

Reaffirming the Doctor of Nursing Practice Degree: Entry to Nurse Practitioner Practice by 2025

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On April 20, 2018, the National Organization of Nurse Practitioner Faculties (NONPF) made the commitment to move all entry-level nurse practitioner (NP) education to the Doctor of Nursing Practice (DNP) degree by 2025. Since that time, there have been numerous documents that support the movement, as well as evidence supporting the DNP NP program as the degree of choice.

In *The State of Doctor of Nursing Practice Education in 2022*, NP graduates, health system administrators, and academic leaders recognize that the skillset of the DNP graduate supports the broad and multifaceted needs of the modern healthcare system. *The NP Role Core Competencies* guides preparation of NPs in teamwork, leadership, health policy, financial stewardship, systemsthinking, and quality management. These skills are needed to provide care at the complex healthcare level now commonly seen in primary and acute healthcare settings across the nation. *Additionally*, the NP role core competencies are aligned with another nationally recognized document, *The Essentials: Core Competencies for Professional Nursing Practice*; both of these foundational nursing documents advance graduate nursing education to the doctoral level to accommodate the credit and training hours needed to prepare graduates for the complex care system in which they will serve.

The DNP degree is further supported by *The Future of Nursing 2020-2030* report.⁴ This report recognizes the DNP is a clinically focused doctoral degree demonstrating that DNP-prepared nurses have achieved advanced competencies that improve practice for individual patients, populations, and the health system. The National Task Force (NTF) *Standards on NP Education* delineates the requirements for all NP programs. In the release of the 2022 Standards for Quality NP Education, 6th ed., *A Report of the National Task Force on Quality Nurse Practitioner Education*,⁵ which was endorsed by eighteen organizations, promotes student assessment of entry-level direct care competencies prior to beginning clinical placements. Furthermore, the NTF report included a new criterion requiring all NP programs to incrementally move to 750 direct patient care hours, reflecting the increased training needed to support the complexities of the current healthcare system.⁵ This new criterion parallels *The State of Doctor of Nursing Practice Education in 2022* report,¹ in which healthcare system stakeholders call out to academia to increase clinical training hours. The needs of the healthcare system are driving the demand for additional entry-level workplace competencies. These additional competencies require added credit hours and training. Thus, the DNP degree is designed to align academic training models with practice needs.

Moreover, there is substantial emerging evidence and trend data in support of DNP preparation for NP students:

- The number of DNP NP programs continues to grow rapidly. In 2014 there were 124 DNP NP programs. By 2021, DNP NP programs increased to 254.^{6,7}
- Significant growth has been seen in the number of DNP NP graduates. In 2015 there were 934 BSN to DNP; by 2021, there were 3327 BSN to DNP graduates. Also, the number of MSN NP students entering MSN programs has leveled.^{6,8}
- Analyses of data from the past several years shows indications of program success; there are significantly higher pass rates for DNP-prepared NPs as compared to non-DNP-prepared NPs.⁹

- Over the past 8 years, there has been more than a 2-fold increase in minority graduates (Asian, Black/African American, and Hispanic) of post-Baccalaureate DNP NP programs.^{6,10}
- A recent research study that explored DNP NP program direct clinical hours and indirect practicum hours found, on average, that DNP NP programs had greater than 750 direct patient care clinical hours.¹¹
- Academic leaders expect that DNP graduates will positively impact patient outcomes at the system level, given their leadership skills and expert knowledge in areas such as population health and evidence-based practice.¹
- With the growth of DNP NP programs, schools and colleges that have moved solely to the DNP programs have demonstrated successful financial models.¹²

In support of the BSN to DNP program by 2025 movement, NONPF has provided critical resources for NP faculty. In September 2021, NONPF launched a BSN to DNP workshop to assist NP programs with this transition. ¹² The 8-hour workshop has been attended by more than half the schools that offer NP education; it includes topics and supporting materials that:

- Prepare the key components of a business plan, including a market analysis for leadership.
- Formulate a financial model and the budget considerations to execute a 5-year plan that includes phasing out of the MSN NP program.
- Provide a DNP 80-credit curriculum mapped to the NP role core competencies & AACN Essentials.
- Determine faculty workload and how to measure program outcomes.

Since the 1970s, NONPF has remained firmly committed to excellence in NP education. As growing evidence supports the DNP degree for NPs, NONPF provides the targeted resources needed for NP faculty to deliver high-quality NP education at the DNP level. NONPF has an unwavering commitment to advancing entry-level NP education to the DNP degree¹³ to meet the evolving health care needs of patients, families, and communities.

References

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