

The Doctor of Nursing Practice Degree:

Is this the Right Degree at the Right Time for Nursing and is it Right for Midwifery?



by **Katherine Camacho Carr, CNM, PhD, FACNM, President**

As you have likely heard, the American Association of Colleges of Nursing (AACN), representing more than 580 schools of nursing at public and private institutions nationwide, has endorsed the *Position Statement on the Practice Doctorate in Nursing*, which, if widely adopted, will move the level of preparation necessary for advanced nursing practice from a master's degree to the doctorate level by the year 2015.¹ The Council on Collegiate Nursing Education (CCNE), the autonomous accrediting body of AACN also decided that only practice doctoral degrees with the title of Doctor of Nursing Practice (DNP) will be eligible for CCNE accreditation, which forces all clinical doctoral programs to use the title DNP.² CCNE is recognized by the U.S. Secretary of Education to accredit baccalaureate and graduate degree programs in nursing. Currently, CCNE accredits most nursing graduate education programs, including many of the master of science in nursing programs where many nurse-midwifery programs reside.

The focus of the DNP, as originally proposed, is clinical practice and the degree is viewed as an option to the research-focused doctorate.³ AACN has also taken the position that the DNP should replace the master's degree as the requirement for licensure for all advanced practice nursing roles including nurse-midwife, nurse practitioner, and nurse anesthetist. AACN cites advantages including, parity with other health care disciplines such as pharmacy,

medicine, dentistry, and physical therapy and the elimination of "credit creep" in masters programs, which most midwifery educators can relate to.⁴ In many cases, midwifery and other nurse practitioner students end up taking more credits than other graduate students for the same or a higher degree. In addition, the complexity of health care today has increased and we find ourselves packing more and more content into education. Some are suggesting that additional clinical experience could be beneficial.

However, there are many unanswered questions and many concerns about this new degree. With 31 of our 43 education programs housed in schools or colleges of nursing and midwifery licensed under nursing in 37 states, we must be involved in the discussions and the decision-making. Will a new degree further confuse the public with a variety of doctoral degrees in nursing? Will the DNP further threaten the supply of PhD nurses in a variety of fields? Will there be jobs for DNP nurse practitioners and DNP nurse-midwives? In practice or in education? Could this new degree increase the disagreement and discord between various levels of nursing education or between the various groups related to nursing? Will master's-prepared nurse practitioners and nurse-midwives feel disenfranchised? Is this the answer to the nursing shortage? To the faculty shortage in nursing? Will this improve patient outcomes? Will it be cost effective to produce DNP graduates? Will applicants to graduate programs decline due to increased time and money for graduate education at the doctoral level? What happens with direct-entry midwifery? How will this impact our education programs in an era of dwindling resources? Will a longer, more expensive education appeal to students from diverse or low income backgrounds? In short, is this the right degree at the right time for nursing and is it right for midwifery?

The AACN position, which remains

controversial within the membership of AACN, will undoubtedly have an impact on midwifery education. Graduate degrees for entry to midwifery practice has been a topic of conversation over at least the past two decades.⁵ We have four remaining certificate programs, all with master's degree options, and have seen an evolution of most of the ACNM-accredited education programs to the graduate level with a variety of degree offerings, not all in nursing, and including the master of science in midwifery.⁶ The ACNM Division of Accreditation (DOA), the Division of Education and the Board of Directors have been discussing this latest issue. The Directors of Midwifery Education (DOME) have produced a white paper on the topic and the DOA has published a Statement on Midwifery Education. The recent ACNM Education Summit also discussed the topic and has made a recommendation to the Board. I will be sending a letter to AACN outlining the ACNM Board of Director's position on midwifery education and degree requirements, including the DNP. The Board has also asked the DOE to reexamine our position statement on degree requirements.

To date the statements from the ACNM Board, DOA, DOE and DOME, as well as the recommendations from the ACNM Education Summit, are congruent. We agree that the ACNM DOA is responsible for setting and maintaining standards for midwifery education and has based its evaluation of midwifery education on the ACNM Core Competencies, Standards of Practice, and the regularly conducted American Midwifery Certification Board (formerly the ACC) task analyses of midwifery practice. We agree that we have decades of evidence that graduates from ACNM-accredited education programs, regardless of terminal degree, are safe, cost-effective care providers of maternity care and women's health across the lifespan. Midwives are prepared to serve women and childbearing families, as well as provide leadership and political action

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in order to improve health care locally, nationally and globally. Much of the midwifery workforce is already prepared at the graduate level and our education programs have evolved to include many options for advanced degrees, including the master of science in nursing, the master of science in midwifery, master of public health and a range of doctoral preparation (PhD, DNS, DrPH, EdD). We agreed that we value all of those options for graduate education. We have held fast to competency-based education as the core of midwifery education, although it may be "packaged" in a variety of degree options. We agree that there is inadequate evidence to support the DNP as the entry-level requirement for midwifery education.

On the other hand, we recognize that the health care environment has increased in complexity and we welcome the opportunity to develop additional clinical expertise and conduct clinical investigations that the DNP or other graduate programs of study might offer midwives. We support the practice doctorate as one of the options. Some educators have considered a doctorate in midwifery, recognizing the ACNM definition of the nurse-midwife as educated in two disciplines – nursing and midwifery.


Individual midwifery education programs will undoubtedly migrate toward graduate education. Our past performance provides evidence that a mandate is not necessary. What seems particularly unreasonable is to set a 10-year time frame on the process, when so many questions are unanswered, resources for curricular development are not readily available, and some areas face a faculty shortage.

We want health care of the future to include the preservation of the art and science of the midwifery model of care. We are committed to the creation of a workforce of experts in midwifery clinical practice who are also able to conduct the scientific investigations we need to validate midwifery practice. Every midwifery education program must be rigorous, teach the essential skills, knowledge and clinical decision-making, and be client-centered, sensitive to supply issues nationally and globally, accommodating and flexible. Education programs must maintain and expand their commitment to attract the culturally diverse workforce that our country will need in the 21st century.

The ACNM Board, our divisions and committees, as well as the DOA will continue dialogue with AACN and other stakeholders. ACNM staff and members

must become well informed about this topic and continue to carefully monitor all future state legislation as it relates to requirements for licensure.

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