

Senate Education Committee hearing

**Senator Jack Scott, Chair
8:30 am, Wednesday, April 13, 2005
State Capitol, Room 4203**

University of California testimony in opposition to SB 724 (Scott) California State University: doctoral degrees

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Good morning, Chair Scott and members of the Committee. My name is Gene Washington and I am the Executive Vice Chancellor at UC San Francisco. UCSF is one of the leading health science education and biomedical research centers in the world. We are the only UC campus devoted exclusively to the health sciences, with more than 4,100 students and residents enrolled in our schools of medicine, nursing, dentistry and pharmacy.

As a public institution, UC takes its obligation to meet state and societal needs in the health professions very seriously. Provost Greenwood made reference to a comprehensive health workforce assessment that has recently been completed for the seven major professions where UC offers comprehensive health sciences training—dentistry, medicine, nursing, optometry, pharmacy, public health, and veterinary medicine. This study is intended to help inform the University's enrollment planning over the next decade.

Given the overall growth and aging of California's population – and other demands being placed on our health care systems – our study identified current (or projected) shortages in five of these seven fields, with dentistry and optometry being the exceptions. Thus, we are not surprised that shortages exist, or are expected, in allied health fields such as Audiology and Physical Therapy, two fields where the doctoral degree is becoming an entry-level degree for professional practice.

I have been serving on a UC task force charged with reviewing state workforce needs in audiology and identifying options for meeting those needs. In the course of this work we have learned that a number of factors are contributing to the increased need for audiologists, including the aging of the population, infant screening requirements, and new developments in treating auditory disorders (e.g. cochlear implants).

In reviewing information about the clinical training of audiologists, we learned that there are great advantages to training audiologists in programs that have close linkages with university medical centers. Our own existing joint doctoral program in Audiology – between UC San Diego School of Medicine and San Diego State University – is an important example. This program offers trainees enhanced educational quality that comes about from combining audiology students and otolaryngology (ear, nose, throat or ENT) residents in both classes and clinics. The variety of patients seen and the exchange of insights made possible through their respective education and training enriches the learning environment for all students. This affirms our view that a union of CSU strengths in communicative disorders with UC strengths in otolaryngology (ENT) – made possible largely through access to

the broad-based patient population served by the UCSD medical center – offers optimal preparation for both future audiologists *and* UC physicians who are training in this field. Not surprisingly, we have also learned that our resident physicians have as much to learn from the audiology practice as our audiology trainees have to learn from our ENT residents.

My own campus, UCSF, has a nationally recognized audiology clinic and its director, Dr. Robert W. Sweetow, is assessing how the existing resources could be leveraged if a San Francisco State University/UCSF Joint Doctoral Degree program was developed along the lines of the San Diego program. I believe UCSF has significant resources to bring to this type of training, ranging from faculty in the Audiology Clinic to faculty in UCSF's Otolaryngology (ENT) Department. Dr. Sweetow has already been in contact with his colleagues in audiology at San Francisco State University. I understand that similar discussions are occurring between UC Davis' medical center and Sacramento State, and that other UC medical schools may be willing to help address this need if necessary .

These audiology discussions are by no means the first discussions between UCSF and CSU leading to a joint program. There is a longstanding history of collaboration between UCSF and San Francisco State University in a number of areas, the most relevant being our Joint Masters and Doctoral Programs in Physical Therapy. There are currently three joint degrees that can be obtained through the UCSF/SFSU program, the Master of Science Degree for entry level students, the Doctor of Physical Therapy (DPT) for practitioners and the Doctor of Physical Therapy Sciences (DPTSc) for faculty educators and researchers. The success of these programs has

prompted UCSF to explore another joint doctoral program in Physical Therapy, between California State University at Fresno and UCSF's well-known Fresno Medical Education program. The UCSF Fresno Medical Education Program is a model of how a UC campus can reach well beyond its own community to serve underserved areas of the state. In fact, it may be that UCSF's strength in Physical Therapy can be linked with a number of CSU campuses, not just one.

These are just a few examples of the value of combining the strengths of the UC and CSU systems. Before we dismantle a key feature of the Master Plan, I believe it is incumbent on all of us to look at all possible models of delivering Joint Doctoral degree programs – including those in fields such as audiology and physical therapy where successful joint programs already exist. We might also be wise to explore the potential for creating new models that could link one UC campus with multiple CSUs (as has been done in the Ed.D. programs). This option might be particularly attractive in the health sciences, where UC hospitals and clinics offer valuable teaching and learning opportunities.

As educators, we need to create collaborative programs that combine our strengths and make best use of joint resources. The State Legislature, CSU and UC must continue to evaluate the best methods to facilitate the development of these joint efforts. While it may take focused planning and resources at the front end, in the long run, Joint Doctoral degree programs offer enhanced educational opportunities and hence, in the health professions, the result will be more efficient educational delivery and better-trained professionals to serve California's health care needs.

UCSF and my colleagues at the other UC campuses stand ready to address issues involving the training of health professionals in areas where there are identified state needs. We look forward to working with you and our CSU colleagues in meeting those needs.

Thank you for giving me this opportunity comment. I would be pleased to answer any of your questions.