

# AMERICAN ACADEMY OF NURSE PRACTITIONERS

Incorporated 1985

Administration: PO Box 12846 · Austin, TX 78711 · 512-442-4262 · Fax: 512-442-6469 · E-mail: admin@aanp.org · Web Site: www.aanp.org  
Office of Health Policy: PO Box 40130 · Washington, DC 20016 · 202-966-6414 · Fax: 202-966-2856 · E-mail: dcoffice@aanp.org  
Journal (JAANP): PO Box 12965 · Austin, TX 78711 · 512-442-4262 · Fax: 512-442-6469 · E-mail: journal@aanp.org

July 1, 2009

Ted Epperly, M.D.  
President  
American Academy of Family Physicians  
PO Box 11210  
Shawnee Mission, KS 66207-1210

Dear Dr. Epperly:

We are writing to comment on Barbara Bein's June 24 article: "AMA Testimony Reveals Subspecialists Don't Like DNP Equivalency Claims, Either," appearing in the *News Now* section of the AAFP Web site.

The American Academy of Nurse Practitioners (AANP) would like to share our thoughts with you about the National Board of Medical Examiners (NBME) new certification examination for DNPs and about the statement made by Mary Munding, RN, DrPH who spoke to members of the AMA Council on Medical Education and who was quoted in your *News Now* section. She stated that the NBME's DNP certification exam is intended to measure an overlap in the clinical skills used in nursing and those used in medicine; we disagree with that statement. We do not support the NBME's oversight of the NP profession.

AANP is not supportive of plans for an added layer of certification for DNPs, by the National Board of Medical Examiners or any other professional body that is not directly connected to nursing. It is inappropriate for one profession to credential or regulate another. Moreover, there already exist psychometrically sound NP national certification examinations. These examinations are based on comprehensive assessments of NP practice and will be adapted to reflect future practice of the certificants.

The DNP presents a normal evolution of our discipline and is based on the reality that master's-level NP programs have already expanded to incorporate all of the necessary clinical content to the point that they are more equivalent to a doctorate than a master's degree. Certainly there is no indication that the move to the DNP is based on evidence that a significant increase in clinical content or credentialing is necessary to prepare NPs for practice.

As we wrote in a letter to you dated November 17, 2008, the DNP degree is not specific to NP practice. The DNP degree is just that – a doctoral degree; the DNP credential represents that an individual has completed this degree. It is not a clinical but an educational option available to nurse administrators, nurse midwives, nurse anesthetists, clinical nurse specialists, NPs and others. It is confusing when the DNP is linked to primary care, as many practice in various other roles. In fact, completion of this degree is not now and is not anticipated to be necessary for NPs to continue to meet the needs of the millions of patients they serve now and will continue to serve as their numbers grow.

Attached please find AANP's "Discussion Paper: Doctor of Nursing Practice." This outlines and provides rationale for AANP's support of the DNP degree and addresses the issues that are needed for DNP preparation to be developed in a logical and equitable fashion. Also included is the unified statement on DNP education, certification and titling.

We would welcome the opportunity to discuss ways our organizations can work together in the future.

Sincerely,



Diana "Dee" Swanson, MSN, NP-C, FAANP  
President



Tim Knettler, MBA  
Chief Executive Officer



Jan Towers, PhD, NP-C, CRNP, FAANP, FAAN  
Health Policy Director

# Discussion Paper: Doctor of Nursing Practice



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. To that end, two task forces consisting of members of AACN have been created to develop: 1. "Essentials for the DNP", similar to the Essentials currently in use for Nurse Practitioner (NP) Master's Programs, and 2. the "Road Map" which will propose a process for smoothly accomplishing this goal by 2015. The concept of a practice or clinical doctorate has been under discussion within the NP community since 2001 when the National Organization of NP Faculties (NONPF) established a task force to examine the issues from the NP educational perspective. The American Academy of Nurse Practitioners (AANP) and the American Academy of Nurse Practitioners Certification Program have been participants in these activities as they have unfolded.

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 disciplines that prepare licensed independent practitioners (LIPs) such as podiatrists, psychologists, optometrists, pharmacists, osteopaths, medical doctors and dentists prepare them at the clinical doctoral level. Moreover, 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 be conducted so that master's prepared NPs will not be disenfranchised or denigrated in any way.


The following issues, therefore, will need to be addressed in order for the preparation of NPs at the clinical doctoral level to be developed 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 their skills in providing high quality care to their patients regardless of gender, age or socio-economic status. The conversion of NPs programs that offer a doctorate in nursing practice should 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, so that there will not be a negative impact on NP practice and sound patient care and that parity will be maintained.
3. Additional requirements, if any, made in the DNP programs should reflect areas where increased depth has been recognized to enhance NP practice.

**Administration**  
P.O. Box 12846  
Austin, TX 78711  
p 512.442.4262  
f 512.442.6469  
www.aanp.org

**Office of Health Policy**  
P.O. Box 40130  
Washington, DC 20016  
p 202.966.6414  
f 202.966.2856

© American Academy of Nurse Practitioners, 2005  
Revised 2007

- 
- 
4. Skilled clinical practice must be maintained as the foundation of all NP educational programs.
  5. Issues related to parity, providing reasonable methods for currently prepared NPs to obtain the DNP if desired and prevention of discrimination in reimbursement, must be addressed.
  6. Programs should be developed based upon agreed upon standards and guidelines. The premature development of programs should be avoided.
  7. Accreditation standards need to 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 conversion 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 development of DNP NP educational programs in the future.

**References:**

**American Association of Colleges of Nursing (2004).** *AACN position statement on the practice doctorate in nursing.* Washington, D.C.: Author.

**American Association of Colleges of Nursing (2006).** *The Essentials of Doctoral Education for Advanced Practice Nurses.* Retrieved December 2006 from <http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf>.

**American Association of Colleges of Nursing (2006).** *DNP Roadmap Task Force Report.* Retrieved December 2006 from <http://www.aacn.nche.edu/DNP/pdf/DNProadmapreport.pdf>.

**NONPF (2006).** *Practice doctorate nurse practitioner entry-level competencies.* Retrieved December 2006 from <http://nonpf.com/NONPF2005/PracticeDoctorateResourceCenter/CompetencyDraftFinalApril2006.pdf>



American Academy of Nurse Practitioners  
American College of Nurse Practitioners  
Association of Faculties of Pediatric Nurse Practitioners  
National Association of Nurse Practitioners in Women's Health  
National Association of Pediatric Nurse Practitioners  
National Conference of Gerontological Nurse Practitioners  
National Organization of Nurse Practitioner Faculties

## **NURSE PRACTITIONER DNP EDUCATION, CERTIFICATION AND TITLING: A UNIFIED STATEMENT**

### **DNP (Doctor of Nursing Practice)**

1. Nurse practitioner education prepares graduates to provide safe, high quality, cost-effective, coordinated, and comprehensive clinical care grounded in evidence-based practice. Strategies of care include advocacy for individuals and groups, decision making related to personal health, mobilization of resources, therapeutics (pharmacologic/nonpharmacologic), health education and counseling, coordination of services, and evaluation of treatment outcomes.
2. Nurse practitioner education builds on the strong disciplinary foundations of the sciences, as well as the art and science of nursing, which includes health promotion, disease prevention and the diagnosis and management of acute and chronic illness.
3. Nurse practitioners use knowledge across disciplines to determine the current best evidence to provide quality primary and specialty care services to clients.
4. Current master's and higher degree nurse practitioner programs prepare fully accountable clinicians to provide care to well individuals, patients with undifferentiated symptoms, and those with acute, complex chronic and/or critical illnesses. The DNP degree more accurately reflects current clinical competencies and includes preparation for the changing health care system. It is congruent with the intense rigorous education for nurse practitioners. This evolution is comparable to the clinical doctoral preparation for other health care professions.
5. While all health care professions draw on shared knowledge and learning opportunities, nurse practitioners have a distinct body of knowledge and unique competencies.

### **Certification**

1. Certification is a method by which professional knowledge and skills are evaluated through rigorous and psychometrically sound examination processes.

2. Certification examinations for nurse practitioners are based upon sound scientific principles of advanced nursing practice and knowledge. These examinations are developed from the discipline of nursing and do not draw from another discipline's examination or examination mechanism.
3. Accredited, psychometrically sound nurse practitioner certification examinations are currently used to evaluate competency within a specified population focus.
4. Psychometrically sound examinations are based on role delineation studies conducted on a regular basis to determine the test blueprint for a given professional discipline.
5. Through the utilization of appropriate psychometric processes, current certification examinations will evolve with changes in the nurse practitioner body of knowledge and practice.
6. PhD, DNSc, DNP, MSN are credentials that represent academic degrees earned by individuals when they successfully complete the requisite course of study. An academic degree is not a role. Certification examinations test the competencies of the role and not the degree. It is not appropriate to attempt to validate an academic degree with a certification examination. Any certification examination at the degree level would be too broad to determine the knowledge and skills that are applicable to the roles or specialties associated with the roles
7. The seamless transition from the masters to doctoral preparation for nurse practitioner practice does not require additional testing beyond nurse practitioner certification to measure competency to practice.

### **Utilization of the Title “Doctor” by Nurse Practitioners**

1. The title “Doctor” represents an academic credential, and is not limited to professional programs. Graduate educational programs in colleges and universities in the United States confer academic degrees, which permit graduates to be called “doctor”. No one discipline owns the title “doctor”.
2. In the health care field, the term doctor is not limited to medical doctors. Other health care professions use their academic title: e.g. Doctor of Osteopathy, Doctor of Pharmacy, Doctor of Podiatry, Doctor of Psychology, Doctor of Physical Therapy and others.
3. While the titles “Medical Doctor” or “Doctor of Osteopathy” may be title protected by statute in a given state, the term “doctor” alone is not.
4. Recognition of the title, “Doctor”, for doctorally prepared nurse practitioners facilitates parity within the health care system.

© June 18, 2008 Nurse Practitioner Roundtable  
This document may be reproduced freely in its entirety with attribution.

Preferred citation format is: Nurse Practitioner Roundtable (June, 2008). *Nurse Practitioner DNP Education, Certification and Titling: A Unified Statement*. Washington, DC: Author

The Nurse Practitioner Roundtable is a coalition of nurse practitioner organizations formed to collaborate, unify, and address issues of importance to nurse practitioners. The Nurse Practitioner Roundtable is currently composed of the organizations listed above.