Nurse practitioner (NP) education is at a critical juncture. The need for increased clinical content, shifting demographic changes, growing disparities in health care delivery and access, and amplified stakeholder expectations contribute to a crisis in NP education. For these reasons, it becomes more difficult to provide the quality education within traditional NP programs necessary to graduate competent practitioners. The development of core and specialty competencies has been a significant initiative for affirming the need for this quality education, but it also requires programs to reevaluate their curricula and make the necessary adjustments. Programs today far exceed most required academic credits for a master’s degree. Continuing to add courses to existing programs in order to bridge the knowledge gap only serves to increase the burden and undervalue the degree. For many nursing leaders, the remedy lies in the development of a different model for educating NPs more in line with other professional disciplines; that is, the practice doctorate. The practice doctorate would be viewed as the terminal professional degree representing the highest level of clinical competence. The focus is on direct practice, leadership, and health care policy and offers nursing an exciting opportunity to meet the demands for expert clinical teachers and clinicians. The National Organization of Nurse Practitioner Faculties (NONPF), the American Association of Colleges of Nursing (AACN), and other professional organizations in partnership with academic institutions support the development of and are committed to providing the leadership necessary to ensure quality educational outcomes (Marion et al., 2003).

HISTORY

The first practice-focused doctoral degree originated at Case Western Re-

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serve University in 1979. Since that time, other practice doctorate programs have admitted students at varied levels, from entry into nursing to post-master’s students. These programs emerged with a variety of program titles, such as ND, DNP, DrNP, DNS, and DNsC. Currently there are practice doctorate programs that focus only on advanced clinical practice or programs that admit only advanced practice nurses and focus on clinical leadership. Hence there are a variety of admission requirements, program focal points, and degree titles.

A renewed interest began when Mundinger et al. (2000) proposed the practice doctorate at Columbia in response to findings from her research related to assuring quality and access to care by NPs. Formal discussions among varied organizations of the practice doctorate were initiated at the AACN Doctoral Conference in January 2001, which was followed by a landmark Tele-web conference with NONPF and AACN in February 2003. In December 2003, a National Forum on the Practice Doctorate was held in Washington, D.C.; representatives from 25 national nursing organizations and 16 academic health centers attended (see the Box for a list of participating organizations & institutions). The Forum addressed the benefits, challenges, and considerations for education, practice, regulation, certification, and accreditation. The purposeful collaboration of numerous professional organizations and academic institutions signals a united effort among nursing leadership for the development and implementation of the practice doctorate.

The practice doctorate is an alternative to the traditional PhD and is an important degree for faculty interested in teaching clinical skills and professional development (Fitzpatrick, 2003). A relatively small number of these programs continue to educate nurses for advanced practice, yet doctorally prepared NPs account for less than 4% of all NPs. Increasing demand for NP services has created the need for more faculty and for expanding the scope of practice as well as meeting the changing needs of the health care delivery system in a more systematic way.

**BENEFITS**

Much of the national dialogue about the practice doctorate has focused on the benefits and need for a practice doctorate. The practice doctorate in nursing can make significant contributions to the way in which NP practice affects the health care delivery system. NPs continue to expand their role and scope of practice in response to the changes occurring within the health care system. This, in itself, speaks to the need for further education. Many of the advantages of implementing the practice degree are related to the current educational model and the practice profile of new graduates. Expectations of NPs encompass all aspects of the APN role, including researcher and administrator (Sperhac & Strodtbeck, 2001). The additional critical content, designed to provide a broader and more in-depth theoretical base, includes leadership, financial concepts, resource management, organizational analysis, and evaluation and outcomes management. This plan of study would provide NPs with the content needed to facilitate change and function effectively in emerging health care systems.

**Practice**

NP practice today differs significantly from that of 20 years ago. At that time, pediatric NP (PNP) practice focused on well-child care, anticipatory guidance, and counseling. Much of the time was devoted to screening for health care problems and, if a concern or issue was found, the child was seen by the physician. Currently, practice settings and the number and complexity of pediatric health conditions managed by PNs are expanding. The changing role of the PNP is well documented in recent studies (Brady & Neal, 2000; Jackson et al., 2001). Today, PNP practice is more autonomous and includes acute, chronic, and well-child care.

The complexity of patients seen by NPs and continuous advances in care require a higher level of knowledge and skills. In an effort to keep pace with the changing role of the NP, educational programs continue to increase the amount of content in their programs. Frequently this results in adding more educational credits necessary to complete the degree. Consequently, NP programs are becoming longer. Today, most Master’s NP programs are 2 to 3 years in length, which is comparable to the practice doctorates in other health care disciplines such as audiology (AuD), physical therapy (DPT), and pharmacology (PharmD). To continue to add credits, or worse, to add content without acknowledging the need for additional credit, further devalues the MSN degree. The practice doctorate in nursing will appropriately recognize the education and the mastery of skills necessary for clinical practice and leadership by conferring a doctoral degree.

**Legislation**

The expanded role of NPs demands a new standard, and Boards of Nursing have responded by expanding the scope of practice in many states. Changing needs and advances in the health care system continue to put the licensure issue in the forefront, including such issues as multi-state licensure compacts (Harbison, 2003). The majority of states permit independent practice without direct physician supervision, although some may require a collaborative agreement. Prescriptive authority is commonplace, and many PNs have admitting privileges and direct reimbursement for services. The public, legislators, and other stakeholders understand the significance of a doctorate and what it represents in other disciplines. The practice doctorate in nursing would convey that same level of competence and accountability.

**Education**

The first NPs were educated in a variety of ways. Nurses from a variety of educational backgrounds such as diploma, associate degree, or baccalaureate degree enrolled in certificate programs to obtain advanced education in the new role. Other NP programs were housed within graduate programs from the very beginning. Regulatory bodies recognized these various preparations and allowed nurses with this advanced preparation to obtain licensure as APNs. By the early 1990s, however, credentialing bodies, professional organizations, and many boards of nursing required the NP to be educated at the graduate level. The transition was painful for some persons, yet PNs and other NPs realized the importance of this change.

Faculty who are accountable for the preparation of safe and competent practitioners review data from various sources, such as student, employer, and
alumni surveys, role delineation studies, and the standards set by professional organizations to design programs of study (Sperhac & Goodwin, 2003). Standards such as the Nurse Practitioner Primary Care Competencies (National Organization of Nurse Practitioner Faculties & American Association of Colleges of Nursing, 2002) describe the outcomes and expectations that the public can assume a graduate of an accredited program would possess. The NP competencies include domains and core content. All practitioners graduating from programs today are responsible for essential behaviors associated with the domains and core competencies of NP practice. The domains contain core competencies and are:

- Management of Patient Health/Illness
- The Nurse Practitioner-Patient Relationship
- The Teaching-Coaching Function
- The Professional Role
- Managing and Negotiating Health Care Delivery Systems
- Monitoring and Ensuring the Quality of Health Care Practice
- Cultural and Spiritual Competence in the Delivery of Health Care.

Under each of these domains, core competencies are stipulated. Building on the core competencies are specialty competencies for each of the following programs: Adult Nurse Practitioner, Family Nurse Practitioner, Geriatric Nurse Practitioner, Pediatric Nurse Practitioner, and Women's Health Nurse Practitioner. For example, depending on the specialty practice and patient population, the core competency might require an NP to demonstrate the skills necessary to suture, cast, remove minor lesions, or perform endometrial biopsies (National Organization of Nurse Practitioner Faculties & American Association of Colleges of Nursing, 2002). In fall 2003, competencies for Psychiatric Nurse Practitioners were published, and by the end of 2005, competencies for Acute Care Adult and Acute Care Pediatric Nurse Practitioners will be distributed.

These competencies speak to the knowledge, clinical skills, and accountability that are required for competence in new graduates. The Commission on Collegiate Nursing Education (CCNE), which accredits 80% of nursing graduate programs, will require compliance with the Essentials of Master's Education for Advanced Practice Nursing (AACN, 1996) and the Nurse Practitioner Primary Care Core and Specialty Competencies (NONPF & AACN, 2002) as of 2005. As these competencies become incorporated into accreditation evaluations, programs will be responsible for providing documentation of how those competencies are met. At best, today's programs minimally meet the competencies, but planning for future needs suggests that additional content will be necessary, thus calling for review and revision of program curricula. As the competencies are integrated into the curriculum, faculty may identify other content that will be needed and other standards that may be set. The suggested practice doctorate content, with more of a financial, organizational, and outcomes based focus, will be necessary for tomorrow's NP.

As there are continuing changes in the health care system, educators need to project practice changes and to plan education programs accordingly. Planning requires review of materials such as practice delineation studies, the standards and guidelines from professional organizations, and recommendations from program evaluations. Several programs have responded by implementing the practice doctorate or by planning to offer this program. Some faculty believe that a practice doctorate acknowledges the extensive educational preparation that pediatric and other NPs require and will communicate that degree of preparation and accountability to the public. Currently, eight clinical or practice doctoral nursing programs exist or are in the approval stage (AACN, 2004).

Status

The practice doctorate enhances the status and privilege of NPs by providing parity with other health care providers such as pharmacy, physical therapy, and audiology. In the past, physicians criticized NPs for their lack of educational preparation, viewing the master's degree as less academically qualified than the doctorate. With the predicted decline of primary care physicians in the next decade, NPs will be asked to fill that void. The practice doctorate would communicate the appropriate preparation for assuming these responsibilities and enable the NP to more adequately deal with the increased complexity of health care conditions across a variety of settings.

CHALLENGES

Discussions of the practice doctorate have also raised challenges and concerns related to moving in that direction. Change frequently evokes discomfort within people. The introduction of a new degree to prepare NPs has predictably raised concerns for pediatric and other NPs. Most of these concerns are related to issues of education or re-education, titling, entry into practice, and/or salaries.

Re-Education

One of the challenges with any change is the dissemination of misinformation. There has been some discussion related to "re-educating" current practitioners to the doctoral level and the hardships that might impose. There are currently more than 102,000 NPs employed in nursing today (Spratley, Johnson, Sochalski, & Spencer, 2000). It would not be feasible at this time to develop sufficient numbers of programs to accommodate all currently practicing NPs and confer practice doctorates on them. Notwithstanding the difficulties of mounting such an educational effort, no group, including Boards of Nursing, are mandating that the practice doctorate be the entry into NP practice.

Master's-prepared NPs who are currently practicing might desire the practice doctorate but are legitimately questioning the need for additional lengthy programs of study to acquire the degree. How might this be accomplished? Post-master's plans could be developed that would recognize previous education and practice in combination with new coursework that would result in the conferral of the practice doctorate. Another strategy might be the review of a professional portfolio that could include continuous certification, credentialing, continuing education, acquired skills, and other evidence of professional development.

The AACN Position Paper (2004) advocates that "the practice doctorate be the graduate degree for advanced
nursing practice preparation, including but not limited to the four current APN roles: clinical nurse specialist, nurse anesthetist, nurse midwife and nurse practitioner” (p. 13). At this time the master’s degree is considered the entry level for nearly all NPs, and this is unlikely to change in the near future.

Although professional organizations and NP programs may recommend and urge adoption of this level of educational preparation, it will be up to individual state boards of nursing to mandate the degree for licensure eligibility. Boards of Nursing respond to the changes in practice just as educational institutions must change to reflect emerging roles. If (when) the DNP becomes the educational standard for advanced practice, then Board of Nursing requirements will reflect the new standard.

To ensure the quality of programs, AACN (2004) recommends that practice-focused doctorate programs be accredited by a nursing accrediting agency recognized by the U.S. Secretary of Education (ie, Commission on Collegiate Nursing Education or the National League for Nursing Accrediting Council). Certification of graduates will be a future issue following the further development of educational programs and of practice doctorate competencies.

Title Confusion

Another concern raised by NPs is the confusion associated with yet another title. Titles including Nursing Doctorate (ND) and Doctor of Nursing Practice (DrNP) already exist and are almost exclusively clinically oriented. Titles denoting Doctor of Nursing Science (DNSc and DNS) incorporate major research pieces in the plan of study, thus they more closely resemble the research-focused PhD (AACN, 2001). A recommendation put forth by AACN (2004) is for a single title to represent practice-focused doctoral programs and that title should be Doctor of Nursing Practice (DNP). Further, AACN recommends that the Doctorate of Nursing (ND) degree be phased out.

In the future it is anticipated that only two degrees will represent the highest level of education in nursing. The PhD will be the research doctorate and the DNP will be the practice doctorate. This is consistent with other professions such as the PhD in pharmacology or au-

**BOX** Participating organizations and institutions: National Forum on the Practice Doctorate in Nursing

**Organizations**

American Academy of Nurse Practitioners (AANP)
American Academy of Nurse Practitioners Certification Program (AANP-CP)
American Association of Colleges of Nursing (AACN)
American Association of Critical Care Nurses (AACN)
American Association of Nurse Anesthetists (AANA)
American College of Nurse Midwives (ACNM)
American College of Nurse Practitioners (ACNP)
American Nurses Association (ANA)
American Nurses Credentialing Center (ANCC)
American Organization of Nurse Executives (AONE)
American Psychiatric Nurses Association (APNA)
American Public Health Association (APHA) Public Health Nursing Section
Association of Community Health Nursing Educators (ACHNE)
Association of Women's Health and Neonatal Nurses (AWHONN)
Commission on Collegiate Nursing Education (CCNE)
International Society of Psychiatric Nursing (ISPN)
National Association of Clinical Nurse Specialists (NACNS)
National Association of Nurse Practitioners in Women's Health (NPWH)
National Association of Pediatric Nurse Practitioners (NAPNAP)
National Conference of Gerontological Nurse Practitioners (NCGNP)

American Public Health Association (APHA) Public Health Nursing Section

**Institutions**

Case Western Reserve University
Columbia University
George Washington University
Oregon Health Sciences University
Purdue University
Rush University
University of Colorado Health Sciences
University of Illinois at Chicago
University of Iowa
University of Kentucky
University of Massachusetts, Worcester
University of Michigan
University of South Carolina
University of Tennessee Health Science Center
University of Washington
Yale University

National Council of State Boards of Nursing (NCSBN)
National League for Nursing (NLN)
National League for Nursing Accrediting Commission (NLNAC)
National Organization of Nurse Practitioner Faculties (NONPF)
Pediatric Nursing Certification Board (PNCB)
diology as the research doctorate and the PharmD or the AuD as the practice doctorate.

Communication

Unlike previous endeavors, there has been a concerted effort led by AACN and NONPF to develop the practice doctorate. Thoughtful planning, consensus building, and collaboration between the professional organizations and clinical and educational institutions (Box) is more likely to ensure success than past efforts to produce practice doctorate programs. With this collaboration and common focus is a clearer articulation of the skills, competencies, and roles that these graduates will assume as practitioners.

This, however, does not preclude the need for individual pediatric and other NPs to understand and be able to discuss the advantage of this educational preparation.

Without question, open and honest discussion of the practice doctorate is important. Therefore, it is imperative that NPs be informed and communicate with their professional organizations and institutions. Issues and concerns must be addressed and the thousands of currently practicing pediatric and other NPs must be recognized for their knowledge and clinical expertise.

Compensation

For some NPs a concern is that further education will not be rewarded with higher salaries. For those who insist the only reason to acquire additional educational preparation is the ability to generate higher incomes, no guarantees can be made. Market forces should prevail and incomes may be commensurate with demographic characteristics, geographic areas, and the rules of supply and demand. The additional education and preparation proposed in practice doctorate programs should enable the NP to assume greater responsibility, accountability, and autonomy and to demonstrate cost-effective quality health care. Research reported by Brooten and colleagues (2002) has found lower health care costs and improved patient outcomes associated with care delivered by APNs. With improved patient outcomes and decreased health care costs, it would be expected that compensation for providers would be increased.

CONCLUSION

The care delivered by NPs today is very different than what was imagined in the office of Henry Silver and Loretta Ford more than 30 years ago. Former Governor and presidential candidate Dr. Howard Dean (2002) stated that 70% to 80% of primary care, across settings, could and should be delivered by NPs. Christiansen, Bohmer, and Kenagy (2000) advocate for health care of higher quality, greater convenience, and lower cost that can be achieved by “disruptive innovations” (their term) such as the widespread use of NPs. Evaluating and implementing innovations in practice and in education are needed.

Stakeholders in health care systems such as chief executive officers and insurance carriers are concerned with the realities of the bottom line. The focus is on high-risk patients who present in high volume and who incur high costs. These budgetary and financial concerns also should be important to the individual health care provider because escalating health care costs require an understanding and an ability to communicate with administration about these issues. Thus, meeting the challenges inherent in providing quality, affordable, efficient, and effective health care will necessitate rethinking and retooling our educational programs.

Students graduating today must be prepared to practice now, but more importantly, they must be ready for the challenges of tomorrow. PNP programs that consistently have consistently led the way in advancing the role of the NP and have never been satisfied with the status quo. NPs should not be afraid to embrace a higher standard or to lead the way to attain that standard. That has been our history and it should be our future.

REFERENCES


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