

Letters to the Editor

Nonprivate practice and veterinary education

I agree with Dr. Michael Auslander¹ that the veterinary medical degree is often ill-understood and undervalued by public and corporate organizations. His proposed Doctor of Comparative Medicine degree is an intriguing solution. However, it is unlikely that veterinary colleges could adopt this idea given current budget cuts and program downsizing, and the difficulties of shepherding a new doctoral veterinary degree through the university and state approval processes and AVMA accreditation would dismay all but the most hardy of deans.

I propose a somewhat different answer to Dr. Auslander's concerns. Many veterinary colleges in the United States and Canada offer some form of parallel, differentiated curriculum (ie, tracking), whereby students enroll in core and elective courses in designated areas of practice. Most of these tracks are clinically or species based, but a few colleges have begun to offer nonprivate practice tracks that include one-health education. It is possible that with relatively minor shifts in the veterinary curriculum, other colleges could provide their students with similar choices. First, however, the profession will have to change its thinking and appreciate that experience in clinical practice is not necessarily a prerequisite for all types of nonclinical employment.

The urgent need to elevate the standing of public and corporate education in the veterinary curriculum was clearly emphasized 25 years ago by the Pew Veterinary Education Program,² yet the colleges as a bloc have failed to act. Who, then, is accountable if the veterinary degree has become less relevant to society's present and future needs and other professions are usurping the veterinarian's role?

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1. Auslander M. Adjunct faculty and nonclinical practice (lett). *J Am Vet Med Assoc* 2012;241:1021–1022.
2. Pritchard WR. *Future directions for veterinary medicine*. Durham, NC: Pew National Veterinary Medical Education Program, Institute for Policy Science and Public Affairs, Duke University, 1988.

I read Dr. Michael Auslander's recent letter¹ on his experiences in nonclinical practice with interest and found that his experiences were similar to my own experiences of the past few years. When years of rural practice took its toll on my back, knees, shoulders, and hands, I looked into other careers in veterinary medicine and other health-related fields. I tried teaching human anatomy and physiology at a local community college but found that there was an undercurrent by the accreditation group with oversight of the program to remove professional degree holders from the teaching ranks and replace them with individuals who held master's and doctoral degrees, regardless of whether those individuals had any experience in the particular area of biology being taught. Most of my students were in the nursing program, and given that my wife held an RN degree, I felt I had some insight into what the students would need to know. Nev-

ertheless, I was passed over for promotion (even with the second highest level of review ranking, with the highest usually reserved for those approaching tenure).

I have long thought that given the trend to increasing utilization of nurse practitioners in human medicine, older, experienced veterinarians such as myself could, with a semester or two of courses in human disease and pharmacology, easily fill this niche. I have often mentioned the creation of a Doctor of Comparative Medicine degree, with the same privileges to practice human medicine that nurse practitioners have. After all, veterinarians often have decades of experience in observing and treating patients and diagnosing disease, and these would be valuable skills to apply in the human medical field. If the Affordable Care Act remains in effect, we will be faced with a shortage of primary-care physicians for the hundreds of new patients who will enter the healthcare system. Doctors of Comparative Medicine, could, within a fairly short time, help to relieve this situation.

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1. Auslander M. Adjunct faculty and nonclinical practice (lett). *J Am Vet Med Assoc* 2012;241:1021–1022.

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