

**National Association of
Neonatal Nurse Practitioners**
A division of NANN



September 5, 2008

The Council for the Advancement of Comprehensive Care
630 West 168th Street
New York, NY 10032

Dear Members of the Council for the Advancement of Comprehensive Care:

On Wednesday, April 2, 2008, the Council for the Advancement of Comprehensive Care (CACC) and the National Board of Medical Examiners (NBME) reached an agreement to develop and administer a Certification Examination for Doctors of Nursing Practice (DNP). Several associations including the Pediatric Nurse Practitioners (NAPNP), the Association of Faculties of Pediatric Nurse Practitioners (AFPNP), and the Pediatric Nursing Certification Board (PNCB) have already asked the CACC to seriously consider concerns regarding your plans for a DNP certification exam. The American Medical Association opposes the NBME participating in any examination for Doctors of Nursing Practitioners. The National Association of Neonatal Nurse Practitioners (NANNP); the National Association of Neonatal Nurses (NANN); the National Certification Corporation (NCC); the Carolina's Association of Neonatal Nurse Practitioners (CANNP); the Florida Association of Neonatal Nurse Practitioners (FANNP); and the Texas Association of Neonatal Nurse Practitioners (TxANNP) echo their concerns regarding the possible *unintended consequences* of having medicine administer a certification exam for DNPs.

We recognize the importance of assuring the competency of Nurse Practitioners (NPs) in all health care settings and we support the DNP as one option for a terminal degree in nursing. We are concerned, however with the statement by the CACC that "a national certification process would provide the public with a reliable way to identify advanced nurse clinicians with the DNP degree who can provide comprehensive care". Currently, the National Certification Corporation (NCC) offers a nationally accredited certification exam for Neonatal Nurse Practitioners (NNP) that tests synthesis and application of specialty knowledge for this population focus. Other advanced practice credentialing exams are provided by NCC as well as the Pediatric Nursing Certification Board (PNCB), the American Nurses Credentialing Center (ANCC), and the American Academy of Nurse Practitioners (AANP). All of these certifying bodies have been nationally recognized for years and offer a rigorous and psychometrically sound examination process with a specific population focus. These certification exams test both didactic and clinical knowledge at the entry level. Entry level competencies are the same regardless of whether the NP is prepared with a Master's Degree or a DNP. Further study and discussion are needed prior to altering these exams to accommodate doctoral education.

The certification process is currently linked to licensure in the majority of states and is recognized as an essential credentialing process by the Centers for Medicare and Medicaid Services (CMS). The CACC's announcement does not acknowledge that a credible quality system already exists for certifying advanced practice nurses. Although unintentional, this announcement by the CACC

will undermine the public's confidence in the competence of the master's prepared NP. The current accrediting bodies for masters programs use the standards set by the national associations to accredit clinical programs. NANN and NANNP have set the standards for Neonatal Nurse Practitioners that are currently being used in both masters and DNP programs. The American Association of Colleges of Nursing (AACN) have stated that one reason for moving academic preparation from the masters to the doctoral level is based on the fact that the current masters programs require course work equivalent to other clinical doctoral programs. Masters prepared NPs in all fields have demonstrated their skills in providing high quality care to their patients regardless of gender, age or socio-economic status, reflecting the high standard of education and certification that already exists.

A second and particular concern is the mechanism CACC selected to build a certification process for DNP graduates. CACC's plan to administer an exam to DNP graduates that will be developed in collaboration with the National Board of Medical Examiners (NBME) and will be similar to the United States Medical Licensing Examination (USMLE) administered to medical students is flawed. Although the care given by nurses and physicians often overlaps, it remains the responsibility of nursing to set the standards for their own profession, just as it is the duty of medicine to set the standards for physicians. While we appreciate overlapping areas of knowledge required to provide comprehensive health care, we are deeply concerned that the CACC is allowing the medical profession to set standards of education for advanced practice nurses. Currently, certification exams test entry level knowledge for advanced practice nurses. If a decision is made by nursing to have a second certification exam for DNP graduates it could not be developed until the full scope of practice is delineated and a requisite consensus building process among DNP programs occurs.

We are also concerned that the CACC's plan for DNP certification will not include assessment of knowledge related to the complex and comprehensive care and health needs of neonates and families. As a result, such an exam will *not* be an appropriate measure for DNP prepared advanced practice neonatal nurses who care for our nations critically ill premature and term infants and their families. To develop a DNP certification exam based on a test-item pool developed to test the knowledge and competence of third year medical students is an inappropriate and inadequate measure of cumulative advanced practice *nursing* knowledge.

We appreciate the CACC's commitment to advance nurse practitioners; however, we take exception to the statement that the CACC "...is the leading academic organization for the promulgation of doctoral level clinical nursing." The American Association of Colleges of Nursing (AACN) developed the *Essentials of the Doctoral Education for Advanced Practice Nursing* in order to assure consistency across institutions offering the DNP. Additionally, the National Organization of Nurse Practitioner Faculties (NONPF) has a long history of standard-setting and faculty development and has worked in partnership with many organizations to develop competencies for nurse practitioners, including those prepared with a practice doctorate degree. For the past several years, NONPF and AACN have continued to participate in an ongoing national consensus process to create a unified model defining the standards and scope of practice guidelines for APRN education, certification, accreditation and regulation. Additionally, the APRN Consensus and Joint Dialogue Groups have successfully worked to ensure the development of educational, certification, accreditation and licensing systems in support of APRN practice. As an organization promulgating education or DNP certification standards for APRNs, the CACC should seek the opportunity to assess the impact of their DNP products with

respect to existing quality standards. The creations of a secondary voluntary DNP certification process for NPs is unnecessary and fails to address the national consensus standards highlighted by the work of the Joint Dialogue Group and *will serve to divide* our discipline and threaten the public's faith in the quality care currently provided by all nationally certified NPs and other APRNs.

We have worked diligently with many groups to develop and implement processes that will ensure that the practice doctorate meets the widely promulgated standards for advanced nursing education. We respectfully request the CACC and the NBME collaborate with AACN, NONPF, NAPNAP, NANNP, NANN, and NP certification groups and other organizations such as the American Academy of Nurse Practitioners (AANP), American Nurses Credentialing Center (ANCC), American College of Nurse Practitioners (ACNP), the American Association of Nurse Anesthetists and the National Association of Clinical Nurse Specialists (NACNS). In doing so, CACC could employ an innovative approach toward resolving one problem with our broken health care system. It is *essential* that our professional organizations collaboratively communicate a message to other health care professionals and the lay public that that master's-prepared NPs continue to provide quality care and that nursing, not medicine, must continue to set the standards for advanced practice nursing.

We look forward to your consideration and reply. Please respond to Robin Bissinger at (843) 792-0531 or bissinrl@musc.edu.

Sincerely,



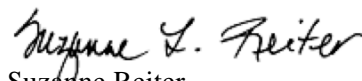
Robin L. Bissinger

Chair, National Association of Neonatal Nurse Practitioners (NANNP)



Peggy Gordin

President, National Association of Neonatal Nurses (NANN)



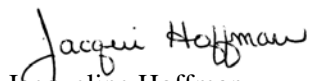
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