



Future of Accreditation in Physical Therapy: Model for Moving Forward as an Educational Community

Recommendations From CAPTE and ABPTRFE

July 25, 2025

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Future of Accreditation in Physical Therapy



Model for Moving Forward as an Educational Community

APTA has a long history of supporting accreditation for entry-level physical therapist and physical therapist assistant education programs through the Commission on Accreditation in Physical Therapy Education and residency and fellowship education programs through the American Board of Physical Therapy Residency and Fellowship Education. The purpose of this report is to outline a shared vision for the future of accreditation within the physical therapy profession.

Background

APTA-CAPTE Joint Work Group

In October 2019, APTA and CAPTE leadership agreed to engage an external consultant to review the staff structure and operations and recommend any changes that would best support and serve the accreditation program. The report was shared with APTA's Board of Directors and CAPTE leadership.

Following receipt of the consultant's report, a joint work group of five APTA Board members, five CAPTE leaders, and four staff met with the consultants for three two-hour work sessions in December that focused on perspectives, people, and process.

The work group reviewed the consultant's recommendations, and members agreed to leverage this resource as a guide for future work. To facilitate action on essential recommendations from the report, three topical work groups were created, each with representatives from APTA and CAPTE:

- **Governance:** Models that maximize opportunities for quality, efficiency, and sustainability.
- **Budget and support:** Opportunities to maximize efficiency and productivity.
- **Innovation:** Accreditation-related opportunities for innovation by CAPTE and by education programs.

The work groups made 17 recommendations. Three recommendations pertinent to the Joint Commission Task Force and the future of accreditation are for CAPTE to:

- Reimagine the structure of the Commission.
- Build infrastructure to leverage innovation.
- Be consumer-inspired and encourage programs to be innovative.

APTA-ABPTRFE Joint Work Group

Recognizing the value of regular review and the need to continuously enhance efficiencies through people, processes, and technology, APTA staff established a goal in 2024 to present a report on the future of accreditation to the APTA Executive Team. The report outlined three potential models for consideration:

1. **Status quo** — ABPTRFE and CAPTE continue to operate independently.
2. **Merged operations within APTA** — ABPTRFE and CAPTE combine under APTA, with the option to include ABPTRFE under CHEA recognition.
3. **Merged operations as a related organization of APTA** — ABPTRFE and CAPTE function under a related but separate organizational structure, with the same CHEA recognition option for ABPTRFE.

To support this effort, an external consultant was engaged to provide a comparative analysis of up to five similarly structured accreditors — specifically, those overseeing both professional and post-professional education.

Simultaneously, on April 11, 2024, the APTA Board of Directors adopted the following charge:

That the APTA Board of Directors convene an APTA-ABPTRFE joint work group of four APTA Board members, four ABPTRFE commissioners, and staff that will meet in 2024 to identify opportunities to advance governance, budget and support, and innovation and outcomes within residency and fellowship accreditation.

The joint work group developed a report with seven recommendations, all of which were endorsed by the APTA Board of Directors and ABPTRFE. The first recommendation, pertinent to the Joint Commission Task Force and the future of accreditation, was to explore merging the structure and function of ABPTRFE and CAPTE into a single accrediting body for DPT and PTA entry-level education, as well as residency and fellowship education. This model offers several advantages:

- Alignment of accreditation processes and procedures
- Consolidation and more efficient use of resources

- Economies of scale
- Cross-training opportunities for staff

Additionally, this model would allow residency and fellowship education to be included under CAPTE's scope of CHEA recognition.

Merge Structure and Function of ABPTRFE and CAPTE

Since the endorsement of the APTA-ABPTRFE Work Group recommendations in January 2025, the following activities have occurred:

January 2025

- The APTA Board of Directors adopted the association's objectives and key results for 2025. Education unit-specific OKR:
 - Objective: Build trusted leadership through standard setting.
 - Key result: Deliver feasibility plan of integration of CAPTE and ABPTRFE by Dec. 1, 2025.
- APTA Education Unit staff leadership met to discuss this OKR.

February 2025

- CAPTE/ABPTRFE chairs and vice chairs met to discuss the recommendation on merger and next steps in the process (Feb. 13, 2025).
 - Decision to create a Joint Commission Task Force to meet in May 2025.

March 2025

- CAPTE and ABPTRFE Executive Committee joint meeting (March 21, 2025).
- CAPTE and ABPTRFE joint statements on DEI and the Presidential Executive Order (March 24, 2025)

May 2025

- Joint Commission Task Force Workshop (May 20-21, 2025).

Summary of Joint Commission Task Force Workshop

On May 20-21, 2025, five members of CAPTE and six members of ABPTRFE — including one public member from each commission — participated in an integration planning session facilitated by Mary Romanello, APTA director, accreditation, Kendra Harrington, APTA director, residency/fellowship education, and Steven Chesbro, APTA vice president, education.

The session began with an overview of the current structures and functions of CAPTE and ABPTRFE, followed by a presentation on the projected 2026 merger of the accreditation and residency/fellowship education departments. Participants also discussed the implications of recent executive orders related to accreditation and their potential impact on each commission, the association, and the profession.

A proposal outlining a potential model for merged accreditation operations (staffing) and functions (commissions) was presented to the task force to provide conceptual context. Task force members were reminded that operational structure and staffing decisions fall under the authority of APTA's chief executive officer.

The task force agreed that a shared goal for this integrated commission relates to the protection of students and ensuring quality of education across the learner continuum that supports "[A Vision for Excellence in Physical Therapy Education](#)."

SWOT Analysis

After the overview, the task force conducted a SWOT analysis to assess the potential benefits and drawbacks of forming an integrated commission. The analysis focused on identifying key strengths, weaknesses, opportunities, and challenges, which led to the emergence of the following key themes:

Strengths:

1. Clear Identity and Mission

- Consistency in decision-making and oversight
- Strong unified voice for PT education
- Shared vision across the education continuum

2. Efficiency and Effectiveness

- Financial efficiency
- Cross-training and shared knowledge
- Streamlined operations and resource use
- Enhance return on investment for members due to shared resources

3. External Oversight and Recognition

- CHEA recognition as a unified entity
- Strong external perception of the accreditation process
- Unified representation of PT/education to external bodies

4. Commitment to Lifelong Learning

- Promoting continuous professional development
- Support across the learner continuum

Opportunities:

1. **Communication and Shared Understanding**

- Enhanced knowledge sharing
- Opportunity to align definitions across practice (entry, specialty, subspecialty)
- Leverage current and historical knowledge

2. **Technology Utilization**

- Improve access to and usage of data platforms
- Optimize operational systems

3. **Identity and Recognition**

- Shared understanding of quality metrics and roles
- Clear recognition of accreditation (PT/PTA)
- Enhance member value and impact

4. **Procedural Improvements**

- Align standards and streamline processes
- Clarify timelines and requirements
- Shared education, training, and use of volunteers (e.g., panel, reviewers)

5. **Resources and Finance**

- Identify efficiencies through cross-training
- Reallocation of resources and potential reduction in operational expenses
- Support staff and workload balance

Weaknesses:

1. **Staffing and Workload**

- Inadequate onboarding may lead to poor decision-making
- Increased workload on staff, commissioners, and panels
- Concerns about sufficient staffing capacity to support integrated operations

2. **Training and Competency Gaps**

- Steep learning curve in understanding both entry-level and post-professional roles
- Variability in training across panels; lack of standardized training
- Lack of understanding among practicing clinicians on the learner continuum

- Diverse qualifications of commissioners could be perceived as a weakness

3. **Operational Processes**

- Challenges with communication strategies and consistency
- Commissioner work becomes more procedural versus strategic
- Existing processes across commissions vary; training, decision-making, and authority may differ

4. **Financial and Technological Complexity**

- Integration could increase financial complexity
- Concerns over current technology infrastructure's capacity to support integration
- Potential for resource reallocation without adequate rationale or transparency

5. **Size and Structural Concerns**

- Risk of becoming too large to manage effectively
- Potential loss of identity of specificity within the accrediting body
- Challenges with maintaining connection to stakeholders due to increased complexity.

Challenges:

1. **Communication Gaps**

- Misunderstandings regarding the rationale for changes
- Confusion due to size and scale of communication needs
- Difficulty in unified messaging due to various stakeholders (internal/external)

2. **Budget and Resource Constraints**

- Balancing budget and obtaining adequate staffing
- Managing evolving resource needs
- Complexity of large-scale accreditation management

3. **Integration and Organizational Alignment**

- Aligning visions across CAPTE and ABPTRFE
- Technology and data management integration issues
- Realigning policies, procedures, and meeting decision timelines

4. **Training and Onboarding**

- Need for commissioner, panel, and reviewer training
- Transition in staff functions and roles
- Recruitment of commissioner, panel, and reviewers

5. External Pressures

- Competition of other accreditors
- Perceived conflicts of a single accreditor
- Impact on CAPTE's CHEA recognition (expanding scope; no longer eligible for recognition)
- Political uncertainty in accreditation

6. Identity Concerns

- Uncertainty around the role of PTA and post-professional education
- Need for clarity in unified identity and purpose

The following key cross-cutting themes emerged from the analysis of strengths, weaknesses, challenges, and opportunities related to an integrated accreditor model and should be considered moving forward:

- **Identity and mission alignment:** There is strong potential and desire for a clear, unified identity — yet concerns persist about losing unique program distinctions or muddying mission clarity.
- **Communication and shared understanding:** Effective, transparent communication is critical — yet remains a major vulnerability that must be addressed proactively.
- **Training, competency, and onboarding:** Consistent and comprehensive training is a major area of both opportunity and weakness, affecting role clarity and system effectiveness.
- **Operational efficiency and process alignment:** Operational alignment and simplification are key goals but also difficult to achieve given existing system complexity.
- **Financial and technological infrastructure:** There's potential for financial and technological efficiency, but concerns over infrastructure and cost management are significant.
- **Scope and structural complexity:** While integration may boost external perception and scope, it also brings risks of becoming unwieldy or losing key stakeholder relationships.

At the conclusion of the SWOT analysis, the task force reached consensus in support of integrating CAPTE and ABPTRFE. They recognized the value of prior collaborative efforts, including the joint statements on diversity, equity, and inclusion in response to the presidential executive order and the piloting of an Integrated DPT-Residency program model, which bridges entry-level education and clinical residency training.

The task force affirmed that integration supports a shared purpose — advancing the physical therapy learning continuum through a single accrediting entity. They agreed that this strategic and proactive approach positions the profession to address evolving trends in accreditation, such as new executive orders and the emergence of new physical therapy associations. Integration is expected to reduce administrative burden on programs by streamlining processes like reporting and site visits, while also improving educational effectiveness through more consistent application of standards.

This merger aligns with the strategic initiatives of both commissions, supports growth beyond program maturation, and enhances recognition of physical therapy as a culture of continuous learning.

The group acknowledged that communication around integration and the operational transition itself will be complex and, at times, messy. They emphasized the importance of engaging APTA's marketing, publications, communications, and branding teams to support clear, transparent messaging throughout the process.

Shared Mission, Vision, and Values

To demonstrate support for integrating CAPTE and ABPTRFE, the task force participated in a visioning session to develop a bold, aspirational shared mission, vision, and core values that promote innovation.

The following proposed mission, vision, and core values are intended to serve as a foundation for the work of an integrated accreditation commission. These statements are not final and are shared for the purpose of inviting feedback and collaborative input. All commissioners are encouraged to review and contribute their perspectives to ensure the final version reflects the collective priorities and values.

Shared Mission

To promote and assure the quality of physical therapy education through the consistent application of accreditation standards to serve the public good, promote educational effectiveness, and foster continuous improvement across the learner continuum.

Shared Vision

To be the trusted leader in physical therapy accreditation.

Shared Core Values

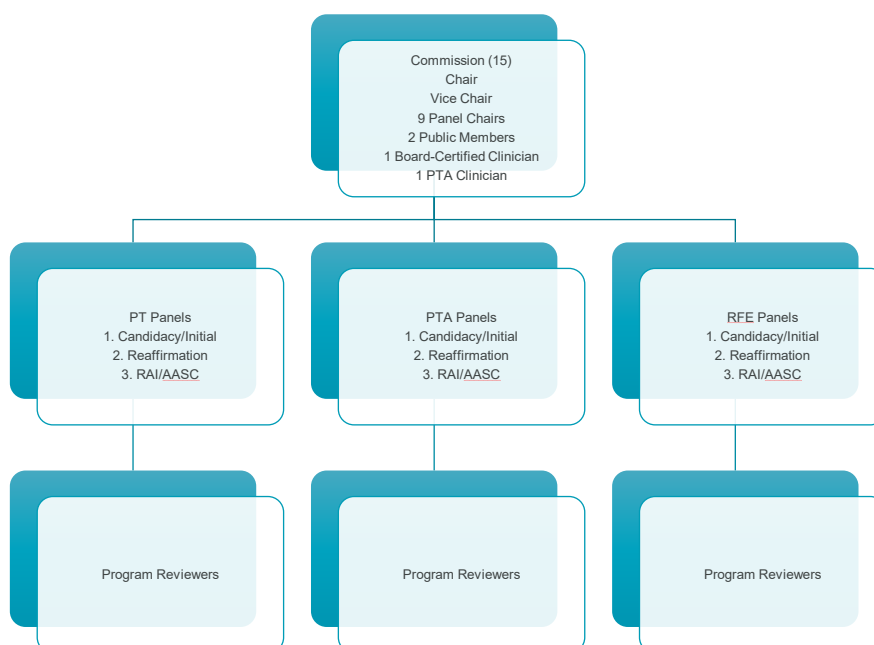
We are guided by the following core values in fulfilling the mission and vision:

- **Collaboration.** Foster respectful partnerships and engagement to strengthen a shared commitment to excellence and public trust.
- **Transparency.** Lead with integrity and a commitment to include the interests of all communities in shaping the future of physical therapy education and practice.
- **Innovation.** Embrace forward-thinking approaches and evidence-informed practices to continuously enhance accreditation processes across the learner continuum.
- **Adaptability.** View change proactively as an opportunity for growth, navigating complexity with openness and resilience.

Integrated Commission

The ABPTRFE Commission currently consists of 10 members, while CAPTE includes 13. The task force agreed that a 15-member integrated commission (Figure 1) would be optimal to support the accreditation of PT, PTA, and residency and fellowship education programs. As part of this multiyear transition, the task force also endorsed aligning ABPTRFE's panel structure with CAPTE's within the integrated framework to effectively carry out the work of residency and fellowship accreditation.

Figure 1. Proposed Integrated Commission



To support the transition to an integrated commission, the task force agreed that the current ABPTRFE and CAPTE commissions should remain in place during the interim. As commissioner terms expire, those positions will not be refilled, allowing the commission structure to gradually align with the new integrated model.

The following chart presents the current structures of ABPTRFE and CAPTE, highlights areas of structural overlap, and outlines the proposed composition and eligibility criteria for the 15-member integrated commission. The current commission names are included solely for visualization and ease of understanding. Please note that the calendar year listed for each position reflects the commissioner's current term expiration date.

ABPTRFE	CAPTE	Integrated Commission
Chair (Dec. 31, 2026)	Chair (Dec. 31, 2027)	Chair
Chair-elect (Dec. 31, 2027)	Chair-elect (nonvoting; Serves one year prior to becoming chair)*	Chair-elect (nonvoting; Serves one year prior to becoming chair)
Past chair (Dec. 31, 2025)		
	Vice chair (Dec. 31, 2027)	Vice chair
	PT Initial/Candidacy Panel chair (Dec. 31, 2025)	PT Initial/Candidacy Panel chair
	PT Reaffirmation Panel chair (Dec. 31, 2025)	PT Reaffirmation Panel chair
	PT RAI/AASC Panel chair (Dec. 31, 2026)	PT RAI/AASC Panel chair
	PTA Initial/Candidacy Panel chair (Dec. 31, 2025)	PTA Initial/Candidacy Panel chair
	PTA Reaffirmation Panel chair (Dec. 31, 2026)	PTA Reaffirmation Panel chair
	PTA RAI/AASC Panel chair (Dec. 31, 2027)	PTA RAI/AASC Panel chair

		RFE Initial/Candidacy Panel chair**
		RFE Reaffirmation Panel chair**
		RFE RAI/AASC Panel chair**
	PT clinician (Dec. 31, 2025)	PT clinician
	PTA clinician or educator (Dec. 31, 2026)	PTA clinician
	Higher education administrator (Dec. 31, 2025)	
Physical therapist member (Dec. 31, 2025)		
Physical therapist member (Dec. 31, 2026)		
Physical therapist member (Dec. 31, 2027)		
Physical therapist member (Dec. 31, 2028)		
Physical therapist member (Dec. 31, 2028)		
Public member (Dec. 31, 2027)	Public member (Dec. 31, 2025)	Public member
Public member (Dec. 31, 2028)	Public member (Dec. 31, 2026)	Public member

*The CAPTE chair-elect participates in a one-year onboarding and orientation period to prepare for the responsibilities of the chair role.

**The chairs for each of the residency/fellowship education panels must be active ABPTS board-certified specialists.

2026:

- ABPTRFE establishes three panels (initial/candidacy, reaffirmation, and RAI/AASC) and appoints chairs of these panels from current ABPTRFE physical therapist members.
- ABPTRFE does not appoint a chair-elect.
- Do not reappoint certain commissioner positions expiring in 2026.
- CAPTE elects/appoints a chair-elect to serve in 2027 prior to assuming the chair position. Consideration of a new integrated commission must be given during this election/appointment.

ABPTRFE Representatives	CAPTE Representatives
Chair: Jackie Osborne (Dec. 31, 2027)	Chair: Kathy Zalewski (Dec. 31, 2027)
Chair-elect: TBD September 2025 — Matt Briggs or Yasser Salem (Dec. 31, 2028)	Vice chair: Christine Baker (Dec. 31, 2027)
Past chair: Terry McGee (Dec. 31, 2026)	PT Initial/Candidacy Panel chair: Claire Peel's replacement (Dec. 31, 2028)
Physical therapist member: Katie McDonnell (Dec. 31, 2026)	PT Reaffirmation Panel chair: Kevin Chui's replacement (Dec. 31, 2028)
Physical therapist member: Eric Pelletier (Dec. 31, 2027)	PT RAI/AASC Panel chair: Catherine Ortega (Dec. 31, 2026)
Physical therapist member: Matt Briggs or Yasser Salem (Dec. 31, 2028)	PTA Initial/Candidacy Panel chair: Charlene Jensen's replacement (Dec. 31, 2028)
Physical therapist member: Ali's replacement (Dec. 31, 2029)	PTA Reaffirmation Panel chair: Elane Seebo (Dec. 31, 2026)
Physical therapist member: Samantha's replacement (Dec. 31, 2029)	PTA RAI/AASC Panel chair: Laura Sage (Dec. 31, 2027)
Public member: Bill Kakish (Dec. 31, 2027)	PT clinician: Karen Bock's replacement (Dec. 31, 2028)
Public member: Tim Mott (Dec. 31, 2028)	PTA clinician: Sammi Beckmann (Dec. 31, 2026)

	Higher education administrator: Brenda Lyman's replacement (Dec. 31, 2028)
	Public member: Laura Forester's replacement (Dec. 31, 2028) — recommend this position be for two years rather than three years (Dec. 31, 2027) so that we don't end up with both public members on the integrated commission rotating off within the same year.
	Public member: Marina-Thais Douenat (Dec. 31, 2026)
Total = 10 members	Total = 13 members

2027:

- Current ABPTRFE members assume the three new RFE panel chairs on the integrated commission.

ABPTRFE Representatives	CAPTE Representatives
Chair: Matt or Yasser (Dec. 31, 2028)	Chair: Kathy Zalewski (Dec. 31, 2027)
	Chair-elect (nonvoting; serves one year prior to becoming chair)
Past chair: Jackie Osborne (Dec. 31, 2027)	Vice chair: Christine Baker (Dec. 31, 2027)
Physical therapist member: Eric Pelletier (Dec. 31, 2027)	
RFE Initial/Candidacy Panel chair: Matt or Yasser (Dec. 31, 2028)	PT Initial/Candidacy Panel chair: TBD (Dec. 31, 2028)
RFE Reaffirmation Panel chair: Ali's replacement (Dec. 31, 2029)	PT Reaffirmation Panel chair: TBD (Dec. 31, 2028)
RFE RAI/AASC Panel chair: Samantha's replacement (Dec. 31, 2029)	PT RAI/AASC Panel chair: Catherine Ortega's replacement (Dec. 31, 2029)

	PTA Initial/Candidacy Panel chair: TBD (Dec. 31, 2028)
	PTA Reaffirmation Panel chair: Elane Seebo's replacement (Dec. 31, 2029)
	PTA RAI/AASC Panel chair: Laura Sage (Dec. 31, 2027)
	PT clinician: TBD (Dec. 31, 2028)
	PTA clinician: Sammi Beckmann's replacement (Dec. 31, 2029)
	Higher education administrator: TBD (Dec. 31, 2028)
Public member: Bill Kakish (Dec. 31, 2027)	
Public member: Tim Mott (Dec. 31, 2028)	Public member: TBD (Dec. 31, 2027)
Total = 8 members	Total = 12 members
Total Integrated Commission = 20 members	

2028:

- The replacement of the CAPTE chair and vice chair positions should consider the new role as an integrated accreditor.
- The two public member positions are now rotating off in the same year. With the new appointments, consider staggering the terms by one year and ensure that the qualifications reflect the new integrated commissioner rules.

ABPTRFE Representatives	CAPTE Representatives
	Chair: Kathy Zalewski's replacement (Dec. 31, 2030)
	Vice chair: Christine Baker's replacement (Dec. 31, 2030)

Past chair: Matt or Yasser (Dec. 31, 2028)	
RFE Initial/Candidacy Panel chair: Matt or Yasser (Dec. 31, 2028)	PT Initial/Candidacy Panel chair: TBD (Dec. 31, 2028)
RFE Reaffirmation Panel chair: TBD (Dec. 31, 2029)	PT Reaffirmation Panel chair: TBD (Dec. 31, 2028)
RFE RAI/AASC Panel chair: TBD (Dec. 31, 2029)	PT RAI/AASC Panel chair: TBD (Dec. 31, 2029)
	PTA Initial/Candidacy Panel chair: TBD (Dec. 31, 2028)
	PTA Reaffirmation Panel chair: TBD (Dec. 31, 2029)
	PTA RAI/AASC Panel chair: Laura Sage's replacement (Dec. 31, 2030)
	PT clinician: TBD (Dec. 31, 2028)
	PTA clinician: TBD (Dec. 31, 2029)
	Higher education administrator: TBD (Dec. 31, 2028)
Public member: Tim Mott (Dec. 31, 2028)	Public member: TBD (Dec. 31, 2030)
Total = 5 members	Total = 12 members
Total Integrated Commission = 17 members	

2029:

ABPTRFE Representatives	CAPTE Representatives
Chair (Dec. 31, 2030)	
Vice chair (Dec. 31, 2030)	
PT Initial/Candidacy Panel chair (Dec. 31, 2031)	

PT Reaffirmation Panel chair (Dec. 31, 2031)
PT RAI/AASC Panel chair (Dec. 31, 2029)
PTA Initial/Candidacy Panel chair (Dec. 31, 2031)
PTA Reaffirmation Panel chair (Dec. 31, 2029)
PTA RAI/AASC Panel chair — TBD (Dec. 31, 2030)
RFE Initial/Candidacy Panel chair (Dec. 31, 2031)
RFE Reaffirmation Panel chair (Dec. 31, 2029)
RFE RAI/AASC Panel chair (Dec. 31, 2029)
PT clinician (Dec. 31, 2031)
PTA clinician — TBD (Dec. 31, 2029)
Public member — Tim Mott’s replacement (Dec. 31, 2031)
Public member (Dec. 31, 2030)
Total Integrated Commission = 15 members

Road Map and Timeline for Implementation

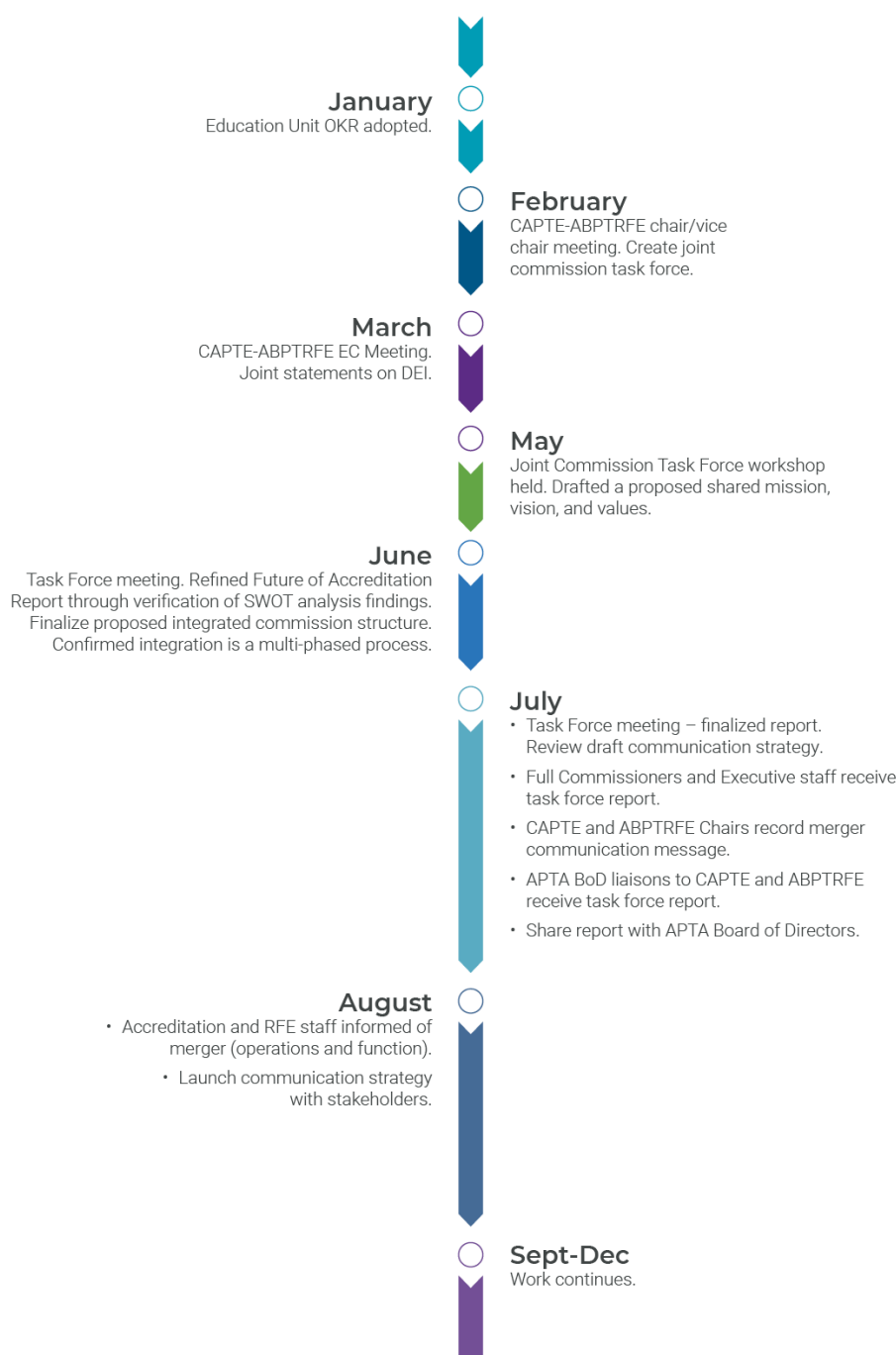
The merger of accreditors will follow a multiphase approach. The content presented for each phase represents a projected plan based on current understanding and priorities. As the process unfolds, adjustments and refinements should be expected to ensure that the approach remains responsive to emerging needs, stakeholder input, and practical implementation considerations.

Phase 1 (2025): Integration of mission, vision, values, and staff. Refer to Figure 2 for the planned activities toward merged accreditation scheduled for 2025.

Phase 2 (2026): Alignment processes, procedures, rules, and commissioner structure (ABPTRFE RFE Panel creation) — maintaining separate documents and commissions. Decision on integration of AMS.

Phase 3 (2027): Integration of commissions, processes, and procedures (reorientation and training of volunteers in their new roles, standards, processes, and procedures, etc.), AMS. Change in scope notification to CHEA through the renewal of accreditation processes.

Figure 2. 2025 Implementation Timeline



Last Updated: 08/18/2025

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