

Q and A on the DNP Position Statement

Why did the Board wait until now to publish a position on the DNP?

The NACNS Board passed a position related to the DNP in 2005. This position was one of neutrality, based on limited information as to the impact of the DNP as a practice degree for the CNS. The NACNS Board appointed a task force in 2015 and asked them to evaluate the DNP as a required degree for CNS entry-into practice based on the information and analysis available at this point in time. This analysis resulted in the current position statement.

Why was 2030 selected as the date for implementation of the DNP as the entry-level degree for the CNS?

The NACNS Board elected to provide a 15 year transition to the DNP as entry-level for the CNS. The NACNS Board believes that this timeline allows schools, universities and individuals to plan for implementation of the DNP as entry level for CNS practice.

What about those individuals that currently have a master's degree?

Individuals currently in practice with a master's degree as a clinical nurse specialist should be considered eligible to practice as long as they comply with the regulatory requirements of their state. NACNS strongly supports grandfathering for these individuals when the 2030 implementation date is reached. The NACNS Board believes that no individual should be disenfranchised by this change to DNP as entry-level for CNS practice in 2030.

Why do you specify the DNP as the required degree and not the PhD?

The NACNS Board differentiates between the DNP as a terminal degree for practice and the PhD a terminal degree that is focused on nursing research. The nursing profession needs nurses prepared with both types of degrees with their respective different skill sets and encourages CNSs to critically identify which professional track is most interesting to them.

How will the DNP assist the CNS in achieving specialty practice?

Specialty practice is integral to the CNS role as an APRN. The APRN Consensus Model for Regulation, Licensure, Accreditation, Certification, and Education (2008) (APRN Consensus Model) requirements for licensure states that a CNS must be educated for a population focus and pass a certification exam that assesses that knowledge of a population. The populations identified in the APRN Consensus Model includes: Adult/Gerontology, Family/Individual Across of the Lifespan, Neonatal, Pediatric, Women's Health/Gender Specific and Psych/Mental Health.

A CNS program at the DNP level can focus on the core competencies needed for a CNS to achieve certification in one of these populations. The DNP program can then utilize the additional clinical and didactic hours to allow an individual to gain in-depth knowledge of their specialty. Ideally, upon graduation the CNS DNP student should be prepared to meet the requirements for certification in a population and then seek certification within their specialty if available.