



Academic Program Approval

Advanced Practice Doctorates in Kentucky

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Advanced Practice Doctorates in Kentucky

Statutory authority to offer advanced practice doctorates is provided by KRS 164.295.¹ This statute allows all state universities to offer, upon approval by the Council on Postsecondary Education, programs beyond the master's degree level to meet the requirements for teachers, school leaders, and other certified personnel. It also allows comprehensive universities, upon Council approval, to offer an advanced practice doctoral program in nursing in compliance with KRS 314.111 and 314.131. The statute limits comprehensive universities to three advanced practice doctoral programs including an Ed.D. program and an advanced practice doctoral program.

KRS 164.295 also requires the Council, in consultation with the Advisory Conference of Presidents, to develop the criteria and conditions for approval of advanced practice doctorates and promulgate an administrative regulation related to these criteria. In addition, the Council is required to submit the approval process to the Interim Joint Committee on Education by October 15, 2011.

KRS 164.295 allows the Council, with the unanimous consent of the members of the Advisory Conference of Presidents, to make a recommendation to the Interim Joint Committee as to whether the current limit of three advanced practice doctorates at comprehensive universities should be amended.

Criteria for the Approval of Advanced Practice Doctorates

The Council staff worked with university presidents, chief academic officers, and other campus leaders to develop the criteria by which advanced practice doctorates may be approved. The criteria are outlined below and are based on research conducted by Council staff and institutional representatives.

Centrality to Institutional Mission and Consistency with Kentucky's Postsecondary Education Goals: Institutions should demonstrate centrality to the institution's mission and consistency with the state's postsecondary education goals by providing evidence that includes: (a) the program's objectives, along with the specific institutional and societal needs that will be addressed; (b) the relationship of the program to the university's mission and academic plan; and (c) the relationship of the program to the Strategic Agenda.

Program Quality and Student Success: Institutions should demonstrate program quality and commitment to student success by such measures as: (a) proposed learning outcomes; (b) how the curriculum will achieve the objectives of the program; (c) any distinctive qualities of the program; (d) availability of faculty, library resources, physical facilities, and instructional equipment; (e) degree completion requirements; (f) methods of program delivery; (g) how the program builds upon the reputation and resources of

¹ Language related to advanced practice doctorates is shown in bold and italics for emphasis.

an existing master's degree program in the field; (h) the impact of the proposed program on undergraduate education at the institution; and (i) demonstration of available clinical sites for those programs with clinical requirements.

Program Demand: Institutions should demonstrate demand for the program by providing evidence of (a) student demand; (b) employer demand; and (c) academic disciplinary needs, including new practice or licensure requirements in the profession and/or requirements by specialized accrediting agencies.

Unnecessary Duplication: Institutions should show that the program does not unnecessarily duplicate an existing program at another state university by including information about: (a) differences in curriculum between the proposed program and an existing program; (b) differences in student population; (c) documentation of excess student demand for an existing program; and (d) collaboration between the proposed program and an existing program.

Cost and Funding: Institutions should provide information on the sources of funding and the costs associated with the program, including: (a) all sources of revenue; (b) all sources of costs; (c) whether the program will require additional resources; (d) whether the program will impact financially an existing program or organizational unit within the state university; (e) the return on investment to Kentucky; and (f) evidence that funding for the program will not impair funding of an existing program at another state university. A detailed spreadsheet of revenue and costs must be submitted to the Council.

Program Assessment: Institutions should provide information on program evaluation procedures, including: (a) what program components will be evaluated; (b) when and how the components will be evaluated; (c) who is responsible for the data collection; (d) how the data will be shared with faculty; (e) how the data will be used for program improvement; and (f) how students' post-graduation success will be measured and evaluated.

Promulgation of Administrative Regulation: Given the consensus of the Advisory Conference of Presidents on the criteria for assessing new advanced practice doctorates, the Council staff will work with the Legislative Research Commission to promulgate an administrative regulation outlining these criteria. This process is expected to be completed by April 2012.

Approval Process for Advanced Practice Doctorates

Institutions must pre-post a proposed advanced practice doctorate on the online Kentucky Postsecondary Program Proposal System (KPPPS) after it has been approved at the college level. Pre-posting a program upon initial approval at the college level allows more time for institutions to share information and create collaborative arrangements, including articulation agreements with KCTCS institutions.

As part of the pre-proposal, the following information should be posted to KPPPS:

- CIP code, program name, and degree level.
- Proposed implementation date.
- Program description and objectives and their consistency with the institutional mission, the statewide postsecondary education Strategic Agenda, and the statewide strategic implementation plan.
- Intended student learning outcomes and preliminary assessment plan.
- Justification, including a preliminary needs assessment.
- Relationship with other programs within the institution.
- Relationship with programs at other institutions.²
- Course delivery methods.
- Faculty qualifications and resources.
- Preliminary cost estimate.
- Availability of clinical sites (if applicable).
- Evidence that the program builds upon the reputation and resources of an existing master's degree in the field.
- New practice, licensure, or accreditation requirements.
- Impact on undergraduate education.
- Evidence that funding for the program will not impair funding of any existing program at any other public university.

After posting this information to KPPPS, the chief academic officers, or their designees, of other public institutions and Council staff will have 45 days to review and comment on the proposed program. If another institution or the Council staff expresses concerns about the proposed program, the Council staff may require additional information and may request review by the chief academic officers of public institutions. If additional information is requested, the proposing institution must submit that information within 30 days of the request.

When there are no unresolved objections to the proposed program, the Council staff will notify the institution that it may continue the process for developing the program. The institution should submit a full proposal, which has been approved by the institutional governing board, to the Council within 18 months of the approval of the pre-proposal. If applicable, the proposal should address concerns and any possibilities for collaboration with other institutions that arose during the pre-proposal process.

The proposal should address the following elements:

- i. Centrality to the institution's mission and consistency with state goals.
- ii. Program quality of student success issues.
- iii. Program demand and unnecessary duplication.
- iv. Cost and funding sources.
- v. Program review and assessment.

² Before submitting a pre-proposal, proposing institutions must contact institutions with similar programs, as defined by CIP and degree level, to initiate discussions about the possibilities for collaborative or joint programs. Similar programs can be identified through the Council's Registry of Degree Programs, also known as the program inventory. The program inventory can be found on the Council's website at <http://cpe.ky.gov>.

A principal purpose of the full proposal is to establish the criteria against which future program reviews will be gauged. Comments on the full proposal from other institutions will generally not be solicited by the Council; however, the Council reserves the right to confer with institutions that submitted comments during the pre-proposal process to establish the extent to which these comments have been adequately addressed.

Council staff will review the full proposal. If there are no issues, staff will recommend approval to the Council. If approved by the Council, new programs will be placed on provisional status and will be subject to an initial review process. In addition, comprehensive universities must submit annual reports to the Council identifying the full cost of and all funding sources for each approved advanced practice doctorate and the performance of each approved program.

Recommendation to the Interim Joint Committee on Education on the Amendment of KRS 164.295

While there is broad support among the public comprehensive universities to amend the current statute to lift the limit of three advanced practice doctorates allowed at those institutions, consensus has not yet been achieved on this point among all public postsecondary institutions. The Council will continue to work with the campuses on this matter over the next several months. If consensus develops on lifting the program limit, the Council president will incorporate that recommendation into this report before October 15, or will bring that recommendation to the General Assembly in advance of the 2012 session.

Appendix 1:

Background Research on Advanced Practice Doctorates

Background

Advanced practice doctorates, commonly referred to as professional doctorates, are not a new concept. In fact, the first advanced practice doctorate awarded in the United States, the M.D., predates the first research doctorate by almost 100 years. Many of the earliest advanced practice doctorates, known as the first wave, were first professional degrees. In the decades after World War II, there was gradual increase in the number of these doctorates. This second wave of advanced practice doctorates included the D.Pharm., Ed.D., J.D., and the DPH.³ The 1990s and early 2000s ushered in the third wave of these doctorates, starting with audiology then physical therapy, occupational therapy, and nursing.⁴ Driving forces for this latest wave of advanced practice doctorates include revenue generation for institutions, as well as occupational reasons such as the perceived need for legitimacy within certain professions, need for additional training to deal with increasing loads of information, and lack of external standards.⁵

Proponents argue that the increasing complexity of certain fields, especially in allied health, require training beyond the master's degree. Critics, however, are concerned that accrediting agencies have caused both degree creep as well as degree inflation. That is, although accrediting agencies and professional organizations have increased the requirements to enter certain professions, some accrediting agencies have increased degree qualifications without requiring significant curricular changes or clinical requirements. In addition, critics argue that technology could be better utilized to deal with health care complexity and that advanced practice doctorates will lead to higher health care costs.⁶

This third wave of advanced practice doctorates has created “widespread calls for rethinking modes of organizing and classifying advanced degrees.”⁷ In response, the Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools convened a task force on professional doctorates and released a report in 2006, and the Council of Graduate Schools created a task force and released a report in 2007.

Characteristics of Advanced Practice Doctorates

Currently, there are two broad categories of advanced practice doctorates – those that require a dissertation or capstone project (e.g., Ed.D., D.N.P, and O.T.D) and those that

³ Julia Wrigley and William Ebenstein. January 2010. Report on Options for Organizing Professional Doctorates at CUNY: A Report Prepared for Executive Vice Chancellor and University Provost Alexandra Logue.

⁴ Ibid.

⁵ Higher Learning Commission, North Central Association of Colleges and Schools. 2006. Report of the Task Force on the Professional Doctorate.

⁶ Isaac Montoya. 2007. “A Marketing Clinical Doctorate Program.” *Journal of Allied Health*, 36 (2): 107-12.

⁷ Julia Wrigley and William Ebenstein. January 2010. Report on Options for Organizing Professional Doctorates at CUNY: A Report Prepared for Executive Vice Chancellor and University Provost Alexandra Logue, p. 3.

do not. Advanced practice doctorates that do not require some kind of capstone project typically lead to licensure (e.g., M.D., J.D., and D.V.M). In fact, “The lack of a capstone experience can be justified only when the degree is tightly linked to professional licensure. Otherwise, advanced practice doctorate degrees have the same basic structure of coursework, qualifying experiences, and capstone experience that characterizes the research doctorate.”⁸ According to the Council of Graduate Schools’ task force, those programs that include practica or capstone projects should require a written report that is defended by the student.

The curricula of advanced practice doctorates are focused on real-world problems within a particular profession. These doctorates are less focused on theory and more focused on practical application, but that does not mean that they are without a research component. For instance, advanced practice doctorates can teach people to evaluate and utilize research and design and conduct applied research.

According to IPEDS, a “doctor’s degree – professional practice” is awarded upon completion of a program providing the knowledge and skills for the recognition, credential, or license required for professional practice. The total time to the degree, including both pre-professional and professional preparation, equals at least six full-time equivalent academic years. Some of these degrees were formerly classified as “first-professional.” A “doctor’s degree – research/scholarship” requires advanced work beyond the master’s level, including the preparation and defense of a dissertation based on original research, or the planning and execution of an original project demonstrating substantial artistic or scholarly achievement.

In addition to a lack of a standard definition, there are no nationally accepted common core characteristics of advanced practice doctorates. They vary in terms of necessary prior degrees, length of study, rigor and amount of coursework, clinical practica, threshold examination, capstone experience, and whether or not it leads to licensure. Coursework and overall length of study may be shorter than for research doctorates, especially in fields with longer-than-average master’s degrees.

“In order to differentiate practice-focused from research-focused doctoral programs, and practice doctorates from master’s programs, and to make the degree understandable to patients, potential employers, and the public, it is advisable to achieve as much standardization as possible among practice-focused doctoral programs.”⁹ To that end, the HLC task force recommended that regional accrediting agencies develop core characteristics of professional doctorates and focus their evaluation on institutional capacity to offer these types of doctorates. The HLC task force recommended that core characteristics include:¹⁰

⁸ Council of Graduate Schools. 2007. CGS Task Force Report on the Professional Doctorate. Washington, D.C: Council of Graduate Schools, p. 27.

⁹ Elizabeth Lenz. 2005. The Practice Doctorate in Nursing: An Idea Whose Time Has Come. *Online Journal of Issues in Nursing*, Vol. 10 Issue 3, p 57-72.

¹⁰ Higher Learning Commission, North Central Association of Colleges and Schools. 2006. Report of the Task Force on the Professional Doctorate.

- Clear learning outcomes.
- Solid curriculum.
- Comparisons to other professional doctorates within the institution or similar programs offered at other institutions.
- Faculty credential and resources.
- Length of study appropriate to learning outcomes.
- Inclusion of stakeholders in program design.
- Evaluation and quality assurance.

The Council of Graduate Schools' task force also identified core characteristics, including:¹¹

- Focus on professional practice and employer needs.
- Focus on applied research or advanced practice.
- Focus on students who are leaders within the profession “who will drive the creative and knowledge-based development of its practices and the development of standards for others.”

Possible Criteria for Evaluation As Identified in the Literature

When evaluating proposed doctorates, SHEEOs should look at both institutional capacity to offer this type of degree as well as the need for and expected quality of the particular proposed program.

Institutions should focus on the role of advanced practice doctorates as they relate to the mission as well as the strengths and weaknesses of each institution.¹² Institutional leaders must demonstrate that the advanced practice doctorate supports the institution's mission and that the leaders have analyzed the degree's impact on the institution, including both anticipated and unanticipated consequences.¹³ It is also important to note that “Even among institutions with similar missions, a program that is part of a cluster of strong, interlinked programs has a different value from one that stands in isolation or is surrounded by weak programs.”¹⁴

The HLC's task force concluded that regional accreditors should use the following criteria when evaluating institutional capacity to offer professional doctorates:

- How well programs meet standards of specialized accreditors.
- Strength of institution's quality assurance.
- Relationships among administration, faculty government, and program approval.

¹¹ Council of Graduate Schools. 2007. CGS Task Force Report on the Professional Doctorate. Washington, D.C: Council of Graduate Schools, p. 7.

¹² Ibid, p. v.

¹³ Higher Learning Commission, North Central Association of Colleges and Schools. 2006. Report of the Task Force on the Professional Doctorate.

¹⁴ Council of Graduate Schools. 2007. CGS Task Force Report on the Professional Doctorate. Washington, D.C: Council of Graduate Schools, p. 22.

- Institution’s relationship with the profession, especially in needs assessment.
- Thoroughness of financial planning.
- Understanding of the need for clinical sites.

The Council of Graduate Schools’ task force and the HLC task force identified this combined list of fundamental questions that can inform program evaluation.¹⁵

- What need is served? Who determined the need?
- Who benefits from these degrees – the profession, the degree holder, the employer, the patient or client?
- Will the program advance the well-being of society, not just the well-being of the degree holders?
- Who defines quality? Who ensures quality?
- Will it transform practice?
- Does it measure up to the rigor of a Ph.D.?
- How important is institutional background, especially prior experience in offering graduate degrees?
- How do these degrees relate to other types of degrees?
- How do these degrees relate to mission creep, credential creep, and flexible program delivery methods?
- Can a common understanding of doctoral quality inform the content and rigor of professional degrees?

The Council of Graduate Schools’ task force also identified specific criteria for reviewing proposed advanced practice doctorates, including:

- Ability to meet accreditation standards.
- “Standing of the sponsoring unit within the discipline” (departmental quality).
- Characteristics of the best professional doctorates in the discipline.
- Evidence that graduates will be prepared to lead their fields.
- Relationships with research programs within the department and college.
- Faculty qualifications.
- Ability to attract students.
- Ability to evaluate student progression, student outcomes, and other student success measures.
- Contribution to mission, goals, and reputation of the department, college, and institution.
- Intellectual and material resources.

When assessing these types of programs, it is important to remember that they are focused on needs of particular professions. Therefore, job placement and leadership within the profession are important indicators of program success.

¹⁵ Ibid, p. 30.

Wisconsin has been on the forefront of state policy related to advanced practice doctorates. The University of Wisconsin Board of Trustees created a task force that developed criteria for evaluating advanced practice doctorates at comprehensive universities, including:

- Presence of high-quality master's program.
- Focus on underserved geographic areas.
- Impact on undergraduate programs.
- Reliance on adjuncts.
- Alignment with institutional mission and strategic plan as well as statewide goals.
- Demonstration of labor market needs at local, regional, and national levels.

Summary

While limited research on advanced practice doctorates is available, the HLC and the Council of Graduate Schools have published helpful reports that have informed CPE's discussion with institutional leaders. In addition, the Wisconsin Board of Trustees conducted background research that informed its criteria for approving advanced practice doctorates, and this research has guided the Council's criteria development as well.