

Feature Article

Professional accreditation of occupational therapy educational programs: A bright or embattled future?

Anne Cusick¹ and Lynne Adamson²

¹Academic Quality and Programs, College and Social and Health Sciences, University of Western Sydney and ²School of Occupation and Leisure Sciences, University of Sydney, Sydney, New South Wales, Australia

As Australia introduces a new system of individual accreditation through the program for individual accreditation of occupational therapists, there is a need to also consider the place and scope of specialised educational program accreditation in the maintenance of professional standards. The present article reviews issues relating to educational program accreditation including: the need for accreditation and its tradition in occupational therapy; types of accreditation and stakeholders involved; accreditation processes; and evidence of effectiveness. It suggests that professional association demands of programs and the accreditation processes used for audit and inspection must be relevant and reasonable in order to be considered credible and necessary by all stakeholders. Standards and professional accreditation processes that do not demonstrate that they are relevant and reasonable will face an embattled future. Those that do provide mechanisms for true quality improvement through relevant, well-conceived processes should have a bright future in a world seeking benchmarks for quality in professional preparation programs.

KEY WORDS professionalism, quality improvement, standards.

INTRODUCTION

Occupational therapy is a profession that aims for high quality practice. Recently, the Australian Association of Occupational Therapists (OT AUSTRALIA) launched a program for the individual accreditation of occupational therapists, who will be known as 'AccOTs' (Allen *et al.*, 2001; Fricke & McComas, 2001). As the AccOT program moves into its early years of operation, it is timely to consider other processes that are used by the profession in Australia to maintain and enhance professional practice standards. One of these is the professional association review and accreditation of occupational therapy programs in universities.

Increasingly, this particular activity of the professional association will come under scrutiny, as universities find themselves using outcomes of professional association reviews in their own quality audits, which are now required by the Australian government (Department of Education, Training and Youth Affairs, 2000). The aim of the present paper is to examine a range of issues that underpin the significance of accreditation processes for educational programs in occupational therapy. These issues include: the need for accreditation; the tradition of accreditation within the profession; forms that accreditation may take; stakeholders in the process; and the role of educational program accreditation by professional associations to maintain and improve standards. Suggestions

Anne Cusick BAppSc(OT), PhD; Associate Professor. Lynne Adamson BAppSci(OT), MAppSc(OT); Senior Lecturer.

Correspondence: Anne Cusick, College of Social and Health Sciences, University of Western Sydney, Locked Bag 1797, Penrith South DC, NSW 1797, Australia. Email: a.cusick@uws.edu.au

© 2004 Australian Association of Occupational Therapists

will then be made about future professional accreditation directions to ensure that approaches used by the occupational therapy profession will be well-regarded within the profession and the tertiary education sector.

NEED FOR ACCREDITATION

Professions need accreditation for a number of reasons: professional status; evaluation of practitioner competence; and the demonstration of accountability to safeguard the public's trust.

Professional status is important to occupational therapists (Wallis, 1987a,b). Any group wanting to demonstrate professional status will focus attention on evaluation and certification or accreditation of practitioners (McGaghie, 1993). Credible accreditation processes confirm and enhance the professional status of a group. Indeed, the achievement of accredited training programs and the licensure of practitioners is seen as a milestone in the development of a profession (Matarazzo, 1977).

Professions need to demonstrate that their practitioners are competent and accreditation is one way to do this. Professional competence covers three different aspects (Norcini & Shea, 1993):

1. General: this is the evaluation of individual practitioners to determine their competence in broad or general practice.
2. High-stake: this is the evaluation of practitioners to determine whether they can respond to a situation that is not routinely seen in practice. Although these 'high-stake' situations may rarely occur, they are the events that have most impact on the safety or well-being of the consumer, and thus the status of the profession and professional.
3. Ethical/interpersonal: this evaluates the appropriateness of the ethical and interpersonal behaviour of the professional with consumers.

Together these three aspects give a comprehensive picture of professional competence. They cover the key issues of potential to practice, practice outcomes and professional qualities.

Evaluation and accreditation of competence can occur at the individual, program or organisation level. Individuals can be assessed on their own competence in general, high-stake and ethical/interpersonal dimensions of practice. Programs can also be assessed on their capacity to prepare graduates for these areas. Organisations can be investigated to determine whether there are systems and resources in place to provide service at a competent level for general and high-stake practice situations, in addition to providing systems that enable people within the organisation to maintain adequate ethical/interpersonal behaviour.

Accreditation is also needed to serve the public interest. The public expects professionals to be competent and to give high-quality service (Christiansen, 1985). This is because consumers trust professionals to carry out specialised activities that they themselves cannot do (Curry & Wergin, 1993). Accreditation is thus a critical professional mechanism to protect public trust and safety (Gray, 1984; Christiansen). The standards, guidelines and review processes used in accreditation must be of a certain standard to be credible in this protective role.

ACCREDITATION TRADITION

Occupational therapy has had a tradition of more than half a century of educational program accreditation. As early as the 1930s, efforts were made by occupational therapy associations in North America to collaborate with established professions, such as, medicine, to identify standards and implement processes to accredit education programs (Christiansen, 1985). The trend for accreditation of education programs continued throughout the 1950s. In 1954, a statement on the education of occupational therapists was prepared by the Education Committee of the World Federation of Occupational Therapists (WFOT) and approved by the WFOT Council. This statement recognised the importance of education in promoting the profession's development at an international level. Guidelines and standards for the accreditation of educational programs were introduced by WFOT in 1958 (Mendez, 1986). These provided a catalyst for many countries around the world to initiate accreditation processes for occupational therapy educational programs.

The 1958 standards of the World Federation of Occupational Therapists have been periodically revised to reach the current edition (World Federation of Occupational Therapists, 1998). They present minimum educational program standards and the guidelines to implement them. They define occupational therapy in a traditional manner and base their program requirements and audit processes upon this definition:

Occupational therapy is a health discipline which is concerned with people who are physically and/or mentally impaired, disabled, or/or handicapped, either temporarily or permanently. The professionally qualified occupational therapist involves the patients in activities designed to promote the restoration and maximum use of function with the aim of helping such people to meet the demands of their working, social, personal and domestic environment, and to participate in life in its fullest sense (World Federation of Occupational Therapists, p. 10).

The *Minimum Standards and Guidelines for the Education of Occupational Therapists* (World Federation of

Occupational Therapists, 1998) is presented in three parts: guidelines to assist planning of a new course; the standards and format for applying for initial accreditation; and an outline of factors to be considered by member countries to determine whether already approved courses continue to meet the minimum standards of education for occupational therapists. There are currently 49 full and eight associate member countries (World Federation of Occupational Therapists, 2004). These countries either have accredited educational programs or are in the process of developing them (World Federation of Occupational Therapists).

Around the world, the WFOT minimum standards and guidelines are the most commonly used professional accreditation mechanism for occupational therapy programs. Few member countries of WFOT use any other professional accreditation process (World Federation of Occupational Therapists, 2001). Consequently these guidelines need to be examined carefully to determine whether they meet the needs for accreditation noted in this report. Clearly the guidelines do assist in presenting occupational therapy as a profession interested in quality practice. The guidelines are widely promoted and accreditation is pursued by the majority of new and established occupational therapy educational programs. They therefore appear to meet the need to demonstrate professional status. The guidelines make some attempt to focus on the issue of professional competence, with the prescription of knowledge, skills and supervised practice in certain areas. The guidelines do not, however, provide a means to understand the way in which such prescriptions ensure professional competence in general, high-stake or ethical areas. Thus, there appears to be room for the WFOT to reconsider the guidelines to better demonstrate professional competence, particularly in terms of potential to practice. The WFOT guidelines and minimum standards do not currently appear to consider the issue of safeguarding public trust. At present public representation and clear mechanisms of due process are not apparent in WFOT guidelines. This is of some concern because these guidelines serve as the main mechanism of professional accreditation for occupational therapy around the world.

As recently as 1997, the WFOT *Minimum Standards and Guidelines for the Education of Occupational Therapists*, was the only source used to guide the review and accreditation of occupational therapy programs in Australia (Cusick, 1999). During the past few years, OT AUSTRALIA implemented an Australian approach to program accreditation (Cusick). It still used the WFOT *Minimum Standards for the Education of Occupational Therapists* as the essential requirement to attain WFOT accreditation, but it complemented this with a self-study and panel inspection/audit approach. These are strategies commonly used in professional and institutional quality

audits. By 2001, this first attempt at an Australian accreditation process for occupational therapy educational programs had been used by eight of the nine universities in Australia that provide occupational therapy educational programs (at the time of writing). With this experience as a base, OT AUSTRALIA commissioned a second project to further examine aspects of the accreditation process, in particular the assessor panel processes (Allen *et al.*, 2001).

This is timely because Australian universities are now, for the first time, facing compulsory external quality assurance audits and public reporting of audit findings (Harman & Meek, 2000; Woodhouse, 2001). These types of audit reviews and reporting have been a feature of universities outside Australia for some time (Anderson, Johnson & Milligan, 2000). These audits recognise that professional association accreditation reviews are important quality indicators that universities may choose to use as evidence in their audits (Woodhouse). This means it is essential that the standards and processes used by the professional association are credible, as these processes and standards will themselves inevitably be critically reviewed by universities seeking worthy indicators of quality.

FORMS OF ACCREDITATION

There are three different forms of accreditation identified in published reports: specialised, institutional, and individual. These three forms can operate alone or simultaneously.

Specialised accreditation

This form of accreditation is carried out by a professional or disciplinary body (Christiansen, 1985). The WFOT educational program accreditation is one example of specialised accreditation. There are at least 357 schools around the world with WFOT accredited programs (World Federation of Occupational Therapists, 2004). An accredited professional program is a requirement for full country membership of WFOT. Educational program accreditation is an important threshold issue for occupational therapists wanting to be recognised by the international professional community of occupational therapists. National professional associations administer the accreditation review on behalf of WFOT and submit their recommendations to WFOT for approval.

In addition to specialised accreditation by WFOT, some countries have professional accreditation developed by their national occupational therapy associations. These generally include and expand upon features of WFOT guidelines and standards to meet particular national requirements and goals. The OT AUSTRALIA accreditation process is an example of this. The USA and Canada

have national accreditation guidelines that do not explicitly use the WFOT minimum standards, however, all aspects of the WFOT standards are, in principle, covered in the local guidelines (American Occupational Therapy Association, 1998). The *Standards for an Accredited Educational Program for the Occupational Therapist*, for example, specifies a rationale for accreditation, general and curriculum standards (American Occupational Therapy Association, 1998). The American professional association has a specific body, called the Accreditation Council for Occupational Therapy, to administer this specialised form of accreditation using systematic procedures to assess and review programs (American Occupational Therapy Association, 1999). In recent years, OT AUSTRALIA has adopted a similar approach, with the introduction of a national panel of assessors for educational program accreditation reviews (Betheras, 2001).

Occupational therapy professional associations also provide opportunities for quality improvement in educational program standards through specialised accreditation related activities. Internationally, the European Network of Occupational Therapy in Higher Education (ENOTHE) is an example. This was founded by the Committee of Occupational Therapists for the European Communities in 1995 to 'develop, harmonise and improve standards of professional practice and education as well as advance the body of knowledge of occupational therapy throughout Europe' (European Network Occupational Therapy Higher Education, 2004). Their activities include support to new schools developing curricula to meet both university and WFOT requirements (European Network Occupational Therapy Higher Education). The Australian and New Zealand Council of Occupational Therapy Education (ANZCOTE) is a national example. This was founded in 1997 as a network of all occupational therapy programs in Australia and New Zealand (Whiteford, Cusick & Strong, 1998). One of its first initiatives was to work with the national Australian professional association to investigate, trial and implement national educational program accreditation guidelines to complement WFOT accreditation guidelines and standards (Cusick, 1999).

In 1985, Christiansen suggested that specialised accreditation may be an 'endangered species', however, it is apparent from this review that this form of accreditation is growing, although the degree to which it is considered a central or marginal process by stakeholders is not clear. However, it does appear to be one important area of professional association activity that has the potential to provide a foundation for the maintenance and enhancement of occupational therapy professional standards in a time of rapid change.

Institutional accreditation

Institutional accreditation is a form of accreditation that also applies to occupational therapy programs (Christiansen, 1985). Organisations such as universities, which provide occupational therapy education programs need to be accredited by the government. In Australia, institutional accreditation automatically occurs, as all universities are formally constituted by an Act of Parliament. Within universities themselves, there is also institutional accreditation of programs. Every educational program must go through a rigorous multi-committee approval process to commence or continue, and this approval process usually involves some sort of representation and input from the occupational therapy profession — either in the form of expert advisers for program development, or in the form of external advisory committees that are consulted during the institutional accreditation process.

The processes involved in institutional accreditation of educational programs in Australia are usually defined by the institution itself through its structures of governance, which are closely prescribed in the parliamentary Acts to enable universities to be classed as 'self-accrediting' (Woodhouse, 2001). Internationally, however, the processes used may not be unique to each university, but may be prescribed and accredited by government. The Swedish Association of Occupational Therapists (Forbundet Sveriges Arbetsterapeuter, FSA) notes that the Ministry of Education and Science approves their occupational therapy programs (World Federation of Occupational Therapists, 2004). Similarly, the Association Nationale Francais des Ergotherapeutes notes that occupational therapy educational programs in France require periodic accreditation approval by the Ministry of Health (World Federation of Occupational Therapists).

It should be apparent at this point that there is the potential for accreditation requirements and processes to overlap in countries where there is both specialised and institutional accreditation of occupational therapy programs. This is potentially the case in Australia. Specialised accreditation processes may replicate institutional review activities and vice versa. In doing so, they may compete for limited program resources (Christiansen, 1985). Ideally, however, the two accreditation processes should be complementary to ensure adequate standards and improve quality (Higher Education Council, Australia, 1997). Specialised accreditation should enhance the development and maintenance of professional standards as they change over time. Institutional accreditation should safeguard the public interest in educational processes themselves. Now that the Australian University Quality Agency has been established and operational guidelines for its quality audit activities have been distributed, the professional association

should be able to ensure that its specialised accreditation processes for occupational therapy educational programs will complement rather than replicate institutional accreditation requirements (Department of Education, Training & Youth Affairs, 2000).

Individual accreditation

The third form of accreditation is the certification, registration or licensure of individuals. This may or may not be related to the accreditation status of education programs from which individuals graduate. Graduation from a WFOT accredited program is also often used as a minimum requirement in the screening of occupational therapists who wish to be employed in different countries. For example, the Council of Occupational Therapists Registration Boards (Australia and New Zealand) has this as one of its requirements (Martin, 2000).

Graduates of WFOT accredited programs are often automatically eligible to join their professional association and to be registered. This is the case in Australia, as all programs are WFOT accredited and all graduates are automatically eligible for registration in States where this applies (Queensland, South Australia, Western Australia, and Northern Territory). Automatic eligibility as a result of the WFOT accreditation of the educational programs in Australia is now further complemented by the 'AccOT' program (Allen *et al.*, 2001). Individual therapists can apply for recognition as 'accredited occupational therapists' by engaging in audited professional development activities that demonstrate an intention to maintain professional competence through 'currency of knowledge and skills' (Fricke & McComas, 2001, p. 101). The AccOT program builds upon the Australian occupational therapy competency standards (Australian Association of Occupational Therapists, 1994), mental health competencies (Ford, 2000) and is in addition to individual registration requirements.

In some countries, however, individual registration is not linked in any way to the accreditation status of the educational program, but instead is achieved through the successful completion of an examination. For example, the USA has many occupational therapy programs that are not accredited by the professional association, but their graduates may apply for individual accreditation by sitting for the professional examination. The 'OTR' title is well-known throughout the world as an indication that the therapist is registered in the USA, having successfully completed the national examination.

STAKEHOLDERS

The need for accreditation, the tradition of accreditation

in occupational therapy, and the types of accreditation used, all relate to the different needs of stakeholders. Stakeholders in educational program accreditation encompass a broad spectrum of people who have an interest in the performance and competence of occupational therapists as professionals. These stakeholders include: government; education providers; the profession; and consumers. Their various roles and interests are described here.

Government

Government exercises its interest in and control of health professional preparation programs through:

1. Statutory means (laws, i.e. registration Acts, Acts relating to the constitution of universities, or other Acts that prescribe the conduct of universities, such as, anti-discrimination or occupational health and safety laws).
2. Administrative instrumentalities (e.g. registration boards, institutional accrediting agencies, the Australian Universities Quality Agency).
3. Funding.

Government can, through these avenues, influence the nature of educational programs, the type of accreditation processes required at specialised and institutional levels, and the role that professional associations might play in these processes.

Occupational therapy professional preparation programs in Australia are all provided through universities. Different stakeholders include: senior university management; occupational therapy program directors (variously known in Australia as Head of School, Program Head, or Course Coordinators); occupational therapy educators; and consumers (students and occupational therapy clients). The interests of each of these stakeholders will now be explored.

University management stakeholders

Senior university management in Australia has increasingly taken an interest in the professional accreditation requirements of programs in their institutions (Higher Education Council Australia, 1997). This has also occurred internationally, where specialised accreditation processes (i.e. occupational therapy professional association accreditation) have been identified as: 'outside interference in the traditional governance of the nation's colleges and universities [where] requirements from specialised associations conducting accreditation activities ha[ve] become so detailed and demanding that they infringed on matters of institutional prerogative, thus jeopardizing the greater good of the institution' (Carnegie Foundation on the Advancement of Teaching, as cited in Christiansen, 1985, p. 365).

Professional associations around the world need to be sensitive to these concerns and consider the requirements and processes of their specialised accreditation reviews from the point of view of university management — not for the purposes of compromising their activities, but to design accreditation processes that are seen by this key stakeholder group as credible and reasonable. One minor example that illustrates the issue of apparent ‘interference’ is the WFOT prescription that program directors in occupational therapy must be occupational therapists. This, in most instances, would be considered reasonable, even though from time to time it may mean that universities need to make special arrangements, such as, accepting a program director with academic qualifications that may differ from other disciplines within a university (e.g. no PhD). Another example that may be considered more substantive by management is the charging of a fee for accreditation by the professional association. Until now, no fee has been charged by the professional association. In this instance, the ‘reasonableness’ or otherwise of this requirement would clearly be affected by the amount demanded and the credibility of the process. A further example, which may be seen as much more ‘intrusive’ to institutional prerogative, is the WFOT requirement of 1000 h of fieldwork as a minimum standard in occupational therapy professional preparation programs. Here the professional association is dictating to the university not only a curriculum requirement, but also a specifically directed targeting of resources. This fieldwork example will now be explored in detail to demonstrate the sometimes conflicting views of stakeholders (the profession and the university) in specialised accreditation.

In Australia, medical students like other university students, pay a contribution towards their education, however, the bulk of the cost of approximately 6 years of training is paid for by the government through funding to universities (Higher Education Council, Australia, 1997). In addition, the government funds the professional clinical experience required before a medical graduate can apply for admission to practice (Higher Education Council, Australia). In contrast, occupational therapy clinical experience/fieldwork is not separately funded by the government; funding must come from the usual student fund allocation to universities. Thus, the financial burden of fieldwork appears to fall more heavily on universities for occupational therapy than it does for medicine. At the same time, occupational therapy educational programs must incorporate 1000 h of fieldwork practice as a minimum standard for specialised professional accreditation (through WFOT). Universities are thus caught in a bind, they are not separately supported through the usual government funds for occupational therapy fieldwork but they are required to provide a considerable fieldwork

component in order to be eligible for professional accreditation. Consequently, in Australia, a tradition of collaborative support has developed, where individual members of the profession provide the much needed fieldwork experience through voluntary supervision of students, and the universities aim to prepare and monitor students so that they are safe, competent assets to the field environment. The example of fieldwork minimum standards, demonstrates the conflict that can occur between stakeholder views and requirements. For those outside the profession, such requirements can seem unreasonable as there is no room for an institution to exercise discretion in the conduct of its own programs, for example, to argue that 800 h in certain supervised settings and activities is preferable to 1000 h in fieldwork anywhere. Institutional prerogatives appear to be sacrificed in the case of fieldwork (Christiansen, 1985; Gilkeson, 1992).

The concern of senior management in universities about specialised accreditation by professional associations is understandable given these tensions and the rapidly changing and competitive global environment in which they operate. The strain of conducting compulsory external and internal institutional quality audits in addition to professional association specialised accreditation reviews is considerable. Not surprisingly, in many universities there is increasing emphasis placed on institutional rather than discipline-based mechanisms for ensuring quality, as these focus on the ability of the institution as a whole to meet consumer/client needs, rather than focusing on whether or not a particular discipline has attributes identified as desirable by a professional association (Kelvin & Houston, 1996). This increasing emphasis may present risks to professional specialised accreditation.

Australia is now entering a new era of public accountability through university quality audits. To decrease the risk that professional accreditation is sidelined as these institutional audits become more widespread, it is critical that the profession is aware of, and can work with, the needs of senior university management. Specialised accreditation requirements and processes must be seen to add value to the significant institutional review processes already underway. The profession of occupational therapy needs to have standards and processes that are seen to be reasonable by university management so that they are included as valued elements in institutional accreditation processes, rather than being viewed and resourced as additional and duplicate burdens on already under-resourced organisations.

Occupational therapy academic stakeholders

Occupational therapy program directors have a significant role in accreditation processes and the maintenance of

standards in their programs and are key stakeholders in the professional accreditation process. They are the ones, for example, who are required to complete the compulsory surveys of new or existing programs in WFOT accreditation. Internationally, they also play a significant role in applying for, coordinating and completing applications for national accreditation (e.g. accreditation with the American Occupational Therapy Association). Despite this, there is little in published work that defines their role or interests in accreditation.

There is also little in published work that presents the views or experience of occupational therapy program educators about accreditation, although they are critical to the conduct of the program and provide much of the material used by assessors in accreditation reviews. There has been some work exploring the perspectives of practitioners regarding accountability and competence, but not of educators themselves (Fawcett & Strickland, 1998). Educators in the professions provide the link between education and practice and must be aware of the potential for discontinuity between the two so that they can actively manage it (Cavanaugh, 1993). Indeed, in other professions, (e.g. librarianship) the potential of educators to be removed from practice was seen as a reason why they should not be involved in program accreditation at all (Berry, 1991).

A particular problem for the educator involved in accreditation is the challenge of how best to review and audit curriculum integration. The recognition of 'reflective-practice' as a feature of professional work in the modern world, means that the integration of education with practice throughout an occupational therapy professional preparation program is essential (Schon, 1983). Being able to present evidence about the quality of a program should, in the 21st century, mean being able to demonstrate integration across the curriculum, rather than a simple identification of inclusion of specific content or skills. The current WFOT minimum standards has the latter focus, where the assumption is that the curricula can be compartmentalised; and where standards relate to content areas, proportions of content within a program or records of hours spent in particular areas of fieldwork. Cavanaugh (1993) identified that many current professional preparation curricula are founded on discipline specific components, where each subject is a segment of specialised knowledge, often taught by specialists but never integrated to professional practice. So, occupational therapy is not alone, but it does require some rethinking if professional accreditation standards and processes are to be seen as relevant to stakeholders in occupational therapy education. The first OT AUSTRALIA project on accreditation guidelines for educational programs began this process by accepting diversity in curricula (Cusick, 1999), however, the WFOT minimum standards were used as the foundation document

so moving Australian accreditation processes further forward on this issue remains a large task.

The profession as stakeholder

The profession is an obvious stakeholder in accreditation of professional programs as it drives and, to a large extent, controls the process. In this discussion, 'the profession' is taken to mean the professional associations that represent the interests and needs of members, the overwhelming majority of whom are practitioners. Internationally in occupational therapy, this body is the WFOT and nationally it is OT AUSTRALIA. The profession as stakeholder has a number of interests: (i) the nature of standards set and the requirement for program compliance; (ii) the processes selected to assess such compliance; (iii) the selection and training of assessors or accreditation committees for the task; (iv) the use of accreditation to protect public trust and safety; and (v) the use of accreditation to promote professional self-interest both within and outside the profession.

Professional associations in occupational therapy play a major role in identifying the nature of standards set. Attributes of professional competence are a clear focus as previously mentioned. Professional associations also play a major role in deciding the processes used to determine whether education providers have complied with standards. The general tenor of most program accreditation processes is that of inspection for compliance at a fixed point in time. Processes commonly used in accreditation of professional programs within and outside occupational therapy include: inspection of facilities through site visits; examination of documentation prepared by the program and institution on the course, organisation or staff (commonly prepared through a self-study or compilation of a portfolio); examination of student work and assessment; consultations with students and staff; and use of a specialist accreditation committee of the professional association (Kisbey, 1986; Thomas & Arseneault, 1992; Dukes, 1993; Linkowski & Szymanski, 1993; Higher Education Council, Australia, 1997; American Occupational Therapy Association, 1999) The profession faces a third challenge when developing accreditation processes that are credible to all stakeholders. That is the selection and performance of program assessors. At present there are no WFOT standards or guidelines for the selection of program assessors. Indeed, committees of any type are not a requirement in WFOT guidelines, however, they are used in some national guidelines (American Occupational Therapy Association, 1998). Consequently, in some countries, the selection of assessors may occur in an ad hoc way. For example, until 1997 in Australia, volunteers were called from State professional association meetings to serve as

educational program assessors. In these situations, there were no special qualifications required, no training, no protocol for document collection or inspection, no mandate for site visits to established programs, no schedule to use if a visit was conducted, no monitoring of assessor activities and no mechanism of appeal. This situation has been partially ameliorated with the first OT AUSTRALIA project on Australian guidelines for accreditation of educational programs and the establishment of a National Assessor Panel (Cusick, 1999; Betheras, 2001). However, there is still more work to do to establish appropriate panel membership criteria, due process for panel activities and decision-making and mechanisms for appeal. The second OT AUSTRALIA project on accreditation of educational programs, which is now underway, will inevitably explore some of these issues (Allen *et al.*, 2001).

The fourth concern of the profession relates to the upholding of public interest through accreditation processes. The profession uses specialised accreditation as a means to legitimately promote and uphold standards to protect public trust and safety. But interestingly, the incentive for such reviews is not all associated with a disinterested ethic of service to the public. Professional self-interest can also be served (Christiansen, 1985), which is the fifth issue of concern.

Professional self-interest and its promotion through accreditation processes can be related to the protection of the profession from sector or market rivals. The power of any one profession in a multidisciplinary environment can rise or fall without any relation to features, such as, uniqueness of service, knowledge base or standards. Rather, professional power may depend upon the extent to which a profession is successful in maintaining a monopoly on a service and over consumers who want that service (Freidson, 1986). Central to this power is the extent to which a profession is successful in bureaucratising its domain of interest and practice (e.g. through registration that restricts the right to practice; Freidson). Accreditation by the professional association is clearly a strong mechanism to achieve this. If mechanisms of practice control through accreditation can then be tied to legislative restrictions on practice or service payments dependent on accreditation status of individuals or institutions, then the monopoly of the professional group is made stronger still, and the power of the profession will be enhanced (Freidson). Therefore, educational institutions have strong incentives to seek and maintain professional association accreditation as it is unlikely that they will attract students for their programs if the program itself is not formally recognised by the profession; graduates will not be able to enter the monopoly if their program is not accredited. Consequently, despite the concerns of university management regarding the reasonableness or otherwise of professional

association demands, most universities will do whatever they have to in order to get accreditation. The connection between accreditation, market monopoly, status and professional power underpins the importance that professions attach to the accreditation of programs.

Professional self-interest can also be related to the protection of interests by already established groups within the profession. New occupational therapy education programs, new entrants to the labour force, even new ways of education and practice, are likely to be the subject of intense scrutiny as their possible impact on established monopolies of students, knowledge, market share and so on are considered by those in established groups who have the power to approve or reject the accreditation of a new program. Specialised professional accreditation of educational programs thus has enormous potential to limit innovation and diversity within the profession as established groups seek to protect their own interests — all in the apparent interest of ‘the profession’. In occupational therapy, educational program accreditation it is clear that there are obvious opportunities for a conflict of interest to muddy the way in which processes are conducted or decisions are made. For this reason, the membership of assessor panels must be devised in a way that minimises such opportunities, and processes must be transparent, accountable and based on the principles of natural justice.

Professional self-interest is a reality in any accreditation activity. It is thus a reality in occupational therapy educational program accreditation. It must be recognised that accreditation can be used to restrict practice, guard market share and further the interests of established groups. It needs to be explicitly recognised as a real factor in any accreditation process and openly dealt with to better protect and serve the public interest.

Consumer stakeholders

Consumers are an important but neglected stakeholder group in accreditation literature. There is a dearth of information on the experience and perspectives of stakeholder groups (Boucher, 1999). Consumers include not only the recipients of occupational therapy service, but also the recipients of educational programs, that is, students. Current WFOT guidelines make no mention of consumers either in terms of their participation in the accreditation process or eliciting their views. Institutional accreditation reviews commonly involve participation by students, directly through surveys of graduate outcomes and satisfaction, contributions to panels and discussions and indirectly through measures of completion rates, retention rates, and academic performance. The new Australian Universities Quality Agency (AUQA) places particular importance on input by students into institutional self-studies

and audits (Beanland D., 2001, personal communication). It is thus a matter of national interest. More than a decade ago, Christiansen (1985) identified that the participation of occupational therapy consumers was a critical component of a credible professional accreditation system. At present, only some national accreditation systems have consumer input in place, for example, through consumer representatives on the official accreditation committee of the association (American Occupational Therapy Association, 1998).

Managing stakeholder agendas

It is clear that stakeholders in accreditation can and do have different agendas and all must be considered and proactively managed if credibility is to be maintained. Ways to enhance the credibility of accreditation processes include: recognition of due process; participation by all stakeholders in formulating standards and guidelines; stakeholder participation in implementing standards and guidelines; reasonable standards that are set external to the institution or profession; and review mechanisms and measures based on research (Roberts, Grimes, Moseley & Bruhn, 1984a,b; Linkowski & Szymanski, 1993; Waltz & Belcher, 1994; Szymanski & Linkowski, 1995).

Accreditation standards also need to be streamlined so that they present only those principles and processes that are demonstrably linked to program quality and the professional competence of graduates or they are likely to be seen as irrelevant to stakeholders outside the profession. The practical relevance of accreditation to the upholding and improvement of standards must be identified for stakeholders, so that they can see the usefulness of accreditation. In nursing, for example, Gropper (1996) found no difference in performance between accredited and non-accredited program graduates in registration or licensure examinations.

Accreditation processes should also be streamlined to include only those activities that give the relevant high quality information that assessors actually use in making their accreditation recommendations. Unless professional accreditation standards and processes are streamlined, there is the real risk that they could be marginalised from mainstream accrediting practice as stakeholders see their demands and processes as irrelevant and unreasonable. Currently, there are few valid, reliable measures available for the accreditation of programs in any field (Szymanski & Linkowski, 1995). Measures have already been proposed for use in allied health (Roberts *et al.*, 1984a,b), rehabilitation counselling (Linkowski & Szymanski, 1993), and nursing (Thomas & Arseneault, 1992) but they have not been widely adopted. In the absence of these measures, other strategies for gathering useful information

for assessors must be considered. Self-study appears promising as a process that can provide not only the information required, but also a way for program stakeholders to reflect on strengths, weaknesses and set in place strategies to enhance program performance (Lysaught, 1994). This approach was adopted in the initial OT AUSTRALIA accreditation project (Cusick, 1999). It is also being used as a principle activity of the AUQA audit (Woodhouse, 2001).

To further streamline accreditation activities to those that provide high quality information, some thought should also be given to the usefulness of site visits. It has been demonstrated in other fields that much of the information collected on site visits is unnecessary for accreditation decisions (Roberts *et al.*, 1984a,b; Linkowski & Szymanski, 1993). If site visits are to be a part of educational program reviews in occupational therapy, their objectives and activities should be more explicitly targeted to relevant and necessary information required for accreditation decisions.

MAKE ACCREDITATION USEFUL

Trends identified in the mid-1980s, and again in the mid-1990s, suggest that some universities may not see the use of resources in specialised professional accreditation as a worthy investment (Christiansen, 1985; Higher Education Council, Australia, 1997). Universities may do it because they 'have to', to secure opportunities for employment by their graduates, but it would be better if the processes and standards of specialised, professional accreditation were seen as a worthy investment and as a useful complement to the required self-study activities of the AUQA audit (Department of Education, Training & Youth Affairs, 2000).

Occupational therapy program directors and educators need to see specialised professional accreditation as a useful and credible mechanism for quality improvement, rather than a hurdle to be faced every few years with standards and processes that are irrelevant to integrated curricula and institutions that already have heavy institutional requirements for evidence of quality. Occupational therapy educational program accreditation must also be more active in promoting its relevance and usefulness to consumers including students and occupational therapy clients, so that they actively support the need for it and participate in the process. Streamlining what is required, when and how, will be one way to prevent accreditation from becoming marginalised and driving stakeholders to consider lobbying for alternatives to program accreditation, such as, individual practice registration or individual certification of graduates.

DIRECTIONS FOR A BRIGHT FUTURE

Occupational therapy educational program accreditation has a potentially bright future in a world seeking benchmarks for quality service. The present article has presented the strengths and weaknesses of program accreditation approaches and proposed key challenges that need to be faced for improvement to occur.

Professional accreditation of occupational therapy programs is not a guarantee of quality service nor is it actually a guarantee of a quality educational program. This entirely depends upon the rigour of the standards themselves and the quality of processes used to assess them. Professions must therefore be prepared to invest in the development and enhancement of accreditation principles and guidelines to ensure that accreditation has some intrinsic value.

A bright future for specialised accreditation will depend upon the profession recognising the accreditation of occupational therapy education programs for what it truly is; a complex and often conflict ridden process. Accreditation is a means available to the profession to protect public trust and safety, and it is a strong course of action for the profession to create and maintain service and educational monopolies both within and outside occupational therapy. These two agendas create a tension in accreditation that needs to be explicitly acknowledged and pro-actively managed through careful consideration of issues, such as, conflict of interest and due process. Professional accreditation of occupational therapy educational programs is also a process that needs to be presented and promoted to all stakeholders so that their perspectives are understood and the benefits of participation in the accreditation process are clear. In all of this, the profession should not ignore the fact that educational program accreditation in Australia is essentially optional, and as such it could be marginalised by key stakeholders if they do not believe in its relevance and credibility.

The present article proposes that an accreditation process that is well-rationed, reasonable and relevant to all stakeholders is good accreditation. If occupational therapists can agree upon features of good accreditation in education, they will be able to move forward to identify principles upon which processes can be based and the future will be bright. If occupational therapists are unable to agree and act on this, they will face an embattled future in which they are increasingly called upon to justify standards and processes that are not well-supported, are easily challenged as unreasonable, and are of little relevance to stakeholders involved. The path ahead for action in either direction is not easy, but the choice is clear.

ACKNOWLEDGEMENTS

The search for literature used in this article was in part supported by funds of the OT AUSTRALIA 'Accreditation of Australian occupational therapy programs' Project 1998.

REFERENCES

- Allen, R., Whiteford, G., Betheras, S., Champion, P., Moore, K. & Schofield, J. (2001). *Assessor panel project team, Melbourne: OT AUSTRALIA*. Retrieved 22 November 2001, from <http://www.ausot.com.au/standards.htm>.
- American Occupational Therapy Association (1998). *Standards for an accredited educational program for the occupational therapist* (adopted December 1998 by the Accreditation Council for Occupational Therapy Education). Retrieved 22 November 2001, from <http://www.aota.org/students/standot.html>.
- American Occupational Therapy Association (1999). *Introduction to accreditation*. Retrieved 10 August 1999 from <http://www.aota.org/students/introacc.html>.
- Anderson, D., Johnson, R. & Milligan, B. (2000). *Quality assurance and accreditation in higher education: An assessment of Australian and international practice*. Canberra: Department of Education Training and Youth Affairs, Commonwealth Government of Australia.
- Australian Association of Occupational Therapists (1994). *Australian competency standards for entry-level occupational therapists, Final report*. Victoria: Australian Association of Occupational Therapists.
- Berry, J. N. (1991). Don't leave it to the educators: Practising librarians must be part of accreditation. *Library Journal*, 116, 6.
- Betheras, S. (2001). Role of the National Assessor Panel. *Ausot News*, 8, 1.
- Boucher, B. (1999). Changing trends in program assessment in physical therapy education. *Journal of Allied Health*, 28, 165–173.
- Cavanaugh, S. H. (1993). Connecting education and practice. In: L. Curry, J. F. Wergin & Associates (Eds), *Educating professionals: Responding to new expectations for competence and accountability* (pp. 107–125). San Francisco, CA: Jossey-Bass.
- Christiansen, C. H. (1985). Specialized accreditation: Endangered species in an era of change. *American Journal of Occupational Therapy*, 39, 363–366.
- Curry, L. & Wergin, J. F. (1993). Setting priorities for change in professional education. In: L. Curry, J. F. Wergin & Associates (Eds), *Educating professionals: Responding to new expectations for competence and accountability* (pp. 316–327). San Francisco, CA: Jossey-Bass.
- Cusick, A. (1999). Accreditation of occupational therapy educational programs in Australia: Time to do it our way? *Australian Occupational Therapy Journal*, 46, 69–74.
- Department of Education, Training and Youth Affairs (2000). *The Australian higher education quality assurance framework*. Canberra: Commonwealth Government of Australia.
- Dukes, M. (1993). Accreditation procedures: How is a program accredited? *Canadian Journal of Respiratory Therapy*, 29, 181.
- European Network Occupational Therapy Higher Education (2004). *The European Network of Occupational Therapy in Higher*

- Education (ENOTHE) and the European Year of Persons with Disabilities 2003*. Retrieved 19 May 2004, from <http://www.wfot.org.au/liaisonArticles/The%20European%20Network%20of%20occupational%20Therapy%20and%20the%20Europ1.pdf>.
- Fawcett, L. C. & Strickland, L. R. (1998). Accountability and competence: Occupational therapy practitioner perspectives. *American Journal of Occupational Therapy*, 52, 737–743.
- Ford, L. (2000). New competency standards in mental health. *AAOT News*, 7, 1–4.
- Freidson, E. (1986). *Professional powers: A study of the institutionalisation of formal knowledge*. Chicago, IL: University of Chicago Press.
- Fricke, J. & McComas, W. (2001). Recent professional developments. *Australian Occupational Therapy Journal*, 48, 101.
- Gilkeson, G. E. (1992). Universities, accreditation, essentials and the American Occupational Therapy Association. *American Journal of Occupational Therapy*, 46, 661–662.
- Gray, M. S. (1984). Recertification and relicensure in the allied health professions. *Journal of Allied Health*, 13, 22–30.
- Gropper, R. G. (1996). In my opinion: Education outcomes and specialised accreditation. *Nurse Educator*, 21, 8–10.
- Harman, G. & Meek, V. L. (2000). *Repositioning quality assurance and accreditation in Australian higher education*. Canberra: Department of Education, Training and Youth Affairs, Commonwealth Government of Australia.
- Higher Education Council Australia (1997). *Professional education and credentialism*. Canberra: Australian Government Printing Service.
- Kelvin, J. F. & Houston, K. (1996). Improving organizational performance: An introduction to the 1995 Joint Commission on Accreditation of Health Care Organizations Standard. *Cancer Practice*, 4, 88–95.
- Kisbey, B. R. (1986). Techniques for managing the self-study. *Journal of Allied Health*, 15, 43–48.
- Linkowski, D. C. & Szymanski, E. M. (1993). Accreditation in rehabilitation counselling: Historical and current process. *Rehabilitation Counselling Bulletin*, 37, 81–91.
- Lysaught, J. P. (1994). The re-accreditation process: Benefits, costs, and suggestions for improvement. *Evaluation and the Health Professions*, 17, 387–395.
- Martin, P. (2000). Assessment of overseas qualification. *Ausot News*, 7, 4.
- Matarazzo, I. D. (1977). Higher education, professional accreditation and licensure. *American Psychologist*, 32, 856–857.
- McGaghie, W. C. (1993). Evaluating competence for professional practice. In: L. Curry, J. F. Wergin & Associates (Eds), *Educating professionals: Responding to new expectations for competence and accountability* (pp. 229–261). San Francisco, CA: Jossey-Bass.
- Mendez, M. A. (1986). *A chronicle of the World Federation of Occupational Therapists: The first thirty years*. Jerusalem: World Federation of Occupational Therapists.
- Norcini, J. J. & Shea, J. A. (1993). Increasing pressures for recertification and relicensure. In: L. Curry, J. F. Wergin & Associates (Eds), *Educating professionals: Responding to new expectations for competence and accountability* (pp. 78–103). San Francisco, CA: Jossey-Bass.
- Roberts, M. D., Grimes, R. M., Moseley, S. K. & Bruhn, J. G. (1984a). Development of indices of effectiveness: a quantification of the accrediting process. *Journal of Allied Health*, 13, 13–21.
- Roberts, M. D., Grimes, R. M., Moseley, S. K. & Bruhn, J. G. (1984b). A research approach to simplifying the accrediting process of allied health programs. *Journal of Allied Health*, 13, 140–145.
- Schon, D. (1983). *The reflective practitioner: How professionals think in action*. New York, NY: Basic Books.
- Szymanski, E. M. & Linkowski, D. C. (1995). Rehabilitation counseling accreditation: Validity and reliability. *Journal of Rehabilitation*, 61, 12–17.
- Thomas, B. & Arseneault, A. (1992). Organizing your school for accreditation. *Canadian Journal of Nursing Research*, 24, 49–58.
- Wallis, M. A. (1987a). 'Profession' and 'professionalism' and the emerging profession of occupational therapy Part I. *British Journal of Occupational Therapy*, 50, 264–265.
- Wallis, M. A. (1987b). 'Profession' and 'professionalism' and the emerging profession of occupational therapy Part II. *British Journal of Occupational Therapy*, 50, 300–302.
- Waltz, C. F. & Belcher, A. (1994). The re-accreditation process: A commentary/reaction to the opinions of Jerome P. Lysaught. *Evaluation in the Health Professions*, 17, 396–401.
- Whiteford, G., Cusick, A. & Strong, J. (1998). Dialogue and direction: A new focus for occupational therapy academic programmes in Australia. *Australian Occupational Therapy Journal*, 45, 139–143.
- Woodhouse, D. (2001). *Australian universities quality agency audit manual*. Melbourne: Australian Universities Quality Agency.
- World Federation of Occupational Therapists (1998). *Minimum standards and guidelines for the education of occupational therapists*. Perth: World Federation of Occupational Therapists.
- World Federation of Occupational Therapists (2004). *The World Federation of Occupational Therapists: WFOT information*. Retrieved 19 May 2004 from http://www.wfot.org.au/WFOT_information/default.cfm.