



NAPNAP 20 Brace Road, Suite 200, Cherry Hill, NJ 08034-2634 Phone: 856/857-9700 Fax: 856/857-1600 www.napnap.org

NAPNAP Position Statement on the Doctorate of Nursing Practice (DNP)

The National Association of Pediatric Nurse Practitioners (NAPNAP) has consistently led the way in advancing the role of the Pediatric Nurse Practitioner (PNP) by advocating quality education. Master's prepared PNPs are vitally important to the maintenance of the health and welfare of our nation's children. In looking to the future, and responding to the call by the Institute of Medicine (2003) and the Pew Health Professions Commission (1995), NAPNAP agrees with the response of nursing in the development of the doctorate in nursing practice (DNP) as the appropriate credential and level of education for advanced practice nursing. Nurse practitioner (NP) education is at a critical juncture as the need for increased content, growing disparities in health care delivery and access, and stakeholder expectations contribute to a challenge in NP education. The American Association of Colleges of Nursing (AACN) (2004), outlined multiple factors contributing to the need for doctoral level education for advanced practice nursing professionals, such as a need for improved patient care outcomes, an expansion of scientific knowledge, and the increased complexity of health care systems. The DNP movement received further support, when the National Research Council of the National Academy of Sciences (2005) issued a report that called for a distinction between "the educational needs and goals of nursing as a practice profession that require practitioners with clinical expertise from nursing as an academic discipline and science that requires independent researchers and scientists to build the body of knowledge..." (National Research Council of the National Academies, 2005, p. 74). For the DNP graduate, the American Association of Colleges of Nursing (2006a) has delineated specific curricular elements and measurable outcome competencies, including scientific underpinnings which translate evidence into practice, organizational and nursing systems leadership, clinical scholarship and evidence-based advanced nursing practice, information technology, health policy development and implementation and interprofessional collaboration for improving patient and population health outcomes.

Education is the foundation to ensure that PNPs are prepared with the specialized knowledge, skills and experience to deliver optimal patient care and to be a leader in the health care environment. The complexity of health care systems requires PNPs to be fluent in the language and practice of leadership, management and health policy in order to successfully collaborate in patient care and advocacy. NAPNAP supports doctoral education that encompasses technological advances, informatics, evidence-based practice, systems approaches to quality improvement, independent practice and health care business models that provide the essential foundation for practice.

NAPNAP supports the AACN *Position Statement on the Practice Doctorate in Nursing* (2004), which states that the current level of preparation necessary for advanced nursing practice move from the master's degree to the doctorate level (DNP). NAPNAP believes that DNP education for PNPs should be based on the AACN's *Essentials of Doctoral Education for Advanced*

Nursing Practice (2006b) and the National Organization of Nurse Practitioner Faculties' (NONPF) *Practice Doctorate Nurse Practitioner Entry-Level Competencies* (2006). The AACN DNP Essentials (2006b) and the NONPF DNP Competencies (2006) build on the content and competencies in the master's programs for PNPs.

Some of the challenges of implementing the DNP are that the educational program may take longer, there may be additional cost, there is no guarantee of a salary difference, and there may be variability in the transition phase.

NAPNAP believes that:

- The changing demands of the nation's complex health care environment require that PNPs have the highest level of scientific knowledge and practice expertise possible.
- The DNP is a future oriented goal for PNP practice entry.
- The DNP is the terminal degree for professional practice representing the highest level of clinical competence.
- The DNP graduate is prepared to be an expert clinical practitioner and faculty member.
- The DNP will incorporate the scope of practice as outlined in the *Pediatric Nursing: Scope & Standards of Practice* document (NAPNAP & SPN, in press).
- Masters prepared PNPs will continue to be valued.
- Those who choose to acquire the DNP may do so over time; articulation programs should be provided.
- It is not necessary for all Masters prepared PNPs to acquire a DNP.
- It is important to monitor the practice doctorate and its impact on practice, education, regulation and certification.

In conclusion, increasingly complex health care systems require PNPs who have the highest level of educational preparation that includes leadership, health policy, evidence-based practice and clinical content in order to be active participants in improving health care systems. The health system requires PNPs who can be expert clinicians in a variety of settings and leaders in health care. The practice doctorate prepares PNPs to provide leadership in coordination of care and improvement of methods of health care delivery for children and complements the research-focused nursing doctorates (i.e. PhD, DNSc).

References

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

American Association of Colleges of Nursing (2006a). Doctorate of Nursing Practice (DNP) Talking Points. Retrieved July 5, 2007 from <http://www.aacn.nche.edu/DNP/talkingpoints.htm>.

American Association of Colleges of Nursing (2006b). The essentials of the doctoral education for advanced nursing practice. Retrieved July 5, 2007 from <http://www.aacn.nche.edu/DNP/pdf/Essentials.pdf>.

Finocchio, L. J., Dower, C. M., McMahon, T., Gragnola, C. M., & the Taskforce on Health Care Workforce Regulation. (1995, December). *Reforming health care workforce regulation: policy considerations for the 21st century*. San Francisco, CA: Pew Health Professions Commission.

Institute of Medicine. (2003). *Health professions education: A Bridge to Quality* Ann C. Greiner and Elisa Knebel, eds. Washington, DC: National Academies Press.

National Association of Pediatric Nurse Practitioners and Society of Pediatric Nurses. (in press). *Pediatric Nursing: Scope and Standards of Practice*. Silver Spring, MD: American Nurses Association.

National Research Council of the National Academies. (2005). *Advancing the Nation's health needs*. Washington, DC: National Academies Press.

National Organization of Nurse Practitioner Faculties (NONPF). (2006). Practice doctorate nurse practitioner entry-level competencies. Retrieved July 5, 2007 from <http://www.nonpf.org/NONPF2005/PracticeDoctorateResourceCenter/CompetencyDraftFinalApril2006.pdf>.

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DNP Position Statement Work Group

Arlene Sperhac, PhD, CPNP, FAAN, Certification Chair

Faith Claman, DNP, RN, CPNP, WHNP

Patricia Clinton, PhD, RN, CPNP, FAANP

Kathleen Falkenstein, PhD, CPNP

Judy Honig, EdD, DrNP, CPNP

Carol Savrin, CPNP, FNP-BC

Jo Ann Serota, MSN, RN, CPNP

Renee McLeod, DNSC, APRN, BC, CPNP-PC

Heather Keesing, MSN, RN, APRN (Staff)

DNP Position Statement Reviewers

Michelle A. Beauchesne, DNSc, RN, CPNP

Donna Miles Curry, PhD, RN

Jennifer D'Auria, PhD, CPNP
Andra M. Hanlon, PhD, ARNP, CPNP
Amy J. Howells, RN, CPNP
Jean B. Ivey, DSN, CPNP
Dawn Lee Garzon, PhD, APRN, BC, CPNP
Helen Lerner, RN, EdD CPNP
Dottie Needham, APRN, DNS
James P. Ronan, PhD, MN, PNP

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