

The Faculty

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Credential Creep

Professional doctorates, which take less time than the Ph.D., are spreading fast — as are concerns about their uneven quality

By BURTON BOLLAG

When Brenda M. Coppard was studying occupational therapy in the late 1980s, a bachelor's degree was the standard ticket to enter the profession. By the 1990s, a master's degree was expected. Today a doctorate is becoming the norm.

Ms. Coppard is one of those who has pushed for more advanced degrees. In 1999 the associate professor of occupational therapy helped Creighton University create the first professional doctorate program in the discipline in the United States. Now chair of the department, she says the rapid growth of knowledge and new demands on therapists made the new degree necessary. Hospitals, increasingly cost-conscious, no longer have much time to be mentors to newly trained professionals. Graduates, she says, "need to be prepared to hit the ground running."

Yet Ms. Coppard is concerned that degree inflation may be getting out of hand. While stronger institutions like hers can upgrade their programs to the doctoral level, Ms. Coppard worries that market pressures may be forcing weaker institutions, which lack the resources, to follow suit.

"I don't think the profession has the capacity to introduce it everywhere and avoid fly-by-night programs," she says.

Ms. Coppard's concerns are part of a larger debate over professional doctorates. The degrees, also known as clinical doctorates, are spreading rapidly, especially in the health sciences. Many professional associations, representing such disciplines as pharmacy, physical therapy, and audiology, advocate raising entry-level programs — those that prepare graduates to enter a profession — to the doctoral level.

Wouldn't you feel more confident knowing that your pharmacist, for example, had a doctorate and not just a bachelor's degree, they ask?

But other academics are skeptical. It is fine to expand programs. But since there are no standards defining the professional doctorate, they say, there is a tendency to use the term "doctorate" very loosely. While a Ph.D. takes on average about 12 years to complete from the start of college, the new degrees, sometimes mocked as a "Ph.D. lite," typically take six or seven years. (The occupational-therapy degree is often completed in five and a half years, though new standards will require six years as of January.) Generally the new degrees do not require a major research project.

"For the last 15 or 20 years," says John D. Wiley, chancellor of the University of Wisconsin at Madison, "we've been under pressure to take what is basically a master's degree and call it a doctorate."

In recent years Wisconsin introduced professional doctorate programs in pharmacy and audiology. Mr. Wiley says many faculty members initially opposed the programs, which some considered a cheapening of doctoral education. But in the end the university went ahead because it did not want to lose enrollments to institutions that were already offering them. Unhappy as they may be, Mr. Wiley says, "no one institution

can afford to boycott the process."

The First Study

Even critics say there may well be a need for the new degrees. But they are concerned that the new programs are being introduced in a kind of a Wild West atmosphere. That was the conclusion of the first comprehensive study of the issue, carried out by a committee established by the largest of the six regional accreditors, the North Central Association of Colleges and Schools' Higher Learning Commission. The regional accreditors say they are increasingly encountering the new degrees at colleges they oversee but are often unsure how to evaluate them.

In a report published in June 2006, the committee said that a major source of concern was the lack of standards for the professional doctorate: "There seems to be no obvious consistency among the various degrees as to length of study; rigor, substance, or content of the program; or the ultimate utility of the degree to the person who earns it."

In part, the report says, this is because the new degree programs are usually run by institutions' professional schools and are outside the "coordinating oversight of graduate school." Worse, the report says, many of the new programs are popping up at institutions "that offer few if any other doctoral programs," leading to concerns about their quality.

There are even fears, the report concluded, "that the new degrees will erode the integrity and primacy of the research doctorate in U.S. higher education."

One issue is the length of the new degree programs. The professional doctorate in pharmacy, known as the Pharm.D., for example, typically takes six years from the start of the freshman year of college. It has replaced a five-year bachelor of science, which used to be the diploma required to work as a pharmacist and was finally phased out in 2000. The six-and-a-half-year doctor of physical therapy, or DPT, is rapidly replacing a six-year master's degree. And at a minimum of five and a half years, the doctor of occupational therapy, or OTD, can be the same length as the master's program, which is still more common. (Educators say the doctoral program is more rigorous.)

The graduate part of these programs typically takes between three and four years (and generally follows two to four years of undergraduate study). The traditional research Ph.D., by contrast, takes on average more than eight years after completion of the bachelor's degree.

However, a more valid comparison, these professions say, would be with the several professional doctorates that have been around longest, like the doctor of medicine and the law degree, known as the J.D.

The Ideal Doctorate

There is considerable agreement on how the goals of the new degree programs should ideally differ from the goals of bachelor's or master's education. Doctoral graduates not only should be competent in their basic discipline, but also should be able to develop and evaluate new therapies and carry out clinical research. They should be able to assume a leadership role in their profession and help set policy. Says Creighton's Ms. Coppard, "They should be able to reason through problems analytically and ethically."

In pharmacy, graduates of a doctoral program should be more "involved with patient care and collaborative practice with other health-care professionals," says Jeffrey W. Wadelin, associate executive director of the Accreditation Council for Pharmacy Education.

Lawrence M. Zier, a student in Creighton's occupational-therapy program, thinks moving the entry-level programs to the doctorate is bound to have a positive effect on the profession in the long run. "Compared to physical therapy, occupational therapy has had an identity crisis," he says. The move, he says, will give practitioners confidence and the ability to use clinical research to determine the effectiveness of therapies. "I'll be able to stand up to a doctor and say: Hey, this is what the research is saying."

Critics fault the professional associations for promoting degree inflation. The associations play a central role in deciding which degree shall be the entry-level requirement to practice. They do this by setting standards that the states rely on when licensing people to work in a profession and by accrediting degree programs.

"We are moving in the direction that everyone who sees a patient will be called "doctor," says Wisconsin's Mr. Wiley. "This is being done for reasons of professional pride" and is intentionally confusing to patients, he says, since it may be unclear to them whether the person they are dealing with is a medical doctor. Which health-care providers have to the right to call themselves "Dr." is the subject of a raging controversy. The answer depends on the state the person works in. A recent law in California, for example, allows holders of professional doctorates to call themselves "Dr.," but they must make clear of what.

The American Physical Therapy Association has stated that by 2020, all entry-level degree programs should be at the doctoral level. The move is well along; 180 of the 210 programs the group accredits are already at the doctoral level, and the rest are at the master's level.

But the group has not set separate requirements for doctoral programs. To be accredited they need only meet the same requirements as master's programs.

"We've made the determination that at the entry level, everybody needs the same level of skill," says Mary Jane Harris, director of the association's accreditation department. "What students were doing in the master's program was already a lot like a doctoral program."

Not all professionals are so gung-ho.

Hesitation

Two years ago the American Occupational Therapy Association suspended the accreditation of doctoral programs after approving just five, so it could develop new and separate standards for them. With the new standards now ready, the group is scheduled to resume accreditation next January.

"There is a lot of discussion within the profession," says Neil Harvison, the association's director of accreditation. "Is there a true difference between the master's and the doctorate, and do we need the doctorate?"

He says that with the wide variety of jobs available for graduates, in such places as hospitals, schools, and community-based services, "a lot of people feel there's a place for both the master's and the doctorate." But he adds, since physical therapy has mostly moved to the doctoral level, "we're feeling a lot of pressure from the market to do the same."

Doctoral programs require more resources than do master's programs: faculty members at a higher academic level, more extensive libraries, and better laboratories. Because of this, doctoral programs are more expensive to run, and some educators are concerned that eliminating master's or bachelor's programs will ultimately aggravate the shortage of health-care professionals.

One issue that particularly troubles educators is the degree programs for people already working in a profession who want to upgrade their qualifications to a doctorate. Known as postprofessional, or transitional, programs, they operate under virtually no supervision because the professional associations generally accredit only entry-level programs.

The result is a wide range of requirements. The transitional program in occupational therapy at Creighton, for example, is a 61-credit program that requires three and a half years of part-time, distance study by a working professional, including a 24-credit clinical internship. The program at Rocky Mountain University of Health Professions, a for-profit institution in Provo, Utah, is a 22-credit program requiring 10 months of part-time distance study.

Ms. Harris, of the physical-therapy association, says that although transitional programs will only be around for a limited time, since most programs in her profession are already at the doctoral level, her group is

considering accrediting them to try to allay fears and bring some order to the field.

Meanwhile educators are growing increasingly concerned about the relentless and unregulated spread of the new degrees as a whole. Many feel the problem will only be brought under control by cooperation among the professional associations, the regional accreditors, and institutions. "The key is to get a good conversation going," says Clark Hulse, dean of the Graduate College at the University of Illinois at Chicago.

Mr. Hulse is writing the report of another committee looking at professional doctorates, this one set up by the Council of Graduate Schools and expected out this fall. According to a committee member, one of the report's main recommendations is expected to be that the new programs be brought under the supervision of institutions' graduate schools.

But if educators do not cooperate, Mr. Hulse says, weaker and less scrupulous institutions will see opportunities to make money from low-quality programs.

"In the worst case," he says, "you'll have a competitive rush to the bottom."

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