

1. Is the O&P body of knowledge relevant for the future practitioner or does it need to be redefined as we move into the future?

- a. Has the body of knowledge changed in the past ten years? If yes, how?
- b. Has clinical practice changed in the last ten years? If yes, has the body of knowledge kept pace with this change?
- c. Will a growing body of knowledge expand our scope of practice and move us to consider a new educational model based on a master's degree?
- d. Given increasing globalization, do we need to be consistent with other countries?
- e. Does ISPO's Category I standard identify competencies and materials that should be parts of O&P's body of knowledge?

2. Are the current core competencies (taught in O&P programs and residency) relevant or do they need re-evaluation or updating and expansion?

- a. Are there developing events, trends, or futures that will elevate demand for O&P and/or change the nature of our body of knowledge?
- b. If our core-competencies are not adequate for the upcoming decade does this demonstrate the need for a new educational model (master degree) or just re-evaluation of the current core competencies?
- c. Will changing the educational system to better deliver the core-competencies produce a better care-giver and researcher in the future?
- d. If our core-competencies are inadequate to meet the needs of the future what will we have to add in order to make them relevant to the future practice of O&P?
- e. How do the levels of O&P care (practitioner, technician, assistant, fitters) fit into the current scheme of core competencies and are the core-competencies specific to each level?
- f. Is the practitioner level of competencies an accumulation of all levels?
- g. How will we determine core-competencies for the future (practice analysis, Nielsen study, experts)?
- h. Is the ISPO Category I standard high enough?
- i. Would that curriculum, etc., work for our healthcare delivery system and schools?

3. Educationally, where does the profession want to be in 10 to 15 years?

- a. Should we transition to a higher-level degree?
- b. If we move to a higher-level degree can we link this with our residency program?
- c. How do governmental issues, such as licensure and competitive bidding affect the restructuring of education?
- d. In light of the recent development of external pressures on O&P (NRM, PT efforts to eliminate us, competitive bidding, licensure, impacts of technology), is it imperative that we move to the higher level to maintain our place in the health care world?
- e. What role could technology play in basic education and training, continuing education, refreshment of skills, collaboration in practice, and sharing of best practices?
- f. How and would reimbursement be affected?

4. Why should the profession move towards a master's degree as an entry-level education in the next decade?

- a. What evidence supports this transition?
- b. Will this transition produce more teachers, researchers and better clinicians?
- c. Will this transition help us compete with external pressures such as PT infringement, government relations, and lack of reimbursement?
- d. How does a master's-level degree impact our clinical training program?
- e. Are there any negatives associated with this type of transition?
- f. Is there an international system of accreditation for education?
- g. Is there an international system for certification? Do they mix the concepts of certification/criteria with education?

5. If the profession transitions to a master's degree through the next decade;

- a. Should O&P be combined into one discipline for master's-level training – thereby expanding the body of knowledge and producing clinicians who can practice both?
- b. Should O&P expand each discipline for master's-level training and grow each, thereby producing highly trained specialists for each?
- c. How should it be designed – technical/professional, research or combination of the two?
- d. How will this affect the residency program since we recognize that clinical training is necessary, and is it possible to make the residency part of the master's degree?
- e. Has any other healthcare profession transitioned to a master's degree and are there models that we can evaluate?
- f. Will this affect the manpower shortage?
- g. What faculty would be available to teach at this level?
- h. Does the transitioning of the practitioner program to an entry level master's degree affect the education of our technicians, assistants or fitters?
- i. Will this program be attractive to potential students?

6. Will the current programs be able to justify this transition to their university administrations?

- a. Will current bachelor's/certificate programs be able to move towards master's-level training if mandated by NCOPE?
- b. How long will it take?
- c. Is it of benefit to the university?
- d. What are the obstacles in the university system preventing this?
- e. Will this increase student enrollment?
- f. Can O&P get crossover students from PT/OT?