

## Potential Impacts of Entry Level Clinical Doctorate Degrees in the Health Professions

A Report on the Potential Impacts of Entry-Level Clinical Doctorate Programs in the Health Professions is a sequel to a report entitled Descriptive Differentiation of Clinical Doctorates that was distributed by the Association of Schools of Allied Health Professions (ASAHP) in 2008 to key organizations in the accreditation and higher education community. ASAHP members have expertise on this topic that those less knowledgeable about the issue may find helpful. This follow up report, developed by the ASAHP Education Committee, clarifies important distinctions between entry-level and advanced-level clinical doctorate education programs. Included in the report is the committee's view of the positive and negative impacts that clinical doctorate degrees may have on health professions education and the health care industry. We welcome response and commentary on the committee's work.

Development of clinical doctorate programs primarily occurs for one of two reasons:

1. To elevate the requirements for entry level training
2. To address a need for advanced practice

For this report, we have focused upon elevation of requirements for entry level; there appears to be less controversy about training for advanced practice.

Impact of Elevated Degrees: Considerations of the impact of elevation of requirements for entry level generally fall one of three categories:

- a. Institutional, including considerations of regional accreditation, such as "substantive change;" recruitment and retention of faculty, at least at the same degree levels as those which the institution awards; and additional costs that may be incurred with changes in degree levels, e.g. the cost of programs moving from community colleges into four year institutions.
- b. Societal and Economic considerations such as student and faculty diversity; tuition burden on students and the possible interruption or slowing of critically needed health care workforce graduates.
- c. Academic considerations such as the role of research in entry-level and advanced practice doctorate (previously addressed in the ASAHP Clinical Doctorate Paper) but also of practitioners; the potential role of graduates of such programs in the academy for such responsibilities as clinical teaching.

The following are specific pros and cons that were identified by the committee and fit into the above categories.

### Pros for a clinical doctorate as entry level:

- Address new developments in health care – Many professions have evolved over the past couple of decades by increasing utilization of advancing technologies and by incorporating expanded understanding of physiology, pharmacology, molecular biology and other advanced fields. The expanded knowledge base that is required in these professions results in the need for more training and an advanced degree.
- More clinical experience is received as a student – Additional training leading to a higher degree normally includes additional clinical hours. This certainly improves skills as well as both breadth and depth of clinical training.
- Preparation exemplifies high standards of health care – Clearly training in competencies such as patient assessment or pharmacology for a broader spectrum of health professionals would result in a larger safety net of patient evaluation and recognition of patient symptoms. Higher training may produce more checks and balances for assessing patient care.
- Gives more status to the profession – This would appear to be a frequent, if unspoken, reason for elevating entry level degree requirements. A requirement for doctorally trained clinicians carries with it the understanding that the practitioners are more highly qualified to provide health care by virtue of their additional years of training.
- May result in higher salaries – Arguments have been made that the additional training and skills that higher degrees indicate will translate into higher salaries. The reality may not follow this argument
- [1] In addition, the following is a concept that favors advanced clinical degrees as part of a continuum:
- Advances Career Progression or Career Ladders – In professions with career ladders, advanced clinical degrees result in a higher attainable step in a career progression. This benefit, however, is primarily seen if the advanced degree is NOT entry level but represents advanced clinical training. Further, this benefit is only realized to the extent that accreditation/certification rules established by the profession allow ‘credit’ for training and experience at lower levels – e.g., COTA to OTR.

### Cons for raising entry level:

- [1] More costly programs for students with additional credits required – advanced degrees result from additional course credits. Students who are required to pursue advanced degrees must, therefore, assume additional cost in order to receive this degree. This raises issues with students who have limited financial resources. In particular,

elevation from an undergraduate degree to a graduate degree has significant impact on students who rely on scholarships and grants for their education. This is due to the fact that there is a credit hour cap on most of these programs so that graduate education results in a higher proportion of loans vs. scholarships. It becomes important for a student to weigh the cost (tuition)/benefit (long term earning potential) of the particular degree that he/she is considering.

- [2] Effects on diversity – Student financial issues noted above are likely to have larger impact on student diversity. The unfortunate fact is that many of the minority students we seek to educate have greater limits on financial resources than other students. Universities that wish to recruit a diverse student body from inner city or urban environments will find these financial hurdles to be greater for advanced degrees because of the extra cost and the additional constraints noted above on financial aid.
- [3] Programs require more human and financial resources – Increasing academic requirements also means increasing resource demands on the institution. Financial models may work in tuition driven budgeting (either state or private) but the expanded academic requirements may also demand facilities and personnel that are difficult to obtain. Faculty shortages are common in all health programs; the need to hire additional faculty may be difficult to satisfy. Expanded requirements for settings to teach skills may demand new space or renovated space that the institution is hard-pressed to pay for.
- [4] Faculty Credentials – In addition to shortages of new faculty as noted above, degree elevation may also, through regional or professional accreditation, result in demands for raising the credentials of existing faculty. Some faculty will resign over this. For those that choose to stay, who will pay the educational cost? What time frame will be given to the faculty to comply?
- [5] Effect on university missions – The movement of a profession from undergraduate to graduate or to doctorate as the required entry level degree can have a profound effect on institutions with established programs. Many institutions with highly successful health professions programs are not chartered for doctoral programs or, in some cases, graduate programs. What should they do if they are required to go to a new level and their governing structure will not allow it? Many institutions have faced this already and tried partnership arrangements with other institutions. The results are not always favorable.
- [6] Health care systems are leery of paying higher salaries – Health care system salaries are firmly linked to levels of reimbursement. To date, few sources of reimbursement have altered their payments to reflect advanced degrees held by health professionals. Thus, health care systems are highly unlikely to reward advanced degrees financially unless that advanced degree results in a reimbursable skill that the individual (or profession) did not have previously. Potential students would thus need to consider

decreased cost-benefit ratio in terms of future salary as offset for higher educational costs.

The following are other considerations/opinions, not necessarily pro or con, that arose during discussions of this issue:

- Movement to the clinical doctorate as entry level needs to come with documentation of the additional knowledge and skills included at this level that were not evident at baccalaureate and master's levels of preparation AND add to this the need for documentation that the NEW knowledge and skill bank is indeed needed in today's health professional.
- Those with a clinical doctorate may not be perceived as holding an appropriate credential for progression into and through academic professorial ranks, and tenure at all institutions. In such cases, faculty with the clinical doctorate may only be eligible for clinical faculty appointments tied specifically to teaching clinical practice techniques and supervising student clinical education experiences. In such instances, they should not have scholarship expectations beyond those related to improvements in clinical skills or practice regimens or clinical education techniques.
- Accreditation should clearly identify the increased professional and educational expectations that underlie movement to a higher degree. There is concern that, in some disciplines, there has been no change in the accreditation standards/requirements for programs preparing those entering the field at the lower degree and those for the higher degree level.
- The health professionals from different disciplines (DPT and Nursing the DNP) often have quite different orientations.
  - The DPTs believe that the body of knowledge has advanced to the doctoral level and that it would be a disservice to accept an alternative.
  - The Nurses tend to take the approach that the advanced body of knowledge justifies the addition of another step on the career ladder not reconfiguring the entire ladder.

As part of the process of writing this report, opinion was sought from Human Resource/Workforce personnel at hospitals in New York City. The following is a brief tabulation of opinion that was received

#### PRO

1. Another level of academic rigor which could prepare the practitioner for advanced work in the field
2. Depending on program - Good theoretical background and connections to research that may be very useful
3. Potential to standardize rigorous sets of criteria that sets high bars to both scholarship and professional outcome

CON

1. Much uncertainty about what the degree designation brings relative to effort
2. Professional release time (or outside time spent) away from core patient care
3. Still-maturing field that may hold mixed results for emerging allied health education efforts.

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