

Implementation of Doctor of Nursing Practice Programs

A Briefing Paper Provided to the
Board of Governors
State University System of Florida

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Office of Academic and Student Affairs

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INTRODUCTION

The Board of Governors is being asked to provide staff and the universities with guidance on the approval of Doctor of Nursing Practice (DNP) for state university graduate nursing programs leading to Advanced Registered Nurse Practitioner (ARNP) licensing. Currently the ARNP programs are offered at the Master of Science in Nursing (MSN) level. Approval of a specific degree in the State University System occurs at the six digit CIP Code level. Currently all MSN programs are approved under a different CIP Code than the existing research doctorates, and the intent of the DNP is to elevate many of these MSN programs to the practice doctorate level. For this reason, it would be technically inappropriate to assume that current approval of a research doctorate extends to the creation of a practice doctorate for a program currently approved under a different code. However, those universities that have research doctorates in nursing will have in place most of the resources needed to implement a practice doctorate.

The American Association of Colleges of Nursing (AACN) has issued a position statement in support of elevating advanced practice nursing programs from the MSN to the DNP and further projects that the DNP will become the only degree recognized nationally for advanced practice nursing by 2015. The AACN does not appear to be in a strong position to advance this goal, due in part to the existence of two accrediting agencies for nursing education, and in part to the individual state nursing boards having the authority to determine eligibility to sit for the national licensure exams. Chief among the concerns expressed by stakeholders in the healthcare and nursing education communities is the impact that implementing the DNP might have on existing MSN programs, which provide most of the advanced clinical nursing workforce and community college nursing program instructors. Because of these concerns, the BOG might decide that universities implementing a DNP should not phase out their MSN programs without BOG approval. This guarantee would be in direct contrast to current policy that invests the university boards with authority to approve and terminate master's level degree programs.

Three options for BOG action are listed below, and explained in more detail beginning on page eight.

- Prohibit the implementation of any DNP programs in the state universities.
- Require each university desiring to implement a DNP to submit a complete proposal for staff review, and subsequent consideration by the BOG.
- Allow those universities that already have nursing doctorates to implement the DNP under the MSN CIP Code (51.1601) with the approval of their Board of Trustees, pending satisfactory review by BOG staff that all BOG criteria have been met.

BACKGROUND INFORMATION

The Doctor of Nursing Practice (DNP) is designed to prepare advanced practice nurse clinicians and nursing clinical faculty. The DNP is not designed to be a research doctorate. At least three state universities (UF, USF, and FIU) are planning to implement a DNP for their nursing programs leading to Advanced Registered Nurse Practitioner (ARNP) licensing, and interest has also been expressed by UCF. All four of these universities have Ph.D. programs in Nursing that are primarily focused on research. Because they have existing doctoral programs in nursing,

these universities can implement the DNP with minimal new or reallocated funding. Currently the ARNP programs are offered at the Master of Science in Nursing (MSN) level in the State University System (SUS). Employment opportunities for DNP graduates are expected to be exceptional, as they now are for MSN graduates.

The American Association of Colleges of Nursing (AACN) has issued a position statement in support of elevating advanced practice nursing programs from the MSN to the DNP and further projects that the DNP will become the only degree recognized nationally for advanced practice nursing by 2015. As justification, the AACN cites the increased educational requirements that have expanded most advanced practitioner MSN programs up to 60 credit hours (three years), the trend towards doctorate level education in allied health programs (Pharmacy, Audiology, Physical Therapy, etc.), and the need for a terminal degree as an alternative to the Ph.D. for practicing nurses so that they may be better prepared to assume faculty positions (an effort at expanding the potential faculty pool). Although the AACN statement does not directly call for the elimination of MSN programs, some universities have interpreted it in that way and have developed a plan for phasing out their master's programs.

The Commission on Collegiate Nursing Education (CCNE), which is an autonomous accrediting body of the AACN, will accredit the DNP. The National League for Nursing Accrediting Commission, Inc. (NLNAC) has issued a statement that "As advanced practice nursing moves in new directions, NLNAC will accredit the nursing practice doctorates, whatever their title. We believe that the interests of nursing and health care are best served by focusing on competencies and curriculum content, rather than degree title, and learning outcomes rather than specific curriculum mandates." Although NLNAC has already begun to develop Guidelines for the accreditation of practice doctorate programs, their position statement stops short of endorsing the DNP as the only advanced practice degree for nursing. NLNAC is the larger of the two nursing education accrediting bodies, accrediting programs from the licensed practical nurse level to the doctorate level. The CCNE accredits bachelor's and graduate nursing programs. Three of the 10 state university nursing programs are accredited only by CCNE, three are accredited only by NLNAC, and four are accredited by both CCNE and NLNAC.

POLICY IMPLICATIONS

Research into the approval of DNP programs in other states has not revealed any comprehensive discussion of state level policy implications for implementing such programs. Many of the institutions identified as having implemented the DNP have in fact implemented DrNP programs with some requirement for advanced research.

There are proponents and opponents with regard to implementing the DNP. While the AACN has been very aggressive in its promotion of the DNP as the model for practice doctorates in nursing, some academic scholars and professional associations have questioned whether it is the appropriate direction for nursing education. In addition, some question the AACN assertion that there is wide support for the DNP, noting that there was incomplete representation in October of 2004 when the AACN asked its Nursing Deans to vote on the degree. With a membership of

over 500 deans, only 266 were at the meeting and of that number the vote was split 160 in favor to 106 opposed.

In addition, the AACN does not appear to be in a strong position to advance its goal of the DNP becoming the only degree recognized nationally for advanced practice nursing by 2015. This is due in part to the existence of two accrediting agencies for nursing education, and in part to the individual state nursing boards having the authority to determine eligibility to sit for the national licensure exams. This situation is unlike the accreditation driven movement towards the Doctor of Physical Therapy (DPT). The Commission on Accreditation in Physical Therapy Education (CAPTE) is the only recognized accrediting agency for Physical Therapy, and individuals must graduate from a CAPTE accredited program to sit for the national exam. At the point in time when the preponderance of physical therapy programs are offered at the doctorate level, the DPT will become the only entry-level program accredited by CAPTE. A similar situation existed for pharmacy and audiology, and also exists for occupational therapy which has recently moved from the baccalaureate to the Master of Occupational Therapy.

Arguments for the DNP include:

- Development of needed advanced competencies for increasingly complex clinical, faculty and leadership roles;
- Enhanced knowledge to improve nursing practice and patient outcomes;
- Enhanced leadership skills to strengthen practice and health care delivery;
- A better match of program requirements, credits and time with the credential earned;
- Provision of an advanced educational credential for those who require advanced practice knowledge but do not need or want a strong research focus (e.g., clinical faculty);
- Parity with other health professions, most of which have a doctorate as the credential required for practice;
- Enhanced ability to attract individuals to nursing from non-nursing backgrounds;
- Increased supply of faculty for clinical instruction; and
- An improved image of nursing (AACN, Position Statement on the Practice Doctorate, October, 2004).

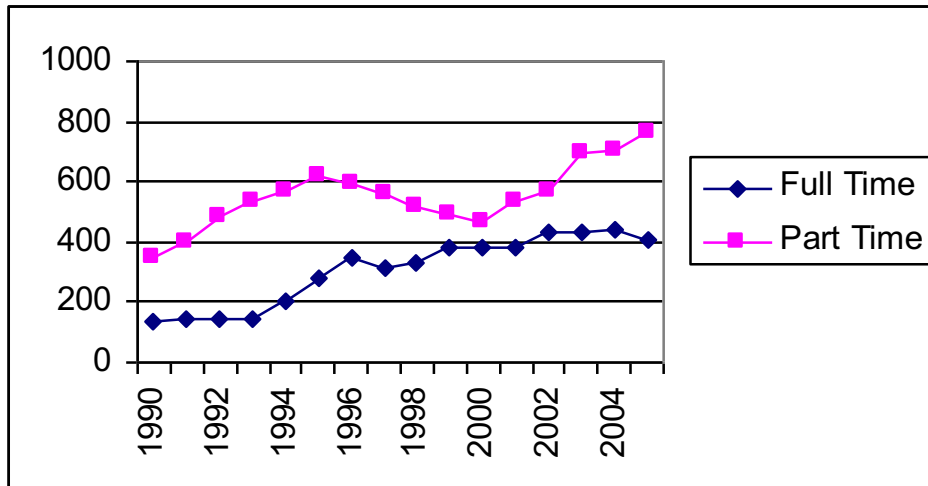
Concerns expressed about the DNP include:

- May draw enrollments and institutional resources away from research doctorates at a time when there is a growing shortage in Ph.D. prepared nursing scientists/faculty;
- May be seen in the marketplace as inferior to the Ph.D. because it does not have the research focus;
- May not adequately prepare recipients for careers as nursing scientists/faculty;
- No evidence exists that a practice doctorate in nursing will actually improve healthcare beyond what could be accomplished with MSN programs;
- Could lead to fewer institutions offering ARNP programs because they will not be allowed to implement a doctorate;
- Regulation of ARNP varies from state to state and the DNP might require changes to Scope of Practice in state statutes;

- DNP is self-serving of the interests of nurses seeking parity with other health professions;
- Could lead to fewer MSN graduates as universities move to the DNP.

Enrollment patterns for state university MSN programs since 1990 reveal that most students are part-time (65 % in 2005). Chart 1 indicates that part-time enrollment is historically the norm for MSN programs. This pattern occurs primarily because the labor market is strong for BSN graduates, so they choose to enter the workforce before they enroll in graduate programs. Typically, a part-time student will take twice as long to complete a degree as the full-time student, which can stretch a MSN program out to four or more years. There is some concern that if the DNP becomes the only graduate option, many working nurses will not choose to enroll in graduate studies because they would be looking at a six-year commitment.

CHART 1: History of SUS Nursing MSN Enrollments (Grad I in the Data File)

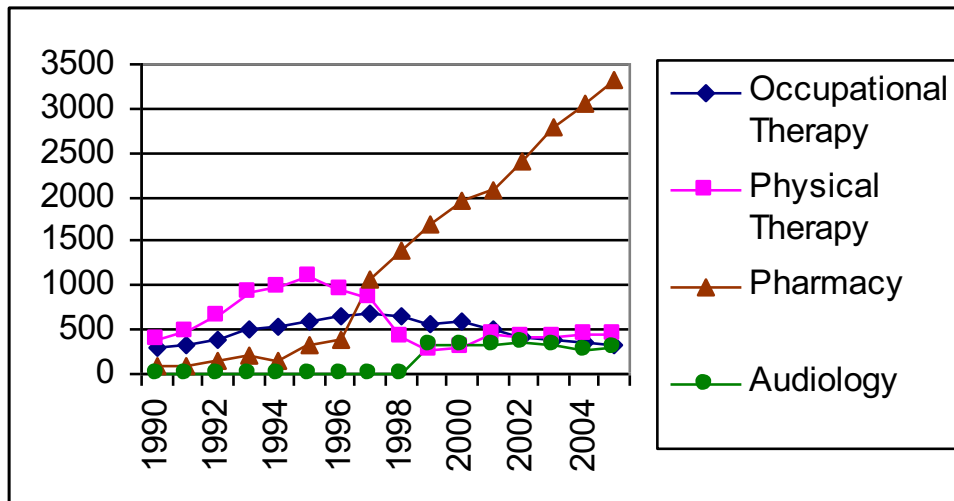


SOURCE: Online Interactive Enrollment Tool, Florida Board of Governor’s Website

Another concern is that enrollments could decline if the DNP becomes the standard for entry into ARNP programs. While it is difficult to predict with any certainty what will happen, the history of enrollments in other SUS allied healthcare programs as they moved up in education credential is worth considering. Physical therapy moved from a baccalaureate to master’s level in 1997, and has since began to move to the doctorate level (UF and USF). Occupational therapy began to move from the baccalaureate level to master’s level in 2000. Pharmacy and audiology also made the move from the baccalaureate to professional doctorate.

As can be seen in Chart 2, SUS enrollments in physical therapy and occupational therapy decreased as they transitioned to a higher level program. Audiology has decreased only slightly, while pharmacy enrollments have increased dramatically. Some of the increase in pharmacy enrollments is likely due to practicing pharmacists returning for their doctorate, once it became the standard credential for the industry. Changes in workforce demand could also be responsible for some of the decline in physical therapy and occupational therapy enrollments.

CHART 2: History of SUS Enrollments in Other Allied Healthcare Programs



SOURCE: Online Interactive Enrollment Tool, Florida Board of Governor's Website

Florida Hospital Association Position on DNP

Discussions with the Florida Hospital Association staff have revealed that the organization would support the implementation of DNP programs, but would not support the termination of existing MSN programs. A formal statement has been requested, but cannot be made available until after the Association board meets in late March.

Florida Center of Nursing Position on DNP

Discussions with the Director for the Florida Center for Nursing revealed support for the DNP as a strategy to increase the number of clinical faculty available in Florida, but concern about the impact that termination of any MSN programs would have on non-ARNP nursing specialties such as Nursing Educator and Clinical Nurse Leader.

Florida Community College Nursing Programs Comments on DNP

Excerpts from comments by community college administrators include: "Graduate level nursing education programs should focus on cultivating more nurses to pursue the master's degree. This is where the greatest need exists as evidenced by 7 faculty vacancies that remained unfilled at FCCJ for 2 consecutive years. -- There are many individuals who might not pursue graduate school due to time and cost constraints if the doctorate is the only option. By limiting the availability of the masters in nursing options, the SUS ... could have a negative effect on the Florida community college nursing programs. -- Florida ADN programs are required by the BON [Board of Nursing] to have a specific percentage of MSN faculty and by the NLNAC (accreditation) to have all faculty master's prepared. Any decrease in the availability of masters prepared nurses would severely restrict an already tight supply of potential faculty. Most of the FL ADN programs already struggle to fill vacancies due to a shortage of MSNs. The impact of less masters prepared nurses would therefore further limit the associate degree nursing programs and eventually necessitate a decreased nursing student enrollment."

POTENTIAL POLICY OPTIONS

The Classification of Instructional Programs (CIP) Code is a national typology for education programs that is used for the purpose of collecting and reporting data on similar programs. The CIP Code typology differentiates between nursing programs leading to licensure and practice, and those that are predominately research programs. At the time the SUS adopted the 2000 CIP codes for the Degree Program Inventory, it was agreed that the BSN and MSN programs would fall under 51.1601, Nursing/Registered Nurse, and all of the research doctoral programs would be placed under CIP 51.1608, Nursing Science. Unique CIP Codes exist for most of the ARNP discipline areas (Nurse Anesthetists, Nurse Midwifery, Family Nurse Practitioner, etc.), but the SUS has not chosen to use them up to this point in time.

Since the approval of a specific degree occurs at the six digit CIP Code level and the intent of the DNP is to elevate MSN programs which currently operate under CIP 51.1601, it would not be appropriate for university and Board of Governors (BOG) staff to assume that approval of a research doctorate under CIP 51.1608 extends to the creation of a DNP under CIP 51.1601 or any other nursing CIP Code. For this reason the BOG is being asked to provide guidance on the implementation of the Doctor of Nursing Practice.

Three options for the implementation of Doctor of Nursing Practice programs at state universities are identified below. Because of concerns expressed by stakeholders in the healthcare and nursing education communities, the BOG might decide that each of these options should contain some guarantee that universities will not be phasing out their MSN programs without BOG approval. This guarantee would be in direct contrast to current policy that invests the university boards with authority to approve and terminate master's level degree programs.

Option One would be for the BOG to prohibit the implementation of any DNP programs in the state universities. A rationale for doing this would be that there is no clear evidence that the DNP will actually become the expected credential for ARNP by 2015, as projected by the AACN. Unlike the CAPTE movement towards requiring the Doctor of Physical Therapy for professional licensure, the AACN is one of two nursing accrediting bodies and does not control who can sit for the national licensure exam. For this reason they will have more difficulty in setting a national standard for nursing education. However, it can be argued convincingly that it is in the best interest of healthcare in general and nursing education in particular for there to be a practice doctorate readily available to working nurses.

Option Two would be to require each university desiring to implement a DNP to submit a complete proposal for staff review, and subsequent consideration by the BOG. Along with responding to the existing BOG new program approval criteria, the BOG could limit the DNP to ARNP programs and each university could be asked to address how it would maintain its existing MSN programs that do not lead to advanced practitioner licensing.

Option Three would be to allow those universities that already have nursing doctorates to implement the DNP under CIP Code 51.1601 with the approval of their Board of Trustees, pending satisfactory review by BOG staff that all BOG criteria have been met. Along with responding to the existing BOG new program approval criteria, the BOG could limit the DNP to

ARNP programs and each university could be asked to address how it would maintain its existing MSN programs that do not lead to advanced practitioner licensing. Universities currently without authority to offer a doctorate in nursing would have to submit a complete proposal for staff review, and consideration by the BOG. The rationale for this option is that universities who already offer a doctorate in nursing will have the faculty and other resources in place to support the DNP, while for the others it would be their first doctorate in nursing.

Option three would also fast-track approval and implementation of the DNP programs, as there would be no need for the Board of Governors to debate each program. Staff would report out to Board when a DNP program is implemented and would also track enrollments in the MSN programs to ensure there are no negative impacts as the DNP programs mature. To better capture the impact of the DNP on nursing program enrollments, it might also be advisable to approve them under discreet CIP Codes available for ARNP programs.

PRIMARY RESOURCES

American Association of Colleges of Nursing Internet Website, Position Statement on the Practice Doctorate in Nursing *October 2004*

<http://www.aacn.nche.edu/index.htm>

Commission on Collegiate Nursing Education (CCNE) Internet Website

<http://www.aacn.nche.edu/accreditation/index.htm>

National League for Nursing Accrediting Commission (NLNAC) Internet Website

<http://www.nlnac.org/home.htm>

American Association of Nurses, Nursing World, Online Journal of Issues in Nursing, *The Doctor of Nursing Practice (DNP): Need for More Dialogue*,

<http://www.nursingworld.org/ojin/topic28/tpc28toc.htm>

- Reflections on the DNP and an Alternate Practice Doctorate Model: The Drexel DrNP
H. Michael Dreher, DNSc, RN
Gloria F. Donnelly, PhD, RN, FAAN
Rita C. Naremore, PhD (December 12, 2005)
- The Practice Doctorate in Nursing: An Idea Whose Time Has Come
Elizabeth R. Lenz, PhD, RN, FAAN (September 30, 2005)
- The Case Against the DNP: History, Timing, Substance, and Marginalization
Afaf I. Meleis, PhD, DrPS (hon), FAAN
Kathleen Dracup, FNP, DNSc, FAAN (September 30, 2005)
- The Need for Some Sense Making: Doctor of Nursing Practice
Janet S. Fulton, PhD, RN
Brenda L. Lyon, DNS, RN (September 30, 2005)
- Moving Forward Together: The Practice Doctorate in Nursing
Ann L. O'Sullivan, PhD, CRNP, CPNP, FAAN
Michael Carter, DNSc, RN, FAAN
Lucy Marion, PhD, APRN, FAAN
Joanne Pohl, PhD, APRN, BC, FAAN
Kathryn E. Werner, MPA (September 30, 2005)

National Council of State Boards of Nursing Internet Website

<http://www.ncsbn.org/>

State University System of Florida Facts and Figures Internet Website

<http://www.fldcu.org/borpubs/>