

Update to IPEDS Technical Review Panel #7 Additional Comments Sought Options Suggested for Classification of First-professional Degree Reporting in IPEDS

Background:

The National Center for Education Statistics (NCES) is considering revising the way it collects data on enrollment and degrees for students in first-professional fields. For more than 30 years, there has been little change in the way NCES, through its Higher Education General Information Survey (HEGIS) and the Integrated Postsecondary Education Data System (IPEDS), has identified "first-professional" students. Currently the first-professional fields include: Chiropractic (D.C. or D.C.M.) Dentistry (D.D.S. or D.M.D.) Law (L.L.B. or J.D.) Medicine (M.D.) Optometry (O.D.) Osteopathic Medicine (D.O) Pharmacy (Pharm.D.) Podiatry (D.P.M., Pod.D., D.P.) Theology (M.Div., M.H.L., B.D., or Ordination Veterinary Medicine (D.V.M.),

For the most part, these are postbaccalaureate programs that prepare students for licensure to practice in their particular field. Over time considerable change has occurred in the length of the program and degree level attained, as well as the educational prerequisites of these and other professional programs. As a result, there is a need to reconsider the rationale for the designation of this group of programs as "first-professional." Moreover, numerous additional programs could/should be considered for inclusion, because they are similarly designed to prepare graduates for professional or clinical practice rather than traditional academic research careers.

Following meetings with various accrediting agencies, associations, institutional representatives, and individuals, the NCES/IPEDS Senior Fellow developed a set of possible options for consideration.

Option #1: Expand the first-professional classification in IPEDS by adding select professional practice doctoral programs (from CIP 51) - include others that meet the definitional criteria and eliminate the master's-level programs [primarily those in the ministerial/theological fields (CIP 39)].

This option would expand the current list of first-professional doctoral programs to include select programs - particularly those in the health professions that provide the prerequisites for licensure and include at least three full-time-equivalent years of post-baccalaureate study and a total of six years of postsecondary study. The category could be renamed "Professional Practice Doctor's Degrees" or NCES could maintain the "first-professional" terminology.

This option would provide for the inclusion of additional health professional programs such as physical therapy (DPT), occupational therapy (OTD), and audiology (D.Aud.) that recently have elevated their professional licensure programs to the doctoral level.

Because the ministerial/theological programs that are currently termed "first-professional" are not at the doctoral level and do not necessarily prepare students for a formal public license, these programs would be moved from the first-professional category and reported as master's degrees, similar to master's degrees in other professions.

If this option were to be implemented, NCES would need to establish an on-going process to update the list of first-professional degree programs (similar to the CIP classification updates) in order to consider programs that elevate their requirements for licensure to the doctoral level.

Option #2: Eliminate the first-professional category and require institutions to report their enrollments and degrees based on level only.

Enrollment in first-professional programs would simply be reported at the appropriate graduate or undergraduate level. Degree data would be reported with data at the appropriate level/award title categories. For example, M.D. degrees would be reported as "doctor's degrees;" M.Div. degrees would be reported as "master's degrees."

Eliminating this category would greatly simplify the reporting of enrollment and degrees/awards conferred, while increasing the face validity and reliability of such data. Because many professional fields have been increasing the length of pre-service and in-service educational requirements, this option would eliminate the need for continuous review and revision of the type and level of instructional programs deemed to be first-professional.

While in the short term this option may somewhat artificially increase the number of degrees awarded by level, aggregating enrollments and degree awards at the appropriate levels will serve to reduce errors and thereby increase reliable trend data. Historical comparisons of degrees/awards could be reconstructed using the CIP codes for the previously approved first-professional programs, while previously reported first-professional enrollment data would have to be allocated to the other levels if needed for future trend reports. Because user interest in first-professional data tends to be focused on individual program enrollment data and degree outcomes, the loss of the first-professional category would seem to have minimal impact.

Option #3: Report Ph.D. Research Doctor's Degrees separately from the Professional Practice Doctor's Degrees and report all M.A. and M.S. master's degrees as Academic Master's separately from all other master's degree titles as Professional Master's Degrees.

This option would distinguish the traditional Ph.D., M.A., and M.S. graduate academic degrees from the numerous doctor's and master's degree titles that have emerged in recent years that are primarily credentials for entry or advancement in professional practice careers.

This reporting scheme would provide enrollment and degrees data with greater validity and reliability for purposes of institutional classification and program accreditation. It would also more closely reflect the academic structure and campus culture of many universities, which

tend to organize the traditional graduate programs in schools of arts and sciences and the professional graduate programs in their professional disciplinary schools.

If this option were to be implemented, it would likely serve to encourage the designation of the degree titles more appropriate to the actual content of the instructional program. More specifically, it might foster a clearer distinction between programs that primarily educate those developing a profession through research and teaching and those programs designed primarily to train practitioners of the profession. For example, an institution may offer both a Ph.D. in Physical Therapy for researchers and teachers of physical therapy and a DPT for those preparing for clinical practice. These awards would both be reported under the same CIP (51.2308 Physical Therapy) but as different types of doctor's degrees.

Option 4: Make no changes to the way data are currently collected in IPEDS and keep the current definition of "first-professional."

This final option is the simplest and requires no change to the current system; however, it does not address the changes that have taken place over the years, nor does it address concerns that have been raised by the institutions that award professional degrees.

One final issue must be considered if the first-professional designation is eliminated (or revised) and that is the reporting of first-professional certificates (post-degree). Currently IPEDS requests that institutions report these certificates (level 11) in the Completions component. Many of these certificates require completion of an organized program of study designed for persons who have already completed a first-professional degree. Examples would include additional units of study in a specialty or subspecialty field such as periodontics or pediatric dentistry. There are about 1,000 of these certificates reported each year by about 36 institutions.

Comments Requested by September 12, 2005

Please address your comments and suggestions to [Elise Miller](#), IPEDS Program Director. You should also send a copy of your response to Dr. Edward Delaney, NCES Senior Fellow at edelaney@intercom.net.

Next Steps:

NCES will compile all suggestions received for presentation at a fall meeting of the IPEDS Technical Review Panel. The TRP will be discuss the various options and the comments received, make suggestions on which to implement, and discuss an implementation schedule. If you are interested in serving on this Technical Review Panel, please include your interest intent along with your comments and suggestions. NCES is limited in the number of panelists that can serve on the TRP, thus we will support approximately 35 panelists. Other interested parties may attend the meeting at their own expense. Registration information will be available once the date and location are determined.

Once a final decision is made and an implementation schedule is developed, all information will be posted to "What's New in IPEDS" and IPEDS institutional keyholders and coordinators will be notified via email.