Ad Hoc Committee on the
Feasibility of Standards for the
Clinical Doctorate in Speech-Language Pathology

November 2013

Final Report

Report of the Ad Hoc Committee on the Feasibility of Standards for the Clinical Doctorate in Speech-Language Pathology

Committee Members:

Malcolm R. McNeil, PhD, CCC-SLP, Ad Hoc Committee Chair
Loretta M. Nunez, AuD, M.A., CCC-A/SLP, Ex Officio
Kathy L. Chapman, PhD, CCC-SLP, Academic Affairs Board
Nancy A. Creaghead, PhD, CCC-SLP, Council on Academic Accreditation in Audiology and Speech-Language Pathology
Mark DeRuiter, PhD, CCC-A/SLP, Council of Academic Programs in Communication Sciences and Disorders
Michael J. Flahive, PhD, CCC-A/SLP, Council of Academic Programs in Communication Sciences and Disorders
Charles L. Madison, PhD, CCC-SLP, Council on Academic Accreditation in Audiology and Speech-Language Pathology
Margaret A. Rogers, PhD, CCC-SLP, Chief Staff Officer for Science and Research
Patti L. Tice, Director, Accreditation
Yvonne Kankam-Boadu, Director, Finance
Shari B. Robertson, PhD, CCC-SLP, Vice President for Academic Affairs in Speech-Language Pathology

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Introduction

This report was prepared by the Ad Hoc Committee on the Feasibility of Standards for the Clinical Doctorate in Speech-Language Pathology. The Committee was convened at the American Speech-Language-Hearing Association (ASHA) National Office from September 5 through 7, 2013. The charge to the group, as assigned by the ASHA Board of Directors (BOD), was to:

1. Explore and determine the costs and resources needed to establish standards for the clinical doctorate in speech-language pathology.

2. Explore and model potential costs and resources needed to establish a standards evaluation program (including a possible accreditation program) for speech-language pathology post entry-level clinical doctorate programs.

The terms *clinical doctorate* and *professional doctorate* carry distinct meanings for some stakeholders who will utilize this report. The Committee chose not to distinguish these degree offerings, operating instead from an underlying assumption that any clinical doctoral program would require a significant amount of education beyond entry-level clinical knowledge and skills. The term *clinical doctorate*—as opposed to *professional doctorate*—will be used throughout the remainder of this report.

The Committee reviewed pertinent documents, including the AAB's report to the BOD (October 2012), surveys conducted by the AAB and the Committee regarding the topic (2011 through 2013), financial models, the report of the Consensus Conference on the Clinical/Professional Doctorate in Speech-Language Pathology (Boston 2012), methods for conducting a practice analysis, Statement of Professional Doctorates (Association of Specialized and Professional Accreditors [ASPA], 2008), several reviews on the development and structure of professional and clinical doctorates, and the Communication Sciences and Disorders (CSD) Education Survey National Aggregate Data Report: 2011–2012 Academic Year (CAPCSD & ASHA, 2013).

The Committee acknowledges the need for assistance in the development of quality programs. The group agrees that, without adequate guidance and direction, there is potential risk to students, consumers, employers, and the profession of speech-language pathology. In addition, the group recognizes that the development of guidelines/subsequent standards and oversight is an evolving process; this understanding is reflected in the report. The potentially positive and negative consequences of both establishing and delaying the initiation of recognition or accreditation have been examined and led to consideration of a schedule wherein the oversight options might be phased in over time.

Recommendations

It is recommended that:

1. ASHA initiate the development of guidelines for academic programs offering the clinical doctorate in speech-language pathology (as described in the Standards-Setting Options section below);
2. ASHA and CAPCSD, through the CSD Education Survey, monitor the rate of development of such clinical doctoral programs, including the number of programs and number of students enrolled and graduated;
3. ASHA monitor the success of guidelines use, growth of programs, financial variables, and relevant risk factors to determine when/or if recognition or accreditation is warranted.

The remaining sections of the report include a summary of stakeholder surveys, standard-setting options (including methodology, advantages, and limitations for each option), and financial models prepared by the Committee.

Summary of Stakeholder Surveys

Survey Rationale and Methods

Surveys were fielded to master's-level clinicians in speech-language pathology (2012), current undergraduate and master's students in speech-language pathology (2013), employers (2013), and academic programs (2013) to examine perceptions regarding the non-entry-level clinical doctorate. The Committee used the results of these surveys to address the following issues:

1. the perceived need for the clinical doctoral degree in speech-language pathology,
2. the need to accredit clinical doctoral degree-granting programs,
3. the respondents' perceptions of the value and benefits of the degree,
4. the impact of the degree on the profession,
5. the status of the development of such clinical doctoral programs,
6. the potential pipeline for enrollment in clinical doctoral programs in speech-language pathology.

The selection criteria for each survey group are defined in the introduction section of the survey reports (Appendices A through D). The targeted populations, survey timelines, and corresponding response rates for each survey group are summarized below:

- *Practicing Master's-Level Clinicians in Speech-Language Pathology* (May 2012)
    - Fielded: 4,083
    - Respondents: 682 (17% of fielded)
- *Undergraduate Students and Master's-Level Students in Speech-Language Pathology* (May 2013)
    - Fielded: 287 (program directors)
    - Respondents: Undergraduates—653 (2% of undergraduate students), Master's—836 (6% of masters students), Other—69
- *Employers/Administrators/Directors* (June 2013)
    - Fielded: 14,578
    - Respondents: 2,109 (15%)
- *Academic Programs* (May 2013)
    - Fielded (program directors)
    - Respondents: 87 (35%)

Other methodological considerations included the following:

- Two reminder e-mails followed the initial fielding of the survey, giving individuals three opportunities to participate.
- All e-mail messages indicated "ASHA Survey on Optional Post-Master's Clinical Doctorate in SLP, reply requested," in the subject line, so recipients were made aware of the issue under consideration.
- The entire population of employers was targeted to ensure an adequate response rate. Based on previous ASHA studies, those respondents who were somewhat removed from an issue (e.g., employers versus clinicians) are less likely to respond to survey requests. Also, we wanted to ensure that smaller employment facilities (such as private physician's offices, other

residential facilities, etc.) and employment functions (such as supervisors of clinical activity) were represented in the results.

The speech-language pathology master's-level clinicians survey respondents mirrored the target population demographics.

Employment Facility	Survey Respondents	Population
School	43%	55%
College/University	8%	2%
Hospital	15%	13%
Residential HC	9%	10%
Nonresidential HC	15%	16%
Other	10%	5%

Note that 17% of "other" responses to the survey reflected "Birth to 3/early intervention." These individuals are listed under "School" in the population counts. Finally, the percentages for survey respondents are not identical to those presented in the master's-level clinician survey results, because the "not employed" category was not included in the calculations.

Summary of Primary Questions and Responses From Students, Clinicians, and Employers

"Do you believe that there is a need for an optional post-master's clinical doctorate in SLP?"

Response	Students	Employers	Clinicians
Yes	43%	48%	48%
No	23%	32%	22%
Uncertain	35%	21%	30%

There is considerable consistency across respondents in the percentages endorsing, challenging, opposing, and expressing uncertainty about the need for an optional post-master's clinical doctorate in speech-language pathology. More than 42% from each group of respondents indicated a need for this clinical doctoral degree. Employers were most likely to select yes/no versus an "uncertain" option.

"**Would you pursue an optional post-master's clinical doctorate in SLP?"**

Response	Students	Clinicians
Yes	38%	25%
No	23%	41%
Uncertain	37%	34%

Substantively, more clinicians would not pursue the degree than would. According to ASHA's member and affiliate counts for year end 2011, there were approximately 135,948 certified practicing speech-language pathologists (SLPs). Therefore, it could be estimated that 33,987 (25%) practicing clinicians might pursue this degree.

According to 2011–2012 Higher Education Data System (HES) CSD Education Survey data, there were 48,161 undergraduate and graduate students enrolled. Therefore, it could be estimated that 18,301 (38%) students might pursue this degree.

To put the data in perspective for both clinicians and students, the Committee modeled an overestimation of the willingness to enroll for each group. If the number of clinicians and students willing to pursue a clinical doctorate was overestimated by 90%, it is estimated that 3,987 clinicians and 1,830 students would seek enrollment in a clinical doctoral program in speech-language pathology.

"Do you think an optional post-masters clinical doctoral program should have oversight by an accrediting body (accreditation)?"

Response	Students	Employers	Clinicians
Yes oversight	NA	84%	85%
No oversight	NA	6%	2%
Uncertain oversight	NA	10%	13%
Consider only if accredited	78%	44%	71%
Consider both accredited and non-accredited	6%	35%	10%
Uncertain	15%	21%	19%

Accreditation of future clinical doctoral programs was perceived as important for both employers and clinicians. Additionally, students and clinicians agreed that oversight was essential for their consideration of a clinical doctoral degree. Employers considered accreditation to be less essential than did students or practicing clinicians.

"**If a clinical doctorate in SLP were not available to you, would you enroll in a PhD program instead?"**

Response	Students
Yes	19%
No	48%
Uncertain	33%

Nineteen percent of student respondents reported that they would enroll in a PhD program if a clinical doctorate in speech-language pathology were not available to them. However, 48% of the students surveyed reported they would not enroll in a PhD program, even if the clinical doctoral degree were unavailable.

Survey Results From Academic Programs

Of the 87 academic programs responding to the survey (35% of those surveyed), 1 (1.1%) offers 4 (4.8%) plan to offer, and 19 (22%) expressed an interest in offering a clinical doctoral program in

speech-language pathology. Twenty-eight (33%) programs were undecided, and 39 (45%) were uninterested.

Based on ASHA's year-end counts for 2012, 97 ASHA members hold a clinical doctorate degree in speech-language pathology. Data gathered by the Committee established that there are 8 CScD degree holders. Currently, three programs offer the clinical doctoral degree (Nova Southeastern University, University of Pittsburgh, and Valdosta State University). To date, 10 programs have expressed interest in, or in the process of developing, such a program.

Respondents also were surveyed regarding any positive impact that they believed the clinical doctorate would have on the profession. Across employers, clinicians, and students, greater than 50% of respondents reported that there would be a positive impact on:

- Patient care
- Leadership
- Respect from patients, consumers, and other health care providers
- Specialized training
- Application of evidence-based practice and increased knowledge and skills (clinicians and employers)
- Enhancement of prestige of the field
- Promotion of autonomy

With regard to the impact on salaries, students were most optimistic about salary improvements, followed by clinicians and then employers.

After review of these results, the Committee concluded that oversight is warranted. The following section outlines standards-setting options that could be used in implementing an oversight program.

Standards-Setting Options

The Committee identified three standard-setting options—guidelines, recognition, and accreditation—to assist programs that offer or plan to offer a clinical doctoral program in speech-language pathology. The options offer a continuum of processes that engage the professional community in its desire to ensure quality professional preparation and, ultimately, quality service to the public. Efforts of several working groups, including the AAB and this ad hoc committee have provided rationale for advanced preparation in the profession. For each standards option, a description, method, advantages, and limitations are offered.

Guidelines

Program guidelines, which could include quality indicators, provide counsel to institutions in developing clinical doctoral programs in speech-language pathology. Guidelines serve as a metric for existing and planned programs, as well as a resource for individuals considering advanced professional education. Guidelines for the clinical doctoral degree should recognize that clinical and professional doctoral degrees are heterogeneous by nature and typically focus on distinct educational niches (University of Wisconsin–Madison Working Group on the Professional Doctorate, 2008). Examples of guideline content could include such things as institutional accreditation, program mission and goals, learning outcomes, and resources.

Guidelines do not include a monitoring component, but institutions will be able to indicate that their clinical doctorate programs voluntarily follow the guidelines. Prospective students could use the guidelines to support their choices of a clinical doctoral program.

Method

1. Conduct a literature review of current practice.
2. Gather materials for review by the subject-matter expert (SME) panel.
3. Convene an ad hoc committee composed of SMEs to identify (a) the knowledge and skills for advanced practice for individuals holding the clinical doctorate and (b) quality indicators for education programs.
4. Conduct widespread peer review of the recommended knowledge and skills and quality indicators.
5. Provide the results of the peer review to the ad hoc committee to develop the guidelines.
6. Conduct widespread peer review of the recommended guidelines.
7. Revise the guidelines based on peer review.
8. Submit the guidelines to the BOD for approval.
9. Disseminate the guidelines once approved.

Advantages

Guidelines can be developed within a short time frame with minimum cost and could serve as the initial step in developing a recognition or accreditation program.

Limitations

No oversight or feedback would be available to programs for quality improvement efforts, and no information would be available to prospective students about whether a given program meets quality standards.

The development of guidelines is a first step in addressing the perceived need for providing quality indicators for clinical doctoral programs. These guidelines can serve as a basis for developing future program recognition and accreditation standards.

Program Recognition

At this level, a set of program standards based on a practice analysis and peer review serve as the basis for program recognition. ASHA would establish or authorize a monitoring body for program recognition. Institutions would provide (a) evidence that they meet the established requirements and (b) regular updates related to changes and critical elements of the program as determined by the monitoring body. Program recognition would be granted based on evaluation of submitted documentation or other identified requirements. The process would not include a site-visit component.

Method (Applies to Recognition or Accreditation)

If or when recognition or accreditation is instituted, the following process for identification of knowledge and skills is recommended. This is the same process currently used for standards setting by the CFCC for certification of individuals and by the CAA for accreditation of graduate programs in audiology and speech-language pathology.

The practice analysis that has been used by ASHA, the CFCC, and the CAA includes the following components:

1. Conduct a literature review of current practice.
2. Gather materials for review by the SME panel.
3. Convene an SME panel to identify the knowledge and skills for advanced practice for individuals holding a clinical doctorate.
4. Conduct widespread peer review of the recommended knowledge and skills and quality indicators.
5. Provide the results of the peer review to the appropriate credentialing body to develop recognition or accreditations standards.
6. Conduct widespread peer review of the recommended standards.
7. Revise and approve standards based on peer review.

8. Disseminate the standards once approved.

Advantages

Recognition would serve as external evidence of program quality, provide a degree of oversight, and be less costly than accreditation as site visits are not conducted.

The recognition process would provide requisite oversight and implement a more rigorous framework for program development and implementation than would guidelines.

Limitations

Recognition would be more costly than guidelines. Recognition does not involve as comprehensive a program review as accreditation nor feedback to the programs.

Recognition is not as widely recognized as a standard of quality for academic programs.

Program Accreditation

Based on a practice analysis and input from the profession, a set of accreditation standards would be developed and program accreditation would proceed in a manner similar to accreditation for the entry-level clinical degrees. Program accreditation could be granted by the CAA**,** an agency recognized as an accrediting body by the U.S. Secretary of Education and the Council for Higher Education Accreditation (CHEA).

Method (refer to the methods described in the previous section for recognition)

Advantages

Accreditation protects the interests of students; benefits the public; and improves the quality of teaching, learning, research, and professional practice.

Academic accreditation status adds to the perceived value of the program (e.g., among university administrators, students, and employers).

Academic accreditation promotes quality programs through independent agency evaluation and oversight and increased level of peer review. The effort and rigor associated with accreditation helps to promote quality programs and provide validation to prospective students about whether a given program meets quality standards.

Limitations

This approach results in increased costs and workload to programs and to the accrediting body.

Standard Setting Options: Subject-Matter Expert Panel Recommendations

The following recommendations for the SME panel composition and reference materials apply to all standards options.

Suggested composition of SME panel:

1. Employers/administrators in health care and schools
2. PhD-level academic faculty
3. Program chairs
4. Clinicians (both master's and PhD holders) in health care and school settings
5. Individual(s) who hold a clinical doctorate
6. Consumer(s) of services

Suggested materials for review:

1. Standards and Implementation Procedures for the Certificate of Clinical Completence in Speech-Language Pathology
2. Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology
3. Most current practice analysis material and final report
4. Scope of Practice in Speech-Language Pathology
5. Preferred Practice Patterns in Speech-Language Pathology
6. Relevant practice resources: Technical Report, Knowledge and Skills, Guidelines, Roles and Responsibilities
7. Curricula from existing clinical doctorate programs in speech-language pathology
8. Guidelines/standards for clinical doctorates in other professions
9. Literature/literature reviews regarding experiences of other professions

Financial Modeling

Budget Assumptions for the Feasibility Study on a Phased-in Approach to Accreditation of the Clinical Doctorate in Speech-Language Pathology (Appendix E)

1. The phased-in approach is modeled to transition from a guidelines program to a recognition program and then to an accreditation program. The model shown in the accompanying spreadsheet spans 10 years with:
    a. Guidelines, developed in Year 1 (2014) and implemented in Year 2 (2015) and Year 3 (2016)
    b. Recognition, beginning with a practice analysis in Year 2 (2015) and development of a recognition program to be implemented in Year 4 (2017)
    c. Accreditation, developed in Year 4 (2017) and implemented in Year 6 (2019)

2. Financial modeling was conducted to identify the costs associated with each of these three phases in a manner that reflects the costs if the programs are incorporated into the work of the CAA as opposed to being overseen outside of the structure of the CAA. The remaining assumptions refer only to the model in which the program is incorporated into the CAA. If it is necessary to implement this program outside of the CAA, this option would require further exploration and probably another financial model, as it remains unclear what unit would be given this responsibility and how that unit would need to be supported.
3. Staffing is the major expense and has been modeled to require a half-time manager-level employee starting in Year 2 (2015) until Year 5, when a full-time manager would be needed as the accreditation program is being implemented. Funds also were allocated for staff travel and operational expenses, such as the costs of printing promotional materials.
4. Expenses are included for the travel of volunteer members to develop the guidelines, to develop the recognition and accreditation programs, and to perform site visits once the accreditation program has been implemented.
5. Funds also were allocated to conduct a practice analysis every 5 years, starting in Year 2.
6. Technology expenses are primarily for incorporating accreditation status and processing tracking into netFORUM and would be incurred starting in Year 5 and amortized over a 5-year period. If the recognition program is to be prolonged past 2 years, then the technology costs for netFORUM still would need to be incurred starting in Year 5 (amortized over 5 years).

Appendix A

SLP Clinical Doctoral Needs Survey Results
June 2012

Introduction

The Academic Affairs Board (AAB) has been assigned by the ASHA Board of Directors to evaluate the pros and cons of a post-master's clinical doctorate in speech-language pathology (SLP). As part of their report, the AAB sought feedback from master's-level, ASHA-certified speech-language pathologists on level of interest, intentions to pursue, perceived need and value related to an optional post-master's clinical doctorate in SLP.

It was emphasized to survey participants that this degree would be an *optional* degree that could be considered after receiving a master's degree in speech-language pathology and that the survey was not collecting data to be used in considering a change in the entry level degree requirement from a master's to a clinical doctorate.

A survey was fielded to 4,083 speech-language pathologists on May 15, 2012. Follow up reminders were sent to nonrespondents on May 22 and May 29. As of the May 31 closing date, 682 responses were received for a useable (less 18 opt out requests and undeliverable emails) response rate of 17%. Percentages may not equal 100.0% due to rounding. Open ended comments appear unedited.

Results

1. Which of the following best describes your current employment setting? (Check one.)

Response	All respondents (*n*=679)	School-based respondents only (*n*=281)	College/ university-based respondents only (*n*=52)	Healthcare-based respondents only (*n*=261)
School	41.4%	100.0%	---	---
College/university	7.7%	---	100.0%	---
Hospital	14.6%	---	---	37.9%
Residential health care setting (skilled nursing facility)	9.1%	---	---	23.8%
Nonresidential health care setting (clinic, private practice, etc.)	14.7%	---	---	38.3%
Other (see below)	9.4%	---	---	---
Not employed (retired, stay-at-home parent, etc.)	3.1%	---	---	---

Other responses:

- Academic healthcare facility
- Adult DD group homes and day care
- Association
- Birth to 3/early intervention (17 responses)
- Central diagnostician (school district)
- Consultant for a government contracted agency
- Contractor-pediatric home health
- DME sales
- Federal government
- Full time in a school setting and PRN in a hospital acute care setting
- Home health (3 responses)
- ICF/MR facility plus a contract with a charter school
- Independent and assisted living facility
- Independent contractor
- Institution for people with developmental disabilities
- Itinerant to private preschools and special ed preschools
- Limited consulting practice
- Medical device manufacturer
- Multi agency infants and toddlers
- Neurodevelopmental early intervention center
- Non-profit
- Outpatient
- PACE program
- Part C
- Part time private practice; SNF and parochial school
- Pediatric outpatient rehab
- Per diem for LTC/schools
- PhD student/part time in clinic
- Private
- Private company
- PRN
- Public health
- Rehabilitation agency
- Retirement community health center
- Rural home health agency
- School and clinic
- School and hospital settings
- School consult + work for AAC company
- Self employed
- Self-employed part time
- Self-employed as corporate speech pathologist
- SNF, hospital, and private practice
- Special Education Collaborative
- Split between hospital and private practice home health
- State consultant
- Telepractice and schools

Note: Respondents who selected “not employed” were automatically skipped to Question 3.

2. To which of the following age groups do you provide clinical services? (Check all that apply.)

Response	All respondents ($n \geq 35$)	School-based respondents only ($n \geq 4$)	College/ university-based respondents only ($n \geq 13$)	Healthcare-based respondents only ($n \geq 8$)
Infant-toddlers	28.3%	13.9%	42.3%	39.5%
Preschool	47.7%	57.3%	53.8%	42.5%
School age	61.9%	87.5%	57.7%	46.0%
Adults	38.5%	8.2%	53.8%	70.9%
Not applicable; I do not provide clinical services	5.1%	1.4%	25.0%	3.1%

3. How many years have you been employed as a speech-language pathologist?

Response	All respondents (n=675)	School-based respondents only (n=278)	College/ university-based respondents only (n=52)	Healthcare-based respondents only (n=260)
Less than 5 years	9.8%	7.6%	3.8%	13.1%
5 to 10 years	20.3%	19.8%	7.7%	23.8%
11 to 15 years	17.3%	17.6%	13.5%	18.8%
More than 15 years	52.6%	55.0%	75.0%	44.2%
Not applicable; never employed as an SLP	0%	0%	0%	0%

4. What is the highest degree that you have earned in speech-language pathology? (Check one.)

Response	All respondents (n=679)	School-based respondents only (n=279)	College/ university-based respondents only (n=52)	Healthcare-based respondents only (n=261)
MA/MS	93.1%	99.3%	46.2%	95.0%
PhD	6.0%	0%	51.9%	3.8%
EdD	0.3%	0.4%	0%	0.4%
Other (see below)	0.6%	0.4%	1.9%	0.8%

Other responses:

School-based respondents
- Advanced master's

College/university-based respondents
- SLPD

Healthcare-based respondents
- Statement of Equivalent from ASHA

- MSPA, U of Wash, clinical master's degree

5. Do you currently belong to an ASHA Special Interest Group?

Response	All respondents (*n*=673)	School-based respondents only (*n*=275)	College/ university-based respondents only (*n*=52)	Healthcare-based respondents only (*n*=260)
Yes	37.6%	25.1%	69.2%	43.5%
No	62.4%	74.9%	30.8%	56.5%

6. Do you currently hold specialty recognition?

Response	All respondents (*n*=675)	School-based respondents only (*n*=276)	College/ university-based respondents only (*n*=52)	Healthcare-based respondents only (*n*=260)
Yes	7.4%	4.3%	7.7%	10.8%
No	92.6%	95.7%	92.3%	89.2%

7. Have you worked with another professional who holds a clinical doctoral degree in any field (e.g., Au.D., DPT, DNP, OT.D, Psy.D.)?

Response	All respondents (*n*=676)	School-based respondents only (*n*=276)	College/ university-based respondents only (*n*=52)	Healthcare-based respondents only (*n*=261)
Yes	68.8%	59.4%	84.6%	74.7%
No	22.8%	29.3%	9.6%	20.3%
Uncertain	8.4%	11.2%	5.8%	5.0%

The remainder of the survey invites your views on an optional post-master's clinical doctoral degree in SLP.

8. Do you believe that there is a need for an optional post-master's clinical doctorate in SLP?

Response	All respondents (*n*=678)	School-based respondents only (*n*=278)	College/ university-based respondents only (*n*=52)	Healthcare-based respondents only (*n*=261)
Yes	47.5%	43.9%	48.1%	49.4%
No	22.1%	23.7%	28.8%	20.3%
Uncertain	30.4%	32.4%	23.1%	30.3%

9. Would you pursue an optional post-master's clinical doctorate in SLP?

Response	All respondents (*n*=677)	School-based respondents only (*n*=277)	College/ university-based respondents only (*n*=52)	Healthcare-based respondents only (*n*=261)
Yes	25.4%	22.0%	19.2%	31.4%
No	40.5%	39.7%	73.1%	34.1%
Uncertain	34.1%	38.3%	7.7%	34.5%

10. Do you think an optional post-master's clinical doctoral program should have oversight by an accrediting body (accreditation)?

Response	All respondents (*n*=674)	School-based respondents only (*n*=275)	College/ university-based respondents only (*n*=52)	Healthcare-based respondents only (*n*=260)
Yes	84.6%	81.5%	82.7%	87.3%
No	2.1%	2.2%	1.9%	2.3%
Uncertain	13.4%	16.4%	15.4%	10.4%

11. What impact would accreditation have on your decision to pursue an optional post-master's clinical doctorate in SLP?

Response	All respondents (*n*=670)	School-based respondents only (*n*=276)	College/ university-based respondents only (*n*=49)	Healthcare-based respondents only (*n*=258)
I would only consider an accredited optional post-master's clinical doctoral program.	70.9%	70.7%	83.7%	70.2%
I would consider both accredited and non-accredited optional post-master's clinical doctoral programs.	10.3%	9.1%	6.1%	12.0%
Uncertain	18.8%	20.3%	10.2%	17.8%

12. What impact do you think an optional post-master's clinical doctoral degree in SLP would have on each of the following?

All respondents ($n \geq 663$)	Negative Impact	No Difference	Positive Impact	Uncertain
Leadership skills	0.7%	29.4%	60.5%	9.3%
Patient care	0.3%	31.9%	58.8%	9.0%
Respect from consumers/ patients/clients	0.4%	17.5%	75.2%	6.8%
Respect from other health care providers	0.6%	18.0%	74.3%	7.1%
Salaries	2.4%	27.6%	50.9%	19.1%
Specialized training	0.5%	12.5%	78.4%	8.6%
Other (see below)				

Other responses (excludes comments listed under specific settings):

- Impact on patient care would depend on the individual clinician
- More respect for clinical work by academics
- Positive teaching impact on associates
- Opportunities to do research!!

School-based respondents only ($n \geq 271$)	Negative Impact	No Difference	Positive Impact	Uncertain
Leadership skills	0.7%	30.1%	60.5%	8.7%
Patient care	0.4%	35.4%	54.5%	9.7%
Respect from consumers/ patients/clients	0.4%	17.3%	76.5%	5.8%
Respect from other health care providers	0.4%	15.2%	78.3%	6.1%
Salaries	1.4%	23.5%	56.7%	18.4%
Specialized training	1.1%	11.1%	79.7%	8.1%
Other (see below)				

Other responses:

- Current/updated research in our field
- It would improve the evidence part of evidence based practice. More stringent scientific studies are needed in so many areas
- Provided professors that will be better teachers because they will have more practical experience!!!
- What my degree would command in salary might make me less desirable to school districts with limited budgets and therefore limit my choices

College/university-based respondents only ($n \geq 51$)	Negative Impact	No Difference	Positive Impact	Uncertain
Leadership skills	1.9%	25.0%	63.5%	9.6%
Patient care	0%	19.2%	75.0%	5.8%
Respect from consumers/ patients/clients	2.0%	15.7%	72.5%	9.8%
Respect from other health care providers	5.9%	19.6%	64.7%	9.8%
Salaries	0%	38.5%	40.4%	21.2%
Specialized training	0%	17.3%	76.9%	5.8%
Other (see below)				

Other responses:

- Expertise areas
- Minimal impact on salary
- Respect from policy makers (a seat at the table where everyone else has doctorate level degrees)

Healthcare-based respondents only ($n \geq 258$)	Negative Impact	No Difference	Positive Impact	Uncertain
Leadership skills	0.8%	29.2%	59.2%	10.8%
Patient care	0.4%	31.2%	60.4%	8.1%
Respect from consumers/ patients/clients	0.4%	20.0%	73.1%	6.5%
Respect from other health care providers	0%	23.3%	69.4%	7.4%
Salaries	4.6%	31.7%	45.2%	18.5%
Specialized training	0%	12.2%	77.6%	10.2%
Other (see below)				

Other responses:

- A clinical doctorate could reduce the respect and salary given master's degree holders.
- Ability to network in an area after being absent from it for a while
- Allowing clinical doctoral degree to allow SLP to teach at the college level
- Delay in getting a job and gaining on-the-job experience
- Employment opportunities that require PhD IF a doctoral degree would be equally accepted- i.e. university professor/lecturer
- I don't know how the degree would differ from the PhD we are already able to pursue. SLPs have the option to pursue clinical work before and/or during the PhD process. Any educational experience beyond the master's is likely to positively impact the areas I identified above. If this is a way to demand higher salaries, I doubt (at age 51) I'd have time to earn more than the cost of the education + cost of less work/less IRA contributions during the education. It may be good in the long run to have this option.
- Improved client care
- Reimbursement is going down... There is no incentive for extra training that costs that much to complete. We can all ways use more knowledge but our health care system can't afford to pay for the expertise.
- Respect and equality with PT profession

13. Indicate your level of agreement/disagreement with each of the following statements.

All respondents ($n \geq 660$)

An optional post-master's clinical doctorate degree will:	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
enhance knowledge and skills for SLPs	1.8%	3.9%	12.1%	41.9%	40.3%
increase the application of evidence based practice	2.3%	5.4%	18.9%	37.3%	36.1%
decrease the number of individuals pursuing an SLP-related research PhD in the future	5.1%	15.9%	42.4%	27.4%	9.2%
enhance the prestige of the profession of SLP	3.8%	6.2%	23.9%	38.1%	28.1%
promote professional autonomy	3.9%	9.2%	33.0%	34.2%	19.5%
encourage increased collaboration among SLPs, physicians and other doctoral-level professionals	4.4%	9.7%	27.8%	35.6%	22.5%
benefit consumers with communicative impairments	3.6%	7.9%	30.4%	34.0%	24.1%
Holding an optional post master's clinical doctoral degree will:	**Strongly Disagree**	**Somewhat Disagree**	**Neutral**	**Somewhat Agree**	**Strongly Agree**
be advantageous for my professional growth and development.	5.3%	8.0%	24.1%	34.8%	27.9%
enhance my prestige as an SLP	5.9%	6.8%	21.0%	36.3%	30.0%
Not having an optional post-master's clinical doctoral degree available in SLP:	**Strongly Disagree**	**Somewhat Disagree**	**Neutral**	**Somewhat Agree**	**Strongly Agree**
limits my professional opportunities	30.3%	27.3%	24.6%	13.6%	4.2%

School-based respondents only ($n \geq 272$)

An optional post-master's clinical doctorate degree will:	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
enhance knowledge and skills for SLPs	2.2%	5.1%	13.9%	47.8%	31.0%
increase the application of evidence based practice	2.2%	6.2%	23.4%	36.5%	31.8%
decrease the number of individuals pursuing an SLP-related research PhD in the future	4.8%	15.0%	49.5%	24.2%	6.6%
enhance the prestige of the profession of SLP	1.8%	6.2%	26.6%	43.4%	21.9%
promote professional autonomy	2.6%	9.2%	37.0%	35.9%	15.4%
encourage increased collaboration among SLPs, physicians and other doctoral-level professionals	2.2%	9.9%	28.3%	39.3%	20.2%
benefit consumers with communicative impairments	2.9%	10.6%	31.4%	34.7%	20.4%
Holding an optional post master's clinical doctoral degree will:	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
be advantageous for my professional growth and development.	4.0%	12.0%	23.0%	37.6%	23.4%
enhance my prestige as an SLP	3.3%	9.2%	21.2%	39.9%	26.4%
Not having an optional post-master's clinical doctoral degree available in SLP:	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
limits my professional opportunities	31.5%	30.8%	23.8%	11.4%	2.6%

College/university-based respondents only ($n \geq 51$)

An optional post-master's clinical doctorate degree will:	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
enhance knowledge and skills for SLPs	0%	3.8%	9.6%	46.2%	40.4%
increase the application of evidence based practice	3.8%	7.7%	19.2%	23.1%	46.2%
decrease the number of individuals pursuing an SLP-related research PhD in the future	5.8%	17.3%	15.4%	34.6%	26.9%
enhance the prestige of the profession of SLP	9.6%	3.8%	28.8%	38.5%	19.2%
promote professional autonomy	13.5%	13.5%	25.0%	34.6%	13.5%
encourage increased collaboration among SLPs, physicians and other doctoral-level professionals	15.4%	13.5%	26.9%	26.9%	17.3%
benefit consumers with communicative impairments	3.9%	9.8%	21.6%	29.4%	35.3%
Holding an optional post master's clinical doctoral degree will:	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
be advantageous for my professional growth and development.	17.6%	3.9%	35.3%	19.6%	23.5%
enhance my prestige as an SLP	19.6%	5.9%	33.3%	19.6%	21.6%
Not having an optional post-master's clinical doctoral degree available in SLP:	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
limits my professional opportunities	35.3%	15.7%	25.5%	15.7%	7.8%

Healthcare-based respondents only ($n \geq 252$)

An optional post-master's clinical doctorate degree will:	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
enhance knowledge and skills for SLPs	1.2%	2.8%	11.1%	36.4%	48.6%
increase the application of evidence based practice	1.2%	4.8%	14.3%	38.9%	40.9%
decrease the number of individuals pursuing an SLP-related research PhD in the future	6.3%	17.3%	40.9%	26.8%	8.7%
enhance the prestige of the profession of SLP	4.8%	6.3%	21.4%	32.9%	34.5%
promote professional autonomy	3.2%	9.5%	29.4%	33.3%	24.6%
encourage increased collaboration among SLPs, physicians and other doctoral-level professionals	4.3%	9.1%	28.0%	33.1%	25.6%
benefit consumers with communicative impairments	3.6%	5.1%	32.0%	33.6%	25.7%
Holding an optional post master's clinical doctoral degree will:	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
be advantageous for my professional growth and development.	3.9%	4.7%	23.9%	33.3%	34.1%
enhance my prestige as an SLP	5.9%	3.9%	20.8%	34.5%	34.9%
Not having an optional post-master's clinical doctoral degree available in SLP:	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
limits my professional opportunities	31.0%	26.7%	23.9%	14.5%	3.9%

14. Please provide any other comments or feedback that you may have on this issue.

School-based respondents:

- A clinical SLP doctorate that focuses on the kind of research that can be done by an SLP in a real world clinical setting rather than through hard research forums would likely lead to an increase in research quality.
- A doctorate degree would not change the way that I deliver services other than it might give me some more time to expand my learning in other areas of my field. It would not raise my salary and might actually limit the schools that would hire me because my salary would

price me out of their budgets. I think that that degree would help in some ways as well. Patients always seem to think a doctor knows more than just an SLP about our own field and if we were the "doctors" we might have more "credibility" in the eyes of the lay people and some other professionals.

- A post-master's PhD would be overkill for the vast majority of work settings in which SLPs find themselves. Very few SLPs, and perhaps none, truly require a post-master's degree. Prestige? Prestige doesn't pay the bills. There is very little salary differential in schools among those in the bachelor's, master's, and PhD degree categories. The master's degree provides all of the prestige and professional respect I've ever needed. More letters after a clinician's name does not necessarily make that clinician better: I've seen Bachelor's-level SLPs in the schools who were far better clinicians than some of their master's degree colleagues. Please - no more overkill.
- After 25 years in practice with an MA, I started a clinical doctorate program. I had to drop out due to illness, but the four classes I did take were wonderful. I was able to run a private practice, contract with hospitals, and work in the schools and be a professor/clinical practicum supervisor at a university. I felt the most limitation in research. I was sorry that I never had a chance to finish my research, which was on the efficacy of my own clinical practice results. I think the clinical doctorate is a great addition to our education, especially for those of us who don't have five years to earn a PhD.
- As far as school-based SLPs, the school already doesn't pay enough or recognize our training any different than a teacher in my state. We are having difficulty getting person with a SLP background in our rural areas. Our state has just moved to SLPAs...decreasing educational preparation. Also, it would need to be on-line so that people across the country can access the educational opportunity. Most of us are working by the time you are going for a doctorate.
- At this point and time, college education does not mean a job nor does it mean more money. I see no need to put out more money. My salary is frozen and has been for years. I have a master's Degree plus 50 hours. It made me confident but it did NOT compute to more money. I do not think this is warranted in this day and time. If someone wants more education, so be it. Education is awesome and is never taken away. It should never be a mandate.
- California has No doctoral program for SLPs in the state that I know of at this time. I heard San Diego SU was pursuing such a program but it isn't convenient to get to and still work. Can this program be done online in a "Cohort" program like CSU-Northridge or CSU-Long Beach programs? I think there would be more applicants that way. Thank you!
- Clinical PhD would be of greater value in medical settings (having worked in that area as well). In the school districts there is minimal distinction between those who have doctorates and those who do not. There is little economic advantage, for that matter, many of the people I work with are not ASHA certified; in some states even that holds little value.
- Cost of obtaining a Doctorate places it beyond many Speech Pathologists' reach, as their salary, in most cases, is not overly glamorous.
- Due to my age, location, and plans towards retirement this is not something I would pursue.

- Even having an Ed.D. has helped with credibility in my job, so I think a clinical doctorate program would be valuable.
- Having a post graduate PhD will make financial improvements for individuals working in a metropolitan area. It probably will improve respect and admiration with medical professionals and people with limited education. Doctors, etc. will have to accept more of a peer relationship and the people with less education usually are in awe of someone with Dr. in front of their name. Improved clinical skills don't always happen because of the degree level an individual holds. The best clinicians are the ones who have their sleeves rolled up and are working with direct service. I would strongly consider getting my PhD if costs and access to classes were manageable. My reason for the degree would be for more personal satisfaction. I've worked for almost 32 years in this field and consider myself a strong therapist. I've noted a tendency with younger therapists to feel like they "know it all!" in just a very short time post-graduation. I would hope that a degree of PhD at an early age wouldn't narrow their vision and make their priority financial versus service oriented.
- Having it as an option is important. However, the percentage of school districts that would be able to afford a doctorate level SLP would be very few, so where would these doctorate SLPs work? What would the incentive be for school-based SLPs to pursue this optional degree?
- I am continuously looking to increase my knowledge base and improve my clinical skills as an SLP. If may be too late for me to pursue at this point, but had I been younger, I would have been tempted by it. The more mentoring and supervision that I do, the more I realize that I would like to have continued my own education.
- I am currently in my 3rd year of a PhD in Human Development (emphasis in cognitive neuroscience and language) so that I can get a PhD as I had hoped. I was limited in doctoral opportunities in CA. I plan to do research and teach in speech pathology, and my dissertation research is in therapy for memory impairments post TBI, with a language-based therapy approach.
- I am very interested in pursuing this possible opportunity. In talking with some of the colleagues that I work with, we were all in agreement that this would be very beneficial for our field. I would love to pursue this route and I truly believe that it would increase the amount of respect among other professionals.
- I believe a post master's program would be beneficial if the program would also have a component that includes services in schools- not just research and clinical SLP's. Although most of the SLP's are employed in schools, we are often looked at as being less professional than researchers and clinicians. We need to address the needs of school based SLP's.
- I believe the training I received in my master's program was excellent and as a student, I would have been discouraged if I needed to go to school beyond the 6 years required to obtain my master's degree. While I agree that a post-master's clinical doctoral degree would be beneficial, I do not think it is necessary. I would be concerned that other professionals might have a diminished opinion of my competence if I only have a master's degree and my profession offers a clinical doctoral degree.
- I cannot see that it would really make much difference in what I do.

- I do not believe that a post master's degree would benefit me in any way. I had great respect from physicians when I worked in health care but that had to be earned. Just having more letters after my name would not change that. Leadership skills are gained in the trenches. Experience, cooperation, critical thinking and a willingness to continue to learn is the key. There is also no money to pay the higher salary rate that a higher degree would demand.
- I don't think that consumers would care. I think it would require salary increases and consequently, it would be harder for those individuals to find jobs outside of university settings.
- I feel that it should be specialized within the field of interest to be of real value. (For example, specializing in aug comm or autism)
- I feel that the SLP post-doctoral program is unnecessary. The result would make those holding a master's degree only obsolete. I'm thinking it would decrease the number of actual SLP's because of the added number of years involved in obtaining the degree and the added cost. If someone wants to pursue enhancing their professional development, they will do so without having to receive a higher degree. We will ultimately end up with a small group of SLP's who hold a clinical doctoral degree and a large number of SLPAs. My vote is no.
- I have looked into the slpD program but hesitated because not many have this degree.
- I have waited for this since my M.S. in 1992 - there was talk of such a degree back then, and I patiently waited these past 20 years! I sincerely hope we move ahead with this. Thank you.
- I have worked in the schools as an SLP for 29 years. It has frequently been the case that ASHA's attempts at "furthering" our influence or increasing our "prestige" has just made our job in the schools more difficult and more widespread. Sometimes I feel as if our field tries to be too "elite" and tries to be too much for too many. Working in the schools where there is almost always a shortage of personnel does not allow that kind of widespread service. Instead of just making us more "elite" and "untouchable", why not consider separate career tracks at the master's level - education or health care? Also, why not come up with an acceptable way to allow all of the people with bachelor's in speech path to be employed as help for those of us in the schools? Too many of these fine people are getting jobs in other fields because there are not enough openings for grad school. I think we have enough problems in the schools without adding yet another level of "prestige" to us. Thanks for allowing me to share my thoughts!
- I hope to see this in place before I leave the profession!
- I may not have enough years left before retirement (I'm 64) to make this worthwhile but I definitely would have pursued this option ten years ago. I think it is a great idea.
- I think a clinical doctorate for SLP's would be a great option for SLP's that want to further their education. I would be interested in receiving a clinical doctorate depending on the time it took to complete, the cost, and the location (i.e. close to home). My concerns are that it may not be worth it based on the above factors and how much of a pay increase one would receive.

- I think a SLP clinical doctorate is long overdue. However, I do believe such a program would effectively kill the specialty recognition programs. I personally would not participate in an SLP doctorate program at this time because I am too close to retirement. Had such a program been in existence 20-25 years ago, I'd have been first in line to sign up.
- I think having a clinical doctorate would be beneficial. I would like to further my education but I do not have an interest in teaching at the college level. Therefore a research doctorate does not appeal to me. I think I would be interested in a clinical doctorate.
- I think having the program could be beneficial. I would pursue a research degree if I wanted to go back to school, however.
- I think it would be advantageous if an SLP wants to become highly specialized in a certain area of the profession.
- I think this could be a great opportunity to become specialized in a specific area, but I do not find it necessary right now. If I were to want to teach at a university I would prefer to have this kind of doctorate over a research doctorate.
- I truly believe in being a lifelong learner. I have obtained a second master's degree, but due to family and professional commitments was unable to pursue a doctorate in speech path. I would love the opportunity.
- I wish you would have DEFINED what an optional post-master's clinical doctorate degree is. Aren't all doctorate degrees optional? How does this differ from a regular doctorate degree? If they vary due to the research aspect, you should define what a "clinical" doctorate would entail. It's difficult to complete this survey having not had a working definition of the degree about which you are inquiring.
- I worked in the SNF's for 13 years and now am a school-based SLP (for the past 6 years). Personally, having an SLP/D would not benefit me as I don't want to teach at the college level and for the most part, my pay would remain the same in the school system/county I work for. Therefore, I would not want to spend the money for a SLP/D.
- I would be interested in pursuing such a degree if it were available.
- I would like to see the clinical doctorate to be specialized in one field of study... AAC, swallowing, motor speech...
- I would love to have an option focusing on language/literacy.
- I would probably pursue this if I could do it online or take evening courses
- I would pursue a doctoral degree if I were a younger woman and I would pursue it if I had to gain employment or stay employed.
- I wouldn't pursue a clinical doctorate in speech pathology only because I have already earned a doctorate. Otherwise I would have considered one. I have received increase respect from parents and colleagues since I earned my terminal degree.
- If we in the school system hire someone with this degree (debatable) there will be less money to pay direct care providers with M.A. I do not feel there would be much benefit to the degree in increasing my clinical skills. Most of my skills were not developed in academia.
- In today's political and budgetary climate, a PhD in speech pathology present NO positives for school based therapist. The school based profession is being diluted with salaries under attack but accountability is increasing. When considering supply and demand, I believe the

demand for school based therapists will increase while respect for them will continue to plummet regardless of a master's degree or PhD.

- It would be better to know what the difference between the traditional PhD program (that is usually associated with people who want to become professors and do research in a university setting) and a clinical PhD program (that I'm assuming would be more for people who want to be directors of programs in clinical settings). I don't see what advantage a PhD would have for school-based clinicians.
- Leadership skills and respect from the team you work with only comes from each SLP's confidence and ability to handle their work. A degree will not give someone the ability to lead and have people follow them, nor will it give someone respect unless they demonstrate that they can do their job successfully.
- Location and easy access to program is of utmost importance to me as a consumer of the degree.
- Most SPs work in public schools where this won't make any difference for us. Let's please spend our time on getting better salaries and working conditions instead of yet another opportunity for employment for professors. I'm sick of this opportunistic waste of my dues year after year. Keep this up and I'm starting the Association of School SLPs.
- My experience with supervising graduate SLP student during on and off campus placements is that they typically have poor clinical problem solving skills. I'm not sure whether additional clinical work at the doctoral level would help this more than a similar number of years of employment experience.
- My professional experience is that individuals who have pursued post-master's degrees, yet have not held dedicated jobs within the profession have an extremely skewed perception as to the role of the SLP as well as unrealistic expectations of what can be accomplished within the confines of IDEIA and/or FAPE. If you are considering a post-master's clinical degree, I would recommend at least 5 years clinical experience within the field being pursued.
- Not knowing much about the AuD., I understood that you could get your doctorate largely by just documenting your experience as opposed to new learning/coursework--kind of hokey to me.
- Program would need to allow for schooling as well as working in the field
- Pursuing a doctoral degree could be touchy for those of us in school settings right now. In PA, we've had nearly $1 billion cut from school budgets so schools aren't necessarily paying for classes, especially considering that once we completed it, we'd move up the pay scale.
- Somewhat neutral - The field of speech-language pathology is wide. I think specialty recognition or being able to professionally designate oneself as a clinical provider who has specialized knowledge within an area will do more for patient care. However, I can see how a clinical doctorate could possibly be beneficial for "generalists" who prefer to treat a variety of speech-language disorders.
- Sorry that I probably was not much help. Thank you for your work.
- Thanks. Would only pursue doctorate if there was ability to specialize (e.g., in AAC).
- The cost-benefit ratio has not been established. Unless working toward a PhD to become a professor at some point, every other employer is going to pay me to be a speech-language

pathologist regardless of my degree status. I wouldn't shell out more graduate student loan money for nothing.

- The idea is positive - a good option for those interested.
- The only reason that I would not pursue this option is because I am nearing retirement (2-3 years). I just recently became a nationally board certified teacher under exceptional needs specialist. I would have far preferred to pursue this option. If I had even as little as five years left in the profession, I would go this route.
- The programs offering continued education for a clinical doctorate in SLP would have to have on-line course offerings to make it more approachable for those of us currently working in the field. Also, the amount of time it would take needs to be considered and be realistic for people who are currently working in the field. Otherwise, it would only be new SLP's who want to participate.
- The questions regarding my personal pursuit of the clinical doctorate were not applicable because I chose to pursue a PhD in Educational Leadership.
- There are doctoral programs out there but they are few are far between. We need more opportunities for interested candidates to pursue advanced degrees.
- There is a major shortage of finding qualified SLP's holding a master's degree with a CCC to fill positions. We need to focus on this first before perusing additional degrees in our field.
- There is a need for continued research in our field. We also need to be better advocates for speech and language. More professionals with advanced degrees could help.
- These days, titles add prestige.
- We already work with professionals and they do not have a problem with what we do. As a matter of fact, they come and ask our opinion about different situations.
- We as practicing professionals in the field of Speech-Language Pathology have to do what it takes to hold up the value of our profession. With the current and future cuts in healthcare reimbursement, I as well as other SLP's have found it to be challenging to obtain an acceptable salary that corresponds to the clinical expertise and evidence-based practice that we have to offer in both assessment and treatment of communication, feeding and swallowing disorder(s). It is becoming more and more common for various setting(s) to hire an SLP-A over a highly qualified SLP, primarily due to the difference in salaries. Therefore, furthering our education can not only benefit us as working professionals in the various setting(s) but it can most definitely benefit our universities as well, as students will have the opportunity to learn from qualified working professionals with various backgrounds and areas of specialty.
- We get paid the same no matter if have a master’s or PhD.
- When I was younger I really wanted to pursue a clinical doctorate. I have been practicing now for over twenty five years and am tired. I'm not positive I would pursue one now at this late date, but I might, and definitely feel it would be advantageous for younger clinicians...also, with the increase of autism, sensory processing disorder, behavioral disorders and so many syndromes on the rise, plus the expansion of augmentative communication and technology,....we have new layers of clinical expertise needed.
- Working in a school setting that has both inclusion and self-contained classrooms from age 36 months to 3 years means I have to be knowledgeable and confident and competent in a

variety of disorders. Having a specialized clinical doctorate would narrow my field of expertise when in fact I feel that I need to have a broad knowledge on a lot of disorders, impairments, developmental expectations, and long term prognoses for children.

- Working in the public school, I do not believe that having a doctorate would be of any benefit. If anything, I believe it would NEGATIVELY impact hiring- school boards would not want to pay more. I'm getting turned down for mileage to a workshop!!
- Working in the schools, it would actually be a detriment to being hired. The districts want to hire people who they can pay the least, although they will never admit it. As for being better trained, I get unlimited training in anything I need now at the master's level. Why would I want to pay all that money for a doctorate? It would only be for the vanity of saying I have a doctoral degree - no practical value for me. It might be different in a medical setting. Also, in the schools, the outrageous cost of getting a doctorate outweighs the minimal pay increase for the higher degree. With the economy the way it is, I can't see where it would be useful in a school setting. I opted to get an Ed.S. degree, which is Educational Specialist, an intermediate step between master's and doctorate in the world of education, as the program was LOTS cheaper and more relevant to my job.
- Would be interested in finishing the program
- Would like it to specialize in pediatrics or in medical model
- Would universities consider this degree equivalent to a research-based doctoral degree in terms of hiring potential professors in the field?

College/university-based respondents:

- As a clinical supervisor (instructor) for 30 years: The option of a clinical doctorate would have possibly provided me with a means to acquire expertise in my choses field and could have definitely made me a better clinician. It may be difficult setting guidelines for and achieving a clinical practicum at this level. Could be a viable option for further education for those persons who do not like the research emphasis of a traditional PhD Will not specifically help our PhD shortage.
- As a faculty member in an institution with an accredited master's program in SLP, I believe the clinical doctorate in SLP would negatively impact our program. Our University does not grant any doctoral degrees. Therefore, we would be unable to offer this option to students. This also could result in decreased applications to our program. I think the additional clinical training is a definite positive factor associated with the clinical doctorate in SLP, but I also believe this option would reduce the number of students who pursue a PhD. Given the current shortage of PhDs in the field, I view the clinical doctorate option as a competitive degree that could further reduce the PhD pool.
- Concerned that this would deter people from getting their PhD. Also, how would the Post-Doc Clinical SLP be compared to a PhD? Will they be respected equally or would there be slight friction as noted with AUD and PhD-A? Also, if this was to take place what will happen to MA/MS clinicians that could not afford or do not get into a Post-Doc program? Will they be equally respected or be looked down upon? Before incorporating any changes, we need to see how this will affect our entire profession. Should we focus more on the

PhDs producing studies that are EBP rather than work that may not be able to help the working clinician? More and more academic programs are hiring less PhDs in SLP and more linguists simply because of the shortage.

- Consumers and other professionals would benefit far more if specialty recognition was a strong ASHA program. We need specialists who can advise and mentor generalists, not generalists with more years in school (or participating in online courses).
- I am over 60 so won't pursue this personally but would have at a younger age!
- I am so confused by this survey -- we ALREADY HAVE clinical doctoral programs, so what is this about????? What are you asking?? If ASHA wants to help SLPs and audiologists garner more respect, then spend our dues money on PROMOTING THE PROFESSIONS!! Whatever money you spend annually is not enough. EDUCATE THE PUBLIC AND PROMOTE THE PROFESSIONS!!
- I began a clinical doctorate and found that it was essentially a "review" of classes I had in master's and undergrad. These were skills that I could have gotten through continuing education workshops. If folks are going to pursue a clinical doctorate, it would make more sense for courses to develop specific areas of expertise as opposed to strengthening "global" skills.
- I believe current PhD programs allow for clinical emphasis and believe that a clinical doctorate is unnecessary
- I believe this may address the necessity of a master's to cover such a broad field as SLP by allowing a clinical doctorate to be focused on the finer, specific skills needed in medical SLP especially. I think this issue is becoming critical with the current healthcare reform/budget crisis. Professions who are doctorate level are getting more access to the decision making process and their voices are better heard than SLP. (PT is still doing much better than us!)
- I do wish more actual clinicians would pursue research doctorates, but if that can't happen, maybe this would mean that more real clinicians would end up in universities -- I think that would be a huge plus for students. I also think it's possible that this could lead to a sort of clinical caste system -- the folks with clinical doctorates might be in the universities, private practices and fancier hospitals/rehabs...the folks with master's degrees might be in the nursing homes and more affluent schools...and then the SLPAs might be, as they are now in some places, serving the poorer and more rural schools.
- I really think this is an important for SLP's who want to achieve a doctoral level degree but are not interested in a research career. I hope this comes to fruition.
- I think that a clinical doctorate provides an "easy way out" for those individuals who wish to become "doctors," but who do not want to conduct research. The evidence-based practices of our profession are predicated on research and scholarship (which the clinical doctorate does not provide).
- I think that it is a great idea and should be implemented ASAP!
- I think this would be a good development in the field, and the growth of doctorates would then be essentially market driven. If employers and patients see a value, they should pay more for Doctoral trained SLPs. When enough people are willing to pay more, then more practitioners will choose the doctoral training.

- In some work settings, this degree may be advantageous for increasing skills in specialty areas and hopefully salaries. And there are people for whom a clinical doctorate is more suitable and appealing than the research doctorate. As long as this does not affect those already certified, I have no objection to pursing this line of training. However, this has been talked about since before I was a professional in this field over 30 years ago. What I do object to and see as a bigger problem is the fact that there are so many different requirements for licensing state by state and nationally depending on where you work (school district or medical/private practice). You can work as an SLP in a school with less than a Bachelor's degree and in a hospital with a master's degree or equivalent depending on the state. Now ASHA is throwing in a clinical doctorate. I do not know of too many other disciplines that are so all over the board with what is required for employment.
- In today's market, I think a clinical PhD is overqualified. I tried working clinically with a PhD and was consistently told I was overqualified, or was redirected into administration (which I did not want). We have enough trouble getting PhD faculty into academia. Not sure this would solve the problem.
- It all depends on exactly what is included in the training. If it is just another distance-education “degree” with no real clinical focus or experience and gives people a lot of credit for past experience, I see no value in it. If it is a serious, classroom and clinical training program, then it could have value. I'm skeptical that it will even be a serious academic program.
- It is crucial that there is a clinical doctorate in SLP; we are the only health care related field without one. And one that is developed must meet certain standards or it will be meaningless. We also need to work toward an entry level clinical doctorate for the future, leaving behind the master’s.
- Simply look at what the clinical doctorate has done for audiologists and PTs. Both SLP and Aud programs are expensive even at the master's level. Going to the SPD will only serve to close already financially burdened training programs, as it has in Aud. As is readily known about the AUD, it does not significantly raise the respect or the level of knowledge for that discipline. Simply having the “Dr.” title is hollow and a facade. To be a "Dr." one must have a significant depth of knowledge and skill which, as shown by the AUD "Dr.s", just doesn't happen in the clinical doctorate programs. Does this mean now that SLPs will get to wear the white coat with the embroidered name and wear a stethoscope around their neck and be a real “Dr.'? After 40 years of experience, part of which as a PhD, only your clinical skills gain you the respect from fellow professionals and clients, and not a few more courses and title.
- Some of the statements were difficult to respond to and my answers may be misleading due to the fact that I hold a PhD. Being a faculty member in a graduate program I see the advantage of having additional clinical education available to individuals in our profession.
- The biggest benefit that I could see would be in the field of research. Having a doctorate degree is necessary for recognition in research projects.
- The challenge to develop and implement curricula in academic programs would be daunting-maybe more accurately horrifying. In times of extremely limited resources, as we

now face, this is a simply a poor idea. The need for more evidence in our field is paramount; encouraging PhDs should be the focus of our efforts.

- The PhD is very important to our profession. If you undercut it with the clinical doctorate, so that only training program folks have them that will hurt the credibility of our profession in the future. In addition, the master's will become a second class degree if enough folks do the clinical PhD And finally, who is going to pay for this additional education? Our master's students already have huge loans that currently are not supported by salaries. So more education, but no more pay? Will the consumer knowingly pay for more education when the current level of training is sufficient for 99 percent of patients? I think not if given a choice. However if the government pays for it, why not? Just runs up the deficit even more. Our profession has to be part of the solution to medical expenses, not making the problem worse.
- Think PhD is a valuable goal, but DO NOT recommend it as mandatory or even preferred. Feel it would limit the number of people interested in the profession and we already have a shortage.
- This was not a successful endeavor for audiologists and would not be a successful endeavor for SLPs. It would create further animosity in the profession between those having a clinical doctorate and those without. It would become a substitute for a PhD, yet another negative impact.

Healthcare-based respondents:

- A clinical doctoral program will probably be of little positive impact, just as the master's programs offered little practical knowledge. ASHA should focus on the poor master's programs out there and force universities to actually provide students with knowledge that will help clinician's work with patients. Currently, programs allow too many people in and there are absolutely no jobs. The jobs that are out there offer poor salaries. Considering how expensive graduate school is, that is insane. All this new program would do is possibly take away jobs from clinician's with master's degrees. All this would do is force people to feel they need to waste more money on degrees that don't pay off at all.
- Any clinical doctorate level degree must include a substantial amount of real-world experience with clients with communication disorders -- it needs to be ought to be a highly functional, applied, and realistic degree and distinctly be separate from theoretical, abstract, ivory-tower type PhD-type constructs.
- Because I am only a couple of years away from retirement, I feel that it would not be cost-effective for me to pursue a doctoral degree, clinical or otherwise.
- Clinical SLP doctorate is a good idea. Encourage online or mostly online programs such as nursing has for nurse practitioners. I hope I am not too old to pursue a SLPD / DSLP. Few, if any, could leave jobs and families to return to school, and the opportunity should not be limited to those close to universities. How long? How many hours would be required? When do you think this could start?
- Consider if a clinical doctorate would end up decreasing the prestige, etc. of a master's....
- Hopefully this will be a degree that can be pursued on-line

- I agree that obtaining a clinical doctorate degree would absolutely increase knowledge, skill, and expertise in areas of study. However, I'd rather these benefits be available to all clinical CCC-SLPs through improved access to quality continuing education in a format available to working professionals.
- I always planned on pursuing a PhD, however it seems that I would most likely not have a pay increase after the money and time spent on getting the degree. Since money is tight, this has made the option less desirable.
- I am a HUGE believer in SLPs achieving a clinical doctorate. I personally believe that the CFY should be done along with 1 evening class 2x week for 6-9 weeks for the duration of the CFY in order to achieve the clinical doctorate. Following that you could do a 3 month CFY. I fortunately had a huge medical background in medicine prior to starting my second career as an SLP. It is that information that needs to be shared in a clinical doctorate program. Please fight for this! There is a definite need and you have my support!
- I am a Rehab Manager and have been in management for 15 yrs. I have not seen a difference in the Physical Therapists graduating with a doctoral degree as compared to those who had 4 years of training, in fact I think they come out with less actual patient care knowledge with the so-called "clinical doctorate". I believe that doctoral programs such as this actually lessen the prestige of a PhD as they are way too easy to obtain. Too many individuals want to be called doctor, but don't want to work much. This is quite evident in the lack of work ethic amongst the youth graduating today. I think we need to focus on learning those skills needed to treat our patients and stop trying to build the esteem of the therapist by giving them unearned/false titles.
- I am finding in my area that institutions would rather hire a brand new MA/MS grad than anyone with true experience because it is cheaper. Also, not having a PhD limits my opportunities to teach which is so unfortunate, because research based PhDs rarely have that clinical experience to relate to students and I do, regardless of what my degree is.
- I am highly interested in pursuing a post doctorate degree and feel that inclusion of advanced leadership skills is of upmost importance to expand the field of SLP in the medical, administration, and advocacy arena that we face now and in the future.
- I am not sure paying more money for an advanced degree in speech language pathology would be of benefit financially or that it would give the SLP more prestige. I have worked in a number of different settings over the years and those with doctorates essentially performed the same duties as us with master's degrees. They were paid the same as we were. I have worked in the schools, home health, hospitals, private practice and SNF's.
- I am working as a Speech Pathologist and as a Manager of OT / PT / SP in an acute care large hospital setting. My DPTs have no additional status, salary, or prestige. An excellent reputation is developed by an outstanding clinician with excellent communication skills not by a doctorate. The DPTs do have one thing that I don't have: DEBT, extensive debt from 2 additional years in school. The DPTs are not trained in research which would help their profession and they enter the workforce with a doctorate with NO PATIENT EXPERIENCE. Additionally, they come out of school saying "I have a doctorate and it's the same as a PhD," which is misleading to the public.

- I believe a clinical doctorate should be offered. I would have pursued this option had it been offered when I completed graduate school. I was not interested in teaching or research therefore I did not complete the PhD. program.
- I believe that having a clinical doctorate give the opportunity for those who want to further their status as a clinician. Furthermore, the recognition as a doctorate is looked upon by other professionals as the top of the ladder. It has been my experience that physicians alike would like to refer their patients to Dr. so and so as opposed to Mr. or Mrs. Furthermore, department heads in a hospital or teaching track at a university look for those who hold a doctorate degree. Hence, I believe that the standard should be equivalent to other allied professionals so as to give the opportunity of the SLP to be on the same playing field.
- I don't see the point in it.
- I don't think the insurance companies and schools and pay SLPs enough to cover their education costs now and would be even more true with a doctorate degree
- I feel a clinical doctoral degree in SLP may limit job opportunities because of the higher salary the degree may command. In this economy, with the increasing ceilings for salaries for healthcare professionals being imposed, the advanced degree may prove to be detrimental.
- I feel as though it is difficult enough for patients to figure out why a speech-language pathologist (or in the patient's mind, a speech therapist) is coming in to check his/her swallowing. Trying to make a further distinction between those with a clinical doctorate and those without may further add confusion to our profession. Having specific specialties may be of greater benefit than a more general clinical doctorate.
- I feel it may over qualify me.
- I feel that a clinical doctorate would become commensurate with the current PhD, which it clearly would not be. Seems like an easy way to get PhD designation. What would be the motivation to study for a degree such as the current PhD? I feel it would limit the knowledge of students who would have previously aspired to the current PhD.
- I feel that an SLP that seeks a doctorate degree understands that in doing so, they are preparing to be leaders in the profession. I strongly believe that one has to have a full understanding of the systems in which the SLP works in order to be an effective leader and to promote the profession. Existing doctoral programs allow the SLP to develop the knowledge, skills and language to interact effectively with leaders of other professions and enhance the understanding and value of the SLP profession. My own experience in post graduate education provided me with leadership knowledge and skills that I apply not only to the development of fellow SLPs but also to working effectively with professionals of other disciplines in order to promote the contributions of my profession. If my own post graduate education had been SLP focused, I am not confident I would have developed the "big picture" view and language necessary to communicate so effectively with professionals outside my discipline. For the reasons expressed above, I do not support an SLP specific doctorate degree. Thank-you very much for this opportunity to express my opinion.
- I feel that there is a bridge that needs to be gapped between academic research and clinical practice ... Also with newly emerging modalities and techniques that have sound evidence based research that is applicable to our field but not traditionally practiced by SLPs

- I have actually been seeking opportunities to work on a doctorate at this time and have been very disappointed at the amount of opportunities, COST of the few that ARE available (Nova Southeastern University is one of the only programs I have been able to find) and availability to complete coursework online as in many other fields.
- I have been practicing part-time for over 10 years as an SLP in a private practice as well as a group practice. I would love to further my education and knowledge, but cannot afford to start paying more loans for an advanced degree. I could not afford to stop working and lose income, in order to pursue an advanced degree.
- I have been waiting for this opportunity for several years. My sister was the first AuD class at our university and I also work with several PT with clinical doctorates, definitely different treatment and status on the hospital ladder. Think this will give more autonomy, EBP, and strength to our peers and patients.
- I have not been impressed with clinical doctorates in other fields, so I'm not in favor of one for SLP's. Lots of Ph. D. programs are already clinical doctorates, if not most of them. They just don't admit it.
- I have personally experienced PhD SLP who have little clinical practice making unrealistic recommendations for treatment - that is a huge concern. With a poor economy and poor reimbursement, even with research based information it is unreasonable to push parents into treatment multiple days a week when they can barely make it to one appointment. The PhD candidates should have a minimum required clinical experience and not feel they are going to dictate treatment programs to others.
- I have provided almost 19 years of Speech-Language Pathology services. During the past few years, I have considered pursuing a doctorate degree, but was undecided about research. At this point, I may consider something along the lines that this survey describes; however, I'm not sure that it would really benefit me in the long run.
- I have seen no positive impact as per my coworkers who have a clinical doctorate degree in PT
- I have worked with doctorate level PTs and their knowledge base does not seem dramatically increased over other non-doctorate PTs
- I have worked with many Audiologists, who have pursued their PhD and it is not affected them in regard to prestige, salary or their position in the field, yet they have paid thousands of dollars to earn this additional degree. If I would go back to school, I would pursue a medical degree and not SLP. Thank you.
- I like the idea of having a clinical doctoral option for those who do want to increase knowledge and skills at this level without doing research. I would hope there would be a reasonable salary compensation for those pursuing a clinical doctorate. Not sure how it would compare to someone getting a research based PhD. Also, would like more info on the requirements of a clinical doc program and how long it would take to complete. Glad to hear it is an optional vs. required program, at this time, unlike what PTs now have to do. If required, I believe you would get less people interested in pursuing a career in Speech Path.
- I look forward to information on this topic.
- I need to know more specifics of what is being proposed here to be able to give more definitive answers. We do currently have a doctoral program that is predominately research

based. Will this proposal allow SLPs who wish to stay in clinical practice to remain in clinical practice while also being somewhat more active in research?

- I really wish you'd focus on making the BRS 1). Attainable for those of us already in the field 2). A natural extension of the MA/MS program for new grads so that we actually graduate people who have some idea what they are doing. The reason we don't get respect from physicians and other professionals is that we have a bunch of incompetent quacks out there who make tragic mistakes. 3) ASHA needs to make the BRS the minimum standard for employment in dysphagia. In this area, we have OTDs and OTR/L who have a "specialization" (which means they created a portfolio of swallowing activities and read some articles. It's a 2 week program). People are hiring them because they can at least demonstrate they know something about dysphagia. And frankly, the few I've worked with know more about dysphagia than the average SLP grad. Being fully employed I don't have the time or money to invest in a BRS. There isn't any way I could drop out and do a doctorate program.
- I strongly would have considered a clinical doctoral program after receiving my master's in CSD and completing my CFY. However after being out of school for 23 years now, the likelihood of me returning for this type of program is most unlikely. I now need to put my own children through college and would not be able to afford such a program.
- I think a clinical doctoral degree is a must to ensure the future need/use of speech language pathologists in clinical settings because of the healthcare field changes and cutbacks. Anyone working in the field is seen as a non-essential service if there is not a doctor before the name, so a clinical doctoral degree would help to ensure patients would continue to get the much needed services of an SLP in any medical setting. Also this would command more respect from other staff, professionals, and families who often think of SLPs as just having a 2 year degree and are not medically based professionals. Many master's programs are based out of the school of education so often those SLPs such as myself graduate with 75% knowledge related to children and if lucky 25% related to adults. A clinical doctoral would support SLPs who want to work in the medical setting and allow SLPs to more easily move into other roles in the healthcare world.
- I think if salaries were positively impacted for having a clinical doctorate, there would be greater interest across the board. Unfortunately, reimbursement does not increase having a clinical doctorate, so many SLP's would have to weigh costs vs. benefits.
- I think that "qualification creep" is real danger. In an era of rapidly escalating educational costs, this serves as a disincentive for people to enter the profession. As to a doctorate enhancing prestige or salaries, I have worked in educational settings with doctoral level professionals (teachers, administrators, psychologists, SLP's). There was little financial benefit that could offset the original cost of obtaining the degrees, I saw remarkably little evidence of superior professional skills, and job security was not enhanced. I am nearing the end of my professional career, so this issue will not affect me personally. I strongly support continuing education, particularly when it is applicable in daily practice. Having a doctorate would not relieve the SLP of this responsibility. I have never applied for the ACE or specialty recognition, even though pursuing continuing education. Maintaining the certificate is expensive enough as it is.

- I think that there should at least be post-master's clinical certificate programs for specialization in certain areas of speech pathology. I don't think a three day continuing ed course is good enough to prepare one to open a private practice specializing in certain areas of speech pathology.
- I think the clinical doctorate would be helpful for those pursuing a career in medical speech pathology. I'm not sure that it would make a difference for those who chose a school setting. I think it would be a good option to have available.
- I truly think this will enhance our profession and provide us more evidenced based practice that will be applicable in clinical setting.
- I wish this type of program had existed in the late 1980's when I was looking for this type of education. I don't feel other professionals in my work setting would understand the difference with this degree. Although we have a large dept. (25 staff), we still have to work hard to educate other staff on our background and the services we provide. SLPD would not change this. Thus, pursuing this degree would really just be a personal goal, likely without salary change, making it rather expensive.
- I would be very interested in a post-master's clinical doctorate degree. However a major barrier to pursuing such would be financial; given the current costs of higher education tuition would likely be significant as would lost wages from having to leave full-time work for 2-3 years. I think that this would be a barrier to many who would like to pursue a clinical doctorate, and it would be beneficial if programs could offer funding and/or flexible schedules that would allow SLP's to continue working (even on a part-time basis).
- I would certainly look into obtaining an SLP clinical doctorate if it is made available to our profession :)
- I would like to encourage LSLP clinical D programs to offer online courses and distant learning opportunities for at least part of the curriculum (as many other post graduate programs offer). I think many more SLPs, such as myself, would have pursued PhDs, but home and financial obligations prevented us from entering existing programs.
- I would like to see more information about this. I do not feel up to date on where ASHA is at this time on this topic.
- I would not pursue the clinical doctorate because I have a research doctorate and plan to continue to pursue research interests. However, I think additional training that would allow SLPs to focus on specific areas and include additional training would benefit clinician's learnings and thus patients. As part of my PhD program I took several courses in our medical school and it was extremely beneficial to my clinical understanding. Our field has so many areas to learn, the opportunity for focused additional learning may help clinicians who feel as if they are a 'jack of all trades, master of none.'
- I would not seek a doctoral degree at this point in my career unless that became a requirement of the field. At this time, I do not think it will improve my salary, prestige, or clinical competence (above and beyond keeping up with CEU's).
- If I were younger and financially in the position to pursue this degree, I would.
- If I were younger, I would probably be very much interested in pursuing a clinical doctorate. We've been wishing for a clinical doctorate since I got my master's degree at Western Michigan University in 1967. At 68, leaving my home and going to a large metropolitan area

to study would really not be very feasible, but if I were younger, i.e., earlier in my career, I would give this serious thought. Go for it!

- If there is optional clinical doctorate then I believe you should be able to be a professor with it. I don't think that the role of a professor should be strictly held to people who hold a research based doctorate
- In my opinion, a major limiting factor for myself pursuing a clinical doctorate degree is funding and financial burden. I know myself and many other professionals with master's degrees are so far in student loan debt that adding more for a clinical doctorate would be too much. The payback would not be worth it and I think it would keep people from considering joining the field.
- It seems to me that after working in the medical part of speech language pathology, we need more training available to help keep up with our therapy peers and to provide the high quality therapy patients deserve in this complex environment. I can't speak to the school based needs, but in my opinion medical SLPs need this.
- It would make those of us w/o the credential look incompetent for its failure to take in account years of experience, a new grad w/an accreditation may have more book knowledge but this field requires experience in real life situations to create an excellent therapist, not another piece of paper, and it will negatively affect salaries of those w/o this "paper" in a field that is already undercompensated for various reasons
- Magnet hospitals require a master's degree. It appears the healthcare trend is to strive for the highest degree possible, I think this possibility could only benefit SLPs nationally.
- Many settings are decreasing the requirements and moving to SLP-As. Not sure if adding a credential will mitigate this.
- Many SLPs (myself included) do not consider it a high enough priority to consider family relocation. I've thought about pursuing a doctorate many times but there are currently no programs in Northern California.
- My best professors were always the ones who had worked in the field before returning to teach. That is the path that I have chosen..seeking to enhance my knowledge of the current subjects and discover my own passions along the way. I feel that if I would have been required to take a PhD to start in the field I would have chosen another career. However, I'm a non-traditional student, graduating at 29 with a M.A. seemed to be plenty to chew on for a while.
- OTs and PTs come out of the OT or PT programs with DOT and DPT now without this training being post master's which puts SLPs at a disadvantage. This new idea will still disadvantage SLPs because this will add additional years of educational cost unlike the other rehab providers. ASHA needs to devise a program that will add time and training to the SLP master's that will result in a DST.
- Pay in SLP does not warrant Doctorate degrees. Individuals who have the opportunity to do so is does however, benefit the profession.
- Please consider spending money more directly to maintain validity of SLP practice and reimbursement: fund more studies!
- Post-master's clinical doctorate program is more enticing to me rather than going through a PhD program

- Primary reason for not pursuing a doctorate degree is lack of finances for further education. It primarily has to come out of my pocket.
- Professional doctorate in SLP is critically important and useful to all concerned; patients, and SLP and profession overall. Please develop such an SLP doctoral degree.
- Since it would be a clinical doctorate, I would like to be able to pursue it while continuing my current practice. Otherwise, it may not be possible.
- SLPs already can earn doctorates--professors in our universities!
- So much of the clinical skill set is developed on the job (or was when I graduated) that I feel a good deal more clinical training in specialty areas particularly would better prepare clinicians. As an employer I would be willing to pay very little more for the clinical PhD candidates than master's candidates however.
- The clinical doctorate is most needed in medical speech pathology. Regardless, there does need to be some degree of specialization, at the doctorate level, even it is only medical peds vs. medical adult vs. rehab vs. schools, etc...
- The difficulty is finding a program that welcomes master clinicians, is affordable, and available locally. Right now, that is a difficult request.
- The DPT and Pharm D have NOT impacted salaries in the hospital- those with the doctorate do not make more than those without. It also has NOT given them any clout with the M.D.'s. As far as professional autonomy- I personally do NOT want to work without a doctor's order. I think it would be good for those who want it, but do not feel it is needed to practice good speech/language pathology. I will not be pursuing this degree.
- The DPT is based on 3 years of academic and clinical work, post-bachelor's degree. SLP already completes a full 2 years' post-master's degree, and many core areas are minimally addressed, secondary to time constraints. For medical settings, a SLP.D would be useful. Unfortunately, I would not expect any increase in salaries to compensate for the increased costs of the degree. If I were not 38 years into my career, I would pursue a SLP.D
- The education costs too much for the benefit with regard to insurance reimbursement!
- The PhD is a degree for someone highly interested in research. There needs to be an option for those interested in remaining in a clinical setting, not primarily involved in research who wish to distinguish themselves as an exceptional therapist. The term “Doctor” DOES influence others in a universally recognizable way that specialty recognition isn't. My previous 2 employers stated there would be no salary increase or financial assistance for specialty recognition but there would be for a doctorate. I have always wished for a clinical doctoral degree and have now witnessed firsthand the impact of the “D” as my 50-year old Bachelor’s Degree Physical Therapist husband earned his DPT. His salary increased, available opportunities to teach appeared, medical physicians refer to him as "Dr." and will allow attendance as "doctor only" events/lectures etc. etc.
- There is a LOT I did not learn in graduate school, and hopefully programs are providing more intensive study in those areas (feeding, swallowing, motor disorders, multidisciplinary collaboration etc.) But I graduated in 1985 with my master's degree. I took advantage of every conference I could, worked with colleagues very closely and got what I needed. I am making LESS money than I did 15 years ago in private practice due to changes in Early Intervention and it does not make sense in these times to pursue something like this.

People can barely afford undergraduate education. I can barely afford my health insurance. Doctoral needs? Nice idea, not practical.

- There will need to be options for working professionals to obtain while continuing to work.
- These questions, in my opinion are impossible to answer until the doctoral program is begun and benefits, need, etc. evolve. A doctoral program which simply repeats a MS, is in my opinion only useful if you want to teach. A doctoral program that truly specializes or adds new skills, would be different.
- This is the wrong way to go. SLP training needs a huge re-think. Too many of the standard courses taught in MA level programs are not professionally applicable. There needs to be specialty training from the second year MA onwards. I realized how inadequate my training was once I actually started practice in medical speech pathology. I went to University of Iowa.
- This is years overdue - I first heard of a clinical PhD quite a while ago and thought that was a great idea
- Title gains respect from other professionals especially physicians
- Working in a hospital around physical therapist who have both a master's degree and those with the DPT, physicians do not differentiate between or accept one opinion over the other. There is also no significant difference in pay. I feel unless the degree requirement are going to change this will also be the case with SLP's. However, I believe there is a chance that this will increase the education of some SLPs to practice with more evidence based treatments.
- Would love to get a clinical doctorate in Speech/Language Pathology!
- Would not affect the daily practice, on the job experience and the salary. Would put us on level of other professions which we collaborate with in a medical setting (i.e. PT with DPT).
- You may end up with over educated SLP's, who still do not have very good clinical skills. I find the clinicians who come out of master's Degrees with straight A's are not always the best clinicians. They may be able to relate to the very educated, but not to the everyday person.

Other respondents:

- A post clinical doctorate degree would need to enhance the salaries of speech language pathologists as the cost of getting the degree would be high.
- Although I believe that research is important, I would like to see a post master's degree that concentrated on the practical aspects of being a clinician in the field, especially in working with students in the public schools. This could be a coordinated program of expansion and enrichment, rather than just taking random classes. Saying that, I know that in Wisconsin, under the new budget constraints of Gov. Walker, there is the possibility of school districts no longer providing salary increases for post degree classes, setting up a real disincentive to take additional courses.
- As a retired SLP and Special Education Administrator in the schools, I'm not sure if there would be an increase in salary beyond the standard salary lane credits. This might be more applicable in a clinical setting. I may have pursued it earlier in my career if I was interested in supervisory or administrative opportunities outside the school settings.

- As an SLP with my M.S. I just discussed this with my significant other who has a PhD CCC-SLP. My concern, as someone who graduated only 4 years ago, is that for those 2 years or so of a post-doctorate, you would be doing clinical hours but not (as far as I know) toward your CFY year. So, you get your MA/MS, are in debt from school, then accrue additional debt for a post-doc, then you STILL have to complete a CFY. That seems a bit silly to me. I'm the type of person who would have been tempted to do this if this option had been available after my master's - I'm not sure I would go back and do something like that now. But, to get a post-doc and specialize in something and then go to a school or clinic (where I could have been hired anyway - I work with children) and still have to do a CFY seems silly. It might be a more desirable option to those working in hospitals, but as someone who works in EI, schools and pediatrics, I'm kind of on the fence. My significant other with the PhD is concerned that something like this would devalue the PhD title that was worked so hard for. Lots of universities hire master's level faculty to only teach classes, which takes away places for a PhD to teach and do research. Yes, this is the university's decision, and we know that researchers ideally bring in more money with grants and such, but you also have to pay them more - so why wouldn't universities want to hire more post-doc faculty?I don't know the answer to this. This is the first I've heard of this option and it will be interesting to see how it all plays out. It reminds me a bit of the situation with some B.S./B.A. level SLP-As now being allowed to practice to decrease the need in some schools. Allowing them to practice (even in their limited status) feels like devaluing what I've worked so hard for.
- I am currently pursuing a PhD in early childhood education. My master's is in Speech and Hearing Science, and I am a practicing speech language pathologist
- I am retired and occasionally work privately. I think a clinical doctorate would be extremely beneficial to a new therapist. The programs should be optional, affordable, and relatively accessible (in terms of admission). I definitely would have been interested in a clinical doctorate when I began my career as an SLP.
- I am torn by this proposal, because I do not perceive Au.Ds. or DPTs. with any greater awe than a holder of an MS, and in less esteem than a holder of a PhD This may actually lessen the prestige of the SLP who only has an MA or MS. Would this really benefit ASHA or its members? This just appears to be an idea to equalize the field with DPTs and maybe OTDs. I'm not sure it is worth the time or tuition, especially considering the state of healthcare and reimbursement.
- I believe the value of an optional doctoral degree for speech pathologists is dependent upon the quality of the program through which it is earned. Such a degree that would require a particular specialization in a specific area would probably enhance the quality of patient care and enhance employment opportunities for the holder of the degree.
- I have been an SLP for 44 years and am close to retirement. If a Clinical Doctorate were available "in my day" I would have definitely pursued that degree.
- I have been contemplating pursuing an SLPD from Nova Southeastern, and was cautioned by a PhD; he stated it wasn't a bad thing, just that he didn't know "what an SLPD means" in our field at the moment. I really feel like the MS does not do justice to certain specialty areas, such as AAC, and there is a real need for increased clinical focus in those sorts of

specialties that one can't get with an MS/MA. Dysphagia is another area I'd like to see the SLPD focus on. This is an exciting step for me- thank you for bringing this to the forefront!

- I have often thought about pursuing a doctoral degree in speech pathology. One of the obstacles is finding the funding and I would love a mentor
- I love being an SLP. I enjoy working with clients with mental retardation, developmental disabilities, and autism. I have worked at the same facility for 8 years and the same charter school for 6 years. I would not wish to go back to take more classes in school. I am happy being out of school and in the work force. Much of what I know professionally I have learned through continuing education and on the job experience. I do not think that a doctorate in SLP is necessary to continue to do what I do.
- I started working on my thesis during my master's program with the possibility of one day pursuing my doctorate. However, I was not interested in doing research for a living and it would not benefit me in other fields. Offering a clinical doctorate would allow others to earn their doctorate that would benefit them in their chosen field of practice.
- I strongly believe that clinicians should get “working life” experience at the master's level before going on to getting a PhD The cost of additional education is prohibitive to most students, and higher salaries for additional education is not in line with the cost. Medicare and Medicaid will not pay more for services based on the educational preparation of the clinician. In nursing, B.S. prepared graduates make only a little more in wage than 2 year grads.
- I think it would be most beneficial to our profession especially in the tx of dysphagia if ASHA would make it easier for a practicing clinician to obtain specialty certification. That would GREATLY ENHANCE our profession especially with other practitioners and physicians. ASHA makes it very DIFFICULT for many of us to obtain the BRSS-S because it requires being in an employment position which enables us to supervise students and be involved in research, conducting workshops, and submitting articles for publication in peer reviewed journals. Specialty certification and professional doctorates are easier to obtain for persons employed in university setting or teaching hospitals. This is not required for other professionals such as DPTs, MDs, etc. who are specialists. The specialty certification is what we need to enhance our profession. Specialty certification and professional doctorates are not currently feasible for practicing clinicians in a non-university setting. That has to be changed. The AOTA reportedly has some kind of feeding specialty certification and considers swallowing within their scope of professional practice (although most of the OTs I work with do not want the liability associated with it). Many speech pathologists like me cannot hold up specialty certification in this area because ASHA makes it too difficult to obtain in a non-university setting. ASHA currently provides more professional support for the university based speech pathologist as opposed to the practicing clinician. That has to change. Otherwise - we will be surpassed by other disciplines with their own specialty certification and professional doctorates.
- I think this is a great idea and I would strongly consider entering such a program. I encourage ASHA to endorse this elevated degree. I feel that this would help speech-language pathologists to be as competitive as other specialized clinical disciplines for career opportunities, management positions, and in salary and compensation

considerations. It would also increase the community awareness of our level of expertise in both medical and school based careers.

- I work only part time as am virtually retired. If I was a new SLP I might view a clinical doctorate differently, but it needs credibility if it's not a traditional medical or academic doctorate.
- I would probably want to know if obtaining this degree would improve future income and if there would be specialty degrees such as in feeding or early childhood education.
- If not a PhD. program, then an extended master's program. Or, a program like Pharmacists have now which is a master's/PhD. program. There is just too much to learn in our field and the graduates are coming out very inexperienced.
- My concern with the clinical doctorate would be regarding salary reimbursement after spending the time and money to complete the degree. Current salaries for a master's are already far lower than that of PT and OT with a master's in many settings. What would benefit or motivate us to continue our education when we are not compensated financially? It would be a poor fiscal decision for many of us to pursue this knowing our salaries would barely cover our investment.
- My neutral comments regarding what a clinical doctorate would do for me personally are based on the fact that I already have a PhD. I do believe that the clinical doctorate could be beneficial for many master's level SLPs. Also, I would prefer to have ASHA pursue the clinical doctorate, over specialty recognition.
- Research doctorates should be recruited early on from the sciences, not from the clinical pool. Increases in salary would be the biggest benefit. Currently, holding a PhD does not earn you additional money in many settings.
- Some clinical doctorates allow clinicians to postpone real world experience while reinforcing the rigidity of their adherence to beliefs models and theory. I would like to suggest that five years of master's-level clinical experience be required prior to an entry into any optional clinical doctoral program.
- The AuD program for Audiology has added more time and effort to incoming student's load and only encourages a continual shortage of audiologists in the United States. If going to school for 8 years means you would hold an AuD or M.D., most people are going to choose the degree that would pay more money and be more versatile. In turn holding an AuD. doesn't equal more pay than an M.S. or M.A. and from speaking with my colleagues, the program doesn't offer really any more knowledge that what "in the field" knowledge offers. I think that having a Doctoral Degree in SLP would not make me any better of a clinician with the patients I serve or my colleagues. If a doctorate in SLP is the only options to incoming graduate students, I think it might discourage students from pursuing a degree in SLP, thus continuing with the short supply of SLP's in the field.
- The PhD in Speech-Language Pathology is a highly respected degree that provides skills unmatched by any clinical degree. Why would ASHA further water down this profession by introducing a clinical doctorate? What more clinical knowledge could you possibly learn beyond a master's degree that you cannot learn in professional development training? I think the profession is partly respected because the PhD is the highest degree offered that enhances not only clinical skills but adds research and writing skills as well. Please don't

water down this profession by offering such a degree but continue to support post-master's education in a research doctoral program.

- There are not many options to further education in the area of speech language pathology. I have looked, don't understand the options or know what direction I would go in, but I would like to have more knowledge and feel that I could further specialize in one area of SLP scope of practice.
- There is no funding or money for this course of study and individuals with expertise in the field could impart more relevant information to MA/MS students -- but this doesn't happen, especially in the area of Early Intervention. Every convention lacks focus in this important area -- research presented is for old kids -- the 3 and over set. What are we? Chopped liver??
- This is just a bit too late for me to pursue, although I think it would have definitely helped with the level of professional respect afforded SLP in the schools.
- This period should be to specialize in an area and thereby enhance your credentials as an SLP.
- This proposed program should not in any way be an entry requirement for an SLP. Those who have advanced CLINICAL experience and knowledge should be in charge of and teach in these programs. Those interested in research and teaching theory should not be involved.
- Whenever an education/degree is added for “prestige”, it seems to raise the level that everyone eventually has to strive for--costing everyone in a profession time and money so they can “keep up' and try to impress the next employer. Salaries don't keep pace. Speech “therapists” used to function on a bachelors degree-- then a master’s, now also CEU's for ASHA and state licensure. I think the state licenses and master’s do the job. Look at audiology, don't they now need a PhD to practice?--I'm not sure, but I think so.
- Would it be possible to concentrate on a specialty area in a clinical PhD, rather than on broad SLP curriculum? Would be interested in clinical PhD in AAC, but not in other SLP topic areas, as an alternative to specialty recognition which is not currently offered by AAC SIG.

Appendix B

Clinical Doctoral Needs Survey
Undergraduate and Master's degree students
April, 2013

Target Group: Send invitiation to all program directors at institutions with undergraduate degree programs in CSD and/or Master's degree programs in SLP. Request that program directors forward the survey link to their undergraduate students and Master's SLP students.

In 2012, the Academic Affairs Board (AAB) of the American Speech-Language-Hearing Association was assigned by the ASHA Board of Directors the task of evaluating the pros and cons of an optional, post-entry level clinical doctorate in speech-language pathology. We did that by conducting a survey of practicing clinicians. In 2013, an ASHA Ad Hoc Committee on the Feasibility of Standards for the Clinical Doctorate would like to further explore a part of that survey and find out about your interest and perceived need and value of an optional (NON-ENTRY-LEVEL) clinical doctorate in speech-language pathology.

This survey will take only 5 minutes to complete.

1. **Indicate your current education status**
   - **A.** Freshman
   - **B.** Sophomore
   - **C.** Junior
   - **D.** Senior
   - **E.** 1st year graduate student
   - **F.** 2nd year graduate student

2. **At this point in your education are you planning on majoring in or are you currently majoring in:**
   - A. Speech-Language Pathology
   - B. Audiology
   - C. Neither

3. **To which of the following age groups do you hope to provide clinical services? (Check all that apply.)**
   A. Infant-toddlers
   B. Preschool
   C. School age
   D. Adults

4. **In which of the following primary settings do you hope to provide clinical services? (Check all that apply.)**
   A. School
   B. College/university
   C. Hospital
   D. Residential health care setting (skilled nursing facility)
   E. Nonresidential health care setting (clinic, private practice, etc.)
   F. Unsure/undecided

5. **What is the highest degree in speech-language pathology or audiology that you hope to earn? (Check one.)**
   A. BA/BS
   B. MA/MS
   C. Clinical Doctorate (e.g. AuD, CScD, SLPD)
   D. PhD

The remainder of the survey invites your views on a post-Master's clinical doctoral degree in Speech-Language Pathology. This degree would be an *optional* degree that could be considered after receiving a master's degree in speech-language pathology, completing a Clinical Fellowship and earning ASHA's Certificate of Clinical Competence (CCC-SLP). Please note that consideration is <u>not</u> being given to changing the entry-level degree for speech-language pathologists from a Master's to a clinical doctoral degree.

6. **Have you worked (had experience) with another professional who holds a clinical doctoral degree in any field (e.g., Au.D., Psy.D., APN, DrOT)?**
   A. Yes
   B. No
   C. Uncertain

7. **Do you believe that there is a need for a clinical doctorate in SLP?**
   A. Yes
   B. No
   C. Uncertain

8. **Would you pursue a clinical doctorate in Speech Language Pathology?**
   A. Yes
   B. No
   C. Uncertain
   D. Do not plan to enter this profession

9. **What impact would having the clinical doctoral program in which you would enroll be a holder of national accreditation have on your decision to pursue a clinical doctorate in Speech Language Pathology? (Check one.)**
   A. No impact on my decision
   B. I would only consider an accredited clinical doctoral program.
   C. I would consider both accredited and non-accredited clinical doctoral programs.
   D. Uncertain
   E. Do not plan to enter this profession

10. In your opinion, what impact would a clinical doctoral degree in Speech Language Pathology have on each of the following professional aspects?

	A. Negative Impact	B. No Difference	C. Minor Positive Impact	D. Moderate Positive Impact	E. Major Positive Impact
11. Leadership skills					
12. Respect from consumers/ patients/clients					
13. Respect from other health care providers					
14. Salaries					
15. Patient care					
16. Specialized training					
17. Other (specify)					

18. Indicate your level of agreement/disagreement with each of the following statements.

	A. Strongly Disagree	B. Somewhat Disagree	C. Neutral	D. Somewhat Agree	E. Strongly Agree	F. Do not Know
19. Making the clinical doctorate available will benefit the communicatively impaired consumer.						
20. It would be advantageous to hold a clinical doctoral degree in Speech Language Pathology for my professional growth and development.						
21. Not having a clinical doctoral degree available in Speech-Language Pathology has the potential to limit my professional opportunities.						
22. Making the clinical doctorate will require less on-the-job training for those who elect to acquire this degree.						

	A. Strongly Disagree	B. Somewhat Disagree	C. Neutral	D. Somewhat Agree	E. Strongly Agree	F. Do not Know
23. Making the clinical doctorate available will decrease the number of Speech-Language Pathologists who are trained in the future.						
24. Making the clinical doctorate available will decrease the number of research PhD Speech-Language Pathologists who are trained in the future.						
25. Making the clinical doctorate available will enhance the prestige of the profession of Speech-Language Pathology.						
26. Having a clinical doctorate would enhance *my* prestige as a Speech-Language Pathology.						
27. Making the clinical doctorate available will promote professional autonomy.						
28. Making the clinical doctorate available will encourage increased collaboration between the profession of Speech-Language Pathology with medical doctors and other doctoral-level professionals.						
29. Having a clinical doctorate would improve direct reimbursement from either third-party or private payers to Speech-Language Pathologists.						

30. If a clinical doctorate in Speech-Language Pathology were not available to you, would you enroll in a Ph.D. Degree program instead?

A. Yes
B. No
C. Unsure/undecided

Thank you.

Appendix C

SLP Clinical Doctoral Survey: Employers
April 2013

Target group: Individuals who indicate that they are employed on a full-time basis as an administrator (administrator/ executive officer; chair/ department heard/ manager; supervisor of clinical activity; and, other director/ supervisor). We would exclude those serving as a chair of an educational program (e.g., college/ university setting) although clinical directors may be included if you wish. A screening question can be posed at the beginning of the survey to determine if they actually supervise speech-language pathologists. If they do not, they will automatically move to a thank-you page at the end of the survey.

Email invitation and Survey Introduction

In 2012, the Academic Affairs Board (AAB) of the American Speech-Language-Hearing Association was assigned by the ASHA Board of Directors the task of evaluating the pros and cons of an optional, post-entry level clinical doctorate in speech-language pathology. We did that by conducting a survey of practicing clinicians. In 2013, an ASHA Ad Hoc Committee on the Feasibility of Standards for the Clinical Doctorate in SLP would like to further explore a part of that survey and find out about your interest in hiring individuals who hold an optional (NON-ENTRY-LEVEL) clinical doctorate in speech-language pathology.

Intended Outcomes of the Clinical Doctoral Degree Programs in Speech-Language Pathology
The following information is provided as background about the intended outcomes and professional roles associated with a clinical doctorate in speech-language pathology.

Based on national reports and 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 general and 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

Please note that ASHA is <u>NOT</u> considering changing the entry-level degree for speech-language pathologists from a Master's to a clinical doctoral degree.

This survey will take less than 10 minutes to complete. Please submit your completed survey by May 1, 2013. Questions? Contact Sarah Slater, Director of Surveys and Information, at sslater@asha.org. Thank you in advance for your time and input.

Survey

15. Which of the following best describes your current employment setting? (Check one.)

    School
    College/university
    Hospital
    Residential health care setting (skilled nursing facility)
    Nonresidential health care setting (clinic, private practice, etc.)
    Other (specify)
    Not employed (retired, stay-at-home parent, etc.) → Skip to Question 3

16. To which of the following age groups does your facilitiy provide clinical services? (Check all that apply.)

    Infant-toddlers
    Preschool
    School age
    Adults
    Not applicable; clinical services are not provided at my facility

17. How many years have you been employed as a speech-language pathologist?

    Less than 5 years
    5 to 10 years
    11 to 15 years
    More than 15 years
    Not applicable; never employed as an SLP

18. What is the highest degree that you have earned in speech-language pathology? (Check one.)

    MA/MS
    PhD
    EdD
    Other (specify)

19. What is your primary employment function? (check all that apply)

    administrator/ executive officer
    chair/ department heard/ manager
    supervisor of clinical activity
    clinic director (college/university setting)
    other director/ supervisor

20. Have you worked with another professional who holds a clinical doctoral degree in any field (e.g., Au.D., DPT, DNP, OT.D, Psy.D.)?

    Yes
    No
    Uncertain

The remainder of the survey invites your views on an optional post-master's clinical doctoral degree in SLP.

21. Do you believe that there is a need for an optional post-master's clinical doctorate in SLP?

    Yes
    No
    Uncertain

22. Do you think an optional post-master's clinical doctoral program should have oversight by an accrediting body (accreditation)?

    Yes
    No
    Uncertain

23. What impact would accreditation have on your decision to hire a clinician who holds an optional post-master's clinical doctorate in SLP?

    I would *only* consider hiring a clinician who graduated from an accredited optional post-master's clinical doctoral program.
    I would consider *both* accredited and non-accredited optional post-master's clinical doctoral program graduates.
    Uncertain

24. What impact do you think an optional post-master's clinical doctoral degree in SLP would have on each of the following?

    4-point scale: Negative Impact; No difference; Positive impact; Uncertain

    Leadership skills
    Patient care
    Respect from consumers/ patients/clients
    Respect from other health care providers
    Specialized training

25. Indicate your level of agreement/disagreement with each of the following statements.

    5-point scale: Strongly disagree; Somewhat disagree; Neutral; Somewhat agree; Strongly agree

    An optional post-master's clinical doctorate degree will:

    - benefit consumers with communicative impairments
    - enhance knowledge and skills for SLPs
    - increase the application of evidence based practice
    - enhance the prestige of the profession of SLP
    - promote professional autonomy
    - encourage increased collaboration among SLPs, physicians and other doctoral-level professionals
    - Provide an opportunity for SLPs to further participate in the leadership of units who provide services to patients with communication disorders
    - Be advantageous for the professional growth and development of the those who hold the clinical doctorate degree

26. Please provide any other comments or feedback that you may have on this issue.

Appendix D

SLP Clinical Doctoral Program Survey: Academic Programs
April, 2013

Target Group: All institutions with SLP Master's degree programs.

In 2012, the Academic Affairs Board (AAB) of the American Speech-Language-Hearing Association was assigned by the ASHA Board of Directors the task of evaluating the pros and cons of an optional, post-entry level clinical doctorate in speech-language pathology. We did that by conducting a survey of practicing clinicians. In 2013, an ASHA Ad Hoc Committee on the Feasibility of Standards for the Clinical Doctorate in SLP would like to further explore a part of that survey and find out about your interest in and plans to offer an optional (NON-ENTRY-LEVEL) clinical doctorate in Speech-Language Pathology.

This survey will take only a few minutes to complete.

1. **Do you currently offer an optional (NON-ENTRY-LEVEL) clinical doctorate in Speech-Language Pathology**
   A. Yes
   B. No

2. **Do you have an interest in offering an optional (NON-ENTRY-LEVEL) clinical doctorate in Speech-Language Pathology**
   A. Yes
   B. No
   C. Undecided

3. **Do you have plans to offer an optional (NON-ENTRY-LEVEL) clinical doctorate in Speech-Language Pathology**
   A. Yes
   B. No
   C. Undecided

4. **If the answer to number 3 is yes, at what stage of planning/implementation are you in with this optional (NON-ENTRY-LEVEL) clinical doctorate in Speech-Language Pathology**
   A. Conceptual/departmental discussion
   B. Departmental approval
   C. School/college level approval
   D. University-level approval
   E. In implementation phase

5. **Name of Institution/Academic Program (Optional)**
   Providing the name of your institution/academic program will allow the Ad Hoc Committee to identify which institutions are in the process of developing an SLP clinical doctorate degree program.

   Institution Name: _____

Thank you.

Appendix E

Phases	**Year 1 2014**	**Year 2 2015**	**Year 3 2016**	**Year 4 2017**	**Year 5 2018**	**Year 6 2019**	**Year 7 2020**
				10 Programs	12 Programs	14 Programs	16 Programs
Guidelines	Develop Guidelines	Guidelines	Guidelines	Guidelines Program Discontinued			
Practice Analysis		Start Practice Analysis	Continue work on Practice Analysis				
Recognition			Develop Recognition Program	Implement Recognition	Implement Recognition	Recognition Program Discontinued	
Accreditation				Develop Accreditation Program	Develop Accreditation Program	Implement Accreditation	Accreditation
Staffing	0	.5 FTE	.5 FTE	.5 FTE	1 FTE	1 FTE	1 FTE

American Speech-Language-Hearing Association

SLP Clinical Doctorate Standard Setting Options

Phase-In Model

	Year 1 (Develop Guidelines)				Year 2 (Implement Guidelines Program & Start Practice Analysis)			
	Accreditation		Recognition	Guidelines	Accreditation		Recognition	Guidelines
	Program is Independent of CAA	Program Incorporated with CAA	Program is Incorporated with CAA	Ad Hoc working group	Program is Independent of CAA	Program Incorporated with CAA	Program is Incorporated with CAA	
Expenses:								
Personnel							$ 54,226	
Travel and meetings:								
Site visit								
Board							6,174	
Ad Hoc Committee				11,280				
Staff travel							3,019	
Special projects								
Practice analysis (every 5 years)							25,000	
Operational expenses							2,244	
Staff training and development							750	
Affiliation fees							550	
Technology								
Subtotal				11,280			91,963	
Indirect costs				1,128			9,196	
Total Expenses	$ -	$ -	$ -	**$ 12,408**			**$ 101,159**	$ -

	Year 3 (Implement Guidelines Program & Develop Recognition Program)				Year 4 (Implement Recognition Program & Develop Accreditation Program)			
	Accreditation		Recognition	Guidelines	Accreditation		Recognition	Guidelines
	Program is Independent of CAA	Program Incorporated with CAA	Program is Incorporated with CAA		Program is Independent of CAA	Program Incorporated with CAA	Program is Incorporated with CAA	
Expenses:								
Personnel			$ 56,395		$ 92,801		$ 58,650	
Travel and meetings:								
Site visit								
Board			6,297		12,416	6,423	6,423	
Ad Hoc Committee								
Staff travel			3,080		3,141		3,141	
Special projects								
Practice analysis (every 5 years								
Operational expenses			2,289		2,918		2,335	
Staff training and development			750		750		750	
Affiliation fees			550		550		550	
Technology								
Subtotal			69,361		112,577	6,423	71,850	
Indirect costs			6,936		11,258	642	7,185	
Total Expenses			**$ 76,297**	$ -	$ 123,835	**$ 7,066**	**$ 79,035**	
					Year 4 projected expenses		**$ 86,100**	

	Year 5 (Implement Recognition Program & Develop Accreditation Program)				Year 6 (Accreditation Implemented - 14 programs)			
	Accreditation		Recognition	Guidelines	Accreditation		Recognition	Guidelines
	Program is Independent of CAA	Program Incorporated with CAA	Program is Incorporated with CAA		Program is Independent of CAA	Program Incorporated with CAA	Program is Incorporated with CAA	
Expenses:								
Personnel	$ 198,737		$ 125,603		$ 207,018	$ 130,836		
Travel and meetings:								
Site visit					61,152	61,152		
Board	12,664	6,552	6,552		12,918	6,683		
Ad Hoc Committee								
Staff travel	3,204	-	3,204		3,268	3,268		
Special projects								
Practice analysis (every 5 years								
Operational expenses	2,977	-	2,381		3,036	-		
Staff training and development	1,500	-	1,500		1,500	1,500		
Affiliation fees	550		550		550	550		
Technology	24,700	8,500			24,700	8,500		
Subtotal	244,332	15,052	139,790		314,142	212,489		
Indirect costs	24,433	1,505	13,979		31,414	21,249		
Total Expenses	$ 268,766	$ 16,557	$ 153,769		$ 345,556	$ 233,738		
	Year 5 projected expenses		**$ 170,326**					

	Year 7 (Accreditation - 2 new programs =16 total)				Year 8 (Accreditation - 2 new programs =18 total)			
	Accreditation		Recognition	Guidelines	Accreditation		Recognition	Guidelines
	Program is Independent of CAA	Program Incorporated with CAA	Program is Incorporated with CAA		Program is Independent of CAA	Program Incorporated with CAA	Program is Incorporated with CAA	
Expenses:								
Personnel	$ 215,299	$ 136,069			$ 223,911	$ 141,512		
Travel and meetings:								
Site visit	8,736	8,736			8,998	8,998		
Board	13,176	6,817			13,440	6,953		
Ad Hoc Committee								
Staff travel	3,333	3,333			3,400	3,400		
Special projects								
Practice analysis (every 5 years	31,000	31,000						
Operational expenses	3,097	-			3,159	-		
Staff training and development	1,500	1,500			1,500	1,500		
Affiliation fees	550	550			550	550		
Technology	24,700	8,500			24,700	8,500		
Subtotal	301,391	196,505			279,657	171,413		
Indirect costs	30,139	19,651			27,966	17,141		
Total Expenses	$ 331,530	**$ 216,156**			$ 307,623	**$ 188,555**		

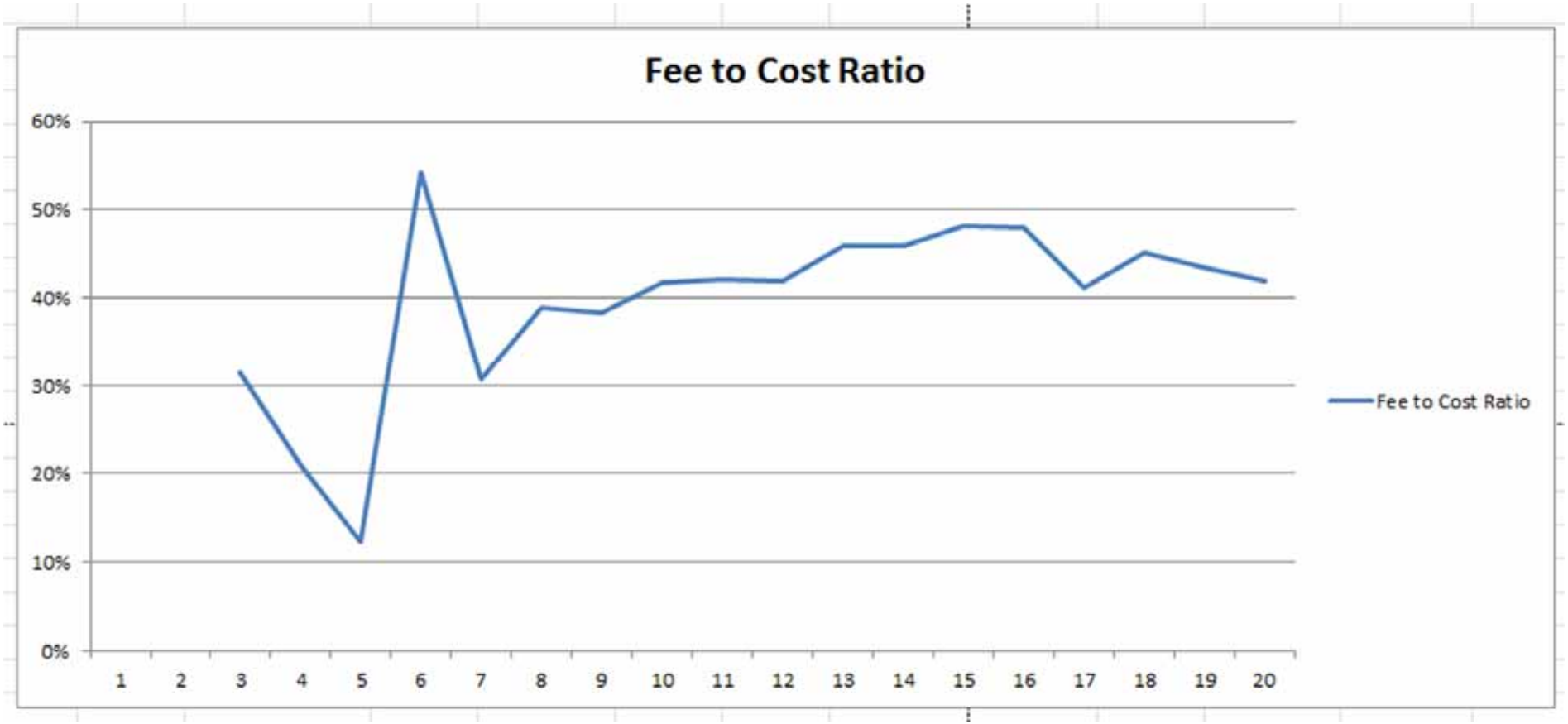
	Year 9 (Accreditation - 2 new programs =20 total)				Year 10 (Accreditation - 1 new program =21 total)			
	Accreditation		Recognition	Guidelines	Accreditation		Recognition	Guidelines
	Program is Independent of CAA	Program Incorporated with CAA	Program is Incorporated with CAA		Program is Independent of CAA	Program Incorporated with CAA	Program is Incorporated with CAA	
Expenses:								
Personnel	$ 232,867	$ 147,173			$ 242,182	$ 153,060		
Travel and meetings:								
Site visit	9,268	9,268			4,773	4,773		
Board	13,708	7,092			13,983	7,234		
Ad Hoc Committee								
Staff travel	3,468	3,468			3,537	3,537		
Special projects								
Practice analysis (every 5 years								
Operational expenses	3,222	-			3,287	-		
Staff training and development	1,500	1,500			1,500	1,500		
Affiliation fees	550	550			550	550		
Technology	24,700	8,500						
Subtotal	289,284	177,551			269,811	170,654		
Indirect costs	28,928	17,755			26,981	17,065		
Total Expenses	$ 318,212	$ **195,306**			$ 296,793	$ **187,719**		

Yearly Projected Total Expenses Highlighted in Yellow (Row 25 or 26)				
Expense Assumptions:	**Accreditation w/o CAA**	**Accreditation w/CAA**	**Recognition**	**Guidelines**
Personnel	.5 FTE staff at director level (Year 5, 1 full-time FTE)	.5 FTE staff at manager level (Year 5, 1 full-time	.5 FTE staff at manager level (Year 5, 1 full-	
Travel and meetings				
Site visits	3 member team, 3 days (In year 3: 6 programs)	3 member team, 3 days (In year 6: 14 programs)		
Board operations	5 members, 2 meetings, 3 days	3 new members, 2 extra days	3 new members, 2 extra days	
Ad Hoc committee				8 members, 2 days.
Staff travel	1 staff, 2 meetings, 2 days, Registration	1 staff, 2 meetings, 2 days,	1 staff, 2 meetings, 2 days,	
Special projects	Full cost for practice analysis - $50K (in Year 2)	Cost shared with CFCC - $30K (In Year 2)	Scaled-down practice analysis - $25K (In Year 2)	
Operational expenses	Based on historical costs - increased 2% each	Based on historical costs - increased 2%	Based on historical costs - increased 2%	
Technology (amortized over 5 years - Starting in Year 5)	Assumes costs to modify netForum system, web, application process for Accreditation	Assumes costs to modify netForum system, web, application process for Accreditation	Note: If the Recognition program is to be prolonged past 2-years, then the technology costs to put into program status netforum would still need to be incurred starting Year 5 (amortized over five years)	
Indirect costs	Assumes 10% of direct costs	Assumes 10% of direct costs	Assumes 10% of direct costs	Assumes 10% of direct costs

Analysis

Year	Year	Cost	Fee to Cost Ratio	Total Program Fee Revenue	# of Programs	# of New Programs	Application Fees	Application Fee Revenue	Annual Fees	Annual Fee Revenue	Program	Staffing
2014	1	$ 12,408		$ -	6						Guidelines	0 FTE
2015	2	$ 101,159		$ -	7	1					Guidelines	.5 FTE
2016	3	$ 76,297	31%	$ 24,000	8	8	$ 3,000	$ 24,000			Recognition	.5 FTE
2017	4	$ 86,100	21%	$ 18,000	10	2	$ 3,000	$ 6,000	$ 1,500	$ 12,000	Recognition	.5 FTE
2018	5	$ 170,326	12%	$ 21,000	12	2	$ 3,000	$ 6,000	$ 1,500	$ 15,000	Recognition	.5 FTE
2019	6	$ 233,738	54%	$ 126,000	14	14	$ 9,000	$ 126,000	$ 3,500	$-	Accreditation	1.0 FTE
2020	7	$ 216,156	31%	$ 67,000	16	2	$ 9,000	$ 18,000	$ 3,500	$ 49,000	Accreditation	1.0 FTE
2021	8	$ 188,555	39%	$ 74,000	18	2	$ 9,000	$ 18,000	$ 3,500	$ 56,000	Accreditation	1.0 FTE
2022	9	$ 195,306	39%	$ 75,690	19	1	$ 9,540	$ 9,540	$ 3,675	$ 66,150	Accreditation	1.0 FTE
2023	10	$ 187,719	42%	$ 79,365	20	1	$ 9,540	$ 9,540	$ 3,675	$ 69,825	Accreditation	1.0 FTE
2024	11	$ 195,228	43%	$ 83,040	21	1	$ 9,540	$ 9,540	$ 3,675	$ 73,500	Accreditation	1.0 FTE
2025	12	$ 244,325	41%	$ 101,259	23	2	$ 10,112	$ 20,225	$ 3,859	$ 81,034	Accreditation	1.0 FTE
2026	13	$ 212,810	46%	$ 98,864	24	1	$ 10,112	$ 10,112	$ 3,859	$ 88,751	Accreditation	1.0 FTE
2027	14	$ 221,323	46%	$ 102,722	25	1	$ 10,112	$ 10,112	$ 3,859	$ 92,610	Accreditation	1.0 FTE
2028	15	$ 230,176	49%	$ 111,910	26	1	$ 10,618	$ 10,618	$ 4,052	$101,292	Accreditation	1.0 FTE
2029	16	$ 239,383	48%	$ 115,962	27	1	$ 10,618	$ 10,618	$ 4,052	$105,344	Accreditation	1.0 FTE
2030	17	$ 288,478	42%	$ 120,014	28	1	$ 10,618	$ 10,618	$ 4,052	$109,396	Accreditation	1.0 FTE
2031	18	$ 260,497	46%	$ 119,120	28	-	$ 11,149	$ -	$ 4,254	$119,120	Accreditation	1.0 FTE
2032	19	$ 270,917	44%	$ 119,120	28	-	$ 11,149	$ -	$ 4,254	$119,120	Accreditation	1.0 FTE
2033	20	$ 281,754	42%	$ 119,120	28	-	$ 11,149	$ -	$ 4,254	$119,120	Accreditation	1.0 FTE

Practice Analysis year


Fee to Cost Ratio
60%
50%
40%
30%
20%
10%
0%
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
Fee to Cost Ratio

Travel OCB Site Visits

	Model A		Model B		Model C		Model D	
# Members	5		3		3		5	
OCB Costs								
CCSR	Annual Cost Yr. 1	# Trips days	Annual Cost Yr. 1	# Trips days	Annual Cost Yr. 2	# Trips days	Annual Cost Yr. 1	# Trips days
Bi-annual meetings		2		2		2		1
Travel expenses	$ 11,700	3 days	$ 5,880	2 days	$ 6,174	2 days	$ 5,850	2
Teleconference	$ 468		$ 468		$ 468		$ 468	
Total (OCB Costs)	**12,168**		**6,348**		**6,642**		**6,318**	
Site Visits	Year 6							
Site visits				# Members	3			
Travel expenses	4,368	(1 programs)		# of Programs	1	2	14	
	8,736	(2 programs)		# of Days	3			
	61,152	(14 programs)						
	$63,598	(16 programs)						
Staff Travel Costs								
				# of meetings	2			
				# of staff	1			
Total Staff travel	**1,960**			# of days	2			
				# of meetings	2			
	1,960			# of staff	1			
				# of days	2			
Registration Fees	1,000	for 2 meetings						
	$2,960							

Travel	NO Meeting	Inflated per year@ 5%			
	Base year	Year 2	Year 3	Year 4	Year 5
Air	500				
Ground	100				
Hotel	120				
Meals	70				
One day trip	790	830	871	915	960
Each addl day	190	200	209	220	231
Two day trip	980	1029	1080	1134	1191
Three day trip	1170	1229	1290	1354	1422
Site visits	1400	1400	1456	1456	
Conferencing:					
Unlimited GoToMeetings					
Annual Fee	468				

Staffing

	Accrediation or Recognition					Phase - in Yr. 2		
	FTE	**Annual Salary**	**Annual Benefits**	**Annual Total**	**FTE Annual Total**	**FTE**	**FTE Annaul Total**	**Year 6 (1 FTE)***
Program separate from CAA	1.00	$125,000	$40,000	$165,000	$165,000	0.50	82,500	$ 207,018
Program incorporated under CAA	1.00	$79,000	$25,280	$104,280	$104,280	0.50	52,140	$ 130,836
	0.50	$44,000	$14,080	$58,080	$29,040		-	
					$133,320		**52,140**	

* Assumes a 4% increase each year

Technology Costs

		Accreditation		Recognition	Guidelines
IS Tasks	Estimated Hours	Program separte from CAA	Program incorporated with CAA	Program is Incorporated with CAA	Ad Hoc working group
Analyze requirements, configure, and test accreditation module in netFORUM	300			25,500	
Analyze requirements, configure, and test accreditation module in netFORUM	300	25,500	25,500		
Analyze requirements, configue, and test HES	200	17,000	17,000		
Analyze requirements, develop, and test new survey tool	600	81,000			
		123,500	42,500	25,500	**0**
Annual Life over (5 years)		**24,700**	8,500	5,100	**0**

Vendor Tech Hourly Rate	$185
ASHA IS Hourly Rate	$85

Operational Costs

		Accreditation		Recognition	Guidelines
		Program separate from CAA	Program incorporated with CAA	Program is Incorporated with CAA	Ad Hoc working group
Marketing and Printing	Brochures, marketing materials	1,500	1,500	1,500	1,500
	Meeting materials (folders, etc.)	200	200	200	200
Postage	250 items mailed (2 or 3 mailings to institutions per year)	500	500	500	500
Communication	GoToMeeting annual cost	550		550	550
		2,750	2,200	2,750	2,750