NC Rural Health Research & Policy Analysis Center

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What Does the Allied Health Clinical Doctorate Mean for Rural Areas?

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The clinical doctorate is a growing phenomenon in the allied health professions, where previously a master's degree was often the terminal degree. As training requirements increase, allied health practitioners may have higher salary expectations that cannot be met by rural employers and may prefer urban settings that offer greater clinical and professional diversity.

Rural communities, however, may stand to gain greater benefits from practitioners with doctoral training. The clinical doctorate emphasizes independent practice, a characteristic that may be especially beneficial for providers in more isolated rural settings. Also, the lengthened training time required for the clinical doctorate may allow increased exposure to rural issues and settings.

This brief summarizes a qualitative assessment of how the transition to the Doctor of Physical Therapy (DPT) has affected the supply and quality of rural physical therapy care. We interviewed three stakeholder groups in five states: physical therapist education program directors and faculty; presidents of state physical therapy associations; and directors of physical therapy at rural hospitals. Our findings may be relevant for other allied health fields also considering or enacting increased educational requirements.

KEY FINDINGS

- The move to the DPT does not appear to have had a significant impact on the supply, quality, or skill mix of physical therapy in rural hospitals.
- Rural hospital employers generally reported that DPT salary expectations were in line with the rest of the market.
- There were some indications that opportunities for advanced practice and professional development are more important to DPT graduates than graduates with less advanced degrees.
- Generally, rural-related course content expanded slightly in programs that transitioned to the DPT degree, but the proportion of clinical education sites in rural settings was unchanged.

Opportunities for Education Programs and Rural Employement

- For clinical doctorate education programs, rural settings offer unique training opportunities that can expose students to independent practice.
- For rural employers, interaction with education programs may improve recruitment, and working with students who are current on the profession's latest advances can be beneficial.
- Collaboration between rural communities and education programs that are transitioning to the clinical doctorate could be increased, and could help to identify and address potential problems or misconceptions associated with the change in educational requirements.

EFFECT OF DPT ON SUPPLY OF RURAL PHYSICAL THERAPISTS

We found little evidence that the move to the clinical doctorate has had a significant impact on the supply of physical therapists in rural areas.

While a majority of respondents reported that the rural physical therapist supply is insufficient, few attributed this directly to the growth of the DPT.

Several respondents noted that physical therapist supply is low nationally and that it is difficult for rural employers to compete with higher salaries and lifestyle amenities in urban settings, regardless of the therapists' degree. A minority of interviewees felt that rural supply problems have been exacerbated by the DPT and primarily attributed this to a decrease in the number of physical therapy graduates caused by the shift to the DPT. Yet, most of the DPT education program chairs stated that class sizes did not change with the start of the DPT.

Most of the education program chairs and association presidents believed that DPT graduates were no different than past graduates in terms of desire to work in rural areas.

Most program chairs stated that the proportion of their graduates who are working in rural areas has not changed with the conversion to the DPT. Education programs in rural areas generally had higher percentages of their graduates working in rural areas than did programs in urban areas. However, of 199 accredited physical therapist education programs in the United States, only 10 are located in nonmetropolitan counties.

About half of respondents felt growth in the DPT would decrease the supply of rural physical therapists in the future. Three respondents thought it may improve rural supply.

Respondents who thought future supply of rural physical therapists would decrease expressed one or more of the following concerns:

- Rural areas will not be able to meet salary expectations of DPT graduates;
- The overall number of graduates from DPT programs will decrease because increased educational costs will dissuade potential students from entering the profession; or
- DPT graduates will be more attracted to urban settings that offer greater clinical and professional diversity.

Other respondents felt the DPT may improve rural supply because DPT therapists may value chances for autonomous practice or DPT programs may offer more exposure to rural settings.

EFFECT OF DPT ON RURAL-RELATED EDUCATION

Generally, rural-related course content expanded slightly in programs that transitioned from the Masters of Physical Therapy (MPT) to the DPT, but the proportion of clinical education sites that were in rural settings was mostly unchanged. The share of a program's full-time clinical education sites that were rural ranged from 10 to 60 percent, with programs in rural areas having a greater share of sites in rural areas. Only two education programs required students to complete a rural clinical education rotation. There was some indication that clinical education for rural DPT programs may shift toward urban settings under the DPT.

With a few exceptions, rural hospital respondents did not perceive that the growth of DPT programs has had any effect on their clinical education activities. All of the rural hospitals in the study are affiliated with at least one physical therapist education program. Some hospitals reported that they have decreased or stopped taking students because of understaffing and a lack of time.

EFFECT OF DPT ON QUALITY OF RURAL PHYSICAL THERAPY

- ***Overall, the study participants did not perceive significant differences in the quality of care delivered by DPT graduates compared to therapists with less advanced degrees.***

Most respondents who had experience with DPT graduates felt that they have more content knowledge and a better grasp of evidence-based practice, but only two (a faculty member and a state association president) believed that new DPT graduates deliver higher quality care than new MPT graduates. Most interviewees felt that practitioner experience, rather than level of academic training, was the main factor contributing to quality of care.

- ***Several respondents felt that the DPT holds the potential to better prepare graduates to deliver high quality care in rural settings specifically.***

These respondents cited the fact that the DPT emphasizes autonomous practice and includes additional training time that could provide exposure to rural health issues and settings. However, study participants did not provide any strong evidence that this possibility has been realized to date. Most respondents felt that preparation for rural practice does not differ by degree. Two state association respondents reported that neither DPT nor MPT graduates are well-prepared for rural practice because they lack a complete grasp of rural health issues.

PERSPECTIVE OF RURAL EMPLOYERS

- ***With a few exceptions, rural hospital respondents held a neutral view of the DPT, regarding it as neither an asset nor a drawback relative to less advanced degrees.***

Rural hospital employers generally reported that a therapist's degree is a negligible factor in hiring, while social and professional skills were the most important factors. Some employers noted that new DPT graduates are slightly more professional and autonomous and have better background knowledge than new MPT graduates. Two rural hospital respondents viewed having a DPT on staff as a marketing asset that could set them apart from other facilities. However, only one of the 12 hospital employers stated that they necessarily would prefer a new DPT graduate to a new MPT graduate with the same amount of experience.

- ***There were no strong indications that the DPT specifically is causing financial difficulties for rural employers.***

The rural hospital respondents reported that the DPT salary expectations were not out of line with the rest of the market, and that DPTs and MPTs were receiving the same salaries. Most respondents, however, expressed anxiety that the DPT will drive up physical therapy salary expectations in the future, an expectation shared by faculty and state association presidents.

IMPLICATIONS

Highlighting Unique Opportunities in Rural Practice

There are some indications that opportunities for advanced practice and professional development may be more important to practitioners with clinical doctorates. For rural employers, this represents both a peril and an opportunity. On one hand, urban settings are able to offer some amenities—including access to medical technology, interaction with large numbers of colleagues, and continuing education—that smaller rural employers may not be able to provide. However, rural settings provide unique opportunities for therapists to have varied caseloads, to serve as important access points to the health care system for their patients, and to practice autonomously. Two respondents believed that the growth in the DPT may improve supply of physical therapists in rural areas for these reasons.

As the allied health workforce is increasingly composed of clinical doctorate practitioners, rural employers may need to emphasize aspects of rural practice that appeal to these practitioners and consider retention strategies such as supporting professional development.

Increasing Educator and Rural Employer Collaboration

There is also opportunity for mutually beneficial collaboration between clinical doctorate education programs and rural practice sites. For clinical doctorate education programs aiming to prepare graduates for independent practice, rural settings offer unique training opportunities and the potential for autonomous practice to be realized. For rural employers, interaction with education programs may help with recruitment, and clinicians can benefit from working with students who are current on the latest advances in the profession. Increased collaboration could also help identify and prepare for changes that may occur as education programs transition to a clinical doctorate (e.g., changes in the number of graduates entering the workforce or in clinical education needs).

We found no indication that the shift to the DPT had prompted such collaboration. While some education program chairs stated that rural practice sites were interested in establishing clinical education rotations in hopes of attracting students after graduation, none of the programs in the study increased rural clinical education sites during the conversion to the DPT. In the future, allied health professions that are considering or transitioning to a clinical doctorate could take advantage of this missed opportunity.

METHODS

Interviews were conducted with a purposive sample of respondents in five states: one state from each of the Midwest, South, and West census regions and two contiguous states from the Northeast census region. States with substantial rural populations and with physical therapist education programs in rural areas were given priority. Program information, including location, was obtained from the Commission on Accreditation in Physical Therapy Education web site. Interviews were conducted with staff from 12 rural hospitals, five state physical therapy association presidents, and 11 educators from seven physical therapist education programs. Interviews were conducted between March and June 2008. The full final report, which contains more information about the study methods can be found at: http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB86.pdf.

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