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Historical and Current Perspectives on Two Points of Entry Into the Profession for Occupational Therapists

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Introduction

- RA Charge 111 (2007 RA) charged the President to form an ad hoc committee consisting of representation from practice, education, ethics, and accreditation to summarize and analyze the impact of two points of entry (master's and doctoral-degree levels) for occupational therapists on the future of the profession and the clients we serve. The committee was asked to consider the following points in its analysis:
 - The AOTA Centennial Vision
 - Future practice trends and contexts
 - Educational access
 - Workforce needs
 - Educational standards
 - Outcome expectations
 - Market forces
 - Regulatory bodies
 - Societal issues



Introduction (continued)

- RA Charge 14 (2008) charged the President to develop educational materials that capture the work of the ad hoc committee in order to educate students, AOTA members, and external agencies about the rationale for and benefits of having two points of entry into the profession.
- The committee developed a poster for the 2009 AOTA Conference & Expo in Houston, an article for OT Practice, and this PowerPoint Presentation.



Objectives

1. To describe historical and current socio-cultural and political factors that affect decisions regarding entry points into the profession.
2. To reflect upon the relationship between two points of entry and the *AOTA Centennial Vision*.
3. To discuss the rationale for and benefits of having two points of entry into the profession.



Historical Background

- Two points of entry for occupational therapy education have existed since the early 1960s when the first entry-level master's program was offered.



Historical Background (continued)

- From the 1960s until December 31, 2006, occupational therapy students were able to enter the profession at the baccalaureate, master's, and more recently (i.e., 1999) at the doctoral level.



Historical Background (continued)

- In 1997, the Commission on Education task force on entry-level education articulated eight reasons for moving to post-baccalaureate education (see Table 1).
- In 1999, the RA passed Resolution J, which required post-baccalaureate (i.e., master's or doctoral) education as the entry level into the profession.
- Resolution J stated that the Accreditation Council for Occupational Therapy Education (ACOTE[®]) was responsible for developing distinct master's and doctoral level education standards. These standards became effective on January 1, 2008 (ACOTE, 2007a, 2007b).

Committee Analysis

- Educational access
- Educational outcomes
- Work force and market forces
- Educational standards
- Regulatory bodies
- Societal issues





Educational Access

- Two points of entry allow students greater choice when matching their professional goals with their program and degree selection. It also may increase satisfaction and, ultimately, degree completion.
- Allowing institutions to confer degrees that are consistent with their mission, available resources, and regulatory bodies of higher education are additional benefits of offering two points of entry (Carnegie Foundation, 2007).

Educational Access (continued)

- The clinical doctorate option may attract students who are traditionally recruited to other doctoral-level programs (e.g., physical therapy, medicine, dentistry).
- Students who do not desire or have the necessary resources (e.g., time, money, geographic and family flexibility) to pursue doctoral education are still able to access occupational therapy education via a master's degree program.



Educational Outcomes

- Currently, no published data exists on educational outcomes or clinical competencies (other than 3 year aggregate NBCOT exam pass rates) for either the master's or doctoral degrees in occupational therapy.
- It is recommended that the Commission on Education and the American Occupational Therapy Foundation partner with ACOTE to develop a research agenda for programs to collect this programmatic data.



Work Force and Market Forces

- Three key themes
 - Changing demographics
 - Cultural diversity
 - Shrinking workforce whose members are not representative of U.S. society (AOTA, 2006; U.S. Census Bureau, 2008)
- Changing U.S. demographics predict an aging and increasingly multicultural population.
- Occupational therapy jobs are projected to increase by 33.6% between 2004 to 2014 (CHWS, 2006).





Work Force Summary

- Two points of entry may appeal to a more diverse group of students and may better meet the demand for an increased number of occupational therapists.



Market Forces

- Market forces create opportunities for practitioners to provide services in growth areas.
- Supporting both options of entry may give programs flexibility to develop training in emerging areas.
- Example: Doctoral programs may add additional content to graduate therapists who specialize and have focused experience in emerging areas.

Educational Standards

- Reimbursement and regulatory agencies need professions to clearly articulate the minimum competencies for occupational therapy graduates.
- The committee recommends that standards in areas of leadership (B.7.0), context of service delivery (B.6.0), and research (B.8.0) (ACOTE, 2007a, 2007b) be revised to more clearly delineate the master's and doctoral level education required in these areas.



Regulatory Bodies

- External accrediting bodies at national and regional levels do not dictate levels of entry into the profession, but mandate that distinct requirements exist for each degree level.
- Effective January 1, 2008, separate and distinct ACOTE standards for both master's and doctoral degree levels were implemented.





Regulatory Bodies Summary

- Because occupational therapy has had multiple points of entry for more than 50 years without significant confusion or difficulty from various regulatory bodies or stakeholders, continuing this tradition is unlikely to cause new difficulties to emerge.

Societal Issues

- The following three **primary societal issues** emerged from review of relevant AOTA and World Federation of Occupational Therapists documents and other literature related to RA Charge 111:
 - Health care disparities
 - Competency
 - Internationalization





Societal Issues (continued)

- The committee recommends that educational institutions partner with appropriate entities to reduce health disparities through the linkage of education, practice, and research.
- Linkage can be accomplished by integrating assignments into the curriculum (didactic and fieldwork) so that students are involved in the development and delivery of services that address health disparities.



Societal Issues (continued)

- The committee recommends that therapists enhance cultural competency and population-based efforts to reduce health care disparities. ACOTE Standards B.6.0 (Context of Service Delivery) and B.8.9 (Research Grant Writing; ACOTE, 2007a, 2007b) are a good beginning toward addressing these diverse societal needs.



Societal Issues (continued)

- Doctoral programs could offer didactic and experiential coursework that addresses international collaboration.
- There are no entry-level doctoral programs outside of the U.S. If entry into the profession was limited to the doctoral level, therapists trained in other countries would not be allowed to work and share their expertise in the U.S.



Summary

- Several health care professions (e.g., physical therapy, audiology, pharmacology) have transitioned to a doctorate as the entry-level degree.
- Occupational therapy maintains two points of entry into the profession. This may attract students who are not able or do not desire the additional time and financial obligation of an entry-level doctorate, but wish to enter a health care profession.



Summary (continued)

- Both degree programs prepare graduates to be entry-level practitioners.
- However, the doctoral degree offers additional curricular content focusing on research skills, leadership, program and policy development and advocacy, as well as “the doctoral experiential component with the goal of developing occupational therapists with advanced skills (those that are beyond a generalist level)” (ACOTE, 2007a, Standard B.11.0).



Summary (continued)

- The projected demand for an increased number of occupational therapists who are more representative of the diverse population and have a variety of skill levels supports continuing the option of two paths of entry into the profession.
- Committee research indicated that there will be an increasing need for qualified occupational therapists as clinicians, faculty members, researchers, policy advocates, scientists, and innovative developers of services in urban and rural areas.



Summary (continued)


- By supporting both master's and doctoral level programs, students have the option to choose which level of education best meets their needs and resources.



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Table 1

1997 COE Entry Level Task Force Reasons for Postbaccalaureate Education

1. Occupational therapists and new graduates must demonstrate an unprecedented need for advanced clinical reasoning
2. New graduates must define and demonstrate the uniqueness of occupational therapy.
3. New graduates must view themselves and function as autonomous practitioners.
4. The environment showed readiness to move to post baccalaureate education.
5. Postbaccalaureate education will better prepare therapists to conduct outcomes research and serve on interdisciplinary teams
6. Many graduates of baccalaureate programs have received the bachelor's degree that was equivalent to a master's-degree-level education.
7. Postbaccalaureate education would assist in clarifying the role between "professional and technical education" (p. 21).
8. Postbaccalaureate education is in keeping with trends in related fields.