Clinical Commentary on Mistry et al.¹

A change in educational standards for health care professions requires buy-in from various stakeholder groups, including administrators, educators, practitioners, and the public (i.e., the end users of health care services). In their study, Mistry and colleagues¹ surveyed practising physical therapists about their attitudes toward clinical doctorate and entry-level master's and doctoral degrees for physical therapists. They raise several issues that need to be considered within the Canadian health care context before we move toward further advancement of educational standards for our profession.

Mistry and colleagues¹ begin by clarifying an important distinction between an entry-to-practice doctorate (EPD) and a post-professional clinical doctorate (PPCD). In the United States, the American Physical Therapy Association has mandated that all physical therapy programmes award EPD degrees by 2016 to meet accreditation standards;² by 2010, 206 out of 213 programmes were already offering EPD degrees, and several American universities also offer PPCD programmes for practising physical therapists. Although PPCD programmes are designed as “transitional doctorate” degrees for American graduates, some programmes are also open to international candidates.³ Mistry and colleagues' survey results¹ show a clear distinction in attitudes between EPD and PPCD: more Canadian physical therapists favour the latter. This finding may have important implications for academic programmes. American programmes that use distance education as a model of delivery and are open to international graduates may be attractive to Canadian-trained physical therapists who see the title of “doctor” as important for recognition as autonomous practitioners. Mistry and colleagues¹ found that physical therapists with 6–10 years of experience expressed the greatest support for the PPCD; this may be a group that could be further targeted to determine whether they are accessing PPCD programmes offered by American institutions or whether there is enough interest in a PPCD in physical therapy to warrant the development of a PPCD programme by Canadian universities.

Survey respondents perceived master's- and doctorate-level education as affecting research within the profession but not clinical skills. Research has a positive impact on the profession, and each health profession needs to develop its own evidence base to demonstrate autonomy and build a basis for demonstrating the effectiveness and efficacy of clinical practice.⁴ However, doctoral programmes may also have an impact on developing advanced clinical skills and specialized areas of practice among the graduates. EPD degrees are 3 years in length and include an intensive internship in the final year, which allows more time to consolidate clinical skills than the 2-year programmes currently offered in Canada. As the physical therapy scope of practice expands, this extra clinical experience could allow new graduates to enter the profession with more skills and ready to take on autonomous practice more confidently. PPCD degrees could prepare physical therapists to develop advanced practice skills such as women's health⁵ or diagnostic imaging for musculoskeletal conditions.⁶

Another area of development through doctoral degrees may be the advancement of graduates' leadership skills. In a survey

on leadership among Canadian physical therapists, the top-rated characteristics of physical therapy leaders were communication, professionalism, and credibility.⁷ Formal leadership training in graduate programmes can develop these skills and could actually be an area of focus for PPCD degrees. Creating physical therapy leaders and advocates at early career stages is essential to establish our role within the health care system and sustain our profession in the competitive health care environment.

One limitation of this survey study was a fairly large proportion of neutral responses, which likely indicates uncertainty about the actual benefits or changes in practice that accompanied the transition from bachelor's- to master's-level entry-to-practice education. As Mistry and colleagues note,¹ there is limited research examining the effects of this transition on professional practice. In the absence of knowledge about the impact of this previous educational transition, physical therapists may be reluctant to support another higher degree. One example of ongoing concern is the cost of hiring physical therapists with higher degrees, which was also raised by respondents in Mistry and colleagues' survey.¹ Further assessment of hiring practices and salary ranges is needed to determine whether this is a real or only a perceived threat to physical therapists in the current health care environment.

Our educational programmes must not only prepare physical therapists for the current health care environment but develop the “physical therapist of tomorrow,” who can adapt to changing health care environments and take on leadership and advocacy roles. Based on current trends and perceptions of practising physical therapists, investing in a PPCD programme may be a future direction for Canadian academic institutions; however, we must also plan to carefully and objectively evaluate the impact of such a transition on patients, the profession, and the health care team.

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REFERENCES

1. Mistry Y, Francis C, Haldane J, et al. Attitudes toward master's and clinical doctorate degrees. *Physiother Can*. 2014; 66(4):392–401. <http://dx.doi.org/10.3138/ptc.2013-40>
2. American Physical Therapy Association. Today's physical therapist: A comprehensive review of a 21st-century health care profession [Internet]. The Association; 2011 [updated 2011 Jan; cited 2014 Aug 1]. Available from: <http://www.moveforwardpt.com/ForHealthCare-Professionals.aspx#.U97apYVxh18>.
3. American Physical Therapy Association. Directory of Postprofessional DPT. (transition) Programs [Internet]. The Association; 2014 [cited 2014 Aug 5]. Available from: <http://www.apta.org/PostprofessionalDegree/TransitionDPTPrograms/>.
4. Arena RA, Goldberg LR, Ingersoll CD, et al. Research in the allied health professions: why fund it? A report of the ASAHP Research Committee. *J Allied Health*. 2011;40(3):161–6. Medline:21927783

5. Francis AM, Madill SJ, Gentilcore-Saulnier E, et al. Survey of Canadian physiotherapists: entry-level and post-professional education in women's health. *Physiother Can.* 2012;64(3):271–9. <http://dx.doi.org/10.3138/ptc.2011-15>. Medline:23729963
6. Boissonnault WG, White DM, Carney S, et al. Diagnostic and procedural imaging curricula in physical therapist professional degree programs. *J Orthop Sports Phys Ther.* 2014;44(8):579–86. <http://dx.doi.org/10.2519/jospt.2014.5379>. Medline:24955814
7. Desveaux L, Nanavaty G, Ryan J, et al. Exploring the concept of leadership from the perspective of physical therapists in Canada. *Physiother Can.* 2012;64(4):367–75. <http://dx.doi.org/10.3138/ptc.2011-42>. Medline:23997391

DOI:10.3138/ptc.2013-40-CC