

# Discussion Paper: Doctor of Nursing Practice



The concept of a practice or clinical doctorate has been under discussion within the nurse practitioner (NP) community since before 2001 when the National Organization of NP Faculties (NONPF) established a task force to examine the issues from the NP educational perspective. In October 2004, the American Association of Colleges of Nursing (AACN) published a position paper focusing on the issue of converting the terminal degree for advanced practice nursing from the Master's to the Doctor of Nursing Practice (DNP) by the year 2015. AACN convened two task forces consisting of AACN members to identify the "Essentials for the DNP", similar to the "Essentials" currently in use for NP Master's Programs, and the "DNP Road Map" to propose a process for smoothly accomplishing this goal by 2015. The American Academy of Nurse Practitioners (AANP) and the American Academy of Nurse Practitioners Certification Program participated in these activities as they have unfolded. In 2008, AANP facilitated the Nurse Practitioner Roundtable, a coalition of NP organizations, to consider the current issues surrounding the DNP movement. The coalition published "Nurse Practitioner DNP Education: Certification and Titling: A Unified Statement" in June, 2008. In July 2008, the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee published the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education*, a document which establishes a framework for the processes identified in the title and which continues to broadly define APRN at the graduate level.

The rationale for the shift in the academic preparation of nurses in advanced practice focuses on several issues, including the observation that advanced practice nursing is currently one of only a few health care disciplines that prepare their practitioners at the master's rather than the doctoral level. Most licensed independent practitioners (LIPs) such as podiatrists, psychologists, optometrists, pharmacists, osteopaths, medical doctors and dentists are prepared at the clinical doctoral level. Current master's and higher degree NP programs fully prepare NPs to be accountable for health promotion, as well as the management of patients with undifferentiated problems and those with acute, complex chronic, and/or critical illness. However, it is clear that the course work currently required in NP master's programs is equivalent to that of other clinical doctoral programs. It is important however, that the transition to clinical doctoral preparation for NPs continue to be conducted so that master's prepared NPs will not be disenfranchised in any way.

The following issues, therefore, will need to be addressed to ensure that the preparation of NPs at the clinical doctoral level further develops in a logical and equitable fashion.

1. The quality of the preparation of current master's and post-master's NP programs must not be compromised. NPs have demonstrated skills in providing high quality care to their patients regardless of gender, age or socioeconomic status. The evolution of NP programs to offer a doctorate in nursing practice does not change that fact. NPs provide safe, high quality care in all specialties and practice sites in which they are involved.
2. The transition to the new title must be handled smoothly and seamlessly, to avoid negative impact on NP practice and sound patient care, and to maintain parity.
3. Additional requirements, if any, made in the DNP programs should reflect areas where evidence supports need for increased depth to enhance NP practice.
4. Skilled clinical practice must be maintained as the foundation of all NP educational programs.

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5. Issues related to parity must be addressed, to include providing reasonable methods for currently prepared NPs to obtain the DNP, if desired, and preventing discrimination in reimbursement.

6. Programs must be developed based upon agreed upon standards and guidelines.

7. Accreditation standards must be maintained to ensure the preparation of safe, highly qualified clinicians who can be certified and recognized in the regulatory arena.

8. Programs should remain accessible and affordable to qualified applicants, in order to maintain an adequate number of highly qualified NP clinicians to contribute to the health of their communities.

The evolution of existing master's programs to practice doctorate programs can add strength to programs, to NP practice and recognition in the health care arena. The development of such programs must be conducted in a manner that allows for smooth transitioning.

AANP is dedicated to and continues to address these issues as steps are taken to implement activities that would lead to the further development of DNP NP educational programs in the future.

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