

The Move toward the Clinical Doctorate in the Allied Health Professions in North Carolina

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Why a discussion of this topic?

- Recent growth in clinical doctorates in the health professions
- Issue frequently presented as a **debate**— positioning employers on one side and professional associations and educators on the other
- Lack of unbiased, analytical approach to issue
- Council is perfect forum for shifting from **debate** to **discussion** and utilizing expertise of members
- Need to project future implications of move toward clinical doctorate

What is a clinical doctorate?

Clinical doctorates versus PhDs

- Clinical doctorates are professional degrees, not research degrees like PhD
- Focused on clinical competencies required to practice, not focused on conducting original research that furthers the science of the profession

What is a clinical doctorate?

Entry-level versus advanced practice doctorates

- Entry-level clinical doctorates (i.e. pharmacy, audiology, physical therapy) prepare students with competencies required to enter clinical practice and/or become licensed to practice
- Advanced clinical doctorates (i.e. Doctor of Professional Nursing Practice, Clinical Laboratory Doctorate) prepare professionals with advanced or specialty competencies.

Justifying the need for a new credential

“Professions and the academy have yet to state clearly the problems for which the new professional doctorates are the solution...Leaders of graduate education need to find effective ways to include industry in the discussions about the role and nature of these new degrees”.

Taskforce on the Professional Doctorate, the Higher Learning Commission, North Central Association of Colleges and Schools, pg 4.

Arguments in favor of clinical doctorates

- Increased patient acuity, increased prevalence of chronic disease
- Technological advancement
- Scientific advancement, genomics
- Growth in diagnoses and pharmacological interventions
- Parity in status with physicians
- Need for patient-centered care
- Desire for autonomous practice
- Use of the title “Doctor”



Arguments against clinical doctorates

- Degree creep
- Driven by professional concerns, not market demand
- Masters education could be better organized to deliver needed competencies
- Students will pay more for no quantifiable benefit
- Will confuse public
- Will create workforce shortages

Lessons Learned from Pharmacy's Move to the Doctor of Pharmacy (PharmD)

- Transition from Bachelor of Science to PharmD completed in June 2005.
- PharmD is now entry credential
- Culmination of efforts to reconceptualize pharmaceutical education away from distributive functions toward “pharmaceutical care”
- Despite intuitive appeal of pharmaceutical care model, financial, regulatory, paraprofessional and market obstacles exist

The Vision Meets Reality

- Explosive growth in prescription drug utilization created increased demand for pharmacists in retail settings
- Rx volume and claims adjudication leave little time for clinical interactions
- Few revenue streams exist to reimburse pharmacists for patient counseling
- Pharmacy technicians have limited scope of practice and cannot relieve pharmacist of technical functions
- There have been limited changes to pharmacist's scope of practice
- New Clinical Pharmacist Practitioner (CPP) role allows for expanded scope but limited opportunities for practice—only 65 in NC

The Move to the PharmD

- Did create new job opportunities for pharmacists in physicians' offices, pharmaceutical companies, insurance companies, hospitals and other settings
- But in words of member of professional association “did not create a significantly different practitioner”
 - Did not raise status of pharmacist
 - Did not result in scope of practice changes
 - Did not create more than “fledgling” reimbursement streams for clinical functions
 - Did not allow for more expansive scope of practice for pharmacy technician

Moving from Debate to Discussion

- We can learn from pharmacy profession's move toward clinical doctorate
- Need to incorporate perspectives of all stakeholders in discussion:
 - Employers
 - Educators
 - Profession
 - Public
 - Regulatory agencies
 - Legislators and policy makers and policy wonks

Employer's Perspective

- Increasing degree requirements are exacerbating existing workforce shortages
- Can't differentiate clinical outcomes of doctorally prepared practitioners versus those with other academic credentials
- Payers reimburse based on clinical services provided, not credential



Academic Perspectives

“While the various professions have defined the nature of the program, there seems to be no obvious consistency among the various degrees as to the length of study; rigor, substance, or content of the program; or the ultimate utility of the degree to the person who earns it.”

Taskforce on the Professional Doctorate, the Higher Learning Commission, North Central Association of Colleges and Schools, pg 1.

Academic Perspectives

- Programs are in competition with other academic institutions for students and tuition dollars
- Even if academic institutions oppose move, market may force schools to convert to stay competitive
- Flexibility of private versus public universities
- Clinical doctorates may be offered outside of graduate school oversight and in schools with few graduate programs
- Will move limit educational access of individuals from underrepresented minorities?



Implication for Faculty Shortages?

Academic leaders do not agree on whether individuals with clinical doctorates will be hired or eligible for academic promotion and tenure.

Professional Perspective

- See need for clinical doctorate, but is there demand?
- Potential to create bifurcated workforce (i.e. baccalaureate and masters versus doctorally prepared practitioners)
- Potential for dissonance between educational preparation and practice realities
- Will profession cede responsibility for technical tasks to paraprofessional personnel?

Public Perspective

- Is the patient better off?
- Is research available to show improvement in patient outcomes?
- Can public differentiate between doctorally prepared and other practitioners?
- Will public understand difference between multiple “doctors”?

Regulatory Agencies

What roles do

- Accreditation agencies
- Licensure entities
- Certification and professional associations

play in the discussion about the advantages and disadvantages of moving to the clinical doctorate?

Perspectives from legislators, policy makers and policy wonks

- What information is needed to make the best decision?
- What is the best use of public resources?
- Will move to clinical doctorate:
 - create workforce shortages?
 - worsen distribution of providers in rural and underserved areas?
 - worsen faculty shortages?
- Who benefits and loses from the move?
- What is effect on career ladders?