Report on Options for Organizing Professional Doctorates at CUNY
A report prepared for Executive Vice Chancellor and University Provost Alexandra Logue

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Introduction

This report, prepared at the request of Executive Vice Chancellor and University Provost Alexandra Logue, presents options for organizing professional doctoral programs at CUNY. The impetus for the report came from the spread of such programs (sometimes called practice or clinical doctorates) on the national and local levels. The City University of New York approved its first two professional doctorates in 2005, with authorization of the AuD in Audiology and the DPT in Physical Therapy. With more such degrees on the horizon, including the Doctor of Nursing Practice and possibly a doctorate in pharmacy (the DPharm), CUNY is facing the question of which of its constituent units should offer these degrees. These programs could remain under the aegis of the Graduate Center, the traditional doctoral degree-granting unit of CUNY since its founding in 1961, or the programs could devolve to the campuses where they are physically based. A third option, that of deciding on a program’s placement on a case-by-case basis, rather than by general rule, is also possible.

In this report, we briefly review the emergence of professional doctorates and how they have changed the academic landscape. We then consider how two major institutions that classify degrees and higher education institutions, the National Center for Education Statistics (through its IPEDS program) and the Carnegie Foundation, have decided to categorize professional doctorates. This provides background for our presentation of three options for organizing professional doctorates at CUNY and the advantages and disadvantages of each. The report is based on our review of the literature on professional doctorates and their organization at other institutions and discussions with provosts and other administrators for whom these issues are particularly salient.

The rise of professional doctorates

The recent emergence of professional doctorates in a range of fields has led universities to reconsider their organization of graduate education. Despite rapid growth among universities in the last half century, the degree system underwent only gradual changes for most of this period. The Ph.D. stood as the preeminent research degree, paralleled by a set of “first professional degrees” that served as gateways to leading professions, including law, divinity, and medicine, along with other health fields such as optometry, podiatry, dentistry, and veterinary medicine. This eclectic set of first professional degrees has been labeled the first generation of professional doctorates (Council of Graduate Schools 2007: 6). Some of these first professional degrees predated the Ph.D., while others, especially in health-related fields, emerged in the early-to mid-twentieth century, as medical specialties established their own training programs and credentials. In some cases, advocates of new degrees had to battle with established practitioners in other fields; this occurred, for example, when optometrists built on their flourishing market to
create their own doctorate against opposition from ophthalmologists (who held medical degrees).
In general, such conflicts remained field-specific and did not precipitate analyses of overall
changes in degree programs (Brown-Benedict 2008).

Gradual change continued up until the 1990s, with a second wave of professional
doctorates becoming established in the post-World War II decades. These included the DPharm,
Ed.D., J.D., D. Psych, and the DPH. Some of these were incorporated into the list of first
professional degree programs tracked by the National Center for Education Statistics. The NCES
list grew to include ten fields: Chiropractic, Dentistry, Law, Medicine, Optometry, Osteopathic
Medicine, Pharmacy, Podiatry, Theology, and Veterinary Medicine. NCES defined first
professional degrees as degrees that met three criteria: they certified the completion of all
academic requirements to begin practice in the profession, required at least two years of college
work before entering the program, and totaled at least six years of college work, including the
first two pre-professional years (www.nces.ed.gov/ipeds/glossary/index).

NCES did not add to the degrees it tracked in its first professional category when a third
wave of professional doctorates emerged in the 1990s and early 2000s. Instead, the third wave
led to widespread calls for rethinking modes of organizing and classifying advanced degrees.
Audiology was the first of the programs in the third wave. Practitioners who treated patients with
problems of hearing and balance made a grassroots bid for greater autonomy from medical
doctors and scientists with Ph.D.’s, who had early dominated the field (Brown-Benedict 2008).
The American Physical Therapy Association followed suit, decreeing that by 2020 all programs
leading to entry into the profession should be at the doctoral level. The change occurred rapidly,
with the majority of programs offering the DPT by 2009. Practitioners in occupational therapy
moved in the same direction, although more slowly. Nurses, by far the largest among health-
related occupational groups, developed the Doctor of Nursing Practice (DNP), the highest
clinical degree offered in nursing, presenting it as an alternative to research-focused doctoral
programs (American Association of Colleges of Nursing 2009). The DNP is already rapidly
spreading, with 92 programs enrolling students and another 102 in the planning process, while
research doctorates in nursing are only holding their own. Other health programs, such as
nutrition, are expected to ultimately develop their own professional doctorates.

The accelerated pace of change has led to controversy within many of the fields where
professional doctorates are being established, with practitioners who have long worked in the
field with master’s-level credentials upholding the benefits of their own clinical experience and
knowledge compared to the training received in the new programs (Forde 2006; Hathaway,
Stebauer, and Graff 2006). Controversy has also arisen outside of these fields, with observers
decrying what they see as credential creep (Bollag 2007; Siler and Randolph 2006). Supporters
uphold the new degrees as offering overdue recognition of the increased technical and
intellectual demands on practitioners in health fields.
It is notable that most of the new professional doctorates have arisen in the health sphere. Technical changes and the increased complexity of medical care have driven changes in training. Strong accrediting bodies have also exerted themselves to mandate upgraded degrees. Underlying these forces, occupational specialties within medicine have sought to expand their scope of practice vis-à-vis doctors (Brown-Benedict 2008; Mangan 2009). Higher-level degrees have helped bring practitioners in allied health fields the right to prescribe medications and to have direct access to patients without referrals. The American Physical Therapy Association, for example, makes this explicit as part of its rationale for the professional doctorate, contending that the DPT will put it on a par with other specialties whose practitioners possess doctorates and will also enable physical therapists to have direct access to patients and “physician status” for reimbursement purposes (APTA 2009). In practice arenas outside the health sphere, such as the fine arts, there has not been a similar overarching professional group—doctors—against whom to contend for autonomy and professional standing, allowing master’s degrees to remain sufficient credentials for recognition.

Many in universities were surprised by the new wave of professional doctorates (Council of Graduate Schools 2007). With the impetus coming from professional bodies, some university leaders felt that they had little choice in whether to offer the new doctorates, afraid that if they did not that competitors would. Universities divided on whether to locate the programs in graduate schools, which had traditionally had authority over advanced degrees, or whether to keep them in professional schools, where they had usually been lodged before their upgrading to doctoral status (Higher Learning Commission 2006). The new degrees also raised questions about how university systems should respond to them. In California, for example, the state’s Master Plan had allocated doctoral degrees to the University of California system. The new degree programs, however, often represented upgrades from master’s programs long offered by the California State University system—and long disregarded by the research-focused University of California system (LaBelle 2004).

Changes in the classification of degrees and institutions

Government and foundation bodies have also had to reassess their systems for classifying institutions and degrees. In 2005 the National Center for Education Statistics reviewed the way its Integrated Post-Secondary Data System (IPEDS) classified post-baccalaureate degrees. NCES had collected data on first-professional degrees for over thirty years, but the degree category had become less comprehensive as new degree programs had arisen which were not explicitly tracked. Despite not including some new degrees, the category had also become more internally diverse in terms of the length of training, the prerequisites required, and the ultimate degrees received. As a result of its review, NCES abandoned its tripartite classification under which universities had been required to report master’s degrees, doctor’s degrees, and first-professional degrees. It switched to a new system, which will become mandatory in the 2009-10 data collection year. Universities will report post-baccalaureate degrees in four classifications. These
are: master’s degree, doctor’s degree—research/scholarship, doctor’s degree—professional practice, and doctor’s degree—other.

The new IPEDS system is notable for the division of doctoral degrees into two main categories, the Ph.D. and professional doctorates. It also provides for “doctor’s degree—other,” perhaps in recognition of definitional uncertainties, but it is not yet clear what use will be made of the “other” category. NCES defines research and professional doctorates as follows:

- **Doctor’s degree—research/scholarship:** “A Ph.D. or other doctor’s degree that requires advanced work beyond the master’s level, including the preparation and defense of a dissertation based on original research, or the planning and execution of an original project demonstrating substantial artistic or scholarly achievement. Some examples of this type of degree may include Ed.D., D.M.A., D.B.A., D.Sc., D.A., or D.M, and others, as designated by the awarding institution.”

  Note that in its examples, NCES explicitly includes degrees that traditionally have been considered practice degrees, but which involve original scholarly or artistic production, such as the Ed.D. and the D.M.A.

- **Doctor’s degree—professional practice:** “A doctor’s degree that is conferred upon completion of a program providing the knowledge and skills for the recognition, credential, or license required for professional practice. The degree is awarded after a period of study such that the total time to the degree, including both pre-professional and professional preparation, equals at least six full-time equivalent academic years. Some of these degrees were formerly classified as ‘first-professional’ and may 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.); or Veterinary Medicine (D.V.M.), and others, as designated by the awarding institution.”

  In 2005, the Carnegie Foundation also changed its system of classifying higher education institutions, a system built on IPEDS data. Its new system relies on multiple, parallel groupings rather than a single classification scheme. Carnegie has retained a Basic Classification, however, that updates its traditional classification system. In its Basic Classification, Carnegie follows IPEDS in distinguishing between research and professional doctorates. It categorizes a higher education institution as a “doctorate granting university” if it awards at least twenty doctoral degrees a year—excluding professional doctorates, or as Carnegie describes them, “doctoral level degrees that qualify recipients for entry into professional practice, such as the JD, MD, PharmD, DPT, etc.) (Basic Classification Description,” www.carnegiefoundation.org/classifications).

  Both the National Center for Education Statistics and the Carnegie Foundation have now taken steps to clarify the distinction between the two major types of doctorates. NCES could
have continued adding professional doctorates to its “first professional degree” category, as it had added chiropractic in the 1950s. It chose not to do this, instead briefly lumping new professional doctorates, such as the AuD and the DPT, with other doctorates, including research doctorates. This had made it impossible for Carnegie, which depends on IPEDS data, to distinguish among doctoral degree types, except in such instances as such degrees were included in the long-standing first professional category. The situation has now been clarified, however, or at least the first steps to such clarification have been taken. It has become evident that NCES and Carnegie plan, at least for now, to distinguish between research doctorates and professional doctorates in their systems for data collection and classifying of degrees.

This does not mean that ambiguities have been eliminated from the degree classification system. Some degrees are not easily placed in one category or another. The NCES allows universities to make their own choices about the placement of such degrees. As the new system is not fully implemented, it remains to be seen how this will work in practice. Despite these ambiguities, the distinctions between the two main types of doctorates are growing clearer and the era when the word “doctorate” was used as a synonym for “Ph.D.” is now over. This has implications for how universities organize such degrees. Universities no longer need to conceive of the “doctorate” as a unitary category, with one organizational arrangement necessarily affecting all other doctoral degrees.

Finally, the National Center for Education Statistics and the Carnegie Foundation have developed national systems for classifying degrees, but CUNY is also affected by the definitions and categories established by the New York State Education Department. The Board of Regents developed rules governing graduate degrees with the aim of providing “clear-cut distinctions between graduate academic and professional degrees” (Rule 3.4.7.d.). It highlights the distinctions as follows: “Graduate degree programs leading to the doctorate shall include research that prepares a graduate student for a life of scholarship in an academic discipline,” while the professional doctorate is “practical, in as it prepares the student to train or supervise others in the field, to discover new knowledge that has practical application in the field, or to prepare the student for a life of practice in a student’s particular profession.” The Regents list degrees that may be conferred in professionally oriented graduate programs; these include the Ed.D. and the M.P.H., while, as noted above, IPEDS considers the Ed.D. a research degree and views the MPH as a research degree if a university chooses to place it in that category.

Degrees and systems for classifying them are in flux and there is as yet no consensus on a new taxonomy, but at least at the national level its outlines are becoming visible. There is also no uniformity in the way universities organize professional doctorates. On the positive side, this means CUNY is not constrained in developing its own approach to the issue, or, at least, it has broad flexibility within the boundaries of New York State Education Department resource requirements for initiating first doctoral programs (NYSED 2007). Before approving a first doctoral program, SED weighs the status of the college or university’s undergraduate and graduate programs and the general financial health of the institution to insure that establishing a
new degree level does not weaken existing programs. It also evaluates the standing of the faculty, requiring that faculty members be active and recognized in their fields, with records of scholarly publication and of experience in supervising doctoral dissertations. Faculty members meeting these criteria must be in place before a university submits a request for SED approval of a first doctoral program. SED does not have similarly detailed criteria for evaluating the resources required for professional doctoral programs, in part because accrediting bodies generally evaluate these programs according to strict criteria of their own. SED does, however, cooperate with the accrediting bodies and sometimes arranges joint site visits of accrediting officials and SED representatives. SED also assesses the performance of any existing master’s programs from which new professional doctoral programs might be emerging, considering, for example, the success rate of graduates in passing professional licensing exams.

Before turning to CUNY’s options, we will briefly review how several other university systems have approached the issue.

**How other university systems have responded to the new doctorates**

University systems differ greatly in how they are organized. In those where mission differentiation between doctoral and comprehensive universities is already a fraught issue, the burgeoning of professional doctorates can add a new twist to debates, as happened at the University of California.

*The University of California and the California State University systems.* California’s history involves jousting between its two statewide university systems on authority to award the doctorate. Under the state’s Master Plan plan, doctoral education was reserved for the University of California, with the exception of four joint UC-CSU doctoral programs that graduated very few students. Leaders of the California State system staked their claim to doctoral education on the Ed.D., arguing that California suffered from a shortage of school administrators. In the mid-1980s the University of California successfully resisted CSU pressure for the Ed.D. on the grounds that other programs filled the need for school administrators. In 2005, the CSU system renewed its push for the Ed.D and a state senator introduced legislation on CSU’s behalf to allow it to offer this degree. The UC initially opposed the bill, but reached a compromise with CSU to allow one exception to the Master Plan under which CSU was allowed to offer a specific Ed.D. in Educational Leadership.

The CSU’s longstanding focus on the Ed.D. led it to respond slowly to the rise of professional doctorates in several health fields (LaBelle 2004), but by 2008 its leaders sought authority to offer these degrees. The University of California charged a subcommittee of its UC Task Force on Planning for Professional and Doctoral Education to analyze the issue. The Subcommittee on the Professional Doctorate recommended that UC should strive to retain its sole authority to offer research-based doctoral degrees but that it should work with CSU to reinvigorate the longstanding CSU/UC Joint Graduate Board to work out principles and
procedures for approving new joint professional doctorates on a case-by-case basis. These recommendations were eventually adopted and the Joint Board, led by the systems’ chief academic officers, reviews proposals for joint doctoral programs (http://www.calstate.edu/app/jgb/index.shtml), assessing them on the basis of need, cost, and quality.

CSU campuses now offer joint professional doctorates in Audiology and Physical Therapy and are moving toward the Doctor of Nursing Practice. Joint Ph.D. programs have also increased, with CSU offering them in Ecology, Forensic & Behavioral Sciences, Biology, Chemistry, Clinical Psychology, Engineering Sciences, Language & Communicative Disorders, Math & Science Education, Public Health, Geography, and Public History. In most cases the partner institutions are UC campuses but CSU also partners with private colleges. One CSU campus, San Diego State University, has been so successful in building doctoral programs that it is classified by the Carnegie Foundation as a research university with “high research activity” on the basis of its independent Ed.D. and its fourteen joint Ph.D. programs.

The University of Wisconsin. The University of Wisconsin was confronted with issues of mission differentiation within its system, rather than across systems as in California. In the early 1970s the state legislature mandated the merger of the University of Wisconsin and the Wisconsin State University systems. This produced a large system with two doctoral institutions (Madison and Milwaukee) and 11 comprehensive universities. The different units had well-established missions, but the rise of new professional doctorates threatened to upset this applecart. The flagship university, UW-Madison, responded to their appearance with concern. The Madison Chancellor called the doctorates masters’ degrees by another name. He made it clear he resented the role of accrediting bodies in imposing them on universities, but also acknowledged the difficulty of any one university resisting their spread (Bollag 2007). In 2004 the UW system authorized UW-Madison and UW-Stevens Point to jointly offer the AuD, followed by the authorization of a joint DPT by UW-Milwaukee and UW-LaCrosse in 2005 and the establishment of the DPT at Madison in 2008. None of these degrees involved independent doctoral offerings by the comprehensives, but in 2008 two of the comprehensive universities, UW-Eau Claire and UW-Oshkosh, requested approval to begin jointly offering the DNP without the collaboration of one of the doctoral institutions, Madison or Milwaukee. This brought the issue to a head.

The UW Board of Trustees convened a task force to determine whether the offering of professional doctorates was within the mission of the comprehensive universities and, if so, what criteria should be used in approving such programs. The task force developed two core principles, stating that comprehensive universities should offer professional doctorates when this would enhance access and respond to a clear market need, and that collaborative programs should be sought where possible to enhance efficiencies and avoid unnecessary duplication. The task force developed eight criteria for determining whether specific programs should be approved. These included: professional doctorates should be offered only where high-quality
master’s programs already existed; they should be located in underserved geographic areas; they should not reduce the integrity or resources of the institution’s undergraduate programs; the programs should not depend heavily on adjuncts; they should be carefully developed to align with the UW system’s strategic goals; and they should respond to demonstrable labor market needs. Finally, approval of professional doctorates at the comprehensive universities was restricted to fields of study that already existed at the master’s level at those institutions; programs in new or emerging fields were to be offered through UW-Madison or UW-Milwaukee.

Overall, the UW system’s new policy reaffirmed the restriction of research doctorates to the Madison and Milwaukee campuses, but allowed the controlled development of professional doctorates at the comprehensive universities. Decisions were to be made on a case-by-case basis, as in California, but the Wisconsin system allowed the option of independent granting of professional doctorates by the comprehensives.

The University of Michigan. Michigan does not have a statewide university system comparable to those in Wisconsin or California. It followed a different path, fostering the development of multiple independent universities. The University of Michigan, however, has two branches, at Flint and Dearborn, and thus constitutes a small system, with the president of its major campus at Ann Arbor also serving as the system head. When the new crop of professional doctorates emerged, Dearborn began offering the DPT and the DNP and Flint established the DPT; in Fall 2009, the Dearborn campus also began offering two Ph.D.’s, one in Automotive Systems Engineering and one in Information Systems Engineering. The University of Michigan, unlike the cases in Wisconsin and California, did not attempt to develop a general policy restricting doctoral offerings at institutions that had not previously offered doctoral degrees. The Ann Arbor campus had little reason to feel that its own position might be threatened by the loss of sole doctoral-degree granting status, as it was completely dominant within its system from a governance and resource standpoint.

This quick look at how several university systems have responded to the emergence of new professional doctorates shows some of the concerns that have been raised by their appearance and the ways university systems have accommodated them within their own frameworks, with issues of governance, power, and resources coming into play as they have reconsidered their arrangements for mission differentiation. It is safe to say that whatever path CUNY takes is likely to have been taken by at least some other institutions before it.

Three options for CUNY’s organization of doctoral programs

With this background, we will now consider the choices that confront CUNY in how to organize its doctoral programs. When it was founded in 1961, the Graduate Center was
authorized as the sole doctorate-granting unit of the university.\(^1\) In 2008, Hunter and City Colleges were each authorized to jointly offer Ph.D.’s in four laboratory science programs with the Graduate Center. In addition, City College gained the right to solely offer the Ph.D. in Engineering beginning in that same year. The Graduate Center remains the primary doctoral-granting unit, however, and in keeping with this role, more or less automatically became the grantor of the AuD and the DPT when the doctoral programs in Audiology and Physical Therapy were approved in 2005. It subsequently became the grantor of the DNS (Doctor of Nursing Science) and the DPH (Doctor of Public Health) degrees. The two latter degrees are research degrees, but the AuD and the DPT are professional practice degrees and represented the Graduate Center’s first extension of its role into this realm.

New doctoral programs often face challenges in their first years, as they work out their collegial relationships, their governance systems, and their basic operations. These problems may have been exacerbated in the case of the four new health sciences programs added to the Graduate Center, as they arrived in quick succession and the Graduate Center had to adapt to them, while the programs also had to adapt to oversight by a Graduate School that had previously concentrated mainly on Ph.D. programs. In the summer of 2009, the Graduate Center recognized that it needed to give each program its own voice and governance; it began the process of disaggregating them from the Health Sciences category in which they had been grouped and giving each its autonomy within the GC’s larger governance system.

The Graduate Center’s relationship with the programs remains a work in progress. Meanwhile, however, discussion has arisen about whether it makes sense to locate programs offering professional doctorates at the Graduate Center or whether they, and the colleges, would be better served by shifting their control to the colleges at which they are physically based.

We have identified three options: 1) keep the system as it is, with the Graduate Center continuing as the primary grantor of professional doctorates; 2) constitute the colleges as the granters of doctorates in professional fields, as appropriate given the location of the programs; and 3) allocate programs with professional doctorates to different CUNY units—including, in some cases, the Graduate Center and in others, the colleges—depending on where they are most likely to flourish and where there are the strongest connections with cognate programs. Below we detail some of the advantages and disadvantages of each option. Some of the pros and cons are flip sides of each other, as becomes evident as the options are discussed.

**Keep the system as it is, with the Graduate Center offering professional doctorates**

*Advantages*

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\(^1\) The CUNY School of Law, established in 1983, offers the JD, but it has been considered a first-professional degree and not within the Graduate Center’s purview.
Higher education authorities have warned that one potential problem with the spread of professional doctorates has been their frequent organizational separation from the graduate schools that have monitored research doctorates and have developed quality control systems for them (Council of Graduate Schools 2007; Higher Learning Commission 2006). Given the Graduate Center’s half-century of experience with offering research doctorates, it would be able to integrate professional doctorates into a developed system of support and oversight.

- It would offer economies of scale, as the Graduate Center has the administrative apparatus to deal with the admission and registration of students at the doctoral level and to monitor their progress through a highly developed benchmark system.

- It would enable cohesion between programs offering doctoral degrees, of whatever type, as (especially when all programs have their own governance), their administrators will be often brought together in governance and collegial settings.

- Retaining the system as it is would give the Graduate Center and the programs offering professional doctorates time to adapt to each other and work out productive relationships. This is a learning process on both sides and the experience has not yet been fully tried.

- It would keep CUNY from possible risks of fragmentation as doctoral programs offering professional degrees diffused around the system. This in turn would limit risks of competition between the colleges. Parallel offerings of professional doctorates by multiple campuses might lead to competition for students, grant funds, and qualified faculty members. It could also lead to inefficiencies and increased resource needs.

Disadvantages

- It would limit the legitimate aspirations of the colleges to develop programs that they have long offered on their campuses and with which, prior to their obtaining doctoral degrees, the Graduate Center had had little connection. It would allow for organic growth of the colleges.

- It would keep the programs locked into an environment in which they are likely to have only limited ties with other degree programs and in which their goals would be quite distinctive compared to the programs making up the bulk of the institution.

Devolve the programs offering professional doctorates to the campuses

Advantages

- Devolution of programs with professional doctorates could encourage innovation at the colleges, as they sought new areas of strength and responded to student needs for high-level professional development. This in turn could better enable CUNY to meet civic and
regional needs for well-trained professionals able to take leadership in a variety of human services and medical fields.

- It would enable unification of the different elements of the programs at one location, with students taking classes and receiving services at one campus, rather than dealing with split environments, and with faculty members and governance structures also at that campus. Along the same lines, it could foster recruitment to these programs if students did not have to apply to a CUNY unit with which they were unfamiliar and could instead transition from pre-professional programs into professional doctoral programs on the same campus.

- It would allow for a rational division of labor between the colleges and the Graduate Center, a step for which the way has been laid by the IPEDS and Carnegie clarifications of the distinctions between professional and research doctorates. The Graduate Center would retain its central role with regard to research doctorates, but the colleges would expand their existing major role with regard to programs meeting professional needs.

- In practical terms, the colleges have already demonstrated an ability to run these programs, as they have long been lodged at the campuses and, prior to the elevation of their degrees to doctoral status, had been exclusively run by the campuses. This is not a case where whole new programs were established; instead, outside professional bodies upgraded the degree level of existing programs, requiring far less change and new investment than if they had been started from scratch.

Allow placement of professional doctoral programs on individual basis where they are most likely to flourish

Advantages

- Advanced graduate programs have their own individual identities and academic linkages. Audiology, for example, is a professional program culminating in the AuD, but it has strong ties to the Graduate Center’s Ph.D. Program in Speech-Language-Hearing; in fact, a proposal for a joint AuD/PhD in Audiology and Speech-Language-Hearing is now pending before the New York State Education Department. In such circumstances, a professional program might prefer to be based at the Graduate Center rather than at one of the colleges, whatever its degree categorization.

- CUNY would retain flexibility if it did not try to develop an overall policy regarding the placement of programs offering professional doctorates. Each could be evaluated as it emerged and could be placed in the environment deemed most suitable, given the program’s history, circumstances, and goals, and also the preferences of the relevant colleges and the Graduate Center.
A flexible policy could allow for professional programs with strong consortial features to be administered by the Graduate Center. Some professional programs draw their faculty exclusively or largely from one campus, while others draw on faculty members from multiple campuses. The Graduate Center has long experience in administering consortial programs and could presumably engage in such a role without favoring any one campus.

Disadvantages

- This type of flexible policy could result in CUNY losing administrative coherence, as programs would not have clearly defined places in its overall system.
- It could result in instability, if a program originally placed in one location experienced a change of heart or leadership and decided to try to switch to another one.
- The Graduate Center might be hampered in adjusting to the administration of professional programs, as it would not have overall responsibility for them, but would administer only those that ended up under its aegis.

Conclusion

Professional doctorates are here to stay and are likely to expand in number and importance. Their emergence was not predicted by most university observers, but adaptation to them has already begun. Their arrival allows universities a chance to take a fresh look at how they organize graduate programs. In the case of CUNY, this can spur a discussion of the roles of its constituent units in providing advanced forms of professional training.
References


