

Position Statement on the Doctor of Nursing Practice

July 2015

Full Statement:

The National Association of Clinical Nurse Specialists (NACNS) endorses the Doctor of Nursing Practice (DNP) degree as entry into practice for Clinical Nurse Specialists (CNSs) by 2030. While NACNS has consistently supported both masters and DNP preparation for entry into the CNS role, considering the complex needs of patients and the future direction of nursing practice, we believe that DNP preparation for practice in the CNS role will better position the CNS to meet the demands of an evolving healthcare system. Consistent with the strategic recommendations proposed to facilitate health care transformation, NACNS believes it is imperative to increase the number of doctorally-prepared Advanced Practice Registered Nurses (APRNs), which will increase the number of doctorally prepared nurses overall (IOM Future of Nursing, 2010; Educating Nurses: A Call for Radical Transformation, 2009). As a result, NACNS endorses the DNP degree as an important opportunity for CNS education and supports the need to increase doctoral preparation for nursing practice (IOM, 2010).

Over the past decade since the American Association of Colleges of Nursing (AACN) recommended a transition to the DNP degree as the level of entry into APRN practice, NACNS has carefully considered the opportunities, impact, and influences of the DNP degree. NACNS responded to the AACN endorsement of the DNP degree with the White Paper on the Nursing Practice Doctorate (2005). In 2010, NACNS re-examined the DNP degree at the request of its members and affirmed a “position of neutrality” (NACNS, 2010) along with a commitment to continue its examination of the DNP degree specific to trends in CNS education and practice. These organizational positions have been consistent with NACNS’ definition of CNSs as “licensed registered professional nurses with graduate preparation (master’s or doctorate) from a

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program that prepares CNSs” (NACNS Statement on Practice and Education, 2004, p. 12).

Through this ongoing examination, NACNS now endorses the DNP for educational preparation of individuals seeking to enter CNS practice.

NACNS concurs with the IOM Report (2010, S 6) assertion that seamless transitions to higher degree programs are essential. NACNS recognizes that there are two routes for completing a clinical doctorate in nursing: post-baccalaureate (i.e., post-BSN) and post-masters. Post-BSN programs must use validated CNS competencies and education standards to guide the curriculum and ensure that graduates are prepared to practice in the CNS role. NACNS has developed and published nationally vetted CNS competencies (Core Competencies, 2010). In addition, graduate programs must use the Criteria for the Evaluation of Clinical Nurse Specialist Master’s, Practice Doctorate, and Post-Graduate Certificate Educational Programs (2012) for guidance during CNS education program evaluation and/or development. Completion of the CNS specialty didactic and clinical courses in a population of interest, along with completion of the DNP role/practicum hours will enable graduates to meet or exceed the 1,000 clinical hour requirement and to sit for national certification. Post-MSN students who hold current advanced practice certification with verified specialty clinical hours will be required to complete the DNP role/practicum to meet the DNP Essentials competencies and the remaining clinical hour requirement.

While NACNS supports the DNP as the appropriate degree for future clinical practice as a CNS, the organization supports the right of CNSs who pursued other graduate education to retain their ability to practice within the CNS role without having to obtain the DNP for future practice as an APRN after 2030.

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.

References

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