

MOTION 5

TITLE: Motions to request Accreditation Council for Occupational Therapy Education (ACOTE®) Moratorium on Accreditation of Additional Entry-level Doctoral Programs and Master's Degree as the Required Entry Level Into the Profession

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MOTION 5.A.

We move that the Speaker of the RA charge the President of AOTA to request that ACOTE start a moratorium on accrediting additional entry-level doctoral programs until the RA has considered the following:

1. ACOTE's decision to discontinue accrediting programs and begin accrediting specific degrees, and
2. the adoption of two sets of standards that create a two-tiered hierarchy of entry-level practitioners:
 - a. the OTD graduate (identified by ACOTE as "advanced practitioner")
 - b. the master's degree graduate (identified by ACOTE as "entry-level")

MOTION 5.B.:

We move that the RA support identifying the master's degree as the required degree for entry into the profession, and that the Speaker of the RA charge the President of AOTA to request that:

1. ACOTE limit accreditation to entry-level master's programs.
2. ACOTE immediately advise currently accredited entry-level doctoral programs that their programs must be revised in a timely fashion to reflect the awarding of a master's degree consistent with the current master's educational standards.

RATIONALE:

I. Background Information Relevant to the Motion

AOTA began accrediting occupational therapy educational programs in 1923, and in 1994 created ACOTE as a separate accreditation entity. Both entry-level master's and bachelor's programs have been accredited for more than 30 years, under the same standards. In 1999, the RA passed Resolution J, which affirmed membership support for a postbaccalaureate degree in occupational therapy as the required level of education for entry-level professional practice. The resolution opened the door for ACOTE to accredit professional programs at both the master's or doctoral level.

In 2004, ACOTE became aware of a 2002 U.S. Dept. of Education guideline that states that if an agency accredits two levels of education, then different standards of education must be in place. Such standards must clearly differentiate the two degrees as to rigor and educational expectations.

In 2005, ACOTE decided to accredit the degree, rather than the program, leading to two sets of standards: master's degree and doctoral degree (OTD). We believe that ACOTE's change to accrediting specific degrees and the resulting two-tiered hierarchy of OTD and master's standards are not what the originators of Resolution J intended when they recommended that the profession move to postbaccalaureate level for entry into the profession.

II. ACOTE Actions of Concern Regarding This Issue

We feel ACOTE may have failed to adequately consider the input of the RA during its decision-making process to establish new standards for the OTD. In 2005, the RA was working with ACOTE to address differentiation of the profession's degrees. The committee charged with this action is scheduled to report in 2007. However, in January 2007 ACOTE approved OTD educational standards, thus minimizing the impact of any further input from the RA on this important issue.

ACOTE dismissed the report of its own internal Educational Standards Review Committee (ESRC), which opposed expansion of OTD entry-level programs and recommended the profession focus on the OTD as a post-professional degree. The ESRC's recommendation was based on a national membership survey that overwhelmingly disapproved of the entry-level doctorate and supported a post-professional clinical doctorate.

ACOTE subsequently appointed a new ad hoc committee to develop separate OTD standards. The committee developed draft standards, processed survey input, revised, and adopted a new set of standards for doctoral entry education in what appears to be a fast track. The recently adopted master's standards required 3 years of review. We feel ACOTE adopted the OTD standards with minimal assessment of the impact on the profession and on educational programs.

In spite of many voiced concerns from Program Directors regarding impact issues, there was no formal request from ACOTE for a position statement or impact study from the Program Directors, the stakeholders most immediately affected by ACOTE's actions.

III. Further Issues of Concern

- How will the OTD and master's level therapists be perceived by the public and specific stakeholders? Will they be perceived as equal or unequal? Will this perception be accurate? How could inaccurate perceptions of the profession adversely affect it?
- AOTA's Centennial Vision espouses the need for the profession to emphasize evidence-based practice and be scientifically driven. Which degree best supports this vision, the OTD degree, or the PhD degree?
- The legitimacy and worth of clinical doctoral degrees in a variety of health professions has been called into question. Is the OTD being called into question? If so, by whom and for what reasons?
- What effect will the cost of the OTD degree have on a student's total educational costs in time and dollars? What effect will the OTD have on the health care costs of the country?

IV. Summary

Creating two levels of entry into the profession may not serve the public or the membership of AOTA well. Occupational therapists currently holding entry-level bachelor's and master's degrees may find themselves unfairly disadvantaged and their education and experience devalued. The public may be confused by the variety of educational levels of the occupational therapist in practice. We feel the profession may lose credibility in the eyes of other professions if our doctoral programs are perceived as without academic substance or rigor.

We call on the RA to consider and support motion 5A to request that ACOTE start a moratorium on accrediting additional entry-level doctoral programs while considering the decision to accredit the degree rather than program; and motion 5B to designate the master's degree as the required degree level for entry into the profession, which would necessitate only one set of accreditation standards.

FISCAL IMPLICATIONS: There are no fiscal implications with these motions as written.

RELATIONSHIP TO THE STRATEGIC PLAN:

These motions directly support the AOTA Strategic Goals and Objectives:

Goal 1. Building the profession's capacity to fulfill its potential and mission

a. Prepare occupational therapists...for the 21st century

b. Ensure a diverse workforce for multiple roles

Goal 2. Demonstrating and articulating our value to individuals, organizations, and communities

a. Increase public understanding of the profession and its value in meeting diverse health and participation needs

b. Support traditional occupational therapy roles and foster the development of emerging practice areas to help meet society's health, wellness, and quality of life needs