

Health Professions Programs Task Force Report to the Provost 1 June 2005

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Executive Summary

This task force was charged in Spring 2004 by Provost Spear to address how health professions programs fit with the teaching, research and service missions of UW-Madison. Specifically, the task force was asked to consider issues such as the relationship of these programs with others in Wisconsin and the region, whether organizational and administrative arrangements for these programs on campus are optimal, whether they have a teaching complement of appropriate size and preparation, and the costs and consequences of the shift to graduate degrees as a result of accreditation and credentialing pressures.

After a series of discussions about the nature and array of health professions programming on campus, the task force focused its attention primarily on the audiology, occupational therapy, physical therapy and physician assistant programs. These programs were chosen in large part because the respective schools or colleges had recently requested or were in the process of requesting a change in degree offering (i.e., from BS to MS, or MS to clinical doctorate) in response to specific accreditation and credentialing requirements. Audiology is housed in the College of Letters and Science, occupational therapy programs is administratively housed in the School of Education, and physical therapy and physician assistant programs are in the Medical School; the latter three were programs in the School of Allied Health prior to that school's closure in 1990.

The task force reviewed key elements of these programs and interviewed program directors and department chairs, focusing on each element of its charge. Based on these deliberations, the task force concludes the following:

- As the only campus with an academic health sciences center in Wisconsin, UW-Madison has a specific responsibility to offer an array of health professions programs, and to be a leader nationally in such programs. This responsibility goes beyond workforce issues to the notion that this university, given that it claims a world-class academic health science center, has the responsibility to offer a range of programs that reflects the true reach and scope of the health sciences today. Education of health professionals in such an environment is critical to prepare them for practicing as part of interdisciplinary teams in today's health care system.
- External pressures to change the type and nature of degrees offered in the health professions will continue for the foreseeable future. For the most part, these changes are driven by the natural evolution of the health sciences reflected in expanding knowledge, increasing complexity and increasing specialization across the entire range of health professions fields. While continued careful scrutiny in regard to degree offerings is certainly in order, UW-Madison has appropriate review mechanisms in place to ensure that changes in degree programs are substantive, appropriate to campus mission, and are truly grounded in the dynamic evolution of knowledge and practice.
- All HPPs programs on the Madison campus should be expected to have a core complement of faculty who teach in the program and who engaged in research activities pertinent to the field. In addition, instructional staff should engaged in scholarship to the extent possible. Research and scholarship in each program should be visible and available to students, so that they can see the impact of such work on professional practice. Such activities are one of the most important distinguishing characteristics of programs at a research university, and create learning environments that are qualitatively different from those available on other campuses. The respective department, school and college leadership are responsible for ensuring sufficient resources to that end. It is not realistic to expect that all faculty and instructional staff in HPPs can or should be significantly engaged across all three mission areas of the campus, nevertheless in the aggregate, research and scholarship should be evident in each of these programs.
- Attention should also be paid to the nature and the quality of interactions between and among HPPs on campus, and to the extent to which programs are contributing to interprofessional training and interdisciplinary research. The task force recommends consideration of whether some process to ensure discussion across schools/colleges offering health science programs might be warranted. There is, at present, no overarching structure on the Madison campus to focus attention at this level, and thus, no assurance that such activities will be given priority. Given the potential of the health sciences sector of campus for such synergies and their importance in the quality of health care, interprofessional and interdisciplinary engagement is at least as important a quality indicator for HPPs as engagement in research and scholarship.

- Programs appear to be served adequately by current organizational arrangements. These programs are not always successful competing for scarce resources against large-scale research enterprises, but that would be true, regardless of administrative placement. However, the placement of these programs across three schools and four departments does present challenges, both in terms of full engagement in interprofessional activities (now increasingly focused in the Health Sciences Learning Center), and may prevent sharing information about “best practices” in day-to-day management of health professions programs. Some consistent interaction of program directors across the array of HPPs may be desirable, such as through a coordinating council of program directors under the auspices of the Interprofessional Health Committee.

Definition of terms

Academic health science center, or academic health center: While no one published definition could be found, in typical use, the term refers to a research-intensive university environment including a medical school, at least one other health professions school, and at least one affiliated teaching hospital in which the majority of physicians are faculty members. The term *academic health center* may be used interchangeably, since it includes all of these elements; however, this term does not automatically signal the presence of a research-intensive university environment, although in most cases, that is presumed to be the case. These terms accurately depict UW-Madison’s health sciences sector.

Academic medical center: This term refers to an entity that includes a medical school, and one or more affiliated teaching hospitals in which the majority of physicians are faculty members. In this case, there is no presumption of the presence of a research-intensive university environment, or other health professions schools or colleges. While this is an accurate description of the corporate entity “UW Health” which includes the Medical School, the UW Medical Foundation and UWHC, it does not connote the wider research and educational environment on the health sciences sector of the campus.

Interprofessional health education: This term refers to a model of education in which students in a variety of health professions programs are guided to understand the respective roles, responsibilities, knowledge and skills of other health professions. Interprofessional health education is seen as essential to prepare practitioners for safe and effective practice in today’s fast-paced health care system. Specifically, interprofessional health education is seen as key to reducing health care errors, and thus reducing costs (Institute of Medicine, 2003). The term *interdisciplinary education* is sometimes used synonymously, but in fact, this is incorrect. Interdisciplinary education in the health sciences more accurately refers to the inclusion of a wide array of fields, i.e., gender and cultural studies, economics, geography, health psychology, sociology, or a complement of the life sciences, to inform our understanding of health and illness.

Interdisciplinary health care: Unfortunately, this term is imprecise at best. Interdisciplinarity in the provision of health care actually refers to full integration and collaboration between and among health professionals working as a team, i.e., closer to interprofessionalism as noted above.

I. Background:

The Health Professions Programs Task Force was appointed by Provost Spear on 11 March 2004, charged to address the following issues:

- How do the health professions programs (HPPs) fit in with the teaching, research and service missions of UW-Madison?
- What are the relationships between UW-Madison HPPs and those at other UW-System and private universities in Wisconsin? How can these relationships be improved?
- Are the HPPs placed optimally in the schools and colleges and in relation to each other? If not, recommend alternative organizational arrangements.
- Who are the faculty and are they appropriate for these programs and for UW-Madison?
- What is the role of the HPPs in interdisciplinary health education?
- Evaluate the costs of the HPPs and the consequences of “degree inflation”.
- Include an “environmental scan” of HPPs within Wisconsin and elsewhere.

The task force discussed the parameters of this charge, and revised the charge slightly to allow consideration of other issues deemed pertinent.

The first matter to be decided was how to focus the work of the task force. First, given the range of HPPs on this campus, the task force decided to create a comprehensive list of all HPPs, with the assistance of J. Milner; this list is appended to this report (Appendix 2). The task force spent several sessions discussing the total list of health professions programs, perceived fit to campus culture and mission especially in regard to research and scholarship, competition for scarce resources, appropriate oversight of traditional and professional degrees, public expectations of the university to educate health care professionals, and the university’s need to anticipate future requests for new programs and changing credentials in existing programs.

Based on these discussions and in light of the charge from the Provost, a number of health professions programs were not considered salient in the task force’s deliberations in that these programs are well-established on campus and present no obvious challenges in terms of the types of degrees offered, configuration of faculty and instructional staff and research profile. For these reasons, the following programs were not included in the task force deliberations: Medicine (MD), Nursing (BS, MS), and Pharmacy (PharmD), and programs in health-related fields of Counseling Psychology (MS) Rehabilitation Psychology (MS), Clinical Psychology (PhD), and Social Work (BS, MS).

Questions of salience and fit raised by the charge from the Provost seemed to apply most clearly to those programs on campus typically described as “allied health professions” (National Institute of Medicine, 1989). Therefore, the task force elected to focus its attention on those health professions programs for which specific accreditation processes are in place and those that were in the process of shifting degree offerings in response to national certification or accreditation changes, i.e., Audiology, Occupational Therapy, Physical Therapy, and Physician Assistant.

The task force included in its inventory, but did not review the Public Health (MPH) program, or those health professions programs that currently offer bachelor’s degrees and for which changes in their degree offerings were not anticipated when the task force began its work (i.e., BS in Dietetics and BS in Clinical Laboratory Science), or programs offered at the sub-major level (i.e., the undergraduate certificate in Athletic Training).

The task force also inventoried but did not review programs offered by the University of Wisconsin Hospitals and Clinics (UWHC). Those programs are listed in Appendix 4. In the course of its work, the task force became aware of some issues regarding the interface between the UWHC programs and UW-Madison’s enrollment management services (i.e., Office of the Registrar, Student Financial Services, Bursar). Those issues are beyond the charge to this committee and have been referred to Academic Planning and Analysis and the Division of Enrollment Management for further attention.

II. Charge and work plan:

The task force proposed to address the following questions and make recommendations to the Provost by 1 April 2005:

- How do health professions programs (such as Physical Therapy, Physician Assistant, Occupational Therapy, Communicative Disorders and the then proposed Public Health program) fit with the teaching, research and service missions of UW-Madison?
 - Given the nature of this campus, is the question of “fit” more salient in the area of research? To what degree do health workforce issues and the fact that UW-Madison has the only academic health science center in the state mitigate other concerns regarding “fit”? Is there a specific mandate for interdisciplinary education and research in these areas?
- Who are the faculty of these programs? Are they suitable for the programs and for the campus?
- What similar programs exist in Wisconsin and the region? What are the relationships between UW-Madison HPPs and others, and between these programs and others on the Madison campus? How can these relationships be improved?

- Are HPPs placed optimally in schools/colleges and in relation to each other? If not, recommend alternative organizational arrangements.
- What are the issues related to degrees granted now and in the future (i.e., graduate vs. professional and the role of the Graduate School in program planning and approval, accreditation pressures, “degree inflation”)? What should be done?

The task force addressed these points of inquiry in the following fashion:

- Teaching, research and service activities of HPPs were described, including factors that appear to enhance or inhibit these activities. Formal and informal links with other units are identified, including the degree of interdisciplinarity evident. The significance of these programs (i.e., workforce pressures, singularity of program or focus, centrality to academic health science center mission) on campus and beyond was discussed.
- Faculty and IAS complement (number, type and scope of responsibilities) was described with particular attention to suitability to meet overall mission, factors affecting faculty configuration and potential actions to address any problems.
- Organizational and administrative arrangements are described, and recommendations for improving such arrangements were considered.
- Issues related to current and proposed degrees were addressed with particular emphasis on accreditation pressures, “degree creep”, and the role of the Graduate School in program planning and governance in relation to schools and colleges.
- An inventory of HPPs on campus, as well as in Wisconsin and the region was made, building on existing work from Academic Planning (see Appendix 2)

Program directors were contacted by task force members, briefed on the charge of the task force and the work plan, and were asked to provide information to the task force using a common format. These reports were reviewed by the task force, and program directors were then invited to meet with the task force to discuss the status of their programs and relative fit with campus mission and priorities.

III. Program overviews

Reports on each of the HPPs under consideration include the following elements:

- a brief program description (number of students, length of training, curriculum outline, unique program qualities, rankings);
- organizational structure (academic home, other related degree programs, ‘advanced scholarship’ or scholarly work by students);
- applicant pool (quality/quantity, financial aid available);
- faculty/IAS and other human resources (list titles, graduate preparation);
- extramural support (grid showing title, funding source);
- accreditation;
- linkages with other health programs (relationship with UWHC, other health care entities);
- brief chronology of the program;

- regional profile and needs assessment data;

Salient elements of each of these reports are summarized in the following section, and the full summaries are appended in Appendix 1.

III.a Program overview: Master of Science in Communicative Disorders – AuD

UW-Madison's Department of Communicative Disorders grew out of the School of Public Speaking, which established the first curriculum in speech correction and the first university speech clinic in the country in 1914. The field of audiology emerged after World War II as a clinical specialty to treat hearing-impaired veterans; in the mid-1950's, courses in audiology were added to the curriculum. Speech pathology and audiology gradually developed into distinct fields of study apart from public speaking and drama. Consequently, in 1967, the Department of Communicative Disorders was established. Communicative Disorders currently offers the MS and PhD in Communicative Disorders with concentrations in audiology, language, and speech pathology, and now will offer the Doctor of Audiology jointly with UW-Stevens Point (Regent approval granted in early 2005).

The Doctor of Audiology (AuD) is a clinical doctorate that has evolved from the clinical audiology track in the MS in Communicative Disorders. The American Speech-Language-Hearing Association's (ASHA) accreditation requirements have driven the transition from master's level training to the AuD. The AuD program was reviewed by University Academic Planning Committee in Fall 2004. The program is a post-baccalaureate clinical doctorate with three years of coursework, including summer sessions, and a two-semester practicum. Students will be enrolled at either UW-Madison or UW-Stevens Point and will access instruction from the other campus via distance technology. The program is housed in the Department of Communicative Disorders (Letters and Science). This administrative arrangement appears to be working well.

This program plans to admit 10-12 students in each class at Madison and 5-7 at Stevens Point. It is expected that 70% will be in-state students.

The program has 3.2 faculty FTE (9 individuals) and 2.7 FTE in academic staff. Three faculty hold research funding at present.

The MS program is currently accredited. Licensure in most states is based on certification, and the national accrediting body has mandated the clinical doctorate for certification in audiology by 2012. The proposed degree complements the existing PhD program in Communicative Disorders.

The program has clinical linkages with Waisman Center and UWHC. Program faculty express some interest in, but have not been involved with activities of the Interprofessional Health Committee, and there is limited interface with other health-related programs.

A number of UW campuses have undergraduate programs in communicative disorders that prepare students for the AuD program. Other universities in the region with AuD programs include Iowa, Northwestern, Ohio State, Kansas and Central Michigan. Job growth between 2000 and 2010 is estimated to be 45%.

III.b Program overview: Master of Physical Therapy

This program was housed in School of Allied Health, and transferred to Dept. of Therapeutic Science (Education) in 1989. From 1993-1997, the administrative home was the Department of Kinesiology (created by a merger of Departments of Therapeutic Science and Physical Education and Dance). In 1997, the program was transferred to the Department of Surgery (Medical School).

This program enrolls 40 students in each class; program requires 61 credits over 2.5 years. The MPT program consistently attracts students (75% in state/25% non-resident) who perform well on national examinations and are well regarded by employers. The program is housed in and has a strong alignment with Department of Orthopedics and Rehabilitation/Medical School, with an oversight committee from the Medical School.

There are 3 faculty in the program, one of whom is tenured, and 6 IAS, 3 of whom are in half-time clinical positions at UWHC. Almost all faculty/IAS have completed or are completing doctoral degrees in relevant fields. Three faculty hold research funding, with awards in 2003-04 totaling \$1.2M.

The program is fully accredited until 2010. Nationally, more than half of existing PT programs offer the DPT, and most of the remaining programs are in process of converting to the DPT. Faculty anticipate some decline in applications if the program remains at the MPT level.

The MPT program has strong linkages with Department of Kinesiology, Engineering and Pharmacy, OT and with outreach activities in Medical School. Some courses are shared with OT and PA programs. The program's current space in Medical Sciences is seen as a disadvantage as activities on West Campus increase. Program faculty and students are engaged in interprofessional health activities on campus. Students complete research practica with faculty mentors and are required to write analysis/synthesis papers as well as research proposals, but there is no thesis requirement. The program places students for clinical experiences extensively at UWHC and Meriter Hospital.

There are four other PT programs in Wisconsin: UW-La Crosse offers MS degree with plans convert to DPT in 2006 (in conjunction with UW-Milwaukee), Marquette, Concordia and Carroll College (all of which offer DPT). Minnesota and Iowa each have four accredited programs while Illinois has seven. The employment market is recovering from a mild surplus between 1998-2001; however, demand is now growing with active recruitment by employers regionally.

III.c Program overview: Master of Science in Occupational Therapy

This program was housed in School of Allied Health beginning in 1974, and transferred to Dept. of Therapeutic Science (Education) in 1990. From 1992, the administrative home was the Department of Kinesiology. The last class of BS students entered OT in 2003, and approval to offer MS in OT was received in 2004. The first MS class will be admitted in 2005.

This program plans to admit 25 students in each class; program requires 61 credits over 2.5 years. No profile of students is available yet for the new program, as the first class is to be admitted this year. There is no current ranking of OT programs nationally, but the program is widely regarded as one of the strongest in the country with no difficulty attracting first-choice faculty candidates. The program has very strong emphasis in care of children, and is nationally recognized in this area.

The program has benefited from the transfer out of School of Allied Health in that it is better integrated with the rest of the university, in particular with social sciences and education; this integration is seen as particularly important as the major employment market for graduates at present is in public school districts. There are some space issues for the program, and future of its current space in Medical Sciences Center is unclear.

Faculty members serve on Executive Committee (Kinesiology). There are 5 faculty, one of whom is tenured, and 1.6 FTE in IAS (4 individuals). One faculty member holds two NIH grants, totaling \$2M through 2005.

The OT program is fully accredited until 2007. The MS is now required nationally for certification and licensure. Nationally, there are preliminary discussions about a move toward a clinical doctorate in occupational therapy. However, the program director believes this change is unlikely to occur in the near-term. No thesis is required; requirement for advanced scholarship is met through projects and investigations of clinical problem.

Program faculty, instructional staff and students are engaged in interprofessional health activities on campus. The program places students extensively at UWHC and Waisman Center for clinical courses. There are four other OT programs in Wisconsin (UW-La Crosse, UW-Milwaukee, Mount Mary College, Concordia), and four others in the region (Ohio, Indiana, Illinois and Minnesota). UW-Madison is unique among these programs in that students can pursue research training in the PhD-Therapeutic Science track in Kinesiology. The need for occupational therapists nationally is expected to rise 30% over the next decade.

III.d Program overview: Bachelor of Science in Physician Assistant – Proposed MPA

A legislative mandate for the creation of a Physician Assistant program at UW-Madison in 1974 led to the development of the School of Allied Health Professions. In 1990, the PA program was transferred to the Department of Family Medicine (Medical School).

The current program is a BS; a proposal has been approved by the Medical School APC to transition to a Master's in Physician Assistant (MPA). This program has 54 students enrolled on campus and 8 by distance. The program requires 76 credits over 2 years including summer sessions. The program consistently attracts 3-4 times the number of applicants that can be accommodated. Graduates consistently perform very well in national competency examinations.

The program has 3 full time and 2 half-time instructional academic staff and no faculty. One IAS holds doctoral preparation and two others are in progress. Nationwide, 12% of PA faculty are doctorally prepared, typically holding degrees in fields such as health care administration.

The program has some extramural training support at present from US Bureau of Health Professions and AHEC. The program is fully accredited until 2009. The program is not ranked nationally at present, as only programs at the master's level are included in rankings. Postbaccalaureate degrees are not yet required for certification, but are strongly recommended by the national accreditation body.

The PA program shares some coursework with the MD program. The proposed MPA program includes more research exposure and more linkages with other departments in the Medical School, in particular, Population Health Sciences, than currently exists in the BS program.

There are two other PA programs in Wisconsin, both at the master's level (UW La Crosse in collaboration with Gundersen Lutheran and Mayo Health Systems, and Marquette). The physician assistant field is regarded as one of the fastest growing in the nation, with a projected 53% increase in the number of positions between 2000 and 2010. Employment of graduates from this program is virtually 100% with 70% remaining in Wisconsin.

IV. The question of "fit"

- How do health professions programs (such as Physical Therapy, Occupational Therapy, Physician Assistant, Audiology) fit with the teaching, research and service missions of UW-Madison?
- Who are the faculty of these programs? Are they suitable for the programs and for the campus?
- What similar programs exist in Wisconsin and the region? What are the relationships between UW-Madison HPPs and others, and between these

programs and others on the Madison campus? How can these relationships be improved?

The question of how well HPPs fit with the teaching, research and service missions of UW-Madison must be considered in light of the research-intensive nature of the campus, and its unique position as the only academic health science center in Wisconsin.

The task force concludes that each of these programs is well aligned with campus teaching and service missions. In all cases, these programs are preparing graduates for professional practice in fields where state and regional demand is strong, and certain to increase over the 15-20 years. In all cases, there are competing programs elsewhere in the region, and in three of the four (OT, PT, PA) even competing programs in Wisconsin. Nevertheless, all of these UW-Madison programs have robust in-state applicant pools, high completion and placement rates, and enjoy strong support from constituencies in the health care industry that depend on a ready supply of graduates.

These facts notwithstanding, the question remains whether such programs are the best use of limited resources for UW-Madison. The task force has answered this question in the affirmative. Indeed, it has concluded that, in fact, UW-Madison has a specific responsibility to offer a certain array of programs such as these, not in spite of, but rather because of its unique environment. The most substantive argument for maintaining an array of HPPs is the fact that, without question, health care and health sciences research increasingly requires close collaboration between health professionals and health science researchers.

By their very nature, academic health science centers (defined as centers with a teaching hospital, a medical school and at least one other major health professions school within a research-intensive university environment), are expected to carry broad responsibility for educating future health professionals and health researchers. The greater the exposure and interaction of faculty and students across professions and fields, the more likely that practice and research will transcend professional and disciplinary lines and make significant contributions to improving human health (Institute of Medicine, 2003; National Institutes of Health, 2004). The array of programs at Madison is comparable to those in place at its peer institutions with medical schools (Appendix 3).

While other UW campuses offer a subset of the health programs offered here, none can match the rich interdisciplinary learning opportunities in health care, or the complex and stimulating research environment present on this campus. UW-Madison is currently the only health professions learning environment with this capacity in the state. UW Health and its range of clinical programs is cited by HPP directors as an invaluable asset, both for clinical and research training.

The question remains to what extent these programs are now aligned with the research mission, and naturally, the answer depends on how alignment is defined. If defined as having faculty with active programs of research attracting funding, then three of the four meet this criterion. With the exception of the Physician Assistant program, all have a mix

of faculty (tenured and tenure-track) and instructional academic staff, and all have faculty with beginning or established research programs and are attracting research funding. Of the four programs, Occupational Therapy has the highest proportion of faculty (5 faculty to 2.5 instructional staff) with one faculty member holding NIH funding. Physical Therapy has 3 faculty, all of whom have federal research funding and 6 instructional staff. Audiology has 2.5 faculty and 2.5 instructional staff on the Madison campus, and a similar complement at Stevens Point; two of the Madison faculty hold federal research awards. Thus, these programs are roughly comparable to each other in faculty complement and funding activity.

The Physician Assistant program is an outlier here. There are currently no faculty appointments in this program, with 5.2 FTE in instructional staff. While two of these individuals are doctorally prepared, they have only fractional appointments in the program. Program representatives and Medical School leadership recognize that research engagement is impossible under these circumstances, but believe that as current instructional staff complete their own doctoral preparation and work to shift the program to the postbaccalaureate level, that research activities will grow over time.

The physician assistant field faces special challenges in regard to research. The field is not a distinct discipline but is an extension of the practice of clinical medicine. Faculty will by necessity earn doctorates in related fields, and will face challenges in establishing and maintaining programs of research along with the demands of teaching and clinical practice. This is the same challenge faced by many with MD-PhD preparation. While it is not insurmountable, the fact that medicine's clinical research enterprise is not nearly as well developed as its basic science enterprise suggests that the difficulties faced are very real.

The task force recommends that all HPPs programs be expected to have a core faculty and instructional staff complement responsible for establishing some level of scholarly and research engagement, and that the respective department, school and college leadership are responsible for ensuring sufficient resources to that end. The extent to which this can be achieved will vary. In regard to faculty appointments, current campus deliberations in regard to tenure criteria in practice fields, and the meaning or weight of professional practice responsibilities in tenure decisions will have particular significance for HPPs. Nevertheless, students should not only see faculty and instructional staff engaged in research and scholarship, but also see what impact that work has on professional practice. Exposure to the interplay between research and practice will ensure that students understand how new discoveries drive improvements in care, how challenges in care drive new research, and that continuous improvement is, in fact, a professional responsibility, regardless of their individual involvement in research *per se*.

Achieving the appropriate balance between instruction, clinical practice and research and scholarship in HPPs is certainly the responsibility of the department and school/college leadership and the pertinent shared governance committees. There is also the inherent challenge of achieving such a balance in programs with small numbers of faculty/IAS. However, the task force believes it is essential for HPPs to have a critical mass of faculty

who can anchor the program from an academic perspective, who are actively engaged in research pertinent to the field and who teach in the program.

Attention should also be paid to the nature and the quality of interactions between and among HPPs on campus, and to the extent to which programs are contributing to interprofessional and interdisciplinary training and research. There is, at present, no overarching structure on the Madison campus to focus attention at this level, and thus, no assurance that such activities will be given priority. Given the unique potential of the health sciences sector of campus for such activities and their importance in the quality of health care, interdisciplinary and interprofessional engagement is at least as important as engagement in research and scholarship.

To that end, the task force recommends that a coordinating council of directors of all health professions programs be established, under the auspices of the existing Interprofessional Health Committee. The specific functions of such a council could be to explore opportunities for greater collaboration between and among health professions programs, including collaboration and cooperation in regard to curriculum and the creation of interprofessional learning opportunities.

The task force concludes that, along with its unique responsibility in regard to interdisciplinary research and training, UW-Madison also has some responsibility to respond to the current and projected workforce shortages. Current shortages are more acute in some fields than in others. Nevertheless, shortages are projected in virtually every health profession over the next two decades, driven by both dwindling supply (since in no field can current production rates fully replace losses as baby boomers age out) and increasing demand (as an aging society will require more health care services of all kinds).

V. Organizational arrangements

- Are HPPs placed optimally in schools/colleges and in relation to each other? If not, recommend alternative organizational arrangements.

As the task force began its work, there was some feeling that the challenges facing some of these programs were, at least in part, the result of organizational or administrative arrangements that were not optimal. As discussions began, it became clear that some programs had not thrived as part of the School of Allied Health, and at least in the case of OT, the move to Department of Kinesiology was seen as a positive factor in the program's development. In the case of the PT and PA programs, both directors reported there was a period of reorganization or rebuilding following the move, but that their programs are now well-established and adequately represented within the Medical School structure. The challenge of recruiting research-active faculty to the PA program and to a lesser extent in the PT program is acknowledged and identified as a priority by Medical School leadership, but it will take some time, given the available pool of doctorally prepared individuals in these fields. The strategy of "growing their own" is being

implemented in both programs; it remains to be seen whether this will result in an increase in research activity over the longer term.

Program directors all report that core issues for them are adequate resources to manage instruction, and maintaining good relationships with clinical sites. These are likely to be issues regardless of the administrative context in which programs exist. Thus, there is no evidence that these programs suffer by virtue of their organizational placement.

These programs do vary in the extent to which they are engaged in interprofessional education efforts. The PT and PA programs are well integrated with other Medical School programs, less so with Pharmacy and Nursing. The OT program is well-integrated with PT and other social sciences on campus. The Audiology program is engaged in interprofessional education through its research on cochlear implants, teaching interactions with Otolaryngology, and placement of students at UW-Madison health facilities for training.

The task force also has identified that some efficiencies might be achieved by pooling some resources for common administrative duties (i.e., student criminal records checks, student health status requirements, data collection regarding clinical sites, etc.). However, these potential advantages of cross-program collaboration do not rise to the level of organizational rearrangement of programs. The recommendation for a coordinating council of directors of all HPPs, under the auspices of the Interprofessional Health Committee, is intended to create a venue in which such opportunities might be identified.

VI. Issues related to HPP degree programs

- What are the issues related to degrees granted now and in the future (i.e., graduate vs. professional and the role of the Graduate School in program planning and approval, accreditation pressures, “degree inflation”)? What should be done?

Changes in accreditation and credentialing in the health professions are now obvious features of the academic landscape. This is not a new development, but rather one that began with the Flexner report in the early part of the 20th century that recommended education beyond high school for physicians. Nevertheless, the pace of such change has certainly accelerated.

The task force believes that the shift to postbaccalaureate degrees among health professions is fueled by a number of factors: the historical development of health professions fields; explosive growth of knowledge in the health sciences leading to increasing complexity and necessarily, increasing specialization; and the highly regulated and competitive nature of health care, which in turn drives changes in credentialing.

Some may argue that, had research-intensive universities remained highly influential in the politics of accrediting bodies, this trend might have been thwarted. However, that opportunity, if it ever existed, is long past. At this point, an evaluation of the “costs of

degree inflation” (as stated in the committee’s charge), is almost moot, because attempting to maintain existing programs without keeping pace with shifting degree requirements will mean that those programs will fall victim to competitive pressures and quality will inevitably suffer. And it is clear that we have not seen the last of this trend. Since the task force began its work, national professional bodies in nursing and dietetics have begun to discuss changes in degree requirements preparatory to professional practice.

The task force believes that UW-Madison already has suitable review processes in place to ensure that appropriate decisions are made in regard to educational offerings and evolving professional standards. Nevertheless, vigilance is in order to assure that this continues. To that end, the Graduate School should continue to be involved early in discussions about new postbaccalaureate degree proposals, even if the degrees under discussion are likely to be conferred by the respective school or college.

VII. Conclusion

In conclusion, UW-Madison should continue to offer an array of health professions programs, and be a leader nationally in such programs. The task force does not see cause for great concern in regard to the changes in health professions programming on the national scene, nor in regard to the evolution of the particular HPPs that were the focus of its work. Recent changes in the programs in audiology and occupational therapy were supported by campus committees after thorough reviews. The task force anticipates that proposals coming forward from the physical therapy and physician assistant programs are likely to be supported as well, presuming that the Medical School will continue to allocate needed resources to support those changes, and can ensure there is adequate faculty leadership in the PA program.

These four programs appear to be served adequately by current organizational arrangements. The development of research and scholarship varies across the range of programs, and this is to be expected. However, all HPPs on the Madison campus should be expected to have a core of faculty engaged in research and involvement of instructional staff in scholarship; further, these activities should be pertinent to the field, and visible and available to students. While it is not realistic to expect that all faculty and instructional staff in HPPs can or should be engaged in activities across all three mission areas of the university, nevertheless in the aggregate, research and scholarship should be in evidence.

Attention should also be paid to the nature and quality of interactions between and among the HPPs on campus. Since program proposals are routed from school/college APCs to the Provost and UAPC, there is no assurance at present that APCs from other health science schools will have an opportunity to review proposals prior to campus approval. The task force recommends consideration of whether some process to ensure discussion across schools/colleges offering health science programs might be warranted.

Further, there is no venue in which HPPs regularly interact so that there is optimal use of limited resources, nor is there a clear expectation that all programs will contribute to the larger goals of interprofessional training and interdisciplinary research. At present, there is no overarching structure on the Madison campus to focus attention at this level, and thus no assurance that such activities will be given priority. The task force recommends that some consistent interaction of program directors across the wider array of HPPs should occur, such as through a coordinating council of program directors, under the auspices of the Interprofessional Health Committee.

Regrettably, tensions around the role of health professions programs on a research-intensive campus are inevitable, if for no other reason than that external forces for change in the type and nature of degrees offered in the health professions will continue for the foreseeable future. Competitive pressures will increase, and make vulnerable those programs that do not keep pace. The campus has appropriate review mechanisms in place, and must continue to be employed to ensure that changes in degrees are substantive, appropriate to campus mission, and truly grounded in the dynamic evolution of knowledge and practice.

References

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Appendices

1. Program summaries
 - a. Audiology
 - b. Occupational Therapy
 - c. Physical Therapy
 - d. Physician Assistant
2. List of Health-Related Programs at UW Madison
3. Health Professions Program Offerings at UW-Madison Peers With Medical Schools
4. Program summaries - UWHC