Dear Accreditation Council for Occupational Therapy Education (ACOTE®):

I am providing comment regarding the proposed changes to the ACOTE Standards and feel there is an urgent need to make changes to include disability, reflect proper use of disability as an identity and legal identifier and not a condition, include disability as part of DEI, remove barriers reflected in current proposed language, and provide strategies, support, and enforcement mechanisms not currently part of the standards. I feel this will more clearly reflect what we as occupational therapy professionals believe and be a positive step in the right direction to include disabled students and professionals equally in the OT profession. Please consider the following comments and recommended changes:

**Accreditation Council for Occupational Therapy Education (ACOTE) –**

**Suggested changes to the proposed 2023 revision of current standards**

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| **Preamble** |
| A graduate from an ACOTE-accredited occupational therapy program must |
| *\*\**[Be educated as a generalist] ~~with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service.~~ |
| \*\*DELETE: Be educated as a generalist  \*\*REPLACE WITH: Receive a general education with exposure to all practice areas. |
| **A.2.0. ACADEMIC RESOURCES** |
| **A. 2.12 Adequate space** |
| Adequate \*\*classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution and assigned to the occupational therapy program on a priority basis. If laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. |
| \*\*ADD: accessible |
| **A.2.13 Equipment, Supplies, and Evaluative and Treatment Methodologies** |
| The institution must provide the student access and use of ~~Appropriate and~~ sufficient equipment ~~and~~ supplies, and treatment methodologies that reflect current evidence-based practice in the geographic area served by the program. \*\* |
| \*\*ADD: This must include auxiliary and adaptive aids as needed to provide reasonable accommodations |
| **A.2.14 Library, Reference Materials, Instructional Aids, and Technology** |
| Instructional aids and technology \*\*must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods. Student support services must also be available. |
| \*\*ADD: , including assistive technology, |
| **A.3.0 STUDENTS** |
| **A.3.1 Admission Criteria** |
| Admission of students to the occupational therapy program must be made in accordance with the practices of the institution\*\*. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program. |
| \*\*ADD: and non-discrimination laws including the Americans with Disabilities Act and other civil rights legislation. |
| **A 3.2. Admission Policies** |
| Programs must have documented admission policies and procedures for admission, advanced placement, transfer of credit, and prerequisite educational or work experience requirements. These policies must be readily accessible to prospective students and the public and must include ~~pertaining to standards:~~  • An admission process which describes efforts to recruit a diverse student population that aligns with the institutional mission and vision.  • Procedures for admission that reflect a respect or an understanding of cultural Linguistic and individual diversity.   * \*\* |
| WE SUPPORT REMOVAL OF pertaining to standards |
| \*\*ADD: Procedures for confidential provision of reasonable accommodations in the admissions process. |
| **~~A.4.7.~~ Completion in a Timely Manner MOVED TO 3.4.A** |
| The program must have a documented and published policy to ensure that students complete all graduation and fieldwork requirements in a timely manner. This policy must include a statement that all Level II fieldwork (and the doctoral capstone) must be completed within a time frame established by the program. \*\* The program must describe how retention practices support a diverse student body. |
| \*\*ADD:This should not rule out allowance for flexibility needed related to reasonable accommodations for medical or disability-related circumstances including but not limited to modification of policies or procedures. |
| **A.3.6. Student Support Services** |
| Students must be informed of and have access to the student support services \*\*that are provided to other students in the institution. |
| \*\*ADD: , including disability support services, |
| **A.4.0. PUBLIC INFORMATION & POLICIES** |
| **A.4.1 Accurate Program Publications** |
| All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must \*\*accurately reflect the program offered \*\*. |
| \*\*ADD: adhere to established web and document accessibility standards and  \*\*ADD: and the accessibility of the campus and program |
| **A.4.4. Published Policies and Procedures** |
| The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following: |
| Policy and procedures for processing and maintaining student and faculty grievances must be defined and published.  \*\* |
| \*\*ADD paragraph: Policy and procedures for registering for, receiving, and communicating reasonable accommodations through disability services in a timely and confidential manner. |
| **Diverse student population** must be defined and a plan to \*\*retain the diverse student population |
| \*\*ADD: to recruit, support, and |
| **A.5.0. CURRICULUM FRAMEWORK** |
| **A.5.1. Curriculum – Preparation to Practice as a Generalist** |
| The curriculum must \*\*[include preparation to practice as a generalist]\*\* with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health. |
| \*\*DELETE include preparation to practice as a generalist  \*\*REPLACE WITH: provide a general education |
| **A.5.7. Written Syllabi and Assessment Strategies** |
| The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. \*\*Programs must also demonstrate the consistency between course syllabi and the curriculum design. Assessment strategies to assure the acquisition of knowledge, skills, attitudes, professional behaviors, and competencies must be aligned with course objectives and required for progress in the program and graduation. |
| \*\*ADD: The syllabi must provide information regarding procedures for obtaining reasonable accommodations. |
| **B.1.0. FOUNDATION CONTENT REQUIREMENTS** |
| **B.1.2 Sociocultural, Socioeconomic, Diversity Factors, \*\*[and Lifestyle Choices]** |
| Apply and analyze ~~and evaluate~~ the role of sociocultural, socioeconomic, and diversity, equity and inclusion \*\*factors \*\*[, as well as lifestyle choices in contemporary society] to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, \*\* and introductory sociology or introductory anthropology. |
| \*\*DELETE: [and Lifestyle Choices] from header, move “and’ in front of diversity  \*\*ADD: accessibility (diversity, equity, inclusion, and accessibility), move “and” to after inclusion  \*\*DELETE: , as well as lifestyle choices in contemporary society  \*\*ADD: disability studies, |
| **B.1.3. Social Determinants of Health** |
| Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for \*\*[disabilities] and chronic health conditions~~. This must include an analysis of~~ and distinguishes the epidemiological factors that impact the public health and welfare of populations. |
| DELETE: disabilities  REPLACE WITH: acute  *Rationale****:***  *Disability is an identity and a legal identifier. OT works to prevent and treat medical conditions, disease, and dysfunction, not disability.* |
| **B.2.0. OCCUPATIONAL THERAPY THEORETICAL PERSPECTIVES** |
| Current and relevant interprofessional perspectives including rehabilitation, [disability,]\*\* and developmental as well as person/population–environment–occupation models, \*\*theories, and frameworks of practice. |
| \*\* DELETE: disability  \*\* ADD: models of disability and diversity,  *Rationale****:***  *Disability is an identity and a legal identifier. OT works to prevent and treat medical conditions, disease, and dysfunction, not disability.* |
| **B.3.0. BASIC TENETS OF OCCUPATIONAL THERAPY** |
| **B.3.7 Safety of Self and Others** |
| Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention. \*\* |
| \*\*ADD: Safety includes knowledge of when to delegate and supervise task components and when to request assistance. |
| **B.4.0. REFERRAL, SCREENING, EVALUATION, INTERVENTION PLAN, IMPLEMENTATION** |
| **B.4.10.** **Provide Interventions and Procedures** |
| Recommend and provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations. |
| This must include the ability to select and deliver \*\*occupations and activities, ~~preparatory methods and tasks (including~~ and therapeutic exercise, interventions to support occupations, education and training, and advocacy, group interventions, and virtual interventions. |
| \*\*ADD: or direct |
| **B.4.18. Grade and Adapt Processes or Environments** *[Note: out of sequence in standards]* |
| Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments \*\*, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances. |
| \*\*ADD: in accordance with accessibility and universal design principles |
| **B.4.9. Remediation and Compensation** |
| Design and implement \*\* intervention strategies to remediate and/or compensate for functional cognitive deficits, visual deficits, and global psychosocial functions, and behavioral and mental health deficits that affect occupational performance. |
| \*\*ADD: client-centered |
| **B.4.17 Superficial Thermal, Deep Thermal, and Electrotherapeutic Agents and Mechanical Devices** |
| Demonstrate \*\* use and knowledge and ~~use of~~ the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions. |
| \*\* ADD: or articulate |
| **B.4.11. Assistive Technologies and Devices** |
| [OTA - Explain] \*\*[Assess the need for and demonstrate the ability to] \*\*,\*\*[design, fabricate, apply,] fit, and train inassistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being. |
| \*\*REVERSE WORD ORDER: Demonstrate the knowledge and the ability to assess the need for  \*\*DELETE: design, fabricate, apply,  \*\*REPLACE WITH: select, recommend, assess effectiveness of, direct others in the use of, |
| **B.4.12 Orthoses and Prosthetic Devices** |
| Assess [OTA: Explain] the need for orthotics, and design, fabricate \*\*, apply\*\*, fit, \*\*and train in orthoses and devices used to enhance occupational performance and participation. Train in the safe and effective use of prosthetic devices used to enhance occupational performance. |
| \*\*ADD: or refer  \*\*ADD: or direct others to apply  \*\*ADD: assess effectiveness |
| **B.4.13. Functional Mobility** |
| Provide recommendations and training in techniques to enhance functional mobility, including physical transfers\*\*, wheelchair management, and mobility devices. |
| \*\*ADD: with or without a device |
| **B.4.14. Community Mobility** |
| Evaluate the needs of persons, groups, or populations to design programs that enhance community mobility, and implement transportation transitions, including driver rehabilitation\*\* and community access. |
| \*\*ADD: , accessibility barrier removal, |
| **B.4.15. Technology in Practice** |
| Demonstrate knowledge of the use of technology in practice, which must include:   * Electronic documentation systems * Virtual environments * Telehealth technology * \*\* * \*\* |
| \*\*ADD: Assistive technology  \*\*ADD: Current technology accessibility standards |
| **B.5.9 Supervision of Personnel** |
| Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non–occupational therapy personnel\*\*. |
| \*\*ADD: including the provision of reasonable accommodations. |
| **C.1.2 Student Access to Fieldwork Site Data** |
| Have a documented process that ensures all students have access to site requirements, objectives \*\* and data prior to the start of the fieldwork experience. |
| \*\*ADD: , accessibility, reasonable accommodations processes |
| **C.1.6 Level I and Level II Fieldwork Selection Process and Affiliation Agreements** |
| The program must:  • Document the process and criteria for selecting \*\*fieldwork sites \*\*. |
| \*\*ADD: and excluding  \*\*ADD: including accessibility, provision of reasonable accommodations, and modification of policies and procedures so that accommodations are in place proactively. |
| **[no heading]** The goal of Level II fieldwork is to develop competent, entry-level**,** [generalist]occupational therapists \*\*. |
| \*\*DELETE:generalist  \*\*ADD: with generalist knowledge and the ability to practice in a variety of settings. |
| **C.1.13. Level II Fieldwork Supervision** |
| Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client’s condition, and the ability of the student to support progression toward entry-level competence.  **\*\*** |
| \*\*ADD: Ensure that appropriate supervision includes the provision of approved reasonable accommodations. |
| **GLOSSARY** |
| **ADVOCACY:** Efforts directed toward promoting occupational justice and empowering clients \*\* to seek and obtain resources to fully participate in their daily life occupations. Efforts undertaken by the practitioner are considered advocacy, and those undertaken by the client are considered self-advocacy and can be promoted and supported by the practitioner (AOTA, 2014). |
| \*\*ADD: groups, populations, and systems |
| **DIVERSE STUDENT POPULATION**: Reflective of a variety of \*\* cultural, ethnic, racial, \*\* socio-economic, identity, linguistic, educational, and gender \*\*backgrounds. Race and ethnicity is one way, but not the only way diversity can be reflected within a group. \*\*Furthermore, a person cannot be “diverse” (as in “diverse candidate”). A diverse student population is an outcome of justice, equity, and inclusion efforts. (AOTA DEI Toolkit, 2021) |
| **\*\*REORDER: cultural, ethnic, racial, disability, gender, identity, linguistic, and educational**  **\*\*ADD: disability**  **\*\*DELETE: backgrounds** |
| **DIVERSITY**: broadly defined as the unique attributes, values, and beliefs that make up an individual (Taff & Blash, 2017) when compared with the context of a group or population. Diversity comes in many forms, including, but not limited to, socioeconomic status, race, sex, ethnicity, age, disability, sexual orientation, gender identity, and religious beliefs (AOTA, 2020) |
| WE ARE IN AGREEMENT AND SUPPORT THIS ADDITION. |
| **POPULATION-BASED INTERVENTIONS:** Interventions focused on promoting the overall health status of the community by p**reventing** disease, injury, \*\*[disability,] and premature death. A population-based health intervention can include assessment of the community’s needs, health promotion and public education, disease \*\*[and disability] prevention, monitoring of services, and media interventions. Most interventions are tailored to reach a subset of a population, although some may be targeted toward the population at large. Populations and subsets may be defined by geography, culture, race and ethnicity, socioeconomic status, age, or other characteristics. Many of these characteristics relate to the health of the described population (Keller et al., 2002). |
| \*\*DELETE: disability  \*\*DELETE: disability replace with dysfunction |
| *Rationale****:*** *Disability is an identity and a legal identifier. OT works to prevent and treat medical conditions, disease, and dysfunction, not disability.* |

Thank you for considering my comments and recommended changes to the proposed ACOTE Standards Revisions. I look forward to the committee taking necessary action to include individuals with disabilities, remove barriers to education, and make necessary steps to ensure equal access and opportunities are afforded to all through the new ACOTE Standards and review and enforcement mechanisms.

Sincerely,