The National Organization of Nurse Practitioner Faculties (NONPF), a leader in the Doctor of Nursing Practice (DNP) movement since 2001, hosted a highly successful DNP Summit on December 18, 2017 in Washington, D.C. Thirty-eight stakeholders from across the nation gathered to have a critical dialogue on moving entry-level nurse practitioner (NP) education to the DNP degree by 2025. Leaders represented nearly 20 practice, licensure, accreditation, certification and educational organizations.

As the health care delivery system has grown increasingly complex, the role of NPs has evolved. The DNP degree reflects the rigorous education that NPs receive to lead and deliver quality health care. The DNP momentum has grown steadily since 2001. Today, there are more than 300 DNP programs throughout the United States.

The objectives for the DNP Summit were to: 1) Create transparent lines of communication to gather information and critical viewpoints; 2) Determine what is needed from various stakeholders to build on collective strengths and address barriers to implementation; and 3) Conduct a solution-oriented discussion to determine stakeholders’ roles and timelines in transitioning programs to the doctoral level.

A facilitator led participants in a discussion on benefits, challenges, barriers, dangers, and strategies related to moving all entry-level NP education to the DNP degree. The following questions guided the discussion and key points are reported here.

**What does success look like?**

- Licensure, accreditation, certification and education will require entry to NP practice at the DNP level;
- DNP-prepared NPs will lead and deliver care in an increasingly complex healthcare environment and continue to achieve excellent patient outcomes;
- The NP workforce will be sufficient to meet access-to-care needs for all populations across all settings;
- NP preparation will be consistent with other healthcare providers who are educated at the doctoral level, and public confusion about NP preparation will be eliminated;
- NPs who are currently prepared at the master’s level will be able to maintain current certification and licensure and will have access to post-master’s DNP programs;
- The public, employers and the market will understand and support the demand for DNP-prepared NPs;
- There will be adequate resources (faculty, preceptors, clinical sites, and money) to support the transition to DNP-level NP programs.
What are the challenges to and dangers of moving all entry-level NP education to the DNP degree?

- There may be a decrease in NP program enrollment and a negative impact on the workforce, which may not be adequate to meet population health needs;
- Additional resources will be required to transition NP programs to the DNP level;
- Nurses may choose to enroll in physician assistant programs that are not at the doctoral level;
- Programs that are unable to offer a doctoral degree will close;
- Enrollment in PhD programs may decrease;
- State practice acts may need to be reopened.

How do we build collective strength to move all entry-level NP education to the DNP degree?

- **Strengthen Outcomes Data.** This should be a coordinated effort by key NP stakeholders to obtain data on DNP-prepared NPs regarding practice, licensure, accreditation, certification and education outcomes. Longitudinal designs with repeated measures and quantitative and qualitative methodologies are critically needed.
- **Address Capacity Issues.** For students, capacity issues can be addressed by standardizing
length and credit requirements of programs and supporting full-time education. Faculty
and school administration need to increase understanding of the DNP degree; build and
disseminate innovative academic and practice partnerships; and maintain revenue during
conversion of master’s-level NP programs to DNP-level NP programs. When applicable,
a process template would facilitate moving programs through the state approval process.

- **Get the Messaging Right.** The DNP-entry for NP practice message must be clearly
defined, with an emphasis on how the DNP degree benefits health care systems and
communities. Messaging needs to be developed specific to the internal and external
populations that are affected by this change.

- **Clarify the Educational Model.** Curriculum models need to be developed using the
expertise of faculty from more than 60 nursing schools and colleges that have moved
solely to the DNP degree for NP education, as well as those that have moved to the DNP
degree, but have also maintained the master’s degree for NP education.

- **Clarify Consensus.** Create clarity regarding the definition of consensus. What level of
agreement is needed to move forward? Who will be involved in building and
participating in the consensus? Who is willing to take the lead?

**What are the organizational commitments to move all entry-level NP education to the DNP
degree?**

While not all participants agreed that the DNP should be the entry-level degree into NP practice
by 2025, representatives from each of the nursing organizations agreed to stay actively engaged
in this work, and to discuss this information with their administrations, boards and/or members.
Participants were also willing to partner with other organizations to collect NP outcome data and
disseminate information on results of these studies. Specific action items included:

- Continue to work toward consensus regarding the 2025 date;
- Employ clear communication pathways along with periodic updates, using distance and
  in-person meetings;
- Consider developing a logic model to plan the work ahead;
- Explore working with the Licensure, Accreditation, Certification and Education (LACE)
  network;
- Establish a plan to collect and analyze outcomes data.

**Conclusion**

Nurse practitioners have provided safe, high quality, cost effective, coordinated and
comprehensive patient care, grounded in evidence-based practice for over 50 years. As the health
care delivery system and patient care have grown increasingly complex, so has the role of the
NP. The DNP degree reflects the rigorous education that NPs need to lead and deliver care in
today’s health care environment. Attendees at the DNP Summit are committed to continuing the
conversation and addressing barriers related to moving NP education to the DNP by 2025. The
DNP Summit represented a historical moment in the evolution of the DNP as required entry for
future NP practice.
Summit Participants

**American Association of Colleges of Nursing**
Deborah Trautman, President and Chief Executive Officer
Juliani Sebastian, Board Chair
Ann Cary, Board Chair-Elect
Joan Stanley, Chief Administrative Officer

**American Association of Critical-Care Nurses**
Carol Hartigan, Policy Strategist

**American Association of Nurse Practitioners**
Joyce Knestrick, President
Dianne Padden, Vice President of Professional Practice & Partnerships
David Hebert, Chief Executive Officer

**American Academy of Nurse Practitioners Certification Board**
Richard (Rick) Meadows, Chief Executive Officer
Mary Ellen Roberts, Chair, Board of Commissioners

**American Nurses Association**
Cheryl Peterson, Vice President for Nursing

**American Nurses Credentialing Center**
Loressa Cole, Executive Director/Executive Vice President
Sheri Cosme, Senior Operations Manager, Accreditation Program
Diane Thompkins, Manager, Accreditation Certification Department

**Association of Faculties of Pediatric Nurse Practitioners**
Cindy Danford, Past President
Imelda Reyes, Board Member at Large

**Commission on Collegiate Nursing Education**
Jennifer Butlin, Executive Director
Susan Ruppert, Chair

**National Association of Nurse Practitioners in Women’s Health**
Jacki Witt, Board Chair
Caroline Hewitt, Board Member

**National Association of Pediatric Nurse Practitioners**
Cate Brennan, Executive Director
Mary Chesney, President

**National Certification Corporation**
Suzanne Staebler, President
Robin L. Binninger, Executive Director

**National Council of State Boards of Nursing**
Maryann Alexander, Chief Officer, Nursing Regulation
Maureen Cahill, Senior Policy Advisor, Nursing Regulation

**National League for Nursing**
Barbara Patterson, Member at Large
Anne Krouse, Treasurer

**National League for Nursing Commission for Nursing Education**
Judith (Judy) Halstead, Executive Director
Cathleen Shultz, Chair, Board of Commissioners

**Pediatric Nursing Certification Board**
Peg Harrison, Chief Executive Officer
Barbara Gray, Board Chair

**National Organization of Nurse Practitioner Faculties**
Anne Thomas, President
Lorna Finnegan, President-Elect
Susan Buchholz, Secretary
Shannon Idzik, Treasurer
Mary Beth Bigley, Chief Executive Officer
Julie Williams, DNP Student

**Accreditation Commission for Education in Nursing**
Facilitator: Mary Flanagan,
Strategy & Leadership, LLC
Invited and unable to attend due to airline cancellation
Marsal (Marcy) Stoll, Chief Executive Officer
Nell Ard, Associate Director

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