It has been almost 11 years since the American Association of Colleges of Nursing (AACN) voted to recommend that doctoral level education should be the standard for entry into practice for advanced-practice registered nurses (APRNs) and that all programs would need to transition from master’s degrees to doctoral degrees by 2015.\(^1\) While there has been extremely rapid growth of programs that provide the doctor of nursing practice (DNP) degree, from 20 programs in 2006 to 251 programs in 2013,\(^2\) most of you know that the AACN’s recommendations have not been accomplished. Many of you may also wonder if they ever will be given the eerily similar dual educational level for entry into practice as a registered nurse that our profession has maintained despite the initial recommendation to require a bachelor’s degree made by the American Nurses Association in 1965.\(^3\) Those outside of nursing are seeing our profession once again have difficulty clearly articulating the difference between the role and the degree preparation.

Early in 2013, AACN put out a request for proposals to conduct an assessment of the progress so far in colleges and universities that were offering ARNP education. RAND Health, a division of the RAND Corporation was selected to conduct an evaluation of progress and identify facilitators and barrier to nursing schools’ full adoption of the DNP degree as the educational preparation for APRNs.

The report, titled *The DNP by 2015* ([http://www.aacn.nche.edu/dnp/DNP-Study.pdf](http://www.aacn.nche.edu/dnp/DNP-Study.pdf)), is composed of data that AACN collects from nursing programs annually and an online survey developed by RAND that was sent to schools that offered at least 1 APRN graduate nursing program. RAND also conducted more in depth interviews with deans or directors, which are presented in the form of case exemplars with 5 programs that represent the different types of transitions, barriers and facilitators to implementation of the recommendation.

At the time it was conducted (October 2013—April 2014) 30% of schools that prepare APRNs had fully met the goal of having BSN-DNP programs and 11%-14% had fully transitioned to the BSN-DNP and no longer offer the MSN. Based on data collected by RAND it is predicted that in the next few years about 50% of programs will offer at least 1 APRN degree at the BSN-DNP level. However, the MSN is still the most popular option of preparation to practice as an APRN. Seventy percent of all schools that offer APRN education have master’s programs. Sixty-five percent of those with BSN-DNP programs also have MSN programs, and those MSN programs have an average of triple the enrollment of the BSN-DNP programs. Therefore, even with the anticipated increase in BSN-DNP programs, the MSN will still remain the most common preparation for entry into advanced practice as an APRN.

The report expands on the facilitators and barriers for colleges and universities to offering BSN-DNP programs, and I refer you to the document if you are an
interested educator or potential student. However, the major barriers to full adoption of providing only doctoral preparation for APRN practice are those related to certification and licensure.

There is so far no indication that certifying boards are considering changing the educational requirements for taking the certification exam. With APRNs still not able to practice to the full extent of their education and training in many states, it is not likely that this will become a priority for lobbying groups in the near future.

Lastly, to be honest, we do not yet have evidence that acquiring a DNP degree either after certification (MSN-DNP) or as initial education for certification as an ARNP has any impact on patient, population or system health outcomes. What we do have is some solid evidence that ARNPs, as they are currently being educated, do provide high quality, accessible, cost effective patient care. In fact the first recommendation to come out of the report is to “conduct, and collaborate with others to conduct outcome studies of DNP practice to better understand the impact of DNP graduates on patient care.”

Unless this changes I can understand the slow progress being made so far.

Making this happen may require a leap of faith and 1 APRN group, the Council on Accreditation, has bitten the bullet and mandated that all programs preparing CRNAs will be at the doctoral level by 2022 and all new candidates for certification must hold a doctoral degree by 2025. This is laudable, but in order to demonstrate that this additional education requirement is worth it in terms of a positive impact on health care, we as a profession need to take responsibility for documenting and disseminating the differences those with the DNP degree do make, now and into the future.

References


Julee Waldrop, DNP, FAANP
Associate Editor