National Status of the Entry-Level Doctorate in Occupational Therapy (OTD)

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A multifaceted survey was conducted to identify the factors that academic occupational therapy (OT) programs were considering in making decisions as to whether the entry-level clinical doctorate (OTD) is a viable alternative for their institutions. The survey was sent in the summer of 2004 to program directors of all (150) occupational therapy programs in the United States. Responses were received from 111 programs (response rate of 74%). Quantitative (demographic) and qualitative (factor identification) data were compiled and analyzed. Supporting factors for the development of entry-level OTD programs included (a) coexistence of physical therapy doctorate program, (b) enhanced preparation of graduates, and (c) improved student recruitment. Impeding factors included (a) limited resources, (b) philosophical objections, and (c) lack of demand. In addition, results suggested that overall there is greater support for the OTD as a postprofessional degree. The study provided a historical record of current decision making in occupational therapy academic programs. In addition, the results of the study suggest a need for the development of national consensus regarding the place of the OTD in occupational therapy education.

Introduction

The purpose of this study was to obtain information about the current status in decision making regarding the selection of the clinical doctorate in occupational therapy (OTD) as a viable entry-level degree to be offered at academic programs in the United States. In 1998 the American Occupational Therapy Association (AOTA) announced the requirement that by 2007 all entry-level occupational therapy programs in the United States should be at the postbaccalaureate level (AOTA, 2001). At the time, 75% of academic programs in the United States offered entry-level degrees at the baccalaureate level. Thus, by 2007 these academic programs must complete the transformation of their curricula into a master's or entry-level OTD degree.

There has been debate in both academic and clinical/practice circles about the relative value of the OTD over the master's degree. Out of the 150 academic programs in the United States, 5 currently advertise an entry-level OTD degree. National discussion has occurred mostly in informal forums, and to date all reports regarding the status of the entry-level OTD at the national level have been anecdotal.

For the purposes of this study, a multifaceted survey packet (Dillman, 2000) was used to obtain both quantitative and qualitative data about occupational therapy programs and their decision-making processes regarding the viability of the OTD degree at their institutions. The survey questionnaire, *Status of the Entry-Level OTD in U.S. Academic Programs,* was based on a similar survey conducted regarding the entry-level Doctor of Physical Therapy (DPT) (Domholdt, Stewart, Barr, & Melzer, 2002). The questionnaire was sent to academic program directors of all institutions that offered entry-level occupational therapy programs in the United States. In addition to institutional demographic information, the survey asked questions regarding the stage in which each program was in the development of a postbaccalaureate degree and the factors considered in implementing or

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rejecting the entry-level OTD as a viable program. Thus, the overarching research question of this study was, "What is the status of the decision-making process regarding the entry-level OTD at United States academic occupational therapy programs?"

Specifically, the study gathered information regarding the following:

- Institutional demographics
- Current academic program level
- Plans for transitioning to the postbaccalaureate level
- Specific factors being considered regarding the entry-level OTD
- Stage in process of transition to postbaccalaureate degree

Literature Review

The Move to Postbaccalaureate Entry-Level Education

The profession's official acknowledgment that a postbaccalaureate entry-level degree is necessary was the culmination of a 40-year debate in occupational therapy. According to AOTA, institutions of higher education will no longer provide entry-level education for occupational therapy at the baccalaureate level after Jan. 1, 2007. The Accreditation Council for Occupational Therapy Education (ACOTE®) will grant accreditation only to postbaccalaureate programs after January 1, 2007 (AOTA, 2001). This change is the result of the passage of Resolution J at the 1999 meeting of the Representative Assembly (RA). The move to postbaccalaureate education was considered "consistent with the trends in other related professions" (AOTA, 1999). Some of the rationale for Resolution J that describes the need to move to a required postbaccalaureate level of education includes the following:

- Need for advanced clinical reasoning
- Desire for capability to function as autonomous professionals
- Current entry-level programs that already have the equivalent of a master's-level education
- Acknowledgment of the breadth and depth of knowledge in occupational therapy needed to prepare new professionals, especially regarding outcomes research

The move toward postbaccalaureate education also clearly delineated professional and technical education for the field. This evolution in occupational therapy education has resulted in decisions by educational programs to provide entry-level education at the master's or doctoral level.

History of Clinical Doctorates

The Doctor of Philosophy degree, or PhD, familiar to most people, is graduate level, research-based, and academic in nature. Clinical doctoral degrees, in contrast, emphasize clinical practice (Benoit, Mohr, & Shabb, 2004; Detweiler, Baird, Jensen, & Threlkeld, 1999; Jensen & Threlkeld, 1999; Royeen & Stohs, 1999). The PhD emphasizes original research, whereas the clinical doctorate deemphasizes research and is directed to the training of health care providers (Benoit et al., 2004). Recognition of the clinical doctorate as a terminal degree for employment in academic settings and qualification for tenure is an institutional choice (Pagliarulo & Lynn, 2002), although this recognition may be related to some regional accreditation standards rather than official positions taken by professions (Stohs, Jensen, & Paschal, 2003).

Pierce and Peyton (1999) discussed a historical cross-disciplinary perspective on the clinical (professional) doctorate. They noted that several professions—including medicine, dentistry, pharmacy, and others—use the clinical doctorate as the main entry into their profession. Since the early 1900s, medicine and dentistry have developed professional doctorates with 4 years of study followed by a year of internship or clinical residency. Early on, medicine and dentistry chose a doctorate as the degree of entry into their fields, with the support of their professional associations.

Pharmacy based its curricular model on medicine when pharmacy education moved from baccalaureate to professional doctoral (PharmD) education (Pierce & Peyton, 1999). Due to the growth in the knowledge base of the profession, pharmacy decided to transition to all-PharmD education in 1992 to adequately prepare practitioners (Buttaro, 1992). The professional associations in pharmacy played a large role in supporting this move for all-PharmD education by 2005.

The nursing profession has eight doctoral degrees that vary in emphasis on research and clinical specialization (Ziemer et al., 1992). Doctoral degrees in nursing include the PhD (academic research doctorate); DNS or DSN, and DNSc (practice-focused doctorate; includes other forms of this postprofessional doctorate); EdD (educational doctorate); and the ND (entry-level professional nursing doctorate). Doctoral education for nurses emphasizes the development of research scholars with varying degrees of preparation for clinical role development (Stark, Duffy, & Vogler, 1993; Ziemer et al., 1992). The expected outcomes for graduates of doctoral programs in nursing consistently include research and scholarship (Ziemer et al., 1992). Forni (1989) conceptualized professional doctorate degrees in nursing as also enhancing recognition and authority for nursing.

Most of the doctoral-level nursing degrees are considered terminal rather than entry-level degrees with the exception of the ND. The American Association of Colleges of Nursing (AACN) in its *Position Statement on the Practice*

Doctorate in Nursing, "recommended moving the current level of preparation necessary for advanced nursing practice roles from the master's degree to the doctorate level by the year 2015" (AACN, 2005a, paragraph 3), with the terminology of *practice doctorate* used instead of *clinical doctorate* (AACN, 2005a, 2005b). Although the outcomes of the nursing doctorates thus far have mainly been directed toward scholarly research, the practice doctorate would be similar to the PharmD and would be focused on improved practice, patient outcomes, and advanced competencies for clinical, faculty, and leadership roles in addition to research.

The clinical doctorate in physical therapy emerged in 1993 and has steadily garnered support from the American Physical Therapy Association (APTA, 2005a, 2005b). Plack and Wong (2002) indicated that the APTA House of Delegates endorsed the DPT as the entry-level degree for physical therapy in June 2000, and transition to the DPT in education programs has been rapid. The APTA indicated in its vision statement that all physical therapy services will be provided by doctors of physical therapy by the year 2020 (APTA, 2005a; Massey, 2001). Physical therapists who pursue the DPT degree envision a greater respect from health care professionals, the potential for autonomous practice with increased skills, and preparation for clinical scholarship (Plack & Wong, 2002; Rothstein, 1998; Woods, 2001). The expanding opportunities available to, and responsibilities being placed on, physical therapists in the health care system, such as direct access, also fueled the need for the DPT (APTA, 2003). Traditional educational programs could not provide the depth and breadth of knowledge and skills to meet these new expectations. According to Caston (1982), physical therapy educational programs considered increasing minimum requirements, including lengthening a program or changing the entry-level degree offered. Threlkeld, Jensen, and Royeen (1999) analyzed some of the major considerations of the DPT and concluded that the DPT was the appropriate degree for preparing future physical therapists to meet the needs of society.

Other professions, such as speech-language pathology and social work, are also considering clinical doctorates. Aronson (1987) discussed the need for a possible clinical PhD in speech-language pathology due to the proliferation of knowledge and changes in minimum needs for practice. Zastrow and Bremner (2004) recommended the Doctor of Social Work (DSW) degree as a solution to the recognized shortage of persons who have both a doctorate and a professional degree in social work.

Clinical Doctorate in Occupational Therapy

The clinical doctorate is a relatively new degree structure in occupational therapy. The first postprofessional clinical doctorate (DrOT) was offered by Nova Southeastern University (Fort Lauderdale, Florida) in 1994. Creighton University (Omaha, Nebraska) began a postprofessional OTD program in 1995 and later initiated the first entry-level OTD program in the United States in 1999. Since the time these two programs started, 7 additional OTD programs have been developed. The literature on the development of the OTD in occupational therapy has been sparse. Most of the literature has discussed the need for a clinical doctorate (Pierce & Peyton, 1999; Reistetter & Royeen, 2001; Royeen & Stohs, 1999; Runyon, Aitken, & Stohs, 1994) or has debated the differences in degree structure in occupational therapy (Gape & Hewin, 1995; Griffiths, 2004; Harris, Brayman, Clark, Delaney, & Miller, 1998; Krutis, 2002; Miller, 1998; Rogers, 1980). Much of the discussion and debate has taken place at meetings of specialized groups such as the Program Directors Education Council (PRODEC), AOTA's Commission on Education (COE), Education Special Interest Section (EDSIS), or ACOTE. To date, no studies have been published either on the decision-making process during the development of the clinical doctorate or on the outcomes of such programs.

Methodology

This project used a multifaceted survey packet (Dillman, 2000) to obtain both quantitative and qualitative data. This mixture of data was desirable in order to better understand the phenomenon under investigation (Creswell, 2003), namely what factors were being considered in the decision-making process. Closed-ended and forced-choice questions were used to obtain an accurate demographic description of each institution, and open-ended questions asked respondents to identify and describe favorable and negative factors for the implementation of an entry-level OTD program in their institutions.

The survey packet, *Status of the Entry-Level OTD in U.S. Academic Programs,* was modeled after a similar survey conducted regarding the Entry-Level Doctor of Physical Therapy (DPT) (Domholdt et al., 2002). Validity and reliability of the questionnaire was established in a manner consistent with standard survey development procedures (e.g., content validity, pilot testing) (Dillman, 2000).

Information regarding the nature, purpose, and use of the study data was included in the cover letter on the front page of the survey (paper and Internet versions). Contact information of the investigators and of the Creighton University's Internal Review Board was included in these documents.

The survey was implemented in two methods as recommended by Dillman (2000). All potential participants

received a questionnaire via surface mail. Participants chose whether to complete a paper copy of the survey and return it via surface mail in a self-addressed, stamped envelope, or to access the survey at a designated Web site. A pre-survey e-mail message was sent out during the end of March 2004 announcing the upcoming survey. Follow-up procedures, including an e-mail message and a second paper copy postal mailing, were used to obtain a high response rate as suggested by Dillman (2000).

Respondents to the survey were program directors (or their designees) of entry-level academic occupational therapy programs in the United States (see Tables 1 and 2 for demographics of the respondent programs). A list of surface and e-mail addresses of current program directors of the 150 academic programs in the United States was obtained from AOTA. Survey participants received no compensation and there were no known risks for participation.

The survey packet consisted of a cover letter instructing respondents to select one variation of the survey that corresponded to the stage of decision-making their institution was in regarding the selection of a postbaccalaureate degree to which to transition. A complete survey packet can be viewed at http://ot.creighton.edu/otd_national_status_research. The five variations of the survey that were included in each packet were

1. Survey A for institutions that had made the decision to *close* their program and not develop a postbaccalaureate program;
2. Survey B for institutions that were currently *considering* which postbaccalaureate entry-level degree to which to transition;

3. Survey C for institutions that had *already selected* (initiated or completed) which postbaccalaureate degree to which to transition;
4. Survey D for institutions that planned *no changes* in their postbaccalaureate entry-level degree; and
5. Survey E for institutions that *offered only a postprofessional degree* (no entry level).

Data from the survey were collected in April and June 2004. Collected demographic data (responses to closed-ended questions) were analyzed using basic descriptive statistics (e.g., mean, frequency). Qualitative data (responses to open-ended questions) were analyzed through thematic reduction strategies (Bogdan & Biklen, 2002; Denzin & Lincoln, 2003). Each researcher developed a thematic reduction independently, and later, similarities and discrepancies in reductions were analyzed jointly. In addition, an audit trail was used to ensure trustworthiness of the study (Czaja & Blair, 2003; Krefting, 1991). Two external auditors reviewed the qualitative data and thematic reductions independently.

Project Significance

The results of the study provide a much-needed historical record regarding the factors being considered in making decisions about transitioning academic programs from the baccalaureate to the postbaccalaureate level. In addition, this information contributes to the clarification of the status of the entry-level OTD in the United States and permits identification of various factors that may affect its future development. The identification of these factors is a necessary

Table 1. Survey Respondents by Status of Decision Making

	Survey A (had made the decision to *close* program and not develop a post-baccalaureate program)	Survey B (currently *considering* which post-baccalaureate entry-level degree to which to transition)	Survey C (*already selected* which post-baccalaureate degree to which to transition)	Survey D (planned *no changes* in postbaccalaureate entry-level degree)	Survey E (*offered only a postprofessional degree* [no entry-level])
Total (111)	*3*	*3*	*72*	*29*	*4*
MSA (38)	2	0	20	13	3
NCA (26)	1	2	18	4	1
SA (28)	0	0	22	6	0
NEA (14)	0	0	8	6	0
NWA (1)	0	1	0	0	0
WA (4)	0	0	4	0	0
Private (56)	2	2	28	22	2
Public (53)	1	1	42	7	2
Extensive (24)	1	0	13	6	4
Intensive (12)	0	1	10	1	0
Masters I /II (50)	1	0	33	16	0
Baccalaureate (11)	1	0	9	1	0
Medical Center (9)	0	0	6	3	0
Other (5)	0	2	1	2	0

Note. MSA = Middle States Association of Colleges and Schools; NCA = North Central Association of Colleges and Schools; SA = Southern Association of Colleges and Schools; NEA = New England Association of Schools and Colleges; NWA = Northwest Association of Schools and Colleges; WA = Western Association of Schools and Colleges.

Table 2. Demographics of Respondent Programs

Demographic Characteristic	No EOTD 82	Yes EOTD 3	Considering EOTD 26	Totals 111
Location of Program				
• Middle States Association	32	0	6	38
• New England Association	8	0	6	14
• North Central Association	15	2	9	26
• Northwest Association	1	0	0	1
• Southern Association	24	1	3	28
• Western Association	2	0	2	4
Control of Institution				
• Private	32	2	22	56
• Public	48	1	4	53
• Not identified	2	0	0	2
Type of Institution				
• **Doctoral/Research Universities—Extensive**	17	0	7	24
• **Doctoral/Research Universities—Intensive**	2	2	14	18
• Master's Colleges and Universities I or II	46	0	3	48
• Baccalaureate Colleges	11	0	0	11
• Medical School or Medical Center	6	1	2	9
• Other Specialized Institutions	5	0	0	5
Current entry-level degree(s) offered in occupational therapy				
• Bachelor's Degree (BS/BA)	21	0	7	28
• Master's Degree (MS/MA/MOT)	91	2	19	112
• Clinical/Professional Doctorate (OTD)	0	3	0	3
• Research Doctorate (PhD)	0	1	0	1
• Other	0	0	0	0
Current postprofessional degree(s) offered				
• None	47	0	0	47
• Master's Degree (MS/MA/MOT)	63	2	26	91
• Clinical/Professional Doctorate (OTD)	0	3	1	4
• Research Doctorate (PhD)	0	1	1	2

Note. EOTD = Entry-Level Doctorate of Occupational Therapy.

early step for future research on the development of occupational therapy education in general and the OTD degree in particular.

Results

Demographic Data

The survey was sent to 150 program directors of accredited entry-level occupational therapy programs in the United States. The survey obtained a 74% response rate (111 out of 150). Demographic information about the respondents is summarized in Tables 1 and 2. Table 1 summarizes the distribution of respondents according to status of decision-making process in selecting a postbaccalaureate degree, whereas Table 2 summarizes the distribution of respondents according to their decision regarding the entry-level OTD.

Three respondents (2.7%) reported that the administration in their institutions had decided to close the occupational therapy program and not develop a postbaccalaureate option. Three other programs (2.7%) had not made a decision as to which postbaccalaureate degree program to transition. The respondents from programs that were closing cited declining enrollment and financial constraints as

factors leading to this decision. One noted that the long-term inability to recruit a program director prepared at the doctoral level also contributed to the decision to close. The vast majority of respondents (105/111 = 94.6%) had already decided which program to offer. Three of these (2.7%) had selected the entry-level OTD, whereas the remaining 108 (92%) had selected the master's degree. It is important to note that 26 of this latter group (or 23.4 % of all respondents) stated that they were considering adding an entry-level OTD program sometime in the future.

Demographic characteristics of the 29 programs (or 26% of all respondents) that had implemented an entry-level OTD or that were considering doing so in the future are summarized in Table 2. Although trends are tentative due to the relatively small number of responses, the institutions that favored the entry-level OTD tended to be proportionally more frequently located in geographical regions accredited by the New England Association of Schools and Colleges (NEA) and North Central Association of Colleges and Schools (NCA). This trend may be due to the relatively high number of occupational therapy educational programs clustered in these areas that compete for students. In addition, it may be that the accrediting bodies in these regions view development of clinical doctorate programs

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more favorably. Additional research is needed to better understand these trends.

In addition, the 29 institutions that favored the entry-level OTD tended to be private (24/29), doctoral or research universities (extensive and intensive) in type (21/29), and with an established postprofessional master's degree program (26/29). These trends make sense in that these types of universities are more likely to have the resources to support other doctoral programs and therefore have expertise and resources for the establishment of an entry-level OTD program.

In addition to the 29 institutions that favored the entry-level OTD, 82 respondents from institutions that did not favor the entry-level OTD provided comments regarding factors that impeded the development of this degree. These factors are summarized in Tables 3 and 4 and discussed in the remainder of this article.

Supporting Factors

Three respondents reported that they were currently considering making a transition to a postbaccalaureate program but were unsure of which one. These respondents indicated that an entry-level OTD was a possibility. Twelve other respondents indicated that although they ultimately decided not to develop an entry-level OTD program, they had seriously considered it and might reconsider in the future. Nine others indicated that an entry-level OTD was not immediately possible and would be considering the option after they developed master's-level programs. Finally, 5 respondents reported that they already had an entry-level OTD program, although 2 of these indicated that they offered it as a second entry-level program. Therefore, 29 of the 111 respondents listed factors they considered supported the initiation or continuation of an entry-level OTD program. Three main themes of supporting factors for implementing an entry-level OTD program emerged from their responses: coexistence of a physical therapy program,

Table 3. Factors Supporting Development of the Entry-Level Doctorate in Occupational Therapy (OTD)

Supporting Factors	Times Mentioned	Total
Coexistence of Physical Therapy Program		
• Physical therapy program at the doctoral level	29	
• Supportive administration	15	44
Enhanced Preparation of Graduate		
• Programs able to prepare graduates for the demands of current practice	29	
• Timing of transition (Resolution J)	9	38
Improved Student Recruitment		
• Increased applicant pool	9	
• Marketing (maintaining professional image)	2	11

Note. Total number of respondents: 29.

Table 4. Factors Impeding Development of the Entry-Level Doctorate in Occupational Therapy (OTD)

Impeding Factor	Times Mentioned	Total
Limited Resources		
• Lack of prepared faculty	42	
• Lack of institutional support	28	
• Institutional classification	19	89
Philosophical Objections		
• Lack of evidence or focus	44	
• Not appropriate for entry into profession	24	
• Need research focus	6	74
Lack of Demand		
• From students (enrollment)	28	
• From employers	14	
• Unspecified	5	47

Note. Total number of respondents: 82.

enhanced preparation of graduates, and improved student recruitment. A tabulation of supporting factors appears in Table 3.

Coexistence of Physical Therapy Program

All of the 29 respondents indicated that the physical therapy program at their institutions had transitioned to the entry-level clinical doctorate and, therefore, similar development in occupational therapy was considered. One respondent commented that the institution already offered entry-level clinical or professional doctorates in several disciplines and that "it was part of the strategic plan to offer the clinical doctorate in all programs in the school." Another respondent noted that "our PT program converted to [the entry-level clinical doctorate] and we need equity among allied health professions." Another person commented, "OT also needs to remain competitive with other doctoral entry professions (audiology, [physical therapy], etc.)." The clear support or mandate from the administration of the institution was mentioned by 15 respondents, one of whom stated that "a very supportive dean had encouraged us to consider this given the timing of transition with upcoming accreditation." Another stated that "our administration wants us to succeed, and if that's through an OTD, that's what we will do."

Enhanced Preparation of Graduates

All of the 29 respondents related the entry-level OTD to enhanced preparation of students. One person summarized a frequent sentiment by stating that "current demands of practice require more autonomous practice, broader array of skills, greater leadership ability, and ability to function more independently." Similarly, another noted that the entry-level OTD allowed the opportunity for "faculty [to] challenge students in a different way that isn't currently (traditionally) being done . . . to facilitate students' growth in areas that would move the profession forward and better

serve and meet societal needs." Another respondent associated the OTD with the quality of graduating professionals by stating that there is a "perceived need for having occupational therapists that possess an expanded knowledge base, who are lifelong learners, critical thinkers, [and] writers who contribute to professional knowledge, and are reflective practitioners. Finally, 9 respondents noted that the passing of Resolution J reflected recognition of the growth in the scope of practice and knowledge of the profession. One respondent's comment was representative:

> Resolution J symbolized recognition that we are a growing profession and that we should prepare today's practitioners in the full scope of the profession. We already felt we were providing a master's-level education but only giving a bachelor's degree.

Improved Student Recruitment

Nine respondents, including the 5 from existing entry-level OTD programs, noted that improved student recruitment was an important factor in deciding whether to make the transition to an entry-level OTD or master's program. Three respondents indicated that enhanced recruitment had actually been the result of their transition. One person from an institution considering the entry-level OTD commented, "We are evaluating if this will result in better student recruitment like it did for PT." Another noted that "recruitment might be enhanced as we would be the only OTD program in the geographical area." Finally, 2 people connected enhancement of the occupational therapy profession in the public eye with student recruitment. One person wrote, "as the public image of OT is enhanced by this move, so will our ability to recruit students who are looking for challenging degrees." Another person simply noted, "A profession with [a] higher status degree attracts more students."

Impeding Factors

All 29 respondents who identified supporting factors for the OTD also identified impeding factors. In addition, 31 other respondents identified impeding factors their institutions considered when deciding which degree to adopt. All of these respondents represented programs in the process of transitioning to entry-level master's degree programs. Only 7 stated that they had considered the OTD when planning the transition. Three main categories of impeding factors for consideration or implementation of the entry-level OTD emerged in the study: limited support or resources, philosophical objections, and lack of demand.

Limited Support or Resources

Factors related to availability of resources were the most frequently cited. Nearly half of the respondents considered the lack of faculty members prepared at the doctoral level as the most salient impediment to implementing entry-level OTD programs in their institutions. Frequently, respondents noted the ratio of faculty members prepared at the doctoral level in their departments, and commented, "The lack of faculty with doctorates limits us at any level, let alone the OTD" and "the current level of education of the majority of our faculty would not support a doctoral program." Another person noted that "my institution does not have the funds to go out and hire a majority of faculty with PhDs. As it is, we only have one—where are we going to find more?" Another respondent's statement echoed a similar sentiment as others by writing, "we don't have doctorally prepared faculty. We are a young and inexperienced faculty, and need to 'grow our own.' We are far away from being able to support a doctorate program."

A related factor that respondents viewed as limiting the implementation of an entry-level OTD was lack of institutional support. Frequently this lack was stated in financial terms, as exemplified in one person's statement that "My institution does not want to invest funds in a conversion. We already have a graduate system, and an OTD might not fit into that [system]." Another person noted that "costs associated with launching [an entry-level OTD] program are prohibitive" and still another commented that "financial resources are not yet sufficiently developed ... we have no grant money." Institutional support was also noted in the attitudes the administration conveyed about the profession or the entry-level OTD degree itself. Comments such as "we don't have administrative support" appeared frequently, with occasional qualifiers such as "our administration is not very creative" and "administration prefers a more traditional view of higher education."

Finances notwithstanding, the fit of the entry-level OTD with the institutional mission and structure was a common consideration. One respondent noted that "the mission of our institution would not support the idea of any doctoral education." Others noted that "our college charter does not permit granting the doctorate" and "our institution does not support research—we exist for teaching, and resources go to support that." The existing structure of the university was noted in comments such as, "The OTD would not fit in well with the graduate school," and "Our institution supports the MS [Master of Science degree] because we already have the structure—that is our classification." One person noted that "because of our classification, our university would not consider an OTD—it was 'PhD or nothing.' So, we are developing a PhD, i.e., a research degree." This statement was similar to others' who reported that their institution's vision was leading them to develop interdisciplinary PhD programs in rehabilitation

sciences. One respondent expressed concern over doctoral education, commenting that "We are a comprehensive college, primarily BS/BA [Bachelor of Science/Bachelor of Arts]. If OT went to an OTD, our program would close." It is important to note that only one person reported that the state's Board of Education or regional accreditation agency was not in favor of clinical doctorate programs.

Philosophical Objections

Many respondents noted that the need, purpose, and structure of the OTD degree were not clear. An overarching concern was whether the profession was ready to support a doctorate degree. Statements such as "[we] believe it is too soon for the profession," "the OTD misrepresents the knowledge base of the profession," and "the field's current knowledge base does not support a doctorate" were representative. The lack of understanding of the clinical doctorate was expressed in statements such as "I am not sure what the OTD really is" and "OTD criteria are not clear." One respondent summarized numerous similar statements by writing that "lack of clarification from ACOTE on the OTD vs. MOT vs. BSOT suggests it is too early to consider this option." Another person noted that there was "great confusion between the Entry and Post-Professional OTD." Another respondent summarized the lack of clarity by stating, "[We] are not sure we totally agree with the concept due to the lack of consensus and definition of this degree within the profession."

Other philosophical objections to the entry-level OTD were varied. The limited evidence that the degree is actually needed was one of the most frequently mentioned. Several people commented on the lack of published research that demonstrated the need for the degree. The recurrent opinion that the degree was driven by financial incentives rather than a documented need of the profession was summarized by one respondent who stated that "at this point the entry-level OTD strikes me as degree inflation in a competitive market more than a move supported by [the] actual need of our clients or [the] knowledge base of the profession." Degree inflation was a frequent concern related to the response to market forces. One person noted that "this is nothing more than a move to keep up with PT; we are inflating our education" and another wrote that there were "concerns that entry-level OTDs are actually less rigorous than master's [degrees]." One person commented that "the decision for the OTD is market driven without examination of the consequences beyond individual program survival."

A third area of philosophical objection related to the knowledge base of the profession and the documentation of need for the degree was the opinion that occupational therapy should develop its research focus. Therefore, educational program development should contribute to satisfying this need. One person noted that educational programs need to "provid[e] scientific basis—a lot of what is being taught is not evidence based" and another one commented that "you can't develop the evidence for the profession without a strong research base." One person captured similar sentiments by questioning whether the OTD "can bridge the gap between research and practice if the graduates are not strong researchers themselves." One respondent summarized an opinion that "we see the need for an advanced degree as providing leadership in research and education."

Lack of Demand

A final area of limitation for implementation of the entry-level OTD degree was related to its demand from students and employers. Whereas some respondents noted that they were unsure of the demand for this type of educational program, others made categorical statements such as "the move to the OTD is not consumer driven ([by] consumers of health care services, reimbursers, and students), but is solely motivated by a small group of educators. As it is, practitioners educated at the undergraduate level don't see any advantage to even a graduate degree." However, the majority of respondents who mentioned a lack of demand focused their comments on recruitment of students, which was often related to competition between schools. As one respondent noted, "We have problems with recruitment now with too many programs in our area; adding more time to complete a clinical doctorate does not seem to be viable from a marketing recruitment standpoint." Similar comments pointed to the vulnerability of programs within the university. For example, one person noted that there was "concern by the administration that OT numbers are already down," whereas another one stated that "recent stress in [the] department due to enrollment and budget drop makes the OTD too risky." Most of the concern was related to overall student applicant numbers due to increased tuition costs and length of program. However, one person noted that the "OTD will make the entry-level OT area less feasible for underrepresented minorities and socioeconomic disadvantaged people."

A second area of concern over the demand for the entry-level OTD was related to employers. One person indicated "student cost without salaries in the field adjusting" as a constraining factor. Most of the comments in this area were based on faculty opinion, such as, "We believe there will be little support in the OT community for entry-level OTD" and "as a faculty we do not see any market demand for OTD practitioners." One person noted that "We haven't heard from anyone either way—we just don't think there is indication the market would support OTD

practitioners" and another one commented that "Job opportunities and pay scale do not seem to support doctoral level entry." Only one person noted a clear directive by stating, "Our employer advisory board does not support entry-level OTD."

Discussion

Occupational therapy education is in the midst of an evolution in regard to the clinical doctorate. There is interest and curiosity among educators regarding how many clinical doctorate programs exist in occupational therapy, the demographics of these programs, and what prompted these programs to choose a clinical doctorate path. This study helped collect needed data to answer some of these questions. Although not all occupational therapy programs responded to the survey, a high rate of response does provide a view of the decision-making status within the profession at the time of the survey for the clinical doctorate degree.

Five programs already offered the OTD degree at the postprofessional level. In addition, five other programs were planning an OTD program at the postprofessional level after implementing a master's-level program. Twenty-six programs were considering an OTD program after implementing a master's-level entry-level program. These statistics suggest that there is wider acceptance of the OTD as a postprofessional degree rather than as an avenue for entry into the profession.

Although proportionally more programs were located in the regions accredited by the NEA and NCA, there was no true discernible pattern of concern about the approval of the OTD degree by regional accreditation agencies. Only one person mentioned regional or national accreditation concerns as a factor for consideration. This was somewhat surprising because anecdotal concerns about acceptance of the OTD degree by regional accreditation bodies had frequently been mentioned to both researchers, particularly in relation to faculty members credentialed at the OTD level. The higher proportion of programs considering the entry-level OTD in the NEA and NCA areas may be due to the relatively high number of occupational therapy educational programs clustered in these areas that compete for students. In addition, the accrediting bodies in these regions may view development of clinical doctorate programs more favorably. The lack of comments about accreditation concern in the qualitative responses may suggest that the concerns that programs would not be accredited have not been tested. Additional research is needed to better understand these trends.

Similar resources, philosophical concerns, and recruitment concerns were expressed both as supporting and impeding factors. For example, availability of resources was noted as an important supporting factor that moved some programs toward the entry-level OTD and made it improbable for others to consider. These factors seem to reflect the demographics of institutions, particularly in relation to local resources. The OTD degree is more likely to be an option in private institutions that have the necessary resources or that must compete more actively for recruitment of students. Doctoral-research universities were clearly more likely to consider the OTD. These institutions have built resources in order to meet their missions, which often include preparing professionals in multiple disciplines with terminal degrees. If lack of resources is the biggest factor blocking the development of an OTD pathway, several questions remain unanswered: If these programs had adequately prepared faculty, institutional support, and fit with their institutional mission and structure, would they go forward with an OTD? Are there other compounding factors?

There is clearly concern over the relationship with physical therapy. Although some respondents mentioned this in negative terms, the majority supported the idea that it is useful to maintain an equitable public image among professions. Interestingly, no comments were included regarding other disciplines that have made a transition to the clinical doctorate. The singular focus on physical therapy may suggest that academic programs in occupational therapy are considering the status of the profession in a narrow, competitive, medical rehabilitation framework restricted to their geographic locality. A broader understanding of the factors that moved other disciplines toward the clinical doctorate is needed to better consider how occupational therapy can position its academic programs to meet both the competitive demands as well as the development of its unique contribution to society.

Marketing seems to be a major concern, as reflected in the factors identified in the study. These factors did not necessarily reflect the intersection of practice demands and educational programming, such as too much content in current master's-level programs or the need to match the demands of practice with the preparation of future graduates. Instead, the survival of academic programs may be taking precedence over systematic consideration of advances in the profession and changes in societal context. This finding may suggest a need to examine all academic programs to assure their content and outcomes reflect the different expectations for degree level.

Hindsight Is 20/20

As with any research project, evaluation of the project after completion yields ideas for improvements. Several critical questions could have been included in the survey to help

understand the respondents' perspectives better. Although the survey was useful in identifying factors being considered in the analysis of the OTD as a viable program, it is not clear whether respondents have a vision for the OTD within the profession. Inclusion of questions such as "What role, if any, do you see for the OTD in occupational therapy education," "What is the long-term vision for occupational therapy education and practice," and "What knowledge did the participant have of the OTD prior to the survey" would have added valuable information. In addition, the relationship between regional and national accreditation agencies and the decision-making process for selecting degree structures is not clear, and should be better explored in future studies.

Initial survey data were collected in April 2004. A second opportunity to complete the survey was offered in June 2004 due to problems with the electronic survey system. All data were collected by June 1, 2004, and at this time, ACOTE had not yet issued a moratorium on the development of new entry-level OTD programs. However, in January 2005, ACOTE sent a letter to occupational therapy program directors indicating that no new OTD programs would be accredited until educational standards for the OTD could be developed. Later in the spring of 2005, ACOTE published a draft of standards for the OTD and sought public comment. At the time of this writing, ACOTE has withdrawn the draft standards and reconstituted an "OTD Standards Committee" to study the issues surrounding the OTD. The recommendations from this committee are currently in public review. Clearly, it is very important to promote a continuing dialogue about the OTD degree among various stakeholders and accrediting bodies.

Conclusion

Education in any profession at times leads practice and at others responds to practice trends (Thelin, 2004). The OTD degree is a sign of evolution in occupational therapy education and practice. Further studies analyzing the factors identified by this study are suggested in order to understand them better and help educational programs make the best decisions for their future, the profession, and its consumers. Such studies may help us discern what factors would indicate that the profession is ready for the OTD degree.

The results of this study suggest that when academic programs consider the feasibility of the OTD as a local option, they should consider

- expected practice of graduates, particularly toward expanding opportunities beyond a medical rehabilitation model of service;

- standards and other expectations from accrediting agencies (including ACOTE, regional institutional accreditors, and national agencies);
- compatibility with the mission of the institution (institutional classification) and the philosophical framework the faculty use when considering occupational therapy education and the future of the profession;
- whether a degree is offered for physical therapy in the same institution (equity between assigned resources in the institution, recruitment of students and graduates in the market); and
- the availability of resources to sustain a program (including its ability to change over time to address social changes, as well as meet the demand from students and employers).

No doubt other local, regional, and national factors not identified by the respondents of this survey should be considered in the future of the entry-level OTD. Perhaps the desired outcomes for entry-level OTD graduates should exceed those for graduates from a basic entry-level, postbaccalaureate program. Regardless, it is evident that some consideration is being made about the place of the entry-level OTD in occupational therapy education and practice. We are reminded of the words of Henry David Thoreau (1998), who noted in 1854 that "Things do not change, we change. Education should change us for the better of all" (p. 64). That should be the goal to which the entry-level OTD and every other degree awarded in the profession aspires. ▲

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