

# **Academic Affairs Board Report to the ASHA Board of Directors on the Clinical Doctorate in Speech-Language Pathology**

**Submitted to the Board of Directors on October 1, 2012**

## **Introduction**

This report was prepared by 2011 and 2012 members of ASHA's Academic Affairs Board (AAB), including Malcolm McNeil (chair), Paul Abbas, Kenn Apel (Council of Academic Programs in Communication Sciences and Disorders [CAPCSD] liaison, August 1, 2011–June 30, 2012), Maria Armiento-DeMaria, Kathy Chapman, Neil DiSarno (August 1, 2011–June 30, 2012), Melody Harrison (CAPCSD liaison, July 1, 2012–June 30, 2013), Julie Honaker, Janet Koehnke, Janet L. Patterson, Loretta Nunez (ex officio), and Margaret Rogers (ASHA chief staff officer for science and research). ASHA Vice President for Academic Affairs in Speech-Language Pathology M. Jeanne Wilcox and ASHA Vice President for Academic Affairs in Audiology Neil Shepard served as Board Liaisons to the AAB.

In March 2011, the ASHA Board of Directors received a letter from five administrators—representing three different academic programs in speech-language pathology—requesting that the ASHA Board of Directors, through a coordinated planning process, initiate substantive discussion and consideration of a planning mechanism for clinical doctoral programs in speech-language pathology. The Board subsequently charged the AAB to consider the role of a clinical doctoral degree in speech-language pathology and to formulate recommendations to advise the Board on this matter. Accordingly, the AAB has investigated several aspects of what it might mean to the profession now that post-entry clinical doctoral degrees in speech-language pathology exist and given that the number of new programs appears likely to increase. In addition to the recommendations offered by the AAB to the Board of Directors, the following background information is shared.

- I. National and Global Trends Regarding Clinical and Professional Doctorates
- II. Description of Clinical Doctorates
- III. Intended Outcomes of Clinical Doctoral Degree Programs in Speech-Language Pathology
- IV. Factors Driving the Emergence of Clinical Doctoral Degree Programs in Speech-Language Pathology
- V. Current Status and Projected Future Development of Clinical Doctoral Degree Programs in Speech-Language Pathology
- VI. Potential Threats Posed by the Clinical Doctorate in Speech-Language Pathology
- VII. Potential Impact of the Clinical Doctorate in Speech-Language Pathology on the Research Pipeline
- VIII. Perceived Value of and Need for Accreditation of Clinical Doctoral Degree Programs in Speech-Language Pathology
- IX. Potential Risks Posed by the Current Lack of Standards and Accreditation for Clinical Doctoral Degree Programs in Speech-Language Pathology

- X. Highlights of Data and Resources Considered in the Development of This Report
- XI. Conclusions

The report does not address issues that are germane primarily to academic institutions that may choose to offer this degree (e.g., length of program, required courses, degree designator, number of credits, type of content delivery) or to the individuals who may choose to pursue this degree (e.g., potential effect on salary, access to degree programs, specific career advancement outcomes).

After two face-to-face meetings and multiple conference calls, the AAB prepared this report based on information gathered from the following sources:

- results of a strengths, weaknesses, Opportunities, and threats (SWOT) analysis and “what if” visioning exercise conducted with the AAB (see Appendix A)
- a 2012 ASHA survey of master’s-level practitioners about the clinical doctorate in speech-language pathology (see Appendix B)
- input solicited from ASHA’s Speech-Language Pathology Advisory Council (SLPAC) in 2012 (see Appendix C)
- a review of the report from an ASHA focus group held at the 2012 ASHA Schools Conference about the clinical doctorate in speech-language pathology (see Appendix D)
- participation in and review of the executive summary from the 2012 national Consensus Conference on the Clinical/Professional Doctorate in Speech-Language Pathology held in Boston (see Appendix E)
- a review of a survey conducted on the clinical doctorate in speech-language pathology by a committee formed of faculty from the University of Kansas and the leadership of the Kansas Speech-Language-Hearing Association (see Appendix F)
- a review of a survey conducted by faculty at the University of Pittsburgh (see Appendix G)
- a review of publications by higher education and accreditation agencies regarding the current status of, and best practice recommendations for, professional and clinical doctoral degrees
- a review of clinical doctoral education models and accreditation in a sample of other clinical disciplines

Based on the information contained in this report, the AAB found that there is a national and global proliferation of professional and clinical doctorates across disciplines. Additionally, there appears to be growing interest among a number of academic programs in communication sciences and disorders (CSD) to develop post-entry level clinical doctoral degree programs in speech-language pathology. Importantly, the AAB found that there is a high degree of agreement across survey and focus group respondents and consensus conference attendees that there is a substantive need for and interest in the degree and a significant need for standards and accreditation for these degree programs.

Given the likelihood that clinical doctoral programs in speech-language pathology will continue to be established, the question is not whether these programs should exist, but rather, whether the Association should take actions to help ensure that

- academic programs offering the clinical doctorate meet the quality standards necessary for achieving the intended outcomes of the degree
- a clear distinction is established and maintained between entry-level master's degrees and advanced-level clinical doctorates in speech-language pathology.

After consideration of the information compiled for this report, the AAB offers the following recommendations to ASHA's Board of Directors.

### **Recommendations**

1. It is recommended that ASHA's Board of Directors receive and accept the AAB report on the clinical doctorate in speech-language pathology.
2. It is recommended that ASHA's Board of Directors (BOD) charge the AAB to conduct a feasibility study in collaboration with the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) regarding accreditation of post-master's level clinical doctoral degree programs in speech-language pathology so that the BOD can make an informed decision about the advisability of the CAA's accrediting such programs.
  - a. The feasibility study would describe a plan outlining the steps needed to develop an accreditation process for post-master's level clinical doctorate degree programs in speech-language pathology.
  - b. The feasibility study would clarify the financial and resource implications of establishing an accreditation program, including producing
    - i. a multiyear budget reflecting key factors and various potential funding levels (e.g., models could be created for a range of financial scenarios, based on the number of programs seeking accreditation);
    - ii. estimates of the funds needed by the CAA to develop standards and accredit these programs, as well as the potential cost to programs to become accredited—as derived from the different financial scenarios explored.
  - c. The feasibility study would include updated and more definitive information about the number of academic institutions engaged in, or giving positive consideration to, developing a clinical doctoral degree program in speech-language pathology, as well as estimates of the number of students likely to enroll in and graduate from such programs.

### **I. National and Global Trends Regarding Clinical and Professional Doctorates**

The U.S. and global economies have generated increasing demands for highly skilled workers. Consequently, the number of individuals seeking advanced education has sharply increased. Professional doctorates—along with master's degrees, specifically professional master's degrees—are among those graduate degrees exhibiting the fastest growth. Across disciplines, the growth of professional doctorates is attributed to external demands in the form of employer

needs, employees' desire for professional advancement, and universities' goals to better meet student and societal needs and to generate revenue. Many new professional doctoral programs emphasize the need for leaders of professional practice to be deeply informed by research and able to contribute knowledge from their professional practice that will direct that research toward new areas and new questions (Council of Graduate Schools [CGS], 2006, 2007).

A report by the Higher Learning Commission (2006) on the emergence of professional and clinical doctorates calls for an effort to engage various stakeholders in the creation of relevant "best practices" for the professional and clinical doctorates. These best practices need to reflect the best consensus stakeholders can reach and should address cost/benefit, consistency, protection of the integrity of the degree system, predictability/clarity of program outcomes, and quality assurance. To be effective, best practices also need to reflect an awareness of the need to respond to the explosion of information relevant to practice, the driving forces for revenue, the competition for legitimacy among some professions, and the current lack of consistent external standards.

## **II. Description of Clinical Doctorates**

The Association of Schools of Allied Health Professions [Position Statement on Clinical Doctorate Education](#) (February 2008) described advanced practice or clinical or professional degrees as

those doctoral level programs that are designed to prepare already credentialed or licensed individuals to practice clinically with competencies above and beyond those expected of entry-level professionals. They are distinguished from research doctorates (e.g., PhD) in that they do not require dissertations and the original research upon which the dissertations are based.

The following description and list of common features of professional doctorates was provided by the University of Wisconsin–Madison Working Group on the Professional Doctorate (2008).

No good single definition exists for the professional doctorate. In part, because this type of educational credential is heterogeneous by nature, it is difficult to define the category precisely. Professional doctorates fill a distinct educational niche from the research doctorate.

Common features of professional or clinical doctorates reportedly include:

- Addressing and preparing students for an area of professional practice that rests on a specialized body of knowledge for the field or discipline
- Emphasizing applied or clinical research or advanced practice
- Including in its ranks the leaders of the profession who will drive the creative and knowledge-based development of its practices and the development of standards for others
- Ensuring that practitioners meet standards that protect the public trust through professional licensure and/or degree designators
- Being accredited by a professional organization

The term *clinical doctorate*—as opposed to *professional doctorate*—will be used throughout the remainder of this report, although it is recognized that the difference is not entirely distinct.

### **III. Intended Outcomes of the Clinical Doctoral Degree Programs in Speech-Language Pathology**

Based on national reports and the data obtained by the AAB, the post-entry clinical doctorate in speech-language pathology is intended to impart advanced knowledge and skills regarding

- A. critical thinking and clinical problem-solving
- B. depth of knowledge in select areas of clinical practice
- C. expertise in interpreting and applying clinical research
- D. leadership and advocacy
- E. clinical teaching
- F. oral and written communication about the clinical enterprise (e.g., differential diagnosis, evaluating evidence, treatment planning, outcomes measurement, clinical decision-making, interdisciplinary presentations)
- G. interprofessional practice

It is anticipated that the holders of the clinical doctorate in speech-language pathology will be prepared to assume specific professional roles—and the responsibilities entailed therein—including

- A. master clinician
- B. clinical educator
- C. clinical administrator
- D. leaders in their clinical setting or area of specialization
- E. collaborators and supporters of clinical research

### **IV. Factors Driving the Emergence of Clinical Doctoral Degree Programs in Speech-Language Pathology**

Three primary factors drive the development of non-entry level, optional clinical doctorates in speech-language pathology.

- A. Need for advanced clinical skills and specialization: Over the past few decades, the scope of practice in speech-language pathology has grown tremendously and now includes habilitation and rehabilitation of clinical areas such as dysphagia, pediatric feeding and swallowing, tracheostomy and ventilation management, hearing loss, cognitive-communication disorders (e.g., secondary to traumatic brain injury or a family of dementias, including progressive aphasia syndromes), autism, literacy, communication disorders among English language learners, genetic syndromes, and others. As the scope of practice has broadened, so has the knowledge base from which these relatively new practice areas have evolved. In the context of the current “generalist” model of entry-level education in speech-language pathology, this expansion has made it impossible for master’s-level students to gain exposure to the full range of pathologies that they are likely to encounter or to the full scope of practice as described in the [ASHA Scope of Practice in Speech-Language Pathology](#) policy document, let alone gain much depth in

any one area of clinical practice. Academic programs struggle to provide a balance of breadth and depth in their master's degree programs in speech-language pathology as it has become very challenging to adequately prepare students to manage this expanded scope of practice in only 2 years. Common themes have emerged from every survey and focus group on this topic (to be discussed in more detail below).

1. Advanced knowledge and skills are needed to better meet the growing demands of practice.
  2. An advanced degree enables practitioners to acquire greater depth of knowledge and skills in areas of specialization.
  3. The profession would be elevated by contributions from greater numbers of advanced master clinicians and clinical educators.
- B. Need for parity with other professions: In both educational and medical settings, there is a perception that speech-language pathologists (SLPs) without doctorates will find it increasingly challenging to compete for leadership positions, in large part due to the proliferation of colleagues who have clinical doctorates in related disciplines.
1. In medical rehabilitation, speech-language pathology is now the only profession that either does not require a clinical doctorate as the entry-level degree or does not have many extant programs that offer an optional post-entry clinical doctorate.
  2. Survey respondents from school settings responded similarly to those from medical settings in their recognition of the need for and value of the clinical doctorate, especially relative to enhancing leadership opportunities.
  3. Most respondents across both school and medical settings expressed the need for external validation of their advanced preparation in a form that would be transparent to the public and provide parity with other disciplines that offer clinical doctoral degrees.
- C. Need for career advancement tracks: Another factor driving interest in and development of clinical doctoral degree programs in speech-language pathology is the perceived need for an expanded career ladder. Many of the focus group and Consensus Conference participants, Advisory Committee members, and master's level survey respondents indicated that career advancement is a reasonable motivation for pursuing a clinical doctoral degree. Survey respondents from school settings responded similarly to those from medical settings in their recognition of the need for and value of the clinical doctorate to advance one's career.

## **V. Current Status and Projected Future Development of Clinical Doctoral Degree Programs in Speech-Language Pathology**

The clinician preparation, parity, and career advancement drivers have been long recognized by some academic institutions that have already established clinical doctoral degree programs in speech-language pathology (e.g., Nova Southeastern University and University of Pittsburgh). Several others have contacted ASHA's Academic Affairs and Research Education unit within the past 3 years to request data and informational resources as part of an exploratory process (e.g., Minot State University, University of Cincinnati, and International University for Graduate

Studies in New York). Several institutions are reportedly preparing for or in active discussion with faculty and university administrators about developing such a degree program (e.g., Baylor University, MGH Institute of Health Professions, New York Medical College–Valhalla, Rush University, University of Cincinnati, University of Colorado, University of Kansas, University of North Carolina at Chapel Hill, Valdosta State University, Vanderbilt University, and William Paterson University).

## **VI. Potential Threats Posed by the Clinical Doctorate in Speech-Language Pathology**

ASHA members (e.g., through SLPAC) have expressed some concern that an optional post-entry level clinical doctoral degree may diminish the value of the entry-level clinical master's degree and the Certificate of Clinical Competence (CCC) or create two distinct classes of practitioners within the profession of speech-language pathology. However, an understanding about post-professional clinical doctorates in general and information about other professions and our own professions indicate that this concern, while important, may be unfounded.

- A. First, post-professional clinical doctorates by definition are intended to prepare individuals for advanced practice, specialized practice, integration of evidence into practice, leadership, advocacy, and serving as clinical educators.
- B. Second, the clinical doctoral degree in speech-language pathology has emerged and is offered as a means of career advancement and professional development as a post-entry level clinical degree. This means that the degree is targeted to an audience who already holds a master's degree and the CCC in speech-language pathology or would be required to complete these entry-level credentials prior to matriculating or concurrent with the clinical doctoral degree.
- C. Third, the AAB's survey of ASHA master's-level clinicians indicates that only a fourth of the respondents (25.4%) would be interested in pursuing this optional degree. Although this could be interpreted to mean that more than 20,000 certified SLPs might be interested in applying to clinical doctoral programs, the vast majority of SLPs are unlikely to pursue this advanced degree. One case in point is nursing. Reports from the nursing profession indicate that a small number of nurses (8,973) have earned the DNP since 2002, and, in terms of academic capacity alone, it is expected that well into the future only a small minority of nurses will pursue this degree. Given that SLPs have a variety of means to continue their professional development and career advancement (e.g., ASHA continuing professional education, specialty certification, other advanced degrees), it is expected that the majority of master's-level SLPs would not pursue this advanced degree; thus, master's-level SLPs will continue to constitute the majority of practitioners in the profession into the foreseeable future.

## **VII. Potential Impact of the Clinical Doctorate in Speech-Language Pathology on the Research Pipeline**

An attempt was made to examine existing data on the PhD pipeline in CSD to investigate the effect that the AuD may have had on PhD enrollment and graduation in audiology and hearing science research doctoral programs. This question is consistently raised in discussions about the clinical doctorate in speech-language pathology. Given that the AuD was established as an entry-

level degree and the clinical doctorate in speech-language pathology exists as a post-entry level degree, it is still reasonable to examine any current or potential impact of clinical doctorates on the number of PhDs in speech-language pathology by examining what happened when the AuD was established. Given that (a) the majority of audiology academic programs submitted substantive plans to change the degree level from the master's to an entry-level clinical doctorate degree between 2001 and 2005, (b) nearly all of the master's audiology programs were transitioned to the clinical doctorate by early 2006, and (c) the CAA ceased accrediting the master's programs on December 31, 2006, it was presumed that this is an opportune time to examine available data to evaluate the effect that the AuD may have had on the PhD.

Two distinct sources were used to examine available data on the PhD pipeline. The first is the [Survey of Earned Doctorates \(SED\)](#), a federal agency survey conducted by [NORC](#) for the National Science Foundation and five other agencies (National Institutes of Health, U.S. Department of Education, National Endowment for the Humanities, U.S. Department of Agriculture, and National Aeronautics and Space Administration). The SED gathers information annually from approximately 48,000 new U.S. research doctorate graduates about their educational histories, funding sources, and post-doctoral plans. The second source was data collected via ASHA's [Higher Education Data System \(HES\)](#) CSD Education Survey (and HES surveys previously fielded by ASHA and CAPCSD).

A. Highlights of SED data (2000–2010; see Appendix H, Sheet 1):

1. The growth trend of the number of PhD graduates in speech-language pathology and audiology is similar to that of the health sciences field and across all fields for 2000–2010.
2. There was a sharp increase in the number of PhD degrees in 2006 for speech-language pathology and audiology, while the increase in number of PhD recipients in health sciences and all fields was more gradual from 2002 to 2007.
3. The drop in numbers in 2010 for the professions appears greater than the aggregates of all health sciences and all fields for the same year. However, as reported in 2010, there was a drop in the number of research doctoral degrees across all fields. (See this article at <http://www.nsf.gov/statistics/infbrief/nsf12303/>.)

B. Highlights of HES data, research doctoral degrees awarded in 2009–2010 and 2010–2011 (see Appendix H, Sheet 2):

1. A high response rate for HES surveys fielded by ASHA and CAPCSD has been achieved only within the past 2 years; thus, an insufficient number of years of data are currently available for trend analyses related to the PhD pipeline and any impact of the AuD.
2. Isolating applicable data by area of study (audiology and hearing science separate from speech-language pathology/speech-language science) is confounded by the fact that many institutions award a research doctoral degree in “speech and hearing science,” making it impossible to distinguish specific research areas.
3. For academic year 2009–2010, a combined 120 research doctoral degrees were granted in audiology, speech-language pathology, and speech and hearing

science; the response rate was 94% for institutions offering a research doctoral degree in CSD.

4. For academic year 2010–2011, a combined 113 research doctoral degrees were granted in audiology, speech-language pathology, and speech and hearing science; the response rate was 94% for institutions offering a research doctoral degree in CSD.

In Table 1 below, an analysis of the HES CSD Education Survey First Employment Setting data from 2010–2011 shows that 44% of research doctoral degree graduates assumed a faculty/academic position in the first year after graduating, 15% assumed a clinical appointment, 4% assumed an administrative position, 11% assumed a research position, 23% took a post-doctoral position, and 3% postponed employment. For those choosing clinical positions, an advanced practice clinical degree may be more suitable for such career goals. Also, the clinical doctoral degree may be a more effective mechanism by which to prepare advanced practitioners to excel in clinical faculty and clinical administration positions. Importantly, as more programs begin to offer clinical doctorates in speech-language pathology, individuals who want an advanced degree will have a choice. Having two options, the clinical doctorate and the PhD, may result in a higher proportion of PhD graduates who aspire to be researchers and pursue faculty-research careers. Therefore, the emergence of the clinical doctorate in speech-language pathology may help to promote not only better clinical teaching at the master’s level but also better utilization of PhD program resources, because resources devoted to PhD education would now be used more efficiently to educate a higher proportion of students who are likely to become researchers.

Table 1. Research doctoral degree graduates’ first employment by employment setting (Source: 2011 HES CSD Education Survey)

Employment Setting	#	%
Faculty/academic position in CSD program	46	35.7
Faculty/academic position in other discipline	7	5.4
Clinical position in academic setting	9	7.0
Clinical position in non-academic setting	9	7.0
Administration position in academic setting	1	0.8
Administration position in non-academic setting	4	3.1
Research position in academic setting	8	6.2
Research position in non-academic setting	5	3.9
Postdoctoral position	27	20.9
Postponed employment	4	3.1
Unknown	9	7.0
Total	129	100.0

Of the number of searches conducted for full-time faculty with doctoral degrees in the 2010–2011 academic year, 9.0% were filled with full-time faculty with a master’s degree in CSD and 13.4% were filled with part-time personnel who may or may not have held a research doctorate. Academic programs have always hired individuals to provide clinical teaching and supervision who may not necessarily have PhDs. Given that there is an

extensive amount of clinical teaching required to educate SLPs, the discipline could benefit greatly from the contribution that master clinicians with clinical doctoral degrees could make to the clinical teaching mission, especially because clinical pedagogy is a likely focus of this advanced degree.

Table 2. Results of faculty searches conducted in CSD during the 2010–2011 academic year (Source: 2011 HES CSD Education Survey)

Filled with...	%
Full-time faculty w/ research doctorate in CSD	40.8
Full-time faculty w/ research doctorate in another discipline	6.5
Full-time faculty w/ clinical doctorate in CSD	8.0
Full-time faculty w/ master's degree in CSD	9.0
Part-time personnel w/ or w/o research doctorate	13.4
Unfilled	22.4

- C. Growth in nursing DNP programs (see Appendix I). An examination of data available from the nursing profession provides insight into the impact the Doctor of Nursing Practice degree may have had on the number of research doctoral (PhD) degree programs and PhD enrollment in nursing over the course of the past 5 years (2006–2011), during which DNP programs and enrollment grew rapidly. Amid rapid growth in clinical nursing doctoral programs as well as enrollment, the rate of growth of new PhD programs and PhD enrollment has remained stable over the same 5-year time period.
1. In nursing, the number of programs offering the DNP degree grew from 20 in 2006 to 182 in 2011.
  2. This growth is also reflected in enrollment data. In 2006, there were 862 DNP students; in 2011, there were 8,973 students.
  3. The data reported by Potempa ([American Association of Colleges of Nursing \[AACN\], 2012](#)) also show that enrollments in nursing PhD programs continued to exhibit steady growth during the period in which the DNP programs and enrollment expanded. In 2006, 3,927 students were enrolled in nursing PhD programs; in 2011, 4,907 research doctoral students were enrolled.
  4. The number of research doctoral programs also grew during this time frame with 103 research doctoral programs extant in 2006 and 126 in 2011.

## **VIII. Perceived Value of and Need for Accreditation of Clinical Doctoral Degree Programs in Speech-Language Pathology**

- A. Information about the development of program standards (best practices, philosophy) suggests that it is preferable to develop degree standards sooner rather than after many programs have been established.
1. Through standards development, a well-defined model and end-product of the degree would serve to help universities develop high quality programs. With accreditation, higher quality programs will emerge that will educate higher quality practitioners, thereby enhancing clinical outcomes, consumer confidence, confidence of other professionals, and regard for the profession.
  2. Uniformity of standards will sustain consistent identity or brand for the degree.
  3. Standards will provide clear distinction between the master's degree and the clinical doctoral degree.
  4. University support for clinical doctoral degree program development will be enhanced by accreditation.
- B. Accreditation of the post-entry clinical doctorate in speech-language pathology aligns with ASHA's strategic plan. Given the identified expected outcomes of the post-entry clinical doctorate in speech-language pathology that include the development of advanced practitioners who are capable of promoting clinical research, collaborating in clinical research, accessing and integrating evidence in clinical practice and given the Association's desire to safeguard the professions, it is the position of the Academic Affairs Board that the development of accreditation standards for this degree program is consistent with the following objectives of [ASHA's Strategic Pathway to Excellence \(2012-2014\)](#).
1. Strategic Objective 2: Safeguarding the Professions—ASHA effectively foresees and addresses challenges and opportunities for the discipline, professions, and Association and protects and advances the interests of its members.
  2. Strategic Objective 4: Increase Accessibility and Use of Research—Members access research and integrate scientific evidence in clinical practice.
  3. Strategic Objective 9: Improve the Science Base—The science base of the discipline is supported by a sufficient pipeline of scientists, and the advancement of the professions is based on a comprehensive foundation of scientific evidence. (Strategic Objective 9 [Commentary] includes facilitating research collaborations, including collaborations among scientists and practitioners.)
  4. An ASHA survey of master's-level SLPs (April 2012) identified a strong preference by master's-level practitioners that post-entry level clinical doctoral programs be accredited and that most respondents would not attend if the programs were not accredited.
    - a. 84.5% of respondents agreed that the degree should have oversight by an accrediting body (with roughly equivalent agreement across practice settings)—schools (81.5%), college/university (82.7%), and health care (87.3%).
    - b. 70.9% of respondents indicated that they would only consider enrolling in an accredited clinical doctoral degree program.

## **IX. Potential Risks Posed by the Lack of Accreditation of Clinical Doctoral Degree Programs in Speech-Language Pathology**

The lack of accreditation for an advanced practice, post-entry level clinical doctorate will potentially have a number of negative effects.

- A. Development of many programs with very different requirements—and thus great variability in the skills of their graduates—could result in confusion among students seeking programs as well as clients seeking services, if academic programs are not required to conform to uniform standards that ensure that the desired outcomes of an advanced clinical practice degree are met.

It is also prudent to consider the rapid growth in DNP degree programs previously described. The nursing profession has chosen to ensure quality assurance in the context of rapid growth through the accreditation process. In contrast, occupational therapy does not accredit post-professional Doctor of Occupational Therapy (OTD) degrees and, as a result, there exists a wide range of requirements, methods of delivery, and degree options—all of which are predictable consequences of a lack of oversight by an accrediting body at the post-professional degree level. (See the website of the [AOTA's Accreditation Council for Occupational Therapy Education \(ACOTE®\), Postprofessional programs in OT—Doctoral Level Programs](#)) and the summary table of programs, Appendix J.)

- B. Development of programs with significant variations makes it possible (perhaps, likely) that some will have minimal requirements that do not effectively address the full range of the desired outcomes envisioned for this degree. Such a “watered down” approach only serves to diminish the degree reputation and brand for the profession. Additionally, if there are no standards, then there will be no uniform guidelines that programs, institutions, and higher education governing bodies can use to communicate about this degree or employ for quality assurance purposes in the establishment and maintenance of degree programs. These effects were seen early in the development of the AuD degree before accreditation was established and in development of such programs in other disciplines (e.g., pharmacy).

In 2011, ASHA staff communicated with an administrator regarding a proposal for a clinical doctoral degree program in speech-language pathology whereby students would complete a minimum number of online courses in order to meet minimal residency requirements for a degree from the institution and take the majority of desired speech-language pathology courses from other institutions of the students' choosing in any mode of delivery. The students would then pay the institution awarding the degree to evaluate and accept the course work as transfer credit toward the number of credit hours required by the degree-granting institution. Under this model, no advanced clinical training would be provided and, clearly, no uniformity could arise from a program consisting of course credits being transferred from a wide variety of other institutions, most of which would not even offer the clinical doctoral degree in speech-language pathology.

- C. Uniformity of change as the profession develops is another issue of concern. Because it is a relatively new degree, the specific details concerning how programs develop will have an important effect on the final product across the field. Lack of oversight by some central body could result in divergence of programs in terms of focus, quality, and requirements. This could be particularly important in developing a brand identity for the degree with potential students, other health care professionals, and the public. Prospective students will more likely apply to and invest in programs that have accreditation. Without accreditation, programs may have fewer applicants and/or applicants who might be less qualified. Also, without accreditation, there may not be uniform and well-defined differences in the professional and educational requirements for the clinical doctorate compared to the master's degree. This concern was expressed in a report distributed by the Association of Schools of Allied Health Professions (ASAHP) in 2008, "Potential Impacts of Entry Level Clinical Doctorate Degrees in the Health Professions."
- D. Lack of accreditation will hamper efforts of academic departments to gain funding and approval for developing new programs. Programs of high quality that have high faculty-student ratios will be expensive and consequently more difficult to sell to administration officials without accreditation standards that can legitimize the need for added resources.
- E. Lack of accreditation at the level of the program (as opposed to the institutional level) can impede a program's ability to apply for some types of funding, such as personnel preparation grants; thus, clinical doctoral programs in speech-language pathology could be at a disadvantage if lack of accreditation prevents them from applying for these types of funding opportunities.
- F. If ASHA/CAA does not offer accreditation, then the Association will lose further control concerning how clinical doctoral degree programs in speech-language pathology develop. It is even possible that another accrediting body may emerge, adding further confusion to the degree.
- G. More highly trained professionals could expand the practice of speech-language pathology and enhance interest and visibility among consumers. Lack of accreditation will hamper that process by making possible the development of substandard degree programs.

## **X. Highlights of Data and Resources Considered in the Development of This Report**

The recommendations set forth in this report are based on information gathered through a variety of sources that are included as appendices to this report. A list of the informational resources and reports employed, along with highlights of key findings from these sources, are included below.

### **A. Academic Affairs Board SWOT Analysis and "What If" Scenarios (April 2012)—Appendix A**

The AAB participated in an analysis of perceived strengths, weaknesses, opportunities and threats (SWOT) and “what if” scenario projections concerning an optional clinical doctoral degree. The activities were facilitated by ASHA’s senior advisor for strategic planning. The AAB’s comments and resulting themes were consistent with input identified by the SLPAC.

#### **B. ASHA Survey of Master’s-Level Practitioners in Speech-Language Pathology (April 2012)—Appendix B**

The survey was fielded to 4,083 SLPs; 682 (17%) responded; 632 (93.1%) were master’s level SLPs.

1. Twice as many respondents ( $n = 322$ , 47.5%) believed there was a need for the optional, post-entry clinical doctoral degree compared to those who did not ( $n = 150$ , 22.1%); 30.4% were uncertain.
2. The perceived need for the degree was approximately equivalent across work settings—schools (43.9%), college/university (48.1%), and health care (49.4%).
3. The top two perceived benefits of a clinical doctorate in speech-language pathology identified by respondents were to enhance knowledge and skills (82%) and to increase the application of evidence-based practice (73%).
4. 25.4% of respondents indicated they would pursue the degree; 40.5% indicated that they would not.
5. 84.5% of respondents agreed that the degree should have oversight by an accrediting body (with roughly equivalent agreement across practice settings)—schools (81.5%), college/university (82.7%), and health care (87.3%).
6. 70.9% of respondents indicated that they would only consider enrolling in an accredited clinical doctoral degree program.

#### **C. ASHA’s Speech-Language Pathology Advisory Council (SLPAC; March 2012)—Appendix C**

Input was solicited from the Speech-Language Pathology Advisory Council (SLPAC) during their March 2012 meeting at the ASHA National Office. The opportunity to provide input was open-ended. Input was documented and summarized, but not analyzed in any formal manner. The following themes emerged:

1. SLPAC members acknowledged that optional clinical doctoral programs already exist.
2. Members expressed concern that if the CAA does not provide oversight, quality could be impacted.
3. Questions were raised regarding the potential value of such degrees, any impact on the value of the master’s-level degree and the Certificate of Clinical Competence (CCC-SLP), and any potential impact on the number of SLPs who might pursue a research doctorate.

#### **D. Speech-Language Pathology Clinical Doctorate Focus Group Report, 2012 Schools Conference (July 2012)—Appendix D**

A focus group with nine school-based speech-language pathologists (with master’s degree and the CCC-SLP) ranging in years of experience (3 through 18 years) was held at

the 2012 Schools Conference for the purpose of eliciting feedback on an optional clinical doctorate in speech-language pathology. Participants, selected from among conference registrants, responded to two survey questions about the perceived need for and interest in an optional clinical doctorate in speech-language pathology. Focus group participants reflected a range of opinions. Responses to the question, “Do you believe there is a need for an optional post-master’s clinical doctorate in SLP?” included Yes (4), Uncertain (4), and No Response (1). Responses to the question, “Would you pursue an optional post-master’s clinical doctorate in SLP?” included Uncertain (5), Yes (3), and No Response (1). The focus group was moderated by a member of ASHA’s Surveys and Analysis staff who was trained in focus group methods.

1. Participants identified a variety of benefits of the clinical doctoral degree. Specialization was mentioned more often than any of the other perceived benefits, but collaboration, deepening an individual’s skill base, being more current, becoming a better clinician, having more career options, realizing increased credibility and respect, and earning a higher salary were also listed, along with benefits related to an increased ability to lead and increased opportunities for leadership.
2. Participants foresaw the program as an opportunity to better integrate research into clinical practice and as a means to learn how best to help other clinicians.
3. From a broader perspective, participants viewed the clinical doctorate as benefitting the profession, as well as the individual clinician, and as a way to grow the profession.
4. Participants stressed that the clinical doctorate program must be about treatment and must include clinical training. They value learning from other, more advanced clinicians.
5. Most participants would continue to be clinical service providers in the schools, although other options were noted. These included being an administrator, leader, author, speaker, presenter, or consultant. Working in product development or teaching clinical skills to other SLPs were additional possibilities.
6. Participants identified challenges associated with access and cost (e.g., tuition and travel costs, location or accessibility issues, full-time employment while a doctoral student, and the time commitment and number of credits).
7. At the conclusion of the focus group, a show of hands indicated that all nine of the participants would be interested in a clinical doctorate.

**E. Executive Summary. From the Consensus Conference on the Clinical/Professional Doctorate in Speech-Language Pathology. Held at the MGH Institute of Health Professions, Boston, MA (2012)—Appendix E**

The consensus conference produced three key conclusions germane to the AAB report.

1. The predominant choice was for a degree that could be earned as an optional post-master’s degree in CSD (i.e., a non-entry level degree).
2. There was general consensus that core-learning outcomes should consider both advanced clinical skills and knowledge AND advanced professional content (e.g., leadership, clinical teaching).

3. It was recommended that various professional associations dialogue internally and with each other (e.g., CAPCSD, ASHA) with consideration to their stakeholders, the field, and persons with communicative disorders.

#### **F. Survey of Kansas Speech-Language-Hearing Association conference attendees (September, 2011)—Appendix F**

The University of Kansas Intercampus Program in Communicative Disorders conducted a survey of attendees at the Kansas Speech-Language-Hearing Association Conference in September 2011 to solicit their input about an optional clinical doctoral degree in speech-language pathology for enhancing skills beyond the MA/MS for career advancement.

1. Responses were obtained from 25% (150 of ~600) of the conference attendees.
2. The majority of respondents (84%) were practicing SLPs.
3. Respondents' work settings were reported as school (38.7%), hospital or rehabilitation facility (14.7%), private clinic (4%), long-term care facility (3.5%), private practice (2.7%), university (2.7%), a combination of settings (17.3%), currently not working (12%), and question not answered (missing data) (7.3%).
4. 87.3% of respondents saw professional value in creating a clinical doctorate, while 11.3% did not; 1.2% did not respond to the question (missing data).
5. Interest in obtaining a clinical doctorate was split, with 50% responding "yes" and 47.3% responding "no"; 2.7% did not answer the question (missing data).
6. Completing the statement, "my focus of study would be \_\_\_\_\_," responses were clinical specialty (54%), a combination of foci (20%), supervision (10%), clinical practice research (2.7%), advocacy/leadership (2.7%), policy (0.7%), other (0.7%), and missing data (12.7%).
7. The remainder of the survey questions focused on degree program characteristics (e.g., length of program, mode of delivery of courses, degree designator) that would be of interest to academic programs considering offering this degree.

#### **G. University of Pittsburgh Survey on the Feasibility of a Clinical Doctorate in Speech-Language Pathology (April, 2000)—Appendix G**

Master's-level practitioners in the greater Pittsburgh area (April 2000) and University of Pittsburgh master's-level graduate students in speech-language pathology (April 2000) were surveyed to determine the need for and interest in an optional clinical doctoral program that could be offered by the University of Pittsburgh.

1. Of 27 practicing SLPs surveyed in the greater Pittsburgh area, 23/27 (85%) reported a perceived need for the degree and 14/27 (52%) indicated they would consider enrolling in the program.
2. Of 34 master's-level graduate students in speech-language pathology surveyed at the University of Pittsburgh, 33/34 (97%) reported a perceived need for the degree and 28/34 (82%) indicated they would consider enrolling in the program.

#### **H. Higher Education Reports on the Professional (Clinical) Doctorate**

Council of Graduate Schools Task Force Report on the Professional Doctorate (2007) reports that:

1. Programs offering professional doctoral degrees can provide valuable benefits to society by preparing leaders who will transform professional practice, just as the doctor of philosophy degree prepares those who will transform their field of knowledge.
2. Professional doctorates may also represent mastery of the expanded knowledge base that is informing practice in many high-skill areas.
3. The rapid growth of professional doctoral degrees, however, presents challenges to higher education policy-makers who must establish standards and ensure quality.
4. Three core characteristics and expectations for the professional doctorate were identified.
  - a. It addresses an area of professional practice where other degrees are not currently meeting all employer needs.
  - b. It emphasizes applied or clinical research or advanced practice.
  - c. Those with the doctorate will include the leaders of the profession who will drive the creative and knowledge-based development of speech-language pathology practices and the development of standards for others.

**Higher Learning Commission (HLC; June 2006).** [A Report to the Board of Trustees From the Task Force on the Professional Doctorate](#). The recommendations made by the Task Force on the Professional Doctorate are based on the following fundamental assumptions shaped by the Task Force's deliberations.

1. A convincing case can be made that the professional doctorate has a clearly defined place in the hierarchy of U.S. higher education degrees, and it should be perceived as different from, and not a substitute for, the research doctorate.
2. Particularly in the health care professions, there is an obvious need to create capacity to educate practitioners and those who primarily will be educating practitioners.
3. The professional doctorate should be considered as a degree level within the hierarchy of U.S. degrees, thereby falling under substantive change processes in accreditation.
4. New professional doctorates will mark fields other than those in the health professions.
5. Higher education and the professions would benefit from quality assurance of professional doctorates validating that through them students acquire professional competencies they would not otherwise gain in existing degree programs within a given profession.
6. We cannot wait for answers to a sizable number of questions before creating and implementing strategies of quality assurance related to the new professional doctorates. The Commission can facilitate, experiment, and lead by example, but it cannot respond alone to the need for national consistency in defining and evaluating professional doctorates.

## **I. Accreditation in Other Health Care Professions**

Currently, audiology, pharmacy, and physical therapy have moved to a doctorate as the entry-level degree requirement for practice. In occupational therapy, a master's degree or an entry-level clinical doctorate serves as the entry-level degree requirement for practice. In each of these professions, a national specialized accrediting body sets the standards and monitors compliance for the accreditation granted to these entry-level degree programs.

In the following professions, a national accrediting body sets the standards and monitors compliance for advanced post-entry level degree programs.

1. Dentistry. “The [Commission on Dental Accreditation \(CODA\)](#) serves the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry. The scope of the Commission on Dental Accreditation encompasses dental, advanced dental and allied dental education programs” (revised January 30, 2001). Examples of advanced dental education for which [accreditation standards](#) exist include post-doctoral general dental education programs, pediatric dentistry, advanced specialty education programs in orthodontics and dentofacial orthopedics, and oral and maxillofacial surgery.
2. Nursing. The [Commission on Collegiate Nursing Education \(CCNE\)](#), a nationally recognized accrediting agency for baccalaureate and graduate degree nursing programs and post-baccalaureate nurse residency programs, accredits master's degree nursing programs, including advanced practice nursing and other tracks. “Programs offering advanced practice doctorates with the degree designator Doctor of Nursing Practice (DNP) are eligible to pursue accreditation by the CCNE. DNP programs presented for accreditation are required to demonstrate incorporation of The Essentials of Doctoral Education for Advanced Nursing Practice (DNP Essentials)” (AACN, 2006). CCNE accredits DNP programs with an advanced practice nursing direct care focus, an aggregate/systems/organizational focus, or both foci.
3. Psychology. The [APA Commission on Accreditation \(APA-CoA\)](#) is the national accrediting authority for professional education and training in psychology. “The APA-CoA accredits doctorate graduate programs in clinical, counseling and school psychology; internship programs in professional psychology that are a required component of doctoral training; and post-doctoral residency programs that provide education and training in preparation for professional practice at an advanced level of competency in traditional and specialty practice areas of psychology.”

## **VII. Conclusions**

The research and data that have been reported demonstrate that clinical doctoral degree programs in speech-language pathology exist and more are likely to be established. The great majority of ASHA members surveyed recognize the value of the clinical doctoral degree in speech-language pathology, regardless of their work settings, and about one quarter of the respondents express an interest in pursuing such a degree. It is also clear that there is a strong trend of related clinical disciplines' embracing advanced clinical doctorate degrees and that this shift may have a disadvantageous effect on speech-language pathologists, many of whom will have to compete with these advanced degree holders for promotion and leadership opportunities.

It is evident that accreditation of clinical doctoral degree programs in speech-language pathology would help to ensure consistency, quality, and branding of the degree and that, without accreditation, there is significant risk that programs of inadequate quality will be established; inferior programs would likely tarnish the reputations of not only other, better programs and their graduates, but also the field more generally. Because these degree holders should be regarded as "master clinicians" and leaders in their clinical subspecialties, it is of paramount importance that the Association does what is necessary to help ensure that these emerging programs graduate well-trained and truly advanced professionals. If these programs are not held to uniform standards, then the entire field may suffer the consequences of these inadequately trained "advanced" professionals.

It is for these reasons that the Academic Affairs Board recommends that a feasibility study be undertaken in collaboration with the Council on Academic Accreditation in Audiology and Speech-Language Pathology so that the financial and resource implications of accreditation can be carefully examined. Without this information, it would be difficult for the ASHA Board of Directors to make an informed decision regarding the advisability of the CAA's accrediting post-entry clinical doctoral degree programs in speech-language pathology.

Thus, as stated on page 3, the AAB recommends that the ASHA Board of Directors charge the AAB to conduct a feasibility study in collaboration with the CAA regarding accreditation of post-entry level clinical doctoral degree programs in speech-language pathology so that the ASHA Board of Directors can make an informed decision about the advisability of the CAA's accrediting post-entry clinical doctoral degree programs in speech-language pathology.

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