants/PracticeHours</p>	<p>Five years after initial registration and every year after that, physiotherapists registered with the College in the Independent Practice category are required to maintain 1,200 practice hours in the previous five years.</p> <p>Physiotherapy practice includes employment or other activities resulting from the possession of physiotherapy credentials and experience. Practice hours include worked hours that are paid and professional activity hours. Worked hours include hours of practice in clinical settings, consultation, research, administration, academia and sales.</p> <p>It is not necessary to have the job title of physiotherapist or physical therapist.</p> <p>Also defines professional activity hours, which includes volunteer activity which require the use of physiotherapy theory and knowledge and continuing education hours</p>
<p>Canada Physiotherapy Alberta http://www.physiotherapyalberta.ca/physiotherapists/how_to_maintain_your_registration/annual_renewal#sthash.AG5vTGvX.dpuf</p>	<p>You have either practiced 1200 hours as a physiotherapist during the last 5 years or graduated/completed the Physiotherapy Competency Examination within the previous 3 years. Hours can include physiotherapy services provided (assessment, diagnosis, treatment) or hours engaged in research, delivering education or administration with respect to health or the practice of physiotherapy.</p>
<p>New Zealand Physiotherapy Board of New Zealand http://www.physioboard.org.nz/your-practising-status</p>	<p>Important factors to consider if you have not practiced for three or more years and you are thinking of returning to the Physiotherapy profession. If you are contemplating returning to the workforce you are well advised to:</p> <p>Contact the Board for initial advice.</p> <p>Develop a Professional Development Plan. Identify those areas that require development or guidance to meet your goals.</p> <p>Record any relevant Continuing Professional Development (CPD) activities you have completed whilst you were non-practicing. A comprehensive log book detailing how you have kept up-to-date with physiotherapy research and modalities will support your return to work application.</p> <p>You may be able to build a relationship with a local practice well before your formal return to the physiotherapy workforce. See if you can attend their In-Service program or any seminars they may organize.</p> <p>Information about the documentation required is set out in the APC application form for those who are currently not practicing.</p>
<p>United Kingdom</p>	<p>In order to renew your registration with us every two years, you need to sign to confirm that you are practicing your profession. In effect, this means that you need to sign to confirm to us that you have practiced your profession at some point during the two-year registration cycle which is coming to an end.</p>



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	<p>If you have not practiced your profession during this period, then you have a choice of either:</p> <ul style="list-style-type: none">– coming off the Register, and then potentially re-registering at some point in the future if you need to return to practice; or– completing a period of updating before you renew your registration. You would then complete forms describing what updating you had done, and send this to us with your renewal form and registration fee.
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*Chart found in [HCPC return to practice requirements – a rapid appraisal](#)