

**Critical review of the Council on Higher Education Accreditation (CHEA)
Recognition of Accrediting Organizations: Policies and Procedures and the
ACOTE OTD Mandate Supporting Materials¹**

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According to the Council on Higher Education Accreditation (CHEA) document titled *Recognition of Accrediting Organizations: Policies and Procedures*, the recognition of accrediting organizations has three main purposes. Requirements for CHEA recognition are also put forth in this document. Below I identify CHEA purposes and key requirements. I articulate concerns about the ACOTE's compliance with CHEA standards that have been raised by the significant gaps in the OTD mandate decision statement and the background materials provided by the ACOTE. You will note that I state *no* evidence is provided for each point. My conclusion is based on the criterion that the inclusion of one to four token representatives from key stakeholder groups on a task force or at a round table discussion does *not* adequately meet recognized minimal standards of inclusivity or accountability. Major concerns about the status of the ACOTE's recognition by CHEA include:

1. CHEA's recognition confirms "*that accrediting organizations have standards that advance academic quality*" (and that these) "***standards are developed within the framework of institutional mission***" (italics and bold added) (CHEA, 2010, p. 2). The 987 page 'workbook' that the ACOTE has provided to support the OTD mandate does not include *any* data obtained from institutions that provide entry-level OT education. This gap egregiously ignores the mission of small rural, urban, and suburban institutions of higher learning (including historically black colleges). For decades, the mission of these institutions has ensured that the opportunity to become occupational therapists is provided to those who may not otherwise have this chance. Most important, small rural, urban, and suburban institutions and the historically black colleges are our field's major source of racial and socioeconomic diversity. However, these institutions often do not have missions which include the granting of doctoral degrees. The potential impact of the ACOTE's mandate on colleges that are not charged with, or chartered to, provide doctoral education can be devastating to these institutions *and the communities they serve*. Any enduring hope that our field will become more racially and socioeconomically diverse in the future will be severely damaged. ACOTE provides *no* documentation of input from administrators of institutions with accredited OT programs about how this mandate would fit *within the framework of their institutional mission*. This is a significant CHEA deficiency.
2. CHEA's recognition confirms "*that accrediting organizations have standards that assure accountability through consistent, clear, and coherent communication to the public and the higher education community about the results of educational efforts. Accountability also includes a **commitment by the accrediting organization to involve the public in accreditation decision making***" (italics and bold added) (CHEA, 2010, p.

¹Christine Hischmann, MS, OTR/L, FAOTA assisted with the formulation of this CHEA review.

- 2). There is *no* evidence provided in the 897 page ACOTE ‘workbook’ of any meaningful inclusion of the public or the higher education community in the OTD mandate decision-making process. The three public members on ACOTE are educators who cannot be considered representative of the public who is served by the OT profession. As noted in point 1 above, there is also *no* evidence that administrators of higher education institutions were contacted to provide input to inform this decision. The identification of *one* university provost and *one* former medical school president as participants in the summer 2015 meeting does *not* provide adequate substantiation that the public was engaged in the OTD decision-making process. Public members who should have been involved in the decision to mandate an OTD as the *single option* for the education of occupational therapists include, but are not limited to, licensure boards, legislators, payers, employers across the full range of OT practice settings (e.g., early intervention, schools, home care, non-medical model community-based settings) and consumers. The ACOTE reports targeted interviews with employers but provides *no* detail as to who these employers were or the nature of their input. CHEA specifically identifies students and their parents as representatives of the public. There is *no* evidence that ACOTE solicited student or parent perspectives to inform the OTD mandate decision. Because students and parents are the parties who will be saddled with the immense debt that will be incurred to complete the OTD coursework and the 14-week capstone experience (while losing at least a year and a half of income as an occupational therapist), the lack of involvement of students and parents in ACOTE’s decision-making process blatantly ignores CHEA’s commitment to inclusive decision-making.
3. CHEA’s recognition confirms “*that accrediting organizations have standards that encourage institutions to plan, where appropriate, for change and for needed improvement; to develop and sustain activities that anticipate and address needed change*” (italics and bold added) (CHEA, 2010, p. 2). The ACOTE mandate states that by July 1, 2027 all entry-level occupational therapists must earn an OTD. An argument has been put forth that this is sufficient time for all institutions to develop OTD programs that will meet the OTD accreditation standards. However, *no* evidence is provided to support that this timeline is sufficient for institutions that only grant masters degrees. Institutions that will have difficulty in meeting this mandate for an OTD graduate class in 2017 include, but are not limited to, colleges that must revise their charters and obtain state approval to grant doctoral degrees (of which there is no guarantee of success) and institutions that currently offer masters programs that begin in students’ first year of college. These programs must attain OTD program candidacy status by 2019-2020 if they are to continue to accept students. This is a grossly insufficient time frame to ensure the quality of the developed program. All existing programs will be challenged to address many of the concerns outlined in the *Content Review of ACOTE OTD Mandate Decision Background Materials* that follows this analysis of CHEA compliance. It has also been stated that similar concerns were raised when the education of the occupational therapist transitioned from the baccalaureate degree to the master’s degree and that this transition went smoothly despite expressed concerns; hence, concerns about the transition to the OTD are unfounded. *This*

argument is deeply flawed for it ignores two fundamental realities of the baccalaureate to master's transition. These are:

- a. The time required for level I and level II fieldwork for accredited master's degree programs *remained the same* as the time required in accredited baccalaureate degree programs. There was *no change* in fieldwork requirements so academic programs did not have ***“to develop and sustain activities that anticipate and address needed change”*** (italics and bold added) (CHEA, 2010, p. 2) related to ACOTE fieldwork education standards. In contrast, the OTD accreditation standards for the ***14-week*** capstone experience is a substantial change from the accreditation standards for the master's degree. The reported ease with which the profession transitioned to the master's degree cannot be generalized to make an unfounded assumption that all institutions will have the ability to develop and sustain activities which will enable them to provide quality capstone experiences for their students that effectively meet the OTD accreditation standards. It is a significant *and unacceptable* gap that the 897 page 'workbook' the ACOTE provides to support the OTD mandate includes ***no*** information from existing entry-level OTD programs about the development, outcomes, and *sustainability* of their capstone project experiences. Further, the experiences of existing OTD programs cannot be generalized to *all* current master's degree programs. What activities need to be developed and *sustained* by schools located in concentrated urban centers with many OT education programs or single schools located in vast rural areas for them to successfully address the changes that are needed to provide all students with valid capstone experiences? Where is the input from current clinical educators and their employers about their ability to fulfill the OTD mandated capstone experience requirement *and* the prevailing accreditation standards for fieldwork education?
- b. The accreditation standards for the entry-level master's degree programs enabled occupational therapists with master's degrees to serve as full-time faculty members and academic fieldwork coordinators. In contrast, the OTD accreditation standards mandate that *all* faculty members and academic fieldwork coordinators have a minimum of a doctoral degree. Moreover, it is mandated that *at least 50% of full-time faculty hold a post-professional doctoral degree*. The ability for institutions ***“to develop and sustain activities that anticipate and address needed change”*** with respect to the impact of the OTD mandate on their program's ability to meet these new faculty standards is highly questionable. The resulting brain and talent drain that will result from the implementation of the OTD mandate when highly skilled educators with master's degrees can no longer teach in entry-level programs for occupational therapists is *unprecedented*. The inability to hire new faculty members with outstanding teaching capabilities and post-professional master's degrees will further diminish programs' ability to develop and sustain qualified faculty. The loss of proficient faculty members and the inability to hire new faculty with master's degrees did ***not*** occur during the baccalaureate to master's transition but it ***will*** occur as a result of the OTD mandate. How will institutions *sustain* programs when the number of doctoral

faculty does not come close to meeting current demand and the number with post-professional and research doctoral degrees is negligible? Again, the reported ease with which the profession transitioned to the master's degree **cannot** be generalized to the OTD mandate.

4. CHEA's recognition requires that accrediting organizations provide evidence that *"demonstrates public involvement in its accreditation activities for the purpose of obtaining perspectives independent of the accrediting organization. Representatives of the public may include students, parents, persons from businesses and the professions, elected and appointed officials, and others"* (italics and bold added) (CHEA, 2010, p. 5). There is **no** evidence in the 897 page ACOTE 'workbook' that the perspectives of *"students, parents, persons from businesses and the professions, elected and appointed officials, and others"* were solicited. The only public involvement appears to be the public members of the ACOTE board. Given that ACOTE board members are internally selected and **not** externally elected, these individuals are **not** *"independent of the accrediting organization"* (italics and bold added).
5. CHEA's recognition requires that the accrediting organizations provide evidence of implementing *"policies or procedures that call for substantive and timely response to legitimate public concerns and complaints"* (italics and bold added) (CHEA, 2010, p 6). As noted above, the ACOTE has **not** reported the use of solicited input from the public to inform their decision to mandate the OTD and *eliminate choice* in entry-level education for the occupational therapist. It is unknown if the ACOTE has received any public complaints about this mandate. However, the ACOTE's response to concerns voiced by members of the profession has **not** been substantive. As noted in the *Content Review of ACOTE OTD Mandate Decision Background Materials* that follows this analysis, there are substantial gaps in the ACOTE's response to expressed concerns. Most important, many concerns documented in this 'workbook' have **not** been addressed *at all* by the ACOTE. This is a clear violation of CHEA's accountability standards.
6. CHEA's recognition requires that accrediting organizations provide evidence of employing *"fair policies and procedures that include effective checks and balances"* (italics and bold added) (CHEA, 2010, p. 7) in the decision-making process and that the *"accreditation process includes ongoing participation by higher education professionals and the public in decision making about accreditation policies and procedures"* (italics and bold added) (CHEA, 2010, p. 7). As previously noted, there is **no** evidence that higher education professionals and the public were involved in making the decision to mandate the OTD. There is also **no** evidence provided that the ACOTE employed procedures during their decision-making process which included checks and balances. In fact, it appears that the ACOTE decided to ignore many of the concerns that are identified in the 897 page 'workbook' that they state was used to inform their decision. As noted in the following *Content Review of ACOTE OTD Mandate Decision Background Materials*, the ACOTE has provided **no** substantiated response to many voiced concerns. The ACOTE has also **not** addressed the reality that the conditions which raised concern years ago have worsened with time (e.g., insufficient faculty

members and fieldwork educators). The ACOTE's insistence in maintaining a myopic view that the OTD mandate is a good decision for the profession is a blatant violation of CHEA's accountability standards which require the use of checks and balances and ongoing participation by external bodies in decision-making about accreditation policies and procedures.

7. CHEA's recognition requires that accrediting organizations provide evidence that it "*sustains ongoing critical self-review that can further **responsiveness, flexibility, and accountability** when the accrediting organization works with institutions, programs, and the public*" (italics and bold added) (CHEA, 2010, p. 7). The ACOTE provides **no** evidence in their 897 page OTD 'workbook' that they have engaged in any critical self-reflection to be responsive to the concerns expressed about the OTD mandate since its initial proposal. The ACOTE's response to concerns about the *elimination of choice* in entry-level education for the occupational therapist has been a consistent reiteration that the OTD single-entry mandate is a valid decision and best for the profession. Yet, **no** evidence is provided to support this conclusion. Simply stating something will be so, does not make it true. The ACOTE's stock replies to calls for a repeal of the mandate and the maintenance of two points of entry to become an occupational therapist is the antithesis of CHEA's standard for "*ongoing critical self-review that can further responsiveness, flexibility, and accountability*"

The ACOTE website states that "*Accreditation has been a stated function of the American Occupational Therapy Association (AOTA®) since 1923*", It identifies the ACOTE as the "*AOTA's Accreditation Council for Occupational Therapy Education (ACOTE®)*" (italics and bold added). In the English language an apostrophe s denotes possession. Thus, ACOTE belongs to the AOTA. As a result, the AOTA is *ultimately responsible* for the decision to *eliminate education choice* for occupational therapists. As evident in the above, the ACOTE is non-compliant with the purposes, policies, and procedures of CHEA. Given the importance that CHEA recognition has to an accrediting body and a profession, I hope that the AOTA Board of Directors (BOD) and the ACOTE officers and members critically reflect on the implications that non-compliance with CHEA standards will have for academic institutions, students, the profession, and *the communities and people we serve*.

Reference: Council on Higher Education Accreditation (CHEA) (2010). *Recognition of Accrediting Organizations: Policies and Procedures*. Retrieved May 15, 2018 from <https://www.chea.org/userfiles/Recognition/Recognition-Policy-2010.pdf>

Appendix: Content Review of ACOTE OTD Mandate Decision Background Materials

This appendix provides a critical analysis of the 897 page ‘workbook’ the ACOTE disseminated to support their decision to mandate the OTD and *eliminate choice* for the education of occupational therapists. There are no table of contents or continuous pagination provided in this ‘workbook’, making this review daunting and the ability to accurately cite its materials impossible. This ‘workbook’ also does not contain any clear explanation as to how many of its documents supported the decision to end the accreditation of master’s degree education programs for occupational therapists and mandate a single doctoral entry point for occupational therapists. According to the ACOTE “*The workbook includes a timeline of events and discussions undertaken by the Council leading to publication of the 2017 mandate statement. It also includes reports, surveys, open hearings, and publications reviewed by the members of the Council in coming to their decision. These materials support both the pros and cons of the entry-level doctorate mandate. The Council took all of these materials into account when making their decision*” (ACOTE, 2017, p. 1). Upon review of this 897 page ‘workbook’, the validity of this last statement is *not* supported. There are many glaring gaps in the presented materials. As previously noted, many concerns about the OTD mandate put forth in several documents are *not* subsequently addressed. Moreover, *none* of the task forces or surveys included in this workbook were conducted *after* the motion for a single entry-level degree at the doctorate for occupational therapists was *defeated* at the ACOTE summer August 2016 meeting.

In the following, I list the documents provided in this 897 page ‘workbook’ in the order of their appearance.² Each item is accompanied by a critical review of the evidence that it provides to support the OTD mandate and the decision to *abandon* the educational choice that is provided by the current dual entry-level options for the occupational therapist.

Document Title: ACOTE 2027 Mandate

Critical Analysis of Evidence Provided in Document: This document accurately states that the debate about the entry-level degree requirement for occupational therapists has spanned more than a decade. However, this document and the subsequent materials included in this ‘workbook’ do *not* provide any convincing evidence to conclude that the current two points of entry for the occupational therapist should not be maintained. This document acknowledges that the concerns expressed by various stakeholders about the decision to move the occupational therapy assistant to the baccalaureate degree requirement warranted consideration and as a result the ACOTE decided to hold the OTA mandate decision in abeyance. This document provides *no* explanation as to why the concerns expressed by various stakeholders about the OTD mandate did *not* result in an abeyance of this single point of entry and the *maintenance of choice* in entry-level education for the occupational therapist.

A timeline for the entry-level education mandate is provided but subsequent documents provide scant details about the content and nature of many of the ‘events’ listed. For example, who were the participants in the open forums about the entry-level degree at the ALC Council and the AFWC Forum and what was the nature of their input to the “debate” that ensued? It is also stated that the ACOTE hosted roundtable discussions with targeted stakeholders at the 2015 AOTA

² I thank University of Scranton work study student Emily Dineen for the composition of the list of this workbook’s contents.

conference and that targeted interviews were held with employers of OT graduates. However, no details are provided as to how participants were selected or the content of their feedback. On page 3 of this document, it states that at its fall 2015 meeting, the ACOTE reviewed “*feedback received from stakeholders. The Council noted that the **majority** of feedback focused on potential impact on the sustainability of the academic programs, resources, diversity recruitment and costs*” (italics and bold added), yet these major concerns are **not** subsequently addressed in this ‘workbook’.

According to this timeline, after its fall 2015 meeting, the ACOTE conducted an open forum with the AOTA at the 2016 AOTA conference. As an attendee at this ‘town hall’, I heard the above concerns that the ACOTE reported in December 2015 raised about the OTD mandate and the loss of a master’s degree education option for the occupational therapist expressed by many; yet, these ongoing and valid concerns are not addressed in this ‘workbook’. This timeline identifies that the decision to **maintain** the two points of entry-level education for occupational therapists was made in August of 2016 and that the decision to **end** the two points of entry-level education was made in August of 2017 based on a review of “*additional reports, data, and information from the ACOTE Task Group*”; however, these “*additional*” documents are not included in this ‘workbook’. What were the ACOTE’s significant findings obtained **within a one-year period** that warranted a seismic change in OT education? Where is the new evidence to support the adoption of the OTD mandate? Where is the information that addresses concerns previously voiced about student debt, availability of fieldwork, qualified faculty, research and scholarship, diversity, etc.? Where is the evidence that the 2017 review warranted the *elimination of choice* in the education of occupational therapists?

The questions raised by this timeline provide further evidence that the ACOTE has ignored CHEA standards for inclusive decision-making and accountability. Additional concerns about the various task forces and documents identified in this summative report will be discussed in subsequent sections of this analysis.

Document Title: Report to Florence Clark from the Chair of the Ad Hoc Committee on the Future of Occupational Therapy Education February 11, 2013

Critical Analysis of Evidence Provided in Document: This 2013 report documents the work of six task forces which addressed specific targeted questions related to assigned areas of concern (i.e., external funding/career scientist development, teaching/learning scholarship, fieldwork, faculty shortage, blueprint document, and maturing of the profession). Three of these (i.e., external funding, faculty shortage, and maturing of the profession) will be directly and negatively impacted by the OTD mandate. It is worthwhile to note that teaching/learning scholarship, and fieldwork will also be negatively impacted by the OTD mandate but not in relationship to their respective task groups’ foci as identified in this report.

Re: external funding: The number of occupational therapists able and willing to pursue a research doctorate will decrease due to the financial and temporal burden that will result from obtaining an OTD. Because grants are awarded to persons with research doctorates, this outcome will decrease the profession’s access to external funds.

Re: faculty shortage: as noted above, the OTD will decrease the number of research doctorates in the field; this will exacerbate the current faculty shortage. The ACOTE standard that all faculty hold a doctorate will also worsen the faculty shortage as many current highly competent OT educators with master's degrees will be forced from their full-time faculty positions and others will not be employable.

Re: maturing of the profession: the maturation process requires time and experience. While some persons who choose to be occupational therapists bring a wealth of experience to the field, many are unsure of their future career path. They graduate with an entry-level degree and select their first jobs. For most, their path for professional development evolves over time as they acquire experience and develop their professional identity. Some may opt for a post-professional OTD, others for a MBA or MPH; others for a research PhD, EdD or ScD; and some may choose to further their professional career via continuing education or specialty certifications (e.g., CHT). *All of these outcomes reflect a mature profession.* There is **no** evidence that an entry-level OTD is required for the occupational therapy profession to mature. This premise is an insult to our international colleagues who largely hold baccalaureate degrees. A review of the work that is being done globally (e.g., Gile's 2018 Slagle lecture, the 2018 WFOT World Congress conference program) provides evidence that the level of occupational therapy's professional maturity in many countries is equal to or even exceeds that of the United States. As previously noted, the reality that the OTD mandate will limit the ability of many practitioners to obtain advanced degrees **cannot** be ignored. The diminishment of occupational therapy's pool of master practitioners, educators, scholars, and researchers will significantly weaken the maturing of the profession.

In Recommendation 18 it is stated that *“major sources of threats such as, changes in state and federal legislation (e.g., licensure laws and rules, trends in educational funding, state and federal regulations related to health insurance reimbursement; actions of other professions to change their scope of practice (e.g., medicine, physical therapy, speech language pathology, psychology, recreation music, athletics, kinesiology, orthotics and prosthetics, and others)”* should be monitored. Yet, this 'workbook' contains **no** information about how these threats were monitored since 2013 or the relationship between these significant threats and the decision to mandate the OTD and *abolish choice* in entry-level education for the occupational therapist. Where is the input from the AOTA Federal Affairs staff and leaders in AOTFAC and state PACs about the effect of the OTD mandate on federal and state legislation, licensure laws and rules, funding trends, and our ability to sustain our scope of practice from encroachment by others? Of the professions listed as potential threats only two (i.e., medicine and physical therapy [PT]) require entry-level doctoral degrees. The remaining masters' and bachelors' degree professions are typically paid lower salaries than occupational therapists. Given prevailing market trends, the reality that less expensive professions can expand their scope of practice to enable their practitioners to fill positions previously held by occupational therapists **cannot** be ignored. This has already occurred in education settings in which persons certified in Applied Behavior Analysis (ABA) are being hired instead of occupational therapy practitioners. This trend is also highly evident in mental health settings in which recreation therapists, mental health technicians, and social workers have been hired to fill positions previously held by occupational therapists. Trends in *“educational funding, state and federal regulations related to health insurance reimbursement”* since 2013 also have significant ramifications on the future of OT practice. The

ACOTE's decision to *eliminate education choice* completely ignores this 2013 recommendation and the practice realities that have since transpired which give credence to the concern that there are "*major sources of threat*" that require serious consideration *prior to* mandating doctoral level education for the occupational therapist.

Document Title: Scholarship and Research on Occupational Therapy for Teaching and Learning Report to AOTA Ad Hoc Committee for Future of OT Education

Critical Analysis of Evidence Provided in Document: This January 7, 2013 report summarizes this committee's discussion about the status of OT scholarship and research on teaching and learning and puts forth its findings and number of recommendations. There is *no* indication that this committee's recommendations cannot be addressed within the current two-points of entry-level education for the occupational therapist.

Document Title: Report of the Blueprint Adoption and Dissemination Task Group to the AOTA Ad Hoc Committee on the Future of OT Education

Critical Analysis of Evidence Provided in Document: This 2012 report summarizes the aims and usage of the Blueprint for OT education and includes a 53-page appendix. *None* of the provided information is related to the decision to adopt an OTD mandate and *eliminate choice* in entry-level education for the occupational therapist.

Document Title: Report to Ad Hoc Committee for Future of OT Education Topic: Faculty Shortages

Critical Analysis of Evidence Provided in Document: In this undated report, three broad areas for consideration are proposed to "*address the faculty shortage at all educational levels.*" There is *no* information provided in this document regarding the outcomes of these proposals. To the best of my knowledge, these recommendations "*to increase the number of potential educators, as well as qualified researchers*" have *not* been acted upon. Based upon the date of the following addendum, it appears as if this report is from 2008. If this is true, where is the current evidence that the concerns put forth in this *ten-year old* report have been rectified? There is *no* evidence that faculty shortages have been effectively addressed in ACOTE's 897 page 'workbook' to support the viability and sustainability of an OTD mandate and the decision to *eliminate choice* in entry-level education for the occupational therapist.

Document Title: Addendum: 2008 Ad Hoc Report American Occupational Therapy Association Ad Hoc Committee to Address Faculty Shortages Final Report to the Board of Directors

Critical Analysis of Evidence Provided in Document: This 2008 document addresses the "*current and anticipated faculty shortages as senior faculty at many educational institutions approach retirement.*" A decade after this report, concerns about the aging of research doctorate faculty and the dearth of new research doctorate faculty have become far more pressing. The outcomes of the recommendations made in this report or in its appendix are *not* reported. However, it is widely known that faculty vacancy rates remain high. Has a younger and larger cohort of faculty with research degrees been identified by the ACOTE? If so, many academic programs with open faculty positions would welcome this information.

The concern put forth in this addendum about the "*increased teaching load that faculty carry secondary to not being able to fill vacancies with qualified faculty applicants and the impact this*

has on scholarship/research productivity” will be substantially exacerbated when faculty members are required to mentor capstone projects at a low faculty/student ratio. The need to hire a dedicated capstone coordinator and provide this faculty member with sufficient release time to fulfill capstone duties will further worsen this shortage. How will untenured faculty successfully meet their institution’s requirements for tenure and promotion if they are required to teach overloads and mentor capstone projects? What is the impact of the potential derailment of promising academic careers on program sustainability and the profession’s research and scholarship?

This addendum also notes that *“faculty salaries and benefits are often not competitive with other clinical positions. Frequently, individuals experience a significant pay cut to pursue a faculty position.”* Ten years later, this wage gap remains a significant problem. The need to repay the additional substantial debt incurred to obtain an entry-level OTD can further dissuade practitioners from the pursuit of an academic career.

Document Title: Report to Ad Committee for Future of OT Education Topic: Fieldwork

Critical Analysis of Evidence Provided in Document: In this 2012 report, many recommendations are made regarding fieldwork education. The status of the outcomes of these recommendations are *not* provided in this ‘workbook’. This report is accompanied by a number of graphics which present survey respondent answers to several questions about fieldwork. The impact of the lack of available fieldwork sites, employer productivity expectations on fieldwork and increased restrictions on reimbursement of services provided by students on fieldwork are identified by a clear majority of respondents as major concerns. There is *no* information provided in this 897 page ‘workbook’ to indicate that these survey results are no longer valid. It also does *not* address the reality that these concerns will be aggravated by the increased demands which capstone experiences will place on practice settings.

Document Title: Core competencies for Interprofessional Collaborative Practice: Report of an expert panel. 2011. Washington, D.C.: Interprofessional Education Collaborative.

Critical Analysis of Evidence Provided in Document: This 54 page document provides *no* evidence for the *abandonment of choice* in education for occupational therapists. Many existing master’s degree programs provide exemplary education in interprofessional collaboration.

Document Title: No title

Critical Analysis of Evidence Provided in Document: This single page provides a graphic which seems to be misplaced as it is consistent in format and focus with the graphics described above in the Report to Ad Committee for Future of OT Education Topic: Fieldwork.

Document Title: Maturing of the Profession Task Group Report to Ad Hoc Committee for Future of Occupational Therapy Education

Critical Analysis of Evidence Provided in Document: This document is a reprint of the information previously provided in this ‘workbook’ and the concerns raised by its limitations have been discussed in a prior section of this analysis. Appendices are included which discuss what makes OT unique, the profession’s history, a ‘signature pedagogy’, and professional autonomy. *All* of this information is relevant to dual points of entry-level education for

occupational therapists. The one section of this document that provides information directly related to the OTD mandate is the one that puts forth a vision for occupational therapy in 2050.

In this discussion, an entry-level doctorate is proposed as essential for the profession's future. It is stated that opponents to the OTD mandate miss the point that *“slowed movement toward doctoral competencies has its costs in lost areas of service and decreased competitiveness, as the historical period of the profession's slow move to master's entry level clearly demonstrates in regard to the loss of mental health practice”*. As a mental health practitioner for decades, I can attest that this narrow and unsubstantiated statement is false. The demise of mental health practice resulted from many factors, not the lack of a master's degree. A major precipitant includes the passage of EHA and subsequent education legislation which enabled OT practitioners to work in schools. This presented a very attractive employment alternative to members of a female-dominated profession. The deinstitutionalization of persons with mental illness also contributed to this demise as many mental health practitioners had difficulty transitioning from structured, secure, hospital-based settings to community-based ones. There are several seminal articles written during the 1980s about the precipitants to the decline in the number of OT mental health practitioners. A review of these is beyond the scope of this analysis but I can provide references for key works if needed.

Interestingly, an appendix to this report includes this paragraph: *“The loss of occupational therapy practice in psychiatry may be an example of deprofessionalization of occupational therapists and illustrate a failure of the profession to monitor and act to protect professional autonomy. In the 1960s federal legislation was initiated to change the care of mentally ill persons from large institutions to local community care facilities. States were dismantling state hospitals as too expensive and warehousing rather than rehabilitating persons with mental illness. The status of many clients was changed from inpatient to outpatient or day client as clients were released from the state hospital. The focus was changed from emphasis on symptom control to facilitating function in everyday life. Textbooks in occupational therapy, however, continued to stress symptom control and management. Should/could the AOTA have taken a more active role in shaping the educational preparation of students and the continuing education of practitioners to assume the new roles and apply for the new positions? Are there lessons that should be reviewed and learned from the experiences in loss of professional autonomy in psychiatry for occupational therapy practitioners?”*

The above paragraph accurately summarizes several issues that contributed to the demise of OT in mental health practice. Yet, these realities are not considered in the aforementioned blanket statement this demise was due to the slowness of the profession to remove to graduate education. The conclusion that the OTD mandate will expand community-based practice options is equally false for it does not recognize current market trends or infringements on OT's scope of practice. Other professions (e.g., RT, PT, AT, ABA certified personnel) are assertively seeking to expand their scope of practice at the state level to be inclusive of services that have traditionally been provided by OT practitioners. Given that the salaries of several of these practitioners are already lower than the salaries of occupational therapists with baccalaureate and master's degree, the viability of therapists with OTDs to be able to obtain and sustain community-based positions is questionable. Additional evidence is needed to support the conclusion that an OTD will expand and *not constrain* practice options. Since there are many current practitioners with entry-level

OTDs, the attainment of their input about their practice opportunities as compared to therapists with master's degrees is warranted. Without this evidence, it is premature to conclude that an entry-level OTD and the *abandonment of choice* in entry-level education for the occupational therapist are required to attain the 2050 vision for occupational therapy.

Document Title: Report to Ad Hoc Committee for Future of OT Education Topic - Increasing Federally Funded Research

Critical Analysis of Evidence Provided in Document: This undated document provides 14 recommendations but the status of the outcome of these is not reported in this 'workbook'. As stated in this document the members of this committee *"talked about the context for this effort as putting more emphasis on graduate education (PhD students), post doctoral fellows and our faculty scientists who we know have skills that need to be supported as they compete for and train students to function in a complex federal funding environment"* (italics and bold added). In this document recommendations for *"efforts that need to be coordinated with the AOTF to build the infrastructure to insure the continuing success of our mid career scientists and those they are mentoring, which in turn will provide the evidence base for occupational therapy practice"* (italics and bold added) are put forth. This document does **not** provide any information about the value of an entry-level OTD for the advancement of the profession's federally funded research. The reality that federally funded research requires principal investigators to hold research doctorates is **not** discussed in this document. As previously noted, there are valid concerns about the aging of current research doctorate faculty, the limited pool of new research doctorate faculty members, and the impact of the temporal, personal, and financial costs of the OTD on the ability of future practitioners to obtain a research doctorate. Thus, the impact of the OTD mandate on the future obtainment of federal research grants must be considered.

Document Title: AOTA Board of Directors Position Statement on Entry-Level Degree for the Occupational Therapist

Critical Analysis of Evidence Provided in Document: This 2014 document states *"The Board encourages a profession-wide dialogue on this critical issue."* As consistently articulated in multiple AOTA sponsored forums (e.g., conference town halls, the 'national conversation' listening sessions) and throughout this analysis, there are many concerns about the inclusivity and transparency of the purported dialogue to *eliminate choice* in entry-level education for occupational therapists. This document provides six points for the rationale of the AOTA BOD to recommend the single-entry-point for occupational therapists. I discussed concerns about the scholarship/research (point 2) and professional maturation (point 6) rationales in other sections of my analysis and critical review of the ACOTE 'workbook'. Below I address additional concerns raised by this statement's rationale.

In point 1, it is stated that *"two entry-level degrees (master's and doctorate) as the requirement for candidacy to sit for a single certification exam is confusing to all stakeholders"*. This point requires substantiation. Which stakeholders comprise 'all'? As reported by many participants in the 'dialogue' that has occurred about the OTD mandate, those we serve and their families do not ask about our terminal degree nor do our team members and payers. These stakeholders expect skilled services that meet consumer needs, they do not require documentation of the degree status of the OT provider. Substantiation of the statement that *"all"* are confused by two points of entry is required. In addition, the lack of input from state OT associations and licensure boards

is a concern. Does such confusion exist with respect to licensure? Since the entry-level OTD and the entry-level master's degree has co-existed as equal qualifiers for state licensure and NBCOT certification for more than a decade, what is the nature of this confusion? The well-respected profession of nursing has had multiple points of entry for decades without stakeholder 'confusion'. More information is needed to explain why the OT profession is experiencing such confusion.

In point 3, it is stated that *“Doctoral-level education will best prepare graduates who can demonstrate professional autonomy”*. This requires substantiation. Have there been studies to compare the professional autonomy of OTD educated occupational therapists versus master's level educated therapists? Where is the data to support the conclusion that one mode of education is better than the other with respect to professional autonomy outcomes? Based on the input provided during the national conversation the AOTA has facilitated about this mandate and my own experience, it seems like the norms of a practice setting have a far stronger impact on professional autonomy than the practitioners' degree level. Therapists who work in non-medical model settings *do* practice autonomously. To generalize the autonomy issues which *may* occur in medical model settings to the entire profession is a denigration of the depth and breadth of OT practice.

In point 5, it is stated that *“a **small** number of academic medical centers”* (have been impacted by) *“a trend in health-related professions to transition to the entry-level doctorate”* (italics and bold added). This point **cannot** be generalized to all occupational therapy practice settings. Most occupational therapists do not work in academic medical centers. Has there been any research that *“hiring practices, salary differentials, and leadership appointments”* are negatively affected by the lack of a single entry-level for occupational therapists throughout the profession? Based on the input provided during the national conversation the AOTA has facilitated about this mandate and my own experience, this is not an issue in non-medical model settings. Again, the entry-level OTD has co-existed with the master's degree for over a decade, where is the data to support the OTD mandate as best for the *entire* profession? For persons who want to work in academic medical settings in which these problems have been reported, they can **choose** to become an occupational therapist by obtaining an OTD. For persons who want to work in non-academic non-medical settings in which these problems have **not** been reported, they can **choose** to become an occupational therapist by obtaining an entry-level master's degree. If at some point in their career, they feel that they want to expand their professional opportunities, they can **choose** to obtain a post-professional OTD, a research doctorate, a MBA, a MPH, a specialty certification, or whichever path best meets their professional advancement goals.

Document Title: Summary of Driving Forces (Pros) and Restricting Forces (Cons) on Move to Single Point of Entry for the Occupational Therapist at the Doctoral Level in the United States
Critical Analysis of Evidence Provided in Document: This 2014 document provides what its title clearly states. It advises that *“Additional advantages and/or disadvantages may be identified as the profession participates in dialogue about this complex issue.”* However, there is **no** evidence in the 897 page ACOTE 'workbook' that this dialogue occurred in a manner that effectively addressed all identified pros and cons. There are some interesting 'pros' and 'cons' in this document that raise questions. For example, a 'pro' is that *“No negative impact on diversity was experienced with move to postbaccalaureate entry. Gender and racial make-up of*

profession has remained essentially unchanged.” The fact that our field’s striking lack of diversity did not worsen during this transition is not a very strong ‘pro’ argument. The argument that neither PT or SLP experienced any negative impact on their field’s diversity when they transitioned to doctoral level entry is also flawed as these fields share OT’s lack of diversity. In the ‘con’ column related to diversity, it is stated that *“Real impact of move to OTD on applicants and graduates cannot be known.”* If the concept of diversity is expanded to include socioeconomic diversity, then the outcomes of an OTD mandate can be predicted. The economic accessibility of an entry-level education for an occupational therapist will become unattainable to many. Thus, the conclusion that the transition to an OTD will not have a negative impact on our field’s diversity is untenable.

Document Title: Update on the entry-level degree for the occupational therapist dialogue.

Critical Analysis of Evidence Provided in Document: This 2015 document contains many of the points that have been previously discussed so I will only highlight three points made in this document. 1. It is stated that *“clear agreement in the survey was on the issue of the single point of entry.”* However, it is clear in a subsequent document in this ‘workbook’ that this survey question did not identify *which* point of entry would be the single point. As all survey researchers know, *how* a questionnaire item is worded has great impact on the response. 2. The AOTA survey of accredited masters-degree-level programs found that a majority *“had started working on a transition to the doctorate and planned to have this completed within 10 years.”* Was there an item on this questionnaire to determine if this was a transition that was being undertaken due to perceived benefits or due to a fear that if an OTD mandate was implemented, their programs would be ill-prepared and risk the loss of accreditation or a delay in accreditation for the new program level? 3. The qualitative finding that *“a number of the programs that had not started indicated that as a State funded school they could not transition in their state without a mandate”* raises a serious concern that is **not** addressed in this 897 page ‘workbook’.

Document Title: AOTA Academic Leadership Councils & Academic Fieldwork Coordinators Forum Joint Meeting: Summary of Meeting Proceedings

Critical Analysis of Evidence Provided in Document: This 2014 document contains many of the points that have been previously discussed. It also includes a description of a panel session and several round table discussions which explored current and anticipated changes in the practice environment and the resulting challenges and opportunities for the future of occupational therapy. While these are thought-provoking discussions; **none** of the points made in them indicate a need for a single-entry point for the education of occupational therapists. Concerns and *“unanswered questions”* about the impact of an OTD mandate that are articulated in this document remain. They are **not** addressed in this 897 page ‘workbook’.

Document Title: Blueprint for Entry-Level Education

Critical Analysis of Evidence Provided in Document: This AJOT article about the Blueprint provides **no** information related to the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist.

Document Title: Generational Cohort Theory: Have We Overlooked an Important Aspect of the Entry-Level Occupational Therapy Doctorate Debate?

Critical Analysis of Evidence Provided in Document: This *Issue is* AJOT article presents a thought-provoking treatise but it provides *no* evidence to support the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist.

Document Title: Ensuring That Education, Certification, and Practice Are Evidence Based

Critical Analysis of Evidence Provided in Document: As the co-author of this *Issue is* AJOT article, I can confidently assert that this work provides *no* evidence to support the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist. In fact, my co-author Glen Gillen and I find it quite ironic that our work is included in this 'workbook'. We are both adamantly opposed to the ending of choice in entry-level education for the occupational therapist.

Document Title: Quantifying Function: Status Critical

Critical Analysis of Evidence Provided in Document: This AJOT article puts forth a number of key points, *none* of which provide evidence to support the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist.

Document Title: The Professional Occupational Therapy Doctoral Degree: Why Do It?

Critical Analysis of Evidence Provided in Document: This *Issue is* AJOT article presents a thought-provoking treatise but it provides *no* evidence to support the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist.

Document Title: The Next Paradigm Shift in Occupational Therapy Education: The Move to the Entry-Level Clinical Doctorate

Critical Analysis of Evidence Provided in Document: This *Issue is* AJOT article presents a thought-provoking treatise but it provides *no* evidence to support the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist.

Document Title: Advancing the Value and Quality of Occupational Therapy in Health Service Delivery

Critical Analysis of Evidence Provided in Document: This AJOT article puts forth a number of key points, *none* of which provide evidence to support the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist.

Document Title: RESOLUTION J: Movement to Required Post baccalaureate Level of Education

Critical Analysis of Evidence Provided in Document: This document is historically interesting but it does *not* provide evidence to support the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist.

Document Title: Preparation of the Professional Athletic Trainer: A Descriptive Study of Undergraduate and Graduate Degree Programs

Critical Analysis of Evidence Provided in Document: A meaningful relationship between this work and the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist is *not* provided in this 897 page workbook.

Document Title: Recent Changes in the Number of Nurses Graduating from Undergraduate and Graduate Programs

Critical Analysis of Evidence Provided in Document: A meaningful relationship between this work and the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist is *not* provided in this 897 page workbook.

Document Title: New York State Dental Hygienists' Perceptions of a Baccalaureate Degree as the Entry-Level Degree Required for Practice

Critical Analysis of Evidence Provided in Document: A meaningful relationship between this work and the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist is *not* provided in this 897 page workbook.

Document Title: APTA Vision 2020

Critical Analysis of Evidence Provided in Document: This 2013 document puts forth physical therapy's vision for its future including the mandate for the DPT. However, there is *no* meaningful relationship provided in this 897 page 'workbook' between this work and the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist. Occupational therapy is a very different field than physical therapy and many OT practitioners work in non-medical model settings in which physical therapists have no role. Thus, the reasons for the APTA's decision to mandate the DPT *cannot* be generalized to a decision to *abandon choice* in entry-level education for the occupational therapist. Moreover, the outcomes of the DPT are *not* all positive and there are many within the PT profession who question the wisdom of the DPT mandate. Ignoring the negative outcomes of the DPT mandate (e.g., increased debt, limited job opportunities and lack of salary increases commensurate with doctorate educational level, limited qualified faculty) can place many future occupational therapists at risk for these same results.

Document Title: Fact Sheet: Creating a More Highly Qualified Nursing Workforce

Critical Analysis of Evidence Provided in Document: A meaningful relationship between this work and the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist is *not* provided in this 897 page workbook.

Document Title: The Current Impact of Entry-Level Associate and Baccalaureate Degree Education on the Diversity of Respiratory Therapists

Critical Analysis of Evidence Provided in Document: A meaningful relationship between this work and the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist is *not* provided in this 897 page workbook.

Document Title: Interprofessional Education for Collaboration: Learning How to Improve Health from Interprofessional Models across the Continuum of Education to Practice – Workshop Summary

Critical Analysis of Evidence Provided in Document: A meaningful relationship between this work and the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist is **not** provided in this 897 page workbook.

Document Title: Building Health Workforce Capacity Through Community-based Health Professional Education: Workshop Summary

Critical Analysis of Evidence Provided in Document: A meaningful relationship between this work and the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist is **not** provided in this 897 page workbook.

Document Title: Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes

Critical Analysis of Evidence Provided in Document: A meaningful relationship between this work and the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist is **not** provided in this 897 page workbook.

Document Title: Assessing Progress on the Institute of Medicine Report The Future of Nursing

Critical Analysis of Evidence Provided in Document: A meaningful relationship between this work and the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist is **not** provided in this 897 page workbook.

Document Title: A Framework for Educating Health Professionals to Address the Social Determinants of Health

Critical Analysis of Evidence Provided in Document: A meaningful relationship between this work and the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist is **not** provided in this 897 page workbook.

Document Title: Core Competencies for Interprofessional Collaborative Practice: 2016 Update

Critical Analysis of Evidence Provided in Document: A meaningful relationship between this work and the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist is **not** provided in this 897 page workbook.

Document Title: ACOTE Entry-Level Task Force: Report to ACOTE

Critical Analysis of Evidence Provided in Document: Interestingly, this 2014 report has redacted names. It provides “*Recommendations for moving forward*” but the outcomes of actions to address these recommendations are **not** provided in this 897 page ‘workbook’. The attached table of stakeholders and key questions related to each party’s stake describes first and second rounds of surveys as being completed to answer some of the posed questions. However, there is **no** data provided in this 897 page ‘workbook’ to indicate that the survey results support the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist.

Document Title: ACOTE Summary of Discussion

Critical Analysis of Evidence Provided in Document: Interestingly, this 2015 report has redacted names, topics, discussion, and remarks. Consequently, a valid review of this document is not possible. Most of the points made in this document have been made elsewhere in this 897 page workbook so I will not comment on its contents,

Document Title: How will moving to doctoral entry-level requirement impact diversity in the profession?

Critical Analysis of Evidence Provided in Document: Most of the points made in this document have been made elsewhere in this 897 page workbook and I have provided my critique. Thus, I will not comment on this document's contents.

Document Title: Entry-Level Degree Survey - Occupational Therapist -2015

Critical Analysis of Evidence Provided in Document: This document present bar graphs which depict responses to a series of questions about the impact of the OTD. These items are not numbered so I will identify them in their order of appearance in this document. The 2nd survey item *"The profession should embrace one entry level for the occupational therapist"* does **not** identify which single point of entry is desired. Thus, the response to this item is unclear. Do respondents prefer a single master's degree point of entry or a single doctoral one?

This lack of clarity about the parameters of item #2 re: the nature of the single point of entry becomes more concerning when one reviews subsequent survey items. When one reviews these responses, support for the OTD as the single-entry point is questionable as most respondents disagreed with the perceived benefits of an OTD single point of entry for the occupational therapist. For example, in questionnaire item #3, 61% of respondents disagree and 38% agree that *"The body of occupational therapy evidence would benefit if the entry-level occupational therapist degree moves to the doctorate"*. Similarly, in in questionnaire item #4, 60% of respondents disagree and 38% agree that *"A doctoral entry-level degree for the occupational therapist will allow for an increased impact on health care reform."* Moreover, in item #5 only 18% anticipated no challenges to fieldwork and in item #6 only 12% anticipated no challenges to academic institutions if the entry-level degree moves to the doctorate. Of the 67 comments that follow these bar graphs, all but four express concerns about the impact of this mandate.

This data clearly represents a pervasive *lack* of documented support for the OTD. Yet there is **no** evidence provided in this 978 page workbook to indicate that the ACOTE has addressed the expressed concerns. The presented information is counter to the ACOTE's conclusion that there is strong support for the single entry-level OTD for the occupational therapist, **no** such evidence is provided.

Document Title: Entry-Level Degree Survey - Occupational Therapy Assistant-2015

Critical Analysis of Evidence Provided in Document: This document presents findings from the 2015 OTA survey in the same format as described above. An analysis of this document was not completed since it does not provide data about the OTD mandate decision.

Document Title: Survey Results 2015

Critical Analysis of Evidence Provided in Document: This document summarizes the findings of a survey about programs' plans for transitioning to an OTD. The previously posed question as to whether programs were making or planning to make this transition due to perceived benefits or due to a fear that if an OTD mandate was implemented, their programs would be left behind is unanswered. Administrative pressure to expand program offerings has also been reported to be a factor. Given the consistent lack of support for an OTD entry-level mandate that is included in the data provided in this 897 page 'workbook' and during the AOTA national conversation about this issue, it does appear as if there is a press for programs to move forward despite expressed misgivings. The perception that the OTD mandate is a 'fait accompli' may be a contributing factor to these responses. This issue warrants further investigation before the *elimination of choice* in entry-level education for the occupational therapist is enacted.

Document Title: RA Members Survey 2015

Critical Analysis of Evidence Provided in Document: The information presented in this survey report is related to other documents previously analyzed and it raises similar concerns. For example, the items about single-entry points for therapists and assistants do not identify the point of entry in their questions. The numerous concerns about the OTD mandate put forth by RA respondents in this survey are *not* addressed in this 897 page 'workbook'.

Document Title: ACOTE – Taskforce on the Future of the OT/OTA Education report - 2017

Critical Analysis of Evidence Provided in Document: In the Background and Introduction section of this report, it is stated that “*after **extensive study** of the needs related to entry level education at that time, ACOTE determined it was **not** appropriate to mandate a doctoral entry based on **limited outcomes differentiation** between levels for occupational therapists, challenges in the academic infrastructure including faculty and fieldwork resources, and the flexibility allowed in meeting clients' needs through two entry points (ACOTE, 2015)*” (italics and bold added). This report then describes the establishment of the taskforce, the methods employed by this ad hoc committee, and its findings. However, the conclusion that a single entry-level OTD is now required in 2017 is *not* supported by the literature reviewed and reported findings. Most significant, this Taskforce re-reviewed the data that had led the ACOTE to conclude in 2015 that the profession should maintain two points of enter-level education for the occupational therapist. *No* new data is provided to support the change in this decision and the new decision to *eliminate choice* in the education of occupational therapists. This is a glaring gap. In addition, this ad hoc committee's analysis of the literature is not the only possible interpretation. Others could conclude that many of the points made by the Task Force have been (and could continue to be) met through a master's degree program.

Document Title: Document Title: Fieldwork (Experiential Learning) Ad Hoc Committee Report and Recommendations to the AOTA Board of Directors

Critical Analysis of Evidence Provided in Document: This report makes many relevant points about fieldwork; *none* of which provide evidence for the *elimination of choice* in entry-level education for the occupational therapist. Many concerns raised by this document have been previously articulated in this analysis.

Document Title: Quality in Home and Community-Based Services to Support Community Living:

Critical Analysis of Evidence Provided in Document: This document provides *no* evidence to support the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist.

Document Title: Report of the 2015 OTA Education Ad Hoc Committee

Critical Analysis of Evidence Provided in Document: This document relates to OTA education, *not* the education of the occupational therapist. Thus, it was not analyzed.

Document Title: NQF's Health Equity Program Improving Health and Healthcare Quality for All through Advancements in Health Equity

Critical Analysis of Evidence Provided in Document: This document provides *no* evidence to support the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist.

Document Title: Person- and Family-Centered Care 2015-2016 Technical Report

Critical Analysis of Evidence Provided in Document: This document provides *no* evidence to support the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist.

Document Title: ACA v. AHCA Comparison Updated with Information about New Amendments

Critical Analysis of Evidence Provided in Document: This document provides *no* evidence to support the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist.

Document Title: Individual Measures for Occupational Therapists

Critical Analysis of Evidence Provided in Document: This document provides *no* evidence to support the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist.

Document Title: AOTA National Quality Strategy Next Steps

Critical Analysis of Evidence Provided in Document: This document provides *no* evidence to support the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist.

Document Title: Implementing the IMPACT Act: Status Update & Activities

Critical Analysis of Evidence Provided in Document: This document provides *no* evidence to support the decision to adopt an OTD mandate and *abandon choice* in entry-level education for the occupational therapist.