



National Organization of Nurse Practitioner Faculties

STATEMENT ON THE PRACTICE DOCTORATE IN NURSING: RESPONSE TO RECOMMENDATIONS ON CLINICAL HOURS & DEGREE TITLE

NONPF Board of Directors

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The Board of Directors of the National Organization of Nurse Practitioner Faculties (NONPF) regards the practice doctorate of nursing as an important evolutionary step for the preparation of nurse practitioners (NPs). We anticipate that the practice doctorate degree will become the standard for entry into nurse practitioner practice; however, much like with the movement of educational preparation of NPs from the post-baccalaureate certificate to a master's degree, this evolution will be gradual. NONPF does not support any finite deadline by when NP programs should be at doctoral level preparation but instead encourages NP educators to continue to sustain the highest quality programs to prepare NPs for clinical practice.

The Doctor of Nursing Practice (DNP) is the recommended degree title for the practice doctorate in nursing. We support the notion of a common degree title to represent consistency across programs and universities. NONPF documents currently and in the immediate future will continue to use the broader term of the practice doctorate rather than the specific degree title to reflect that some academic institutions offer or are developing practice doctorate programs that may award other degree titles. We recommend, however, that emerging programs follow the national recommendation of the DNP as the degree title.

The core elements of the practice doctorate are outlined in the "Essentials" document developed by the American Association of Colleges of Nursing (AACN). We recognize that this document provides a common framework for DNP programs. However, as with the Master's Essentials document that was released by AACN in 1996, this Essentials document presents only one layer of the framework for programs preparing advanced practice nurses. As described in Essential 8, it is the purview of the specialty organizations to establish the clinical standards that define the advanced practice role. We feel strongly that any statements in the Essentials document that pertain specifically to the clinical education or experience of the DNP student in an advanced practice role should be regarded as a recommendation and subsidiary to statements of the specialty organizations.

One such example of where the specialty organizations need to establish the standard is regarding the clinical hours requirement for practice doctorate programs. Recommended clinical hours pertain to the time devoted specifically to direct care. Clinical education or experience, whether at the master's level or at the practice doctorate level, is role-specific and therefore should be described by specialty organizations. The NONPF Board has significant concern in establishing a random standard. In recognition of a need to give guidance to NP educators, NONPF is charging a task force with studying additional clinical hours and how standards might be applied at the practice doctorate level for the different students who will pursue NP preparation. The evidence for the AACN recommendation for 1000 clinical hours for all practice doctorate students has not been presented. We reiterate that it should be the organizations representing the specific advanced practice roles that determine the appropriate number of clinical hours needed for preparation. We believe that a review of data, thoughtful consideration, and dialogue are critical before a minimum number of clinical hours is established as the standard for NPs.