**Why do we need a single entry-level degree to the profession?**

While much of the discussion has focused the merits of the master’s versus doctorate entry-level to practice, the first issue that needs to be addressed is the question of why do we need a single entry-level degree? The following is a summary of the board’s reasoning.

The stated purpose of the national certification exam and entry-level education is to assure the stakeholders and recipients of occupational therapy services of the **competence** of entry-level practitioners (Source: [www.nbcot.org/public; www.acoteonline.org](http://www.nbcot.org/public; www.acoteonline.org)). The existence of two entry-level degrees (master’s and doctorate) as the requirement for eligibility to sit for a single certification exam and licensure to practice as an occupational therapist creates inconsistencies. How can two different degree levels meet the single requirement for competent practice?

- Many prospective students and practitioners contact AOTA and express confusion when choosing educational pathways to the profession. To put it simply, they do not understand why there are two degree options. There is a single set of student learning outcomes and competencies established through certification for entry-level practice. It seems that either one degree level is “under” qualified or one level is “over” qualified for entry-level practice.
- While it is still not common practice, some academic medical centers are now only employing doctorally prepared practitioners or offering salary differentials based on entry-level degree. These centers are responding to the perception that a higher degree equates to higher skill. This follows the logic of our current medical system, where physicians are largely seen as having more knowledge than other providers and are recognized as team leaders.
- Regulatory authorities question the profession’s need to have two entry degree levels. Shouldn’t there be different student learning outcomes if there are two degree levels? If so, wouldn’t the higher degree have more skills at entry-level?
- Employers have similar questions. Do I need doctorally prepared new graduates or do I need master’s prepared? What is the difference? Why should I pay more for a doctorally prepared OT if I can pay less for a master’s level?
- Payers have mostly handled the question by reimbursing based on a licensed professional and avoided the degree question. If the payers’ reimbursement is not based on degree level, why have two levels?

The Board of Directors did review the comments that multiple entry-level degrees offer more opportunities for access for prospective students. However, the board has not seen any data to support this assumption. The “diversity” within our ranks has not changed significantly over
the last 10 years, even as we have progressed from the bachelor’s entry-level to post-bachelor’s entry-level (http://www.aota.org/en/Education-Careers/Educators.aspx). In physical therapy there has been no significant change in the diversity of the student population as they have transitioned to the single-entry doctoral degree (http://www.capteonline.org/AggregateProgramData/).

Others have argued that other health care professions (e.g. nursing) have more than one entry-level degree, so why can’t occupational therapy? We found that professions with more than one entry level are in the minority, primarily for the reasons stated in the post about single entry level. The majorities of professions either have a single entry-level degree or are in a period of transition to achieve this goal. The profession that is most frequently identified is nursing, and they continue to debate the same issues facing occupational therapy (http://www.aacn.nche.edu/media-relations/fact-sheets/impact-of-education).

In deliberating this complex issue the AOTA Board of Directors concluded that while there may be some benefits to the two entry-level-degree model, they did not outweigh the inconsistencies created when you have two different degree levels qualifying graduates for a single set of entry-level competencies. The AOTA Board of Directors moved in favor of transitioning the profession to a single entry-level degree.

Why choose the doctorate as the single entry-level degree?

A primary factor influencing the decision by the Board of Directors is the fact that the profession has “sanctioned” the entry-level doctoral programs since the first OTD program was accredited in 1998. At that time the profession offered three different degree levels for entry to the profession. This position of the OTD was reinforced by the Representative Assembly in 1999 when it adopted resolution J making it the official policy of the Association that the entry to the professional level of practice in occupational therapy be at the postbaccalaureate degree level. Currently there are 6 accredited and 13 applicant or candidate entry-level doctoral programs. A move to no longer recognize the entry-level doctorate would expose the Association to potential litigation under the restraint of practice statutes.

Master’s programs in occupational therapy have a high credit load compared to most master’s level programs. Students in combined bachelors/ master’s programs typically take a minimum of 5- 5.5 years post-secondary study to complete the entry level-requirements. Students in graduate master’s programs typically take a minimum of 6-6.5 years of post-secondary study. The United States Department of Education defines a professional doctorate as “a doctorate that is conferred upon completion of a program providing the knowledge and skills for the
recognition, credential, or license required to enter professional practice. The degree is awarded after a period of study such that the total time to the degree, including both pre-professional and professional preparation, equals at least six full-time equivalent academic years.” (retrieved http://nces.ed.gov/ipeds/news_room/trp_technical_review_02072006_18.asp).

Many of the existing masters programs meet or exceed the USDE minimal requirement for a professional doctorate.

The current high credit load in master’s programs makes it very difficult to add additional content. Especially with the current policy to limit the credit loads of degrees to control costs. However, the educational programs are being asked to address changes in the healthcare delivery system such as the increased focus on primary care, interprofessional care teams, and specialization in practice that will required increased content in the entry-level academic programs (Institute of Medicine, 2010; Interprofessional Education Collaborative Expert Panel, 2011; National Committee for Quality Assurance (NQF), 2013). The practice community has argued that other areas of the curriculum do not currently meet their practice areas and are petitioning ACOTE for increased content.

Whether the Board agrees with the transition or not the reality is that the majority of health professions are either at the doctoral level, transitioned to the doctorate or debating the issue. The studies on the development of the professions by the Carnegie foundation has identified that as professions have “matured” they have moved to higher degree levels. More often than not the primary issues is related to autonomy and perceived power. Occupational Therapy did this when we moved to the post-baccalaureate level. At that time concerns were raised regarding costs, access, diversity and faculty shortages with little perceived gain in competency as an entry-level practitioners. The profession ultimately made a the transition successfully and holds a respected position as a member of the health care team. Today, the majority of health fields offered at the bachelor’s level are technical in nature. This position is not necessarily a guarantee. For example, occupational therapy was initially excluded from an important initiative to develop an assessment interprofessional behaviors because we were not a “doctoral” profession.

The Board of Directors recognize that this is not an easy decision but took a stance based on the limited available data.