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Requirements, Regulation, and Risk: Connecting Physical Therapy Job Requirements, Occupational Licensing Requirements, and Public/Patient Safety

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In addition, a key, and often most difficult element to a project like this is to have a sufficient pool of subject matter experts (SMEs) to participate in data collection activities (e.g., focus groups and surveys). Without subject matter input, this study could not have been completed. Therefore, we wish to sincerely thank all of the SMEs who volunteered their time to participate in this study. Likewise, we wish to sincerely thank Richard Woolf, PT, DPT, MBA Chief Professional Officer at the Federation of State Boards of Physical Therapy for recruiting all of the SMEs who participated in this study. We also wish to thank him for having the vision to support a study on this topic.

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Requirements, Regulation, and Risk: Connecting Physical Therapy Job Requirements, Occupational Licensing Requirements, and Public/Patient Safety
Executive Summary

Purpose and Background

Occupational licensing is typically viewed either as a necessary mechanism for protecting public health and safety (Schmitt, 2015) **or as an overly restrictive barrier that imposes undue burdens on certain occupations** (e.g., Schmitt, 2018; McLaughlin, Mitchell, & Philpot, 2017). Some previous studies assessing the value of licensing requirements have relied primarily on secondary data sources, such as reporting of regulatory violations (e.g., Rozema, 2024), which have been found to be incomplete and unreliable (U.S. Government Accountability Office, 2019; Noble & Pronovost, 2010).

The current study presents a methodology that can serve as a model for the regulatory community and professional associations, providing a primary data-driven, expert-informed process applicable across licensed occupations to examine the **relationship between occupational licensing requirements, public/patient safety, and job requirements.** This process involves **collecting primary data from subject matter experts (SMEs**) within the field, which in turn **provides evidence to inform the necessity of regulations.** The study focuses on the physical therapy (PT) occupation as a case study example.

Study Objective and Research Questions

The overarching objective of the current study is to assess the linkages between PT job requirements, occupational licensing requirements, and public/patient safety. To achieve this objective, we sought to answer three guiding research questions:

RQ1: Are PT job requirements linked to occupational licensing requirements?

RQ2: Are PT job requirements linked to public/patient safety?

RQ3: Are PT occupational licensing requirements linked to public/patient and safety?

Methods Overview

To examine the research questions of interest, we designed a study that collected both quantitative survey data and qualitative focus group data from highly experienced PT SMEs. To develop the survey instrument, the project team **used the Federation of State Boards of Physical Therapy (FSBPT) *Entry-Level Physical Therapist Practice Analysis* (2022)**—a high-quality, up-to-date job analysis—as a guide for measuring job requirements across 8 core work activities. Further, the project team **identified occupational licensing requirements that would be generalizable across jurisdictions** by conducting a targeted review of requirements from 10 states within the Physical Therapy Compact[1]. The review considered state-level jurisprudence requirements and curricula from seven physical therapy educational programs.

From this review, the team selected four licensing-related elements for inclusion in the study: (1) good moral character (e.g., a criminal background check requirement), (2) the academic curriculum approved by the board (e.g., a program accredited by the Commission on Accreditation in Physical Therapy Education [CAPTE] or the equivalent), (3) the clinical education requirement approved by a board or deemed equivalent by CAPTE, and (4) a national exam approved by the board as part of physical therapy licensing. Lastly, the project team **established a working definition of public/patient safety tailored to the PT profession** by reviewing the literature on the definition of these terms in the academic and applied domains.

With the study measures and licensing elements established, highly experienced PT SMEs were recruited for the study by the Healthcare Regulatory Research Institute (HRRI). Inclusion criteria required SMEs to have at least 10 years of experience as a PT and a minimum of 5 years of experience supervising new PTs or teaching clinical practice-related tasks. **The final sample of 26 SMEs had an average of 34.7 years of PT experience, and 73% had served on a state or national PT regulatory board.**

Once recruited, the **SMEs responded to the survey prompts about the linkages between PT work activities, licensing requirements, and public/patient safety.** When the SMEs provided very high ratings of the linkages, they were asked to provide specific, work-related examples to support their ratings. After the project team completed the initial analysis, **the SMEs attended a focus group to discuss a subset of their ratings that showed higher variability**, indicating disagreement within the group. We used a modified Delphi method to facilitate the focus groups through a synchronous focus group discussion (Dalkey & Helmer, 1963). This approach allowed SMEs to engage directly with each other and the project team to clarify and discuss their earlier responses. Following the discussions, the

[1] The Physical Therapy Licensure Compact (PT Compact) is an agreement between U.S. member states that allows licensed physical therapists (PTs) and physical therapist assistants (PTAs) to obtain a "compact privilege" to practice across member states without securing additional full state licenses. As of September 2025, there are 35 states that issue and accept compact privileges. The PT Compact improves public access to physical therapy services by increasing mobility of providers to work across states.

SMEs re-rated this subset of prompts. Finally, the original and final survey ratings, along with the qualitative responses from the survey and focus groups, were analyzed with regard to the research questions.

Key Findings

Are PT job requirements linked to occupational licensing requirements?

Clear alignment emerged between job tasks and licensing requirements related to clinical education and academic preparation. Completing the Clinical Education Requirement received the highest average linkage rating, followed closely by Completing the Academic Curriculum. These results highlight the integral role of formal education and hands-on clinical experience in preparing practitioners for real-world job demands. The requirement to Demonstrate Good Moral Character received a relatively lower average rating and showed greater variability across participants. Focus group discussions clarified that although SMEs generally agreed on the ethical importance of Good Moral Character, concerns remained about its vague definition, uneven enforcement, and overreliance on criminal background checks.

Are PT job requirements linked to public/patient safety?

Survey findings showed **strong agreement that physical therapy work activities are critical to maintaining public and patient safety**. Across all eight core work activities, average ratings were high both for the importance of performing the activity correctly to ensure safety and for the perceived risk of harm if it is performed incompetently. Qualitative responses reinforced these quantitative results, offering **rich examples of how failures in documentation, clinical assessment, or interventions can lead to adverse outcomes, such as delayed recovery, injury, or inappropriate treatment.** These findings show that PT job performance plays a direct and essential role in protecting the health and well-being of patients.

Are PT occupational licensing requirements linked to public/patient safety?

Survey participants strongly endorsed the view that licensing requirements contribute meaningfully to public/patient safety. Completing the Clinical Education Requirement and Completing the Academic Curriculum were viewed as especially critical, with failure to meet these requirements perceived as posing substantial risk. Passing the National Exam also received high ratings for its role in ensuring public/patient safety. While Demonstrating Good Moral Character was also seen as relevant, it had the lowest agreement on the level of risk if unmet, reflecting ongoing ambiguity about how Good Moral Character should be defined, measured, and applied in licensing contexts.

Conclusion

This study offers strong empirical evidence that core licensing components, such as education and clinical training, are closely aligned with the competencies needed for safe and effective physical therapy practice. These findings support the current structure of PT licensure, particularly the emphasis on formal training as a safeguard for public/patient safety.

Requirements related to Good Moral Character were also broadly supported by participants, especially given the ethical and interpersonal demands of PT work. However, several participants expressed concerns about how good moral character is currently defined and enforced. **They specifically highlighted the need for greater clarity and consistency in assessing character**, particularly when requirements rely heavily on criminal background checks or vague criteria that may be applied inconsistently.

This project represents the first known study to use primary data to directly link job tasks, licensing requirements, and public/patient safety outcomes. Most prior research has relied on secondary data sources, such as disciplinary records, which may underrepresent safety risks or fail to capture connections to day-to-day job responsibilities.

The mixed-methods approach, which combined quantitative survey data with qualitative input from structured focus group discussions, proved to be both rigorous and scalable. This methodology provides a practical framework that can be replicated across other safety-sensitive professions, especially in healthcare, to examine the relevance and impact of occupational licensing requirements.

Future research can build on this foundation by:

- Applying this approach to other licensed occupations in health, safety, or public service sectors
- Conducting state-level studies to explore jurisdiction-specific licensing rules and impacts
- Developing more nuanced, effective, and consistent approaches to assessing moral character across the professional life cycle

Together, these findings strengthen the case for evidence-based regulation of licensed professions. They also point to opportunities for refining licensing systems to ensure both fairness and effectiveness in protecting the public.

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