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Original Article

Exploration of the relevance and quality of occupational therapy training programs in Latin American countries

Exploración sobre pertinencia y calidad de los programas de formación en terapia ocupacional en países de América Latina

Análise da relevância e da qualidade dos programas de formação em terapia ocupacional em países da América Latina

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Abstract

Introduction: Occupational therapy training programs in Latin America were created in the 1950s. Their curricula are designed to identify and respond to local needs in accordance with principles of quality and social relevance, based on studies on training conducted since 2014. However, there is still no overall picture of academic programs in the region. **Objective:** To describe the characteristics that contribute to the relevance and quality of undergraduate occupational therapy training programs in Latin America. **Methodology:** Exploratory study with a hermeneutic perspective, in four phases: program updates, website searches, online questionnaire, processing, and analysis. **Results:** We identified 142 undergraduate programs in 15 countries, offered by 123 higher education institutions, 57% private and 43% public, with 53% programs approved by the World Federation of Occupational Therapy (WFOT). The curricula range from 5 to 10 semesters, with a bachelor's degree for 8 semesters and a professional degree for 9 or 10 semesters. Fifty-four percent of teachers have specialized training and 25% have a master's or doctoral degree. **Conclusions:** Undergraduate academic programs in occupational therapy in the region are mainly represented by Argentina, Chile, Brazil, and Colombia, in urban areas and identified in medical fields, with curriculum structures according to WFOT guidelines, where the main resource is the teacher, advancing in terms of specialization and training.

Keywords: Universities, Occupational Therapy, Faculty, Curriculum.

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Resumen

Introducción: Los programas de formación en terapia ocupacional en América Latina se crearon en la década de 1950, sus planes de estudio se encargan de identificar y responder necesidades locales atendiendo principios de calidad y pertinencia social, contando con estudios sobre la formación realizados desde 2014, sin embargo, aún no se cuenta con un panorama general sobre los programas académicos en la región. **Objetivo:** Describir características que responden a pertinencia y calidad en los programas de formación de pregrado en terapia ocupacional en América Latina. **Metodología:** Estudio exploratorio con perspectiva hermenéutica, en cuatro fases: identificación de programas, búsqueda en sitios electrónicos, cuestionario virtual, procesamiento y análisis. **Resultados:** Se identificaron 142 programas de pregrado en 15 países, ofertados por 123 Instituciones de Educación Superior, 57% privadas y 43% públicas, 53% programas aprobados por la Federación Mundial de Terapeutas Ocupacionales (WFOT). Los currículos abarcan de 5 a 10 semestres con grado de licenciado para 8 semestres y profesional para 9 a 10 semestres. 54% de docentes tienen formación especializada y 25% maestría o doctorado. **Conclusiones:** Los programas académicos de pregrado en terapia ocupacional en la región están mayormente representados por Argentina, Chile, Brasil y Colombia, en territorios urbanos y vinculados a instituciones de salud, con estructuras curriculares según lineamientos de la WFOT donde el principal recurso es el docente, avanzando en términos de especialización y formación.

Palabras clave: Universidades, Terapia Ocupacional, Docentes, Currículum.

Resumo

Introdução: Os programas de formação em terapia ocupacional na América Latina foram criados na década de 1950. Os seus planos de estudo têm como objetivo identificar e responder às necessidades locais, atendendo aos princípios de qualidade e relevância social, com base em estudos sobre a formação realizados desde 2014. No entanto, ainda não existe uma visão geral dos programas acadêmicos na região. **Objetivo:** Descrever as características que respondem à pertinência e qualidade dos programas de formação de graduação em terapia ocupacional na América Latina. **Metodologia:** Estudo exploratório com perspectiva hermenêutica, em quatro fases: atualização de programas, pesquisa em sites eletrônicos, questionário virtual, processamento e análise. **Resultados:** Foram identificados 142 programas de graduação em 15 países, oferecidos por 123 instituições de ensino superior, 57% privadas e 43% públicas, 53% dos programas aprovados pela Federação Mundial de Terapeutas Ocupacionais (WFOT). Os currículos abrangem de 5 a 10 semestres, com graduação em 8 semestres e profissionalização em 9 ou 10 semestres. 54% dos docentes têm formação especializada e 25% mestrado ou doutorado. **Conclusões:** Os programas acadêmicos de graduação em terapia ocupacional na região são representados principalmente pela Argentina, Chile, Brasil e Colômbia, em territórios urbanos e identificados com áreas médicas, com estruturas curriculares de acordo com as diretrizes da WFOT, onde o principal recurso é o docente, avançando em termos de especialização e formação.

Palavras-chave: Ensino Superior, Terapia Ocupacional, Docentes, Currículo.

Introduction

Higher education in Latin America, a field marked by historical, social, and political change (Martínez et al., 2023), emerged in the 16th century during colonization as an instrument of power and cultural control based on the European model (Souza, 2018),

reflecting tensions, aspirations, and educational inequalities in Latin American societies that persist to this day (Souza, 2018).

From Argentina, the University Reform of Córdoba[1] (1918) influenced the democratization of education and university autonomy throughout the region, facilitating the entry of the middle class into educational institutions (Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura, 1998; Stolowicz, 2005; Tünnermann, 2008; Suasnábar, 2018). It represented the first challenge by the traditional Latin American university to colonial legacies, driven by anti-oligarchic university autonomy—a struggle marked by setbacks and, at times, tragedy, with the participation of social groups and popular movements[2]. These disputes led to significant reforms, such as the University Reform in Mexico (1933), coinciding with the Mexican Revolution, and those in Uruguay (1958), Chile, and Brazil (1968). In Brazil, even during the military dictatorship, intense student struggles sought to modernize and democratize access to free higher education, establishing it as a human right (Stolowicz, 2005; Marsiske, 2018).

In 1990, neoliberal reforms within the context of globalization increased the participation of private higher education institutions, promoting the commodification of knowledge through reduced public funding and an increase in students paying low tuition fees (Carrasco, 2020). These reforms promoted the integration of quality, competitiveness, and citizenship, encouraging individuals with skills responsive to the demands of modernity and the market, disconnected from the social needs intended in the democratization of education. This coincided with the emergence of quality assurance and measurement programs, curricular flexibility, and a competency-based approach (Martínez, 2004, as cited in Vázquez, 2015).

Given this scenario, the World Declaration on Higher Education in the 21st Century: Vision and Action (Centro Regional para la Educación Superior en América Latina y el Caribe, 1998), the Incheon Declaration (2015), and the United Nations Educational, Scientific and Cultural Organization (UNESCO) propose universal access to education as a public and social good, emphasizing the guarantee of equitable access, quality, and relevance in higher education within a globalized world (Souza, 2018; Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura, 2015a, 2020). In the report *Education for All* (2000-2015), UNESCO highlighted challenges related to access and inclusion, since, although university enrollment in Latin America and the Caribbean increased from 1.5 million to 21 million over the past three decades, access rates to higher education in most countries remain lower among Indigenous and rural communities compared to urban areas (Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura, 2015b; Sistema de Información de Tendencias Educativas en América Latina, 2020). In parallel, the World Conferences on Higher Education (WCHEs)[3] held in Paris (2018) and Barcelona (2022) highlighted the contribution of education, with a

[1] The Córdoba Reform: It was called the "Córdoba Movement" because it was initiated by students in 1918 in Córdoba, Argentina. It promoted a profound reform of Latin American universities (Tünnermann, 2008). Between 1918 and 1924, the principles of "Córdoba" regarding university democracy and genuine pedagogical and scientific renewal were championed. In 1921, the First International Congress of Students met in Mexico, followed by the Montevideo Congress, which upheld the principles of "genuine university democracy," "genuine pedagogical and scientific renewal," and "genuine popularization of education." Between 1918 and 1924, these principles were also championed by students in Chile, Uruguay, Colombia (from Medellín), Cuba (led by Julio Antonio Mella), and Peru. The Peruvian movement demanded that the doors of education be opened to the majority of the excluded Indigenous and mestizo working population, and they created the González Prada Popular Universities, which were attended by workers. Thus, by the end of the 1940s, almost all countries recognized the academic autonomy of the state university (Stolowicz, 2005, p. 141).

[2] The 1958 university reform in Uruguay, one of the most profound at the time, was the result of a mass movement under the slogan "workers and students united and forward." In Chile, the 1968-69 reform movement at the University of Chile was part of that broader popular mobilization that contributed to the victory of Popular Unity in 1970 (Stolowicz, 2005, p. 140).

[3] The World Conferences on Higher Education (WCHEs) are key meetings organized by UNESCO to develop a global vision on the role, functions, and challenges of higher education worldwide. The first and second World Conferences were held in Paris, France, in 1998 and 2009, respectively. The third World Conference was later held in Barcelona in 2022 due to the pandemic.

focus on rights as a public good and on inclusive and equitable education, to the 2030 Agenda for Sustainable Development (SDGs) (Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura, 2022a, 2024c).

This article engages with the declarations of the Regional Conferences on Higher Education (RCHE-2018) and RCHES+5[4]-2024, held in Cartagena and Brasília, respectively, which are related to the WCHEs. This corresponds to Axis 1 on Higher Education as part of the education system in Latin America and the Caribbean, which focuses on SDG 4, "Ensure inclusive and equitable quality education," and on the ongoing transformation of higher education in response to the complex social, political, economic, and cultural realities of contemporary society. The RCHE+5 calls for higher education systems with social commitment, inclusion, and democratization of knowledge, guaranteeing human rights and prioritizing the evaluation and accreditation of higher education programs in light of current trends. The aim is to work toward social emancipation, the solidarity-based integration of Latin America, and the fight against the commodification and privatization of educational systems through programs that allow free and accessible education regardless of the type of institution, whether public or private (Souza, 2018; Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura, 2019, 2022b, 2024a, 2024b, 2024c).

In education plans, the declaration promotes action by countries to ensure free access to education, overcoming the exclusion of populations from lower socioeconomic levels and making attendance and continuity of studies more flexible according to life contexts. It also calls for raising the academic and social profile of the teaching profession through ongoing training and improving the relevance and quality of evaluation and accreditation processes. Regarding the curriculum, it proposes integrating knowledge production components with a human rights perspective, overcoming Anglo-Saxon cognitive and economic dependence; considering the number of semesters, academic hours, credits, and the internationalization of programs, taking into account local needs, national policies, and study modalities. It suggests critically and progressively integrating information systems and artificial intelligence into the curriculum to promote individual autonomy and responsibility, thereby impacting social relevance in science, technology, and innovation (RCHE+5 - 2024).

Finally, RCHE+5 proposes affirmative action regarding quality with equity that positively and equitably values the functions of teaching, research, innovation, and outreach, contributing to improved quality and relevance of higher education institutions (HEIs), while understanding and supporting the dynamics and challenges of local systems. It emphasizes that the evaluation of academic quality must definitively move beyond international rankings that impose invalid criteria in relation to the diversity and complexity of our region, building new parameters that include the region's diversity and interculturality.

[4] RCHE+5: UNESCO proposes holding Regional Conferences on Higher Education every 10 years; however, in 2024, CRES+5 was held in Brasília, incorporating the suffix +5 because it took place five years after the regional conference in Cartagena de Indias in 2018 and because it served as a follow-up and evaluation meeting of the 2018–2028 action plan. The objective of CRES+5 was to evaluate and monitor the degree of compliance with the plan and to adjust higher education priorities in light of the challenges resulting from the COVID-19 pandemic (Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura, 2024b).

Overview of occupational therapy academic training

In accordance with UNESCO guidelines and world conferences, the World Federation of Occupational Therapists (WFOT) has supported minimum curricular standards for study programs worldwide since 1958. These programs face the challenge of considering macroeconomic, social, scientific, economic, and political dynamics (World Federation of Occupational Therapists, 2016). To this end, the curriculum structure incorporates the aforementioned international components: curriculum, teacher composition and training, and student management.

The landscape of occupational therapy training in Latin America, according to Pan's research (2014), highlighted the expansion of the field in Brazil, with 63 programs in 2013. However, in 2023, Bianca Gonçalves' study (2024) updated the offerings in Brazil to 35 active programs across the regions. The study by Bianchi & Malfitano (2017) identified 114 academic programs in Latin America, showing significant expansion after 2000, mostly in the private sector. This expansion demonstrates the strong influence of the neoliberal model and obscures quality parameters within the programs. Furthermore, the research by Rodríguez & Vargas (2023) examined the curricula of programs approved by the WFOT worldwide, with a sample of eleven programs in Latin America emphasizing lines of study in occupation, clinical practice, mental health and education, work, and community (Rodríguez & Vargas, 2023).

Regarding the commitments of the RCHE (2018) and RCHE+5 (2024) action plans for occupational therapy curricular plans in the region, voices emphasize the importance of considering social, territorial, and cultural needs in the curricular offer; the relevance of programs in rural areas in generating professional inclusion strategies in remote places where the population lacks access to higher education; and the inclusion of counter-hegemonic approaches within the curriculum to help free training from Anglo-Saxon and colonial influence (Duarte, 2019; Valderrama, 2019; Herrera, 2022). Furthermore, the landscape of occupational therapy training in the region has been outdated for a decade; therefore, this research aims to explore current conditions related to program characteristics, curriculum plans, teacher training plans and enrollment, and student quotas and registrations from the perspective of relevance and quality, revealing the social function of the profession in the face of current challenges.

Methodology

The research design was exploratory to understand and analyze the characteristics of occupational therapy training programs in fifteen countries (Hernández et al., 2014). A descriptive study was conducted between January and December 2023, collecting data through an online questionnaire on quantitative and qualitative variables. The study was part of a doctoral dissertation in occupational therapy entitled "Undergraduate programs in occupational therapy in the Social Fiel: Perspectives from Curricula and Faculty," approved by the Ethics Committee for Research with Human Subjects (CEP) of the Federal University of São Carlos, Brazil, with favorable opinion number 5.805.006, CAAE: 65013222.8.00005504.

Although the design prioritized quantifiable aspects derived from the online questionnaire, it also included qualitative aspects to provide a descriptive view of the results (Minayo, 1993). The qualitative variables were related to the creation and location of the programs and to teacher training (Cohen & Piovani, 2008).

Four phases were established: first, data collection between January and June 2023. In 2023, data such as the name of the higher education institution (HEI)[5], the program coordinator, and contact information were collected via WhatsApp messages and emails. This information was provided by country delegates to the Latin American Confederation of Occupational Therapy (CLATO) and by occupational therapy associations in Colombia, Argentina, Chile, and Brazil. The information was corroborated with the occupational therapy school registry compiled by Pamela Bianchi between 2013 and 2015 and the research conducted by Bianca Gonçalves in 2022 (Bianchi & Malfitano, 2018; Gonçalves, 2024). This resulted in the registration of 123 HEIs. In a second phase, between June and August 2023, the search was expanded to include program websites to complete the information. Five records not found online were discarded, leaving a sample of 118 programs from 15 countries.

A third phase consisted of completing a virtual questionnaire sent via email to program directors between June and December 2023. A glossary of educational terminology was included. Participants were informed about the objectives, methods, risks, and benefits of participation and provided their free and informed consent. The virtual form included:

i) Institution and Program Identification Module: This module inquired about the country, city, name, and nature of the higher education institution (HEI), program, organizational structure, responsible professional, contact information, and program creation date;
ii) Curriculum Structure Module: This module considered aspects such as WFOT approval, program duration, level of training, number of Admission Slots and number of enrollments in 2020, 2021, and 2022. It also inquired about the number of credits, hours, and courses;
iii) Faculty Structure Module: This module included the number of academic staff, occupational therapist faculty members, specialization, master's, and doctoral degrees, and areas of training.

The fourth phase involved data processing, during which 75 responses were obtained from the online questionnaire. Information from the websites of the higher education institutions (HEIs) was also incorporated to complete the dataset. Twelve records were discarded for containing less than 20% of the required information, leaving 106 records for analysis. The responses were processed in an Excel spreadsheet and organized by module.

Quantitative variables were processed using the Statistical Package for the Social Sciences (SPSS) version 26.0. Data were presented in relative frequency distribution tables with averages and proportions per country for each variable, as an analysis using absolute frequencies would have been too extensive. Data interpretation and analysis were descriptive.

The analysis of the capacity to offer places, and enrollments for the years 2020 to 2022 included an estimate of the arithmetic mean of places for the three years. The information for private programs allowed the calculation of the probability trend and the average natural enrollment rate, that is, whether the proposed slots corresponded to subsequent enrollments, using the following equation: Average enrollments 2020–2022 = 28,026 + (2,747 Ln (T)), probability $\beta 0 \leq 0.002$ and probability $\beta 1 < 0.05$; F = 621,926, probability $F < 0.05$; $R^2 = 0.998$. For public programs, the average natural rate and the inverse annual elasticity coefficient were defined using the following equation: Average enrollments 2020–2022 = 65,923 – (33,692 * 1/T), probability $\beta 0 \leq 0.05$ and probability $\beta 1 < 0.05$; F = 197,37, probability $F < 0.05$; $R^2 = 0.995$.

[5] This study uses the term "institution of higher education" (IHE) rather than "university" because it includes training programs offered by healthcare institutions, educational centers, and study centers.

The reverse trend rate was necessary because the average number of slots was significantly lower or higher than estimated.

The nominal qualitative variables were also expressed through frequency distributions. The full texts of the open-ended questions were extracted and deductively organized, establishing relationships that allowed for the identification of categories for further analysis.

Results

Characteristics of occupational therapy academic programs

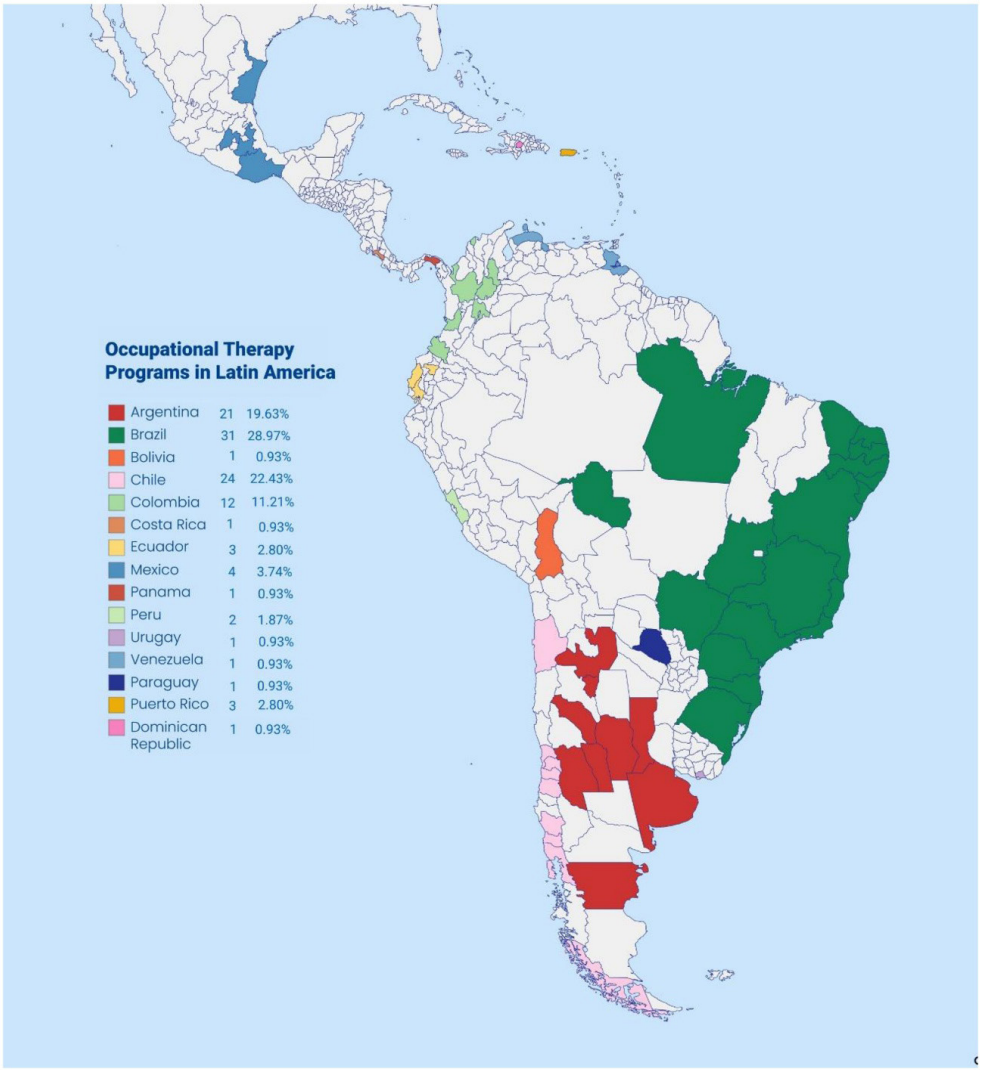

Figure 1. Map showing the geographic location of academic programs in the region.
Note: Author's own elaboration.

A total of 142 occupational therapy programs were identified in 15 Latin American countries (Figure 1), belonging to 123 higher education institutions. The program is offered in various regions within each country: in Chile, at Andrés Bello,

Santo Tomás, and San Sebastián Universities; and in Mexico, at Teletón University and the Comprehensive System for Family Development (DIF). Table 1 lists 106 programs, 82% of which are distributed across four countries: Brazil, Chile, Argentina, and Colombia. Notable growth is observed in Argentina, from 13 to 21 programs (61%); Chile, from 30 to 43 programs (43%); and Colombia, from 10 to 12 (20%) (Bianchi & Malfitano, 2017). Private programs account for 57.5% and public programs for 42.5% (Table 1).

Table 1. Distribution of Programs by Type of Funding and WFOT Approval.

Country/Title	*# of Program*	*Total %*	*Private*	*%*	*Public*	*%*	*WFOT APPROVAL*			
							NO	*%*	*YES*	*%*
Brazil	**30**	**29**	**9**	**30**	**21**	**73**	**15**	**50**	**15**	**50**
Bachelor's Degree in Occupational Therapy	21	-	7	33	14	67	-	-	-	-
Occupational Therapy	10	-	2	20	8	80	-	-	-	-
Chile	**24**	**22**	**21**	**88**	**3**	**12**	**11**	**46**	**13**	**54**
Occupational Therapy	24	-	21	88	3	12	-	-	-	-
Argentina	**21**	**20**	**12**	**57**	**9**	**43**	**10**	**48**	**11**	**52**
Bachelor's Degree in Occupational Therapy	19	-	10	53	9	47	-	-	-	-
Occupational Therapy	2	-	2	100	-	-	-	-	-	-
Colombia	**12**	**11**	**9**	**75**	**3**	**25**	**-**	**-**	**12**	**100**
Occupational Therapy	12	-	9	75	3	25	-	-	-	-
México	**4**	**4**	**2**	**50**	**2**	**50**	**2**	**50**	**2**	**50**
Bachelor's Degree in Occupational Therapy	4	-	2	-	2	-	-	-	-	-
Ecuador	**3**	**3**	**-**	**-**	**3**	**100**	**3**	**100**	**-**	**-**
Bachelor's Degree in Occupational Therapy	2		-	-	2	**66**	-	-	-	-
Occupational Therapy	1		-	-	1	**34**	-	-	-	-
Puerto Rico	**3**	**3**	**3**	**100**	**-**	**-**	**3**	**100**	**-**	**-**
Occupational Therapy	1	-	2	-	-	-	-	-	-	-
Associate in Occupational Therapy	2	-	1	-	-	-	-	-	-	-
Peru	**2**	**2**	**1**	**50**	**1**	**50**	**1**	**50**	**1**	**50**
Occupational Therapy	1	-	-	-	1	-	-	-	-	-
Medical Technology in Occupational Therapy	1	-	1	-	-	-	-	-	-	-
Bolivia	**1**	**1**	-	-	**1**	**100**	**1**	**100**	**-**	**-**
Occupational Therapy	1	-	-	-	1	-	-	-	-	-
Costa Rica	**1**	**1**	**1**	**100**					**1**	**100**
Bachelor's Degree in Occupational Therapy	1		1	100						
Panamá	**1**	**1**	**-**	**-**	**1**	**100**	**-**	**-**	**1**	**100**
Bachelor's Degree in Occupational Therapy	1	-	-	-	1	-	-	-	1	-
Paraguay	**1**	**1**	**1**	**100**	**-**	**-**	**1**	**100**	**-**	**-**
Bachelor's Degree in Occupational Therapy	1	-	1	-	-	-	-	-	-	-
Dominican Republic	**1**	**1**	**1**	**100**	**-**	**-**	**1**	**100**	**-**	**-**
Bachelor's Degree in Occupational Therapy	1	-	1	-	-	-	-		-	-
Uruguay	**1**	**1**	**-**	**-**	**1**	**100**	**1**	**100**	**-**	**-**
Bachelor's Degree in Occupational Therapy	1	-	-	-	1	-	-	-	-	-
Venezuela	**1**	**1**	**-**	**-**	**1**	**100**	**-**	**-**	**1**	**100**
Bachelor's Degree in Occupational Therapy	1	-	-	-	1	-	-	-	-	-
Grand Total	106	100	60	57,5	46	42,5	49	46	57	54

Note: Authors' own elaboration using data from the questionnaire, official program websites, and the World Federation of Occupational Therapists (2016).

Geographic distribution is concentrated in urban areas in Colombia, Peru, and Ecuador—in the central and Pacific regions—and in Mexico, in the central and northern parts of the country. Bolivia, Paraguay, Uruguay, Panama, the Dominican Republic, Puerto Rico, and Costa Rica offer their programs in the capital cities; Brazil and Venezuela distribute their offerings in the Atlantic and Central regions; and Argentina and Chile distribute their offerings across most of their territories (Figure 1).

Eighty percent of the programs created before 2005 by WFOT. Between 2006 and 2021, 48 programs were accredited or had their accreditation renewed, with Brazil (15), Chile (13), Argentina (10), and Colombia (12) having the highest numbers of approved programs. In contrast, the study by Bianchi & Malfitano (2017) reported 26 accredited programs. Of the approved programs, 37 are public and 19 are private (Table 1).

Ninety-three percent of the programs are offered in person, reflecting their connection to the health professions. There are also blended, hybrid, and fully online offerings (Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura, 2024a). In Argentina, 3% combine in-person and online learning (hybrid), 2% are fully online, and 2% are blended, with platforms such as EVA or Moodle being the most prominent. Questions persist in Argentina, Chile, and Colombia regarding virtual occupational therapy training, and in Brazil, Decree 2117 (2019) allows up to 40% of the course load to be delivered remotely (Brasil, 2019; Marchant, 2021).

Seventy-five percent of programs are located within faculties of health sciences, body care, or medical fields; 7% within schools of social sciences or humanities, education, or public health; and 8% within institutes or centers.

The majority of programs are named Occupational Therapy (67%), Bachelor's Degree in Occupational Therapy (26%), or Medical Technology or Associate Degree in Occupational Therapy (7%), in Peru and Puerto Rico (Table 1).

Figure 2 presents a timeline of the emergence of these programs in the region, from 1905 to 1950, coinciding with the polio epidemic, during which volunteers and rehabilitation students began providing care (Testa, 2013; Duarte, 2019; Monzeli, 2019). In the 1950s, the first academic programs were established in universities, except in Mexico, where training began in a rehabilitation institution.

Figure 2. Timeline of the creation of occupational therapy programs in 15 Latin American countries.
Note: Original work.

Between 1970 and 1985, 23% of the programs were created. Between 1986 and 2007, there was a significant expansion of programs (26%), particularly private ones, as a result of neoliberal policies that expanded markets. This trend continued from 2008 to 2017, a period during which 34% of the region's programs were established (Nabergoi, 2013; Bottinelli et al., 2016; Monzeli et al., 2021).

Curriculum structure of occupational therapy programs

The United Nations Educational, Scientific and Cultural Organization (UNESCO) (2015a) recommends third-level curricula lasting 8 to 10 semesters, with academic degrees determined by national legislation. A total of 52.4% of occupational therapy programs have 10 semesters, 29.3% have 8 semesters, and 14.6% have 9 semesters. A technical or assistant degree in occupational therapy corresponds to 6 semesters in 4% of programs (Table 2). Bachelor's degrees include designations such as Human Occupational Science, Occupational and Integrative Science, Medical Technology, and a specialization in occupational therapy. In Chile, 8- and 10-semester programs are offered, with the option of obtaining a bachelor's degree in up to 8 semesters and a 10-semester degree for occupational therapist certification (Table 2).

Before 1999, curricula in Latin America were structured based on the number of hours. That same year, the European Commission approved the Bologna Declaration, establishing the European Credit Transfer and Accumulation System (ECTS), which structures curricula based on the number of credits, promotes student mobility, and facilitates the transfer of credits earned abroad (Grupo Latinoamericano del Proyecto Tuning, 2013). Credits are equivalent to 30 hours, comprising academic hours and independent work. However, there was no consensus on a standard number of hours per credit in the Latin American region, and not all countries adopted this proposal Grupo Latinoamericano del Proyecto Tuning, 2013). Accordingly, for this study, 39 responses were received, estimating an average of 212.6 academic credits, with variations among countries: Mexico, 15 hours; Chile and Colombia, from 27 to 30 hours (Table 2).

The number of academic hours was recorded in 45 programs, with an estimated average of 3,477 hours; the lowest recorded was 2,700 hours for a 5-semester program and 4,200 hours for a 10-semester program. It was observed that public programs have 64% more training hours (Table 2).

Between 23 and 75 subjects were recorded, with an estimated average of 49 for private institutions and 48 for public institutions (Table 2). In many cases, curricula are structured in modules, resulting in a higher number of hours per subject. A program with 50 subjects might have an average of 2.5 hours per subject, while another program with 25 subjects could have double the hours. The countries with the highest number of subjects in their curricula are Paraguay, Mexico, Chile, and Colombia.

Analysis of program supply and graduates

Understanding the supply capacity, demand, and relevance of programs allows for estimating the need for future programs. Therefore, the information provided made it possible to identify enrollment management patterns, without drawing definitive conclusions. Based on 22 private and 26 public programs, the average number of Admission Slots per country in the 2020–2022 period was estimated at 44. In Uruguay, Venezuela, Argentina, and Brazil, the average offer for private programs was 60 places; in Chile, 46; Bolivia, 40; and Colombia, 36 places. Meanwhile, in public programs, the countries with the highest number of Admission Slots were Uruguay, Venezuela, Mexico, and Chile (Table 3).

Table 2. Curriculum structure according to country and type of funding.

Country	Private						Public					
	# programs[6]	*Duration in Semesters (average)*	*Duration in years (average)*	*Average number of credits*	*Average hours*	*Average grade for subjects*	*# programs*	*Duration in Semesters (average)*	*Duration in years (average)*	*Average number of credits*	*Average hours*	*Average grade for subjects*
CHILE	**21**	**10**	**5**	**300**	**-**	**52**	**3**	**10**	**-**	**300**	**8,700**	**57**
COLOMBIA	**9**	**9**	**-**	**159**	**-**	**60**	**3**	**10**	**-**	**168**	**7,770**	**57**
VENEZUELA	**-**	**-**	**-**	**-**	**-**	**-**	**1**	**-**	**4**	**184**	**4,500**	**32**
ECUADOR	**-**	**-**	**-**	**-**	**-**	**-**	**3**	**-**	**-**	**135**	**4,024**	**46**
BRAZIL	**9**	**8**	**4**	**-**	**3,586**	**49**	**21**	**9**	**4**	**224**	**3,667**	**48**
ARGENTINA	**12**	**10**	**4**	**224**	**3,158**	**42**	**9**	**9**	**5**	**282**	**3,628**	**41**
BOLIVIA	**1**	**10**	**-**	**-**	**-**	**46**	**-**	**-**	**-**	**-**	**-**	**-**
COSTA RICA	**1**	**-**	**4**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
MEXICO	**2**	**8**	**-**	**321**	**-**	**46**	**2**	**9**	**-**	**448**	**-**	**62**
PANAMA	**-**	**-**	**-**	**-**	**-**	**-**	**1**	**-**	**4**	**193**	**-**	**58**
PARAGUAY	**1**	**-**	**4**	**-**	**3,640**	**66**	**-**	**-**	**-**	**-**	**-**	**-**
PERU	**1**	**10**	**-**	**-**	**-**	**55**	**1**	**10**	**-**	**228**	**-**	**37**
PUERTO RICO	**3**	**5**	**-**	**79**	**-**	**26**	**-**	**-**	**-**	**-**	**-**	**-**
DOMINICAN REPUBLIC	**1**	**-**	**4**	**235**	**3,525**	**65**	**-**	**-**	**-**	**-**	**-**	**-**
URUGUAY	**-**	**-**	**-**	**-**	**-**	**-**	**1**	**8**	**4**	**-**	**-**	**32**
Grand total (average)	**22**	**9**	**4**	**238**	**3,441**	**50**	**14**	**9**	**4**	**231**	**5,522**	**50**

Note: Authors' own elaboration using data from the 2023 questionnaire.

[6] The number of programs refers to those that responded to these items.

Table 3. Proportion of Admission Slots, Enrollments, and Graduates in the Period 2020-2022 by Country and Program Funding Type.

Country	Admission Slots 2020-2021-2022			Private		Public		*Total Enrollments in Private and Public Programs (Average)*	*% enrollments vs Admission Slots*	*Total Graduates in Private and Public Programs (average)*
	Private	*Public*	*Total (average)*	*Enrolled 2020-2021-2022*	*Graduates 2020-2021-2022*	*Enrolled 2020-2021-2022*	*Graduates 2020-2021-2022*			
ARGENTINA	60		**60**	36				36	**61**	
BOLIVIA	40		**40**	49	6			49	**123**	6
BRAZIL	60	41	**45**	18		31	27			27
CHILE	46	55	**47**		87					87
COLOMBIA	36	46	**38**	35	30	50	13	42	**111**	21
COSTA RICA	25		**25**	20				20	**80**	
ECUADOR		30	**30**			30	37	30	**100**	37
MÉXICO	20	63	**48**	5	4	54	55	30	**61**	29
PANAMÁ		25	**25**			27	15	27	**109**	15
PARAGUAY										
PERÚ		20	**20**			20		20	**100**	
PUERTO RICO	23		**23**	23	16			23	**99**	16
URUGUAY		90	**90**			58	6	58	**65**	6
VENEZUELA		85	**85**			85	69	85	**100**	69
Total (average)	**39**	**51**	**44**	**27**	**29**	**44**	**32**	**38**	**86**	30

Note: Author's own elaboration using data from the 2023 questionnaire.

The analysis of probability, average natural rate, and trend equation for enrollments from 2020 to 2022 in private and public programs yielded a constant average enrollment rate of 28 students in private programs and a decreasing average enrollment rate of 65 students in public programs. Consequently, the countries with the highest enrollment rates were Argentina, Bolivia, Brazil, Colombia, Ecuador, and Chile. This finding is crucial for educational institutions, as it suggests a decreasing enrollment trend in contexts where decisions should be made to reduce the number of available places, and an increasing trend where decisions should be made to expand them (Table 3). Furthermore, enrollment rates exceeding the number of Admission Slots were observed in Bolivia (123%), Colombia (111%), and Panama (109%), highlighting the need to create new programs.

The average number of graduates in public programs was 36 students per year, while in private programs it was 30 graduates per year, with the highest numbers of graduates reported in Venezuela, Brazil, Chile, and Ecuador (Table 3).

The structure of the teaching plan in occupational therapy programs

The relevance and quality in higher education proposed by RCHE+5 (2024) promote the updating and evaluation of teaching conditions; however, technological growth and increased university enrollment jeopardize the relevance and quality of teaching performance, aspects that must be addressed in order to raise the professional profile (Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura, 2024a). The analysis of faculty yielded an average of 27.6 faculty members, 22 in public institutions and 33 in private institutions. The countries with the highest numbers were Argentina, Mexico, and Brazil, while Paraguay and Puerto Rico had the lowest averages (Table 4). The average number of occupational therapist faculty members was 16 in private institutions and 22 in public institutions, with higher numbers found in Argentina, Chile, Colombia, and Mexico, consistent with the higher number of programs offered in those countries. Of the 1,959 professionals registered, 1,304 were occupational therapists, followed by medical specialists, nurses, psychologists, sociologists, and faculty in pedagogy and special education. Meanwhile, Bianchi & Malfitano (2017) identified 1,116 professors from various fields, including civil engineering, nutrition, biochemistry, and kinesiology.

Regarding faculty development, 75.76% of the faculty are occupational therapists with postgraduate training. More than half of the programs have faculty with specializations (54%); 67 programs have faculty with master's degrees (63%); and 54 programs have faculty with doctoral degrees (51%). There were 652 faculty members with specializations, 952 with master's degrees, and 404 with doctorates. Mexico, Chile, Brazil, and Colombia stand out at the master's level (Table 4). Ten faculty members in public programs and two in private programs held doctoral degrees, with Brazil, Chile, and Mexico being the most prominent (Table 4).

In the areas of faculty development, five categories were identified: Higher education teaching, including pedagogy, special education, reading, and writing; Disability and rehabilitation, including the integration of persons with disabilities, sensory integration, rehabilitation and health, neurorehabilitation, occupational health and safety, and mental health; Health sciences or biological fields, including medical sciences, neurodevelopment and motor skills, aging, public health, collective health, childhood and adolescence, and child development; Social sciences, including studies in psychology, philosophy, human rights, human development sciences, and neuropsychology; and Health management and public policy, encompassing health management, health administration, quality management, planning, and public management.

Table 4. Average Number of Faculty Members and Level of Training in Higher Education Institutions by Country.

Country / Type of Institution	*Average Faculty Members*	*Occupational therapists*	*Average Faculty with Specialization*	*Average Faculty with Master's Degrees*	*Average Faculty with Doctoral Degrees*
ARGENTINA	**37**	**23**	**14**	**10**	**4**
- Private	**-**	**22**	**13**	**11**	**4**
- Public	**-**	**24**	**15**	**9**	**4**
BOLIVIA	**12**	**3**	**10**	**10**	**2**
- Private	**12**	**3**	**10**	**10**	**2**
BRASIL	**25**	**16**	**6**	**13**	**14**
- Private	**13**	**6**	**3**	**6**	**3**
- Public	**28**	**18**	7	**15**	**16**
CHILE	**29**	**24**	**29**	**19**	**4**
- Private	**28**	**22**	**32**	**20**	**4**
- Public	**34**	**31**	**5**	**13**	**4**
COLOMBIA	**26**	**18**	**10**	**13**	**3**
- Private	**23**	**16**	**9**	**12**	**2**
- Public	**33**	**23**	**17**	**15**	**5**
COSTA RICA	**18**	**12**	**16**	**8**	**1**
- Private	**18**	**12**	**16**	**8**	**1**
ECUADOR	**25**	**11**	**18**	**13**	**1**
- Public	**25**	**11**	**18**	**13**	**1**
MÉXICO	**45**	**29**	7	**35**	**8**
- Private	**13**	**8**	7	**8**	**2**
- Public	**77**	**50**	**8**	**63**	**11**
PANAMÁ	**25**	**10**	**4**	**6**	**-**
- Public	**25**	**10**	**4**	**6**	**-**
PARAGUAY	**6**	**6**	**2**	**-**	**-**
- Private	**6**	**6**	**2**	**-**	**-**
PERÚ	**24**	**17**	**5**	**8**	**3**
- Private	**10**	**10**	**1**	**7**	**2**
- Public	**37**	**24**	**9**	**8**	**3**
PUERTO RICO	**7**	**7**	**6**	**4**	**5**
- Private	**7**	**7**	**6**	**4**	**5**
URUGUAY	**42**	**15**	**5**	**1**	**2**
- Public	**42**	**15**	**5**	**1**	**2**
VENEZUELA	**32**	**17**	**6**	**8**	**2**
- Public	**32**	**17**	**6**	**8**	**2**
Number in Occupational Therapy Programs	**1959**	**1304**	**652**	**952**	**404**
- Private	**832**	**573**	**397**	**443**	**67**
% vs. total number	**42%**	**44%**	**61%**	**47%**	**17%**
- Public	**1127**	**731**	**255**	**509**	**337**
% vs. total number	**58%**	**56%**	**39%**	**53%**	**83%**

Note: Authors' own elaboration based on data from the 2023 questionnaire.

Discussion

Occupational therapy academic programs emerged during the University Reform of Córdoba, which aimed to democratize education by granting university autonomy, primarily to public institutions. However, their greatest expansion occurred under globalization and the neoliberal reforms of the 1970s in private educational institutions, operating under a market logic with sometimes unaffordable tuition fees. This contradicts the vision of higher education as a right, a public good, compulsory and free, and therefore undermines the fight against the commodification and privatization of educational systems.

Studying occupational therapy curricula allowed us to understand the conditions of this academic approach; however, there is limited literature on curricular content as a response to academic challenges, and few studies exist for Latin America: Bianchi & Malfitano (2017) and Parra (2018). There are also experiences from Brazil involving curriculum reformulations aligned with national guidelines and public policies, as well as those of the WFOT (World Federation of Occupational Therapy) for occupational therapy training. Curriculum reformulation studies, such as that of the Federal University of São Paulo in 2018, focused on reducing course loads, modifying practical training, and increasing curricular flexibility (Jurdi et al., 2018). The Federal University of Paraná proposed a curriculum matrix based on training axes (Zimmermann et al., 2019). These studies delve more deeply into curricular areas and components. However, this study does not identify significant curricular integration in which a human rights perspective prevails, which hinders overcoming the Anglo-Saxon cognitive dependence present in occupational therapy programs in these countries.

The logic of educational expansion in the context of globalization partly determined the funding of programs in Chile, Costa Rica, Mexico, and Colombia, where the supply is predominantly private (57.5%), the same data reported by Bianchi & Malfitano (2017), who acknowledged the increase in supply after 2000, with 63% being private institutions offering limited access to low-income social groups. For their part, RCHE+5 and UNESCO promote actions to ensure equitable and free access to education in order to overcome the exclusion of low-income populations. In this regard, states have an outstanding debt; free education is not even universally available in public institutions, and most occupational therapy programs are offered by private institutions. Countries that offer free public education include Argentina, Uruguay, Venezuela, public universities in Brazil, and some universities in Mexico (Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura, 2024a). The number of programs with affirmative action policies for free education was limited in this study, and questions were raised regarding these policies and the low coverage for minority groups, Indigenous populations, Afro-descendants, rural communities, and people with disabilities. The literature also documents actions in Colombia and Brazil, such as quota laws establishing fixed enrollment for Black or Afro-Brazilian populations, Indigenous peoples, minority groups, and low-income individuals (Gomes & Hernández, 2017).

Regarding countries with mixed funding models, free tuition policies have been implemented to benefit specific population groups, although questions remain about their coverage. Two examples are Colombia and Chile: the "Ser Pilo Paga" (Being Smart Pays Off) or "Renta Joven" (Youth Income Support Program) programs in Colombia and the "Gratuidad en la Educación Superior" (Higher Education Tuition-Free Policy) program in Chile. These initiatives target low-income populations and minority groups (Indigenous peoples, Afro-descendants, persons with disabilities, and victims of armed conflict).

Another example is the allocation of ethnic admission slots or intercultural programs in Bolivia and Ecuador (Ministry of National Education of Colombia, 2013; 2024; Barrientos Oradini et al., 2021; Chile, 2025). In Colombia, coverage in 2023 for applicants to public institutions reached 53%, and in Chile, 36% of students from vulnerable and lower-income sectors benefited (Colombia, 2023; Barrientos Oradini et al., 2021). It is also questioned whether the gratuity law benefits both private and public institutions within a model that prioritizes private provision over the strengthening of state institutions (Lopez & Núñez, 2025).

About the relevance of the expansion of occupational therapy academic programs, these have increased by 36% over the past two decades, with an emphasis on private provision in Brazil, Argentina, and Chile. In Brazil, according to the study by Gonçalves (2024), 14 programs were identified in the Southeast, 11 in the Northeast, 6 in the North, and 6 in the Central-West region. Argentina distributes programs across ten of the country's 24 provinces. In Chile, 24 institutions with 46 training programs were reported across 16 of the country's 56 provinces, with the regions of Santiago, Concepción, Temuco, Valdivia, and Viña del Mar standing out. This notable increase highlights the concentration of programs in urban areas, capital cities, and central regions of countries—particularly in Colombia, Mexico, Peru, Ecuador, Puerto Rico, and Venezuela—creating geographic and cultural barriers for rural populations. In Colombia, the capital offers four programs; five other cities have only one program each; and the rest of the country lacks provision, indicating that students from regions distant from urban centers must relocate to large cities to pursue training (Duarte, 2019). In Mexico, the supply is concentrated in Mexico City with five programs and in three central-northern states—Oaxaca, Puebla, and Tamaulipas—but is absent in the northern, southern, and southeastern regions of the country. In Ecuador, one program is offered in three cities out of 24 provinces, and the remaining countries offer a single program located in their capital cities.

Latin American colleagues have raised concerns about the distribution and characteristics of the programs, calling for recognition of cultural aspects and regional needs, which contrasts with the generalized internationalization of academic programs that are not always tailored to local conditions. Herrera (2022) points to the lack of training programs in the Peruvian highlands, coast, and rainforest; Duarte (2019) questions the urban and centralized approaches that shape training and overlook Colombian cultural diversity, and reflects on the shortage of professionals in rural and remote regions of that country. Valderrama (2019) proposes incorporating occupational therapies from the Global South into curricula, with counter-hegemonic themes such as the worldviews and epistemologies of Indigenous peoples, as well as subjects that facilitate dialogue with vulnerable groups within an intercultural framework, such as sign language and Indigenous languages, and the inclusion of environmental education in light of the socio-environmental crisis affecting the region, aligned with the vision of overcoming Anglo-Saxon hegemony (Valderrama et al., 2023). Finally, colleagues from Paraguay propose including Guarani, the native language of the Paraguayan people and an official language of the country alongside Spanish, arguing that this would allow for a better understanding of each individual's situation within their territories (Iaffei & Giménez, 2022).

Currently, half of the occupational therapy programs in the region are accredited by the WFOT, with a higher prevalence in the public sector. In recent decades, local accreditation processes have emerged, particularly in Colombia, Chile, Mexico, Costa Rica, and Ecuador, coinciding with the rise of neoliberalism. The inclusion of rankings based on invalid criteria, given the region's diversity and complexity, has been questioned.

These processes are linked to regional and international bodies such as councils and national commissions for the evaluation and accreditation of higher education. UNESCO and RCHE+5 are urging these entities to develop new parameters that address the challenges faced by regional education systems (Martínez Iñiguez et al., 2017).

The quality and relevance of education within action plans were assessed based on the characteristics of occupational therapy programs that distinguish the profession in health, social, community, labor, legal, and educational fields. Programs within health sciences faculties predominate, demonstrating a connection with faculties of social sciences or humanities. The duration of the degree program averaged 9 semesters, or approximately 4 years, similar to other studies such as that of Rodríguez & Vargas (2023), in which 55% of the programs studied had an average duration of 4 years; the study by Bianchi & Malfitano (2017), which reported durations of 4, 8, and 10 semesters; the curriculum reformulation study of the Occupational Therapy course at the Federal University of Paraná in 2016, with 9 semesters (Zimmermann et al., 2019); and the study on quality in occupational therapy training by Parra (2018), which reported durations of 10 semesters in Colombia and Chile, and 8 in Argentina.

Most programs exhibit a balance in the number of hours and subjects, in accordance with recommendations for educational plans from the World Federation of Occupational Therapists (2016), ranging from 3,200 to 4,500 hours, with an average of 42 to 50 subjects. This aligns with studies by Parra (2018), which reported 3,030 hours for the University of Buenos Aires; and Pan & Lopes (2019), which reported 3,800 hours for 4-year curricula and 3,960 for 5-year curricula. Similarly, the study by the Federal University of São Paulo recorded 4,200 hours over four years (Jurdi et al., 2018); the Federal University of Paraná specified 3,305 hours over five years (Zimmermann et al., 2019); and a study on curricula in Latin America reported that 72% of programs had 40 courses (Rodríguez & Vargas, 2023).

It should be noted that the credit system created to promote curricular internationalization, introduced by the Alfa Tuning Latin America Project and led by the Organización de las Naciones Unidas para la Educación, la Ciencia y la Cultura (2015a), was not adopted by most universities in Argentina and Brazil. These countries faced resistance due to differences in course loads and program structures, as well as variations in credit equivalencies, contrary to the spirit of this system (Ferreira & Lima, 2013). The results of this study ranged from 240 to 450 credits, with Uruguay, Colombia, Mexico, and Ecuador showing differences in their equivalencies. These disparities affect of degree validation, or course equivalency for students who have studied outside their home countries; for them, these discrepancies represent a barrier to having their degrees recognized, which is necessary for them to apply for competitive positions or jobs after studying abroad.

Regarding faculty composition and professional development, this is a key parameter for the relevance and quality of programs, raising the academic and social profile and improving faculty evaluation. The proportion of occupational therapist faculty members in the region increased to 75.76% by Bianchi & Malfitano (2017). Largely due to the expansion of educational programs. This issue had previously been highlighted as a concern regarding investment in teaching human resources in the study by Pan (2014), which showed a 23% increase in faculty across fifteen universities, and by Bianchi & Malfitano (2017), which recorded only 456 faculty members with postgraduate degrees in the region. Concerning specialization, master's, and doctoral degrees, the figures identified were four times higher than those estimated by Bianchi & Malfitano (2017).

The limited access to faculty information by country is noteworthy, as responses were not received from all countries and higher education institution websites often provide insufficient faculty information, with the exception of Brazil, Chile, and Colombia, which have integrated mechanisms for consulting teaching and research profiles. In Colombia, the CvLAC[7] application of the Ministry of Science, Technology, and Innovation is used. In Brazil, the Lattes Platform, an information system managed by the National Council for Scientific and Technological Development (CNPq), provides this information; and in Chile, it is accessible on each program's website. Thus, faculty training demonstrates a diversity of fields of action, with postgraduate studies related to the clinical field of disability and/or rehabilitation; health sciences; teaching and management in health; and areas related to the social sciences, consistent with the findings of Bianchi & Malfitano (2017).

A final aspect related to the relevance of educational programs is the relationship between available places and enrollment, where public offerings exceed the number of places in private programs. There is a greater supply in higher education institutions (HEIs) in Uruguay, Venezuela, Mexico, and Chile; however, logically, there is greater coverage in countries with a greater number of academic programs. Private HEIs employ strategies to maintain enrollment, meaning that their programs have specific actions to promote career choice, and admission systems are flexible, though not free in all countries. Higher enrollment is observed in Argentina, Brazil, Colombia, Ecuador, and Chile. There is also a need to increase the number of programs offered, as the capacity to offer them has been exceeded in Bolivia, Colombia, and Panama within three years.

The contribution of this study to curricular reviews of study plans is recognized, as it presents a general overview of the characteristics of academic programs, curricular structure, faculty structure and training, and the ratio of available places to enrollment in a high percentage of HEIs. The information presented in this research is expected to reach institutions in participating countries and contribute to the improvement of curricula. Furthermore, it aims to broaden the scope of future research by considering the data and analysis provided for the opening and approval processes of occupational therapy academic programs, which would directly impact the importance, necessity, and employability of future graduates. The results contribute to the evaluation or accreditation of programs, carried out by quality assurance agencies in different countries, which includes aspects such as viability or social relevance (employment rates or the likelihood of graduates finding employment, geographic coverage, gaps), as well as academic quality, curriculum design, teaching plan, and program sustainability or viability.

Likewise, this study contributes to a deeper analysis of curricula involving the identification of needs that demonstrate the program's relevance, analysis of study axes from a human rights perspective, definition of objectives, selection of content and methodologies; and implementation and evaluation of curricula, including responses to the needs of the surrounding area.

Finally, the social relevance of training programs leads us to reflect on the need to organize research groups with the participation of stakeholders from different countries. This would enable data integration and the evaluation of the consistency of the information produced with official data.

[7] CvLAC is the application in which the curricula vitae of individuals participating in science, technology, and innovation activities are registered on the platform of the Ministry of Science and Technology of Colombia.

Conclusions

This study responds to the regional call made by RCHE+5 regarding the relevance and quality of socially committed training programs within curricula, considering diverse political, social, and economic contexts. The findings indicate that occupational therapy training curricula in the region are represented in a large number of countries, with the pioneering nations—Argentina, Brazil, Chile, Mexico, Venezuela, and Colombia—showing the greatest growth. Although RCHE+5 proposes guaranteeing access to higher education as a human right, in the field of occupational therapy the expansion of programs does not fully align with the profession's social relevance. This growth has occurred primarily in urban areas, with a tendency toward concentration in central regions and capital cities, leaving vast territories, including rural and remote areas, underserved.

It can be stated that bachelor's and professional degrees constitute the largest proportion of programs in the region, and the curriculum is predominantly focused on medical, health sciences, and biological sciences, with a smaller proportion dedicated to the social sciences and humanities. The curriculum structure aligns with WFOT parameters, featuring relatively homogeneous course loads and a number of subjects consistent with UNESCO's quality standards for education.

The faculty is strengthened both in number and qualifications, with a significant increase in faculty members holding specializations, master's degrees, and doctorates, particularly in clinical and health sciences, education, management, and research. There is also a noticeable increase in faculty members specializing in the social sciences and humanities. Despite this progress, the region still has few specific postgraduate programs, although opportunities exist in related professional fields that broaden and diversify this training.

The analysis of the supply and demand for admission slots and enrollments, in terms of program relevance, revealed a tendency to maintain the supply of slots; however, this enrollment trend was not sustained in public programs. In Bolivia and Mexico, enrollments consecutively exceeded available slots, indicating the need for a greater number of academic programs.

The study's limitations regarding the availability of information from the online questionnaire completed by academic program coordinators are noteworthy, as the questions were not mandatory, resulting in incomplete responses—particularly in the faculty and student modules—for 52% of the programs. This situation constituted a limiting factor but did not invalidate the data processing or analysis. Additionally, with the exception of Brazil and Colombia, most countries lack legislation requiring the publication of complete information about academic programs on their websites. In general, the available information was insufficient or outdated, which hindered data collection.

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Livet Rocío Cristancho González: Original idea; execution of the doctoral research project that led to this article; methodology design; data collection and analysis; text preparation and writing; revision and corrections. Fátima Corrêa Oliver: Doctoral research advisor; methodology planning; guidance on text design; text writing; revision. All authors approved the final version of the text.

Data Availability

The data supporting the results of this study are available from the corresponding author upon reasonable request.

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