AMERICAN MEDICAL ASSOCIATION OPPOSITION TO THE DNP

By

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The standard of health care is changing across the country forcing practitioners to reevaluate their impact on quality of care and health care outcomes. The demand for higher quality care and the increasing complexity of healthcare has created a need for a higher level of knowledge and education among practitioners. Many healthcare professionals have changed their entry level degree to the doctorate level. This article will discuss the reason for and controversy surrounding the adoption of the DNP within nursing, describe the lack of other health professions’ positions on the DNP, and the AMA’s active opposition to this transition in nursing.
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American Medical Association Opposition to the DNP

INTRODUCTION

The standard of health care is changing across the country. The Institute of Medicine (IOM) issued a comprehensive report in which it estimated between 44,000 and 98,000 Americans die each year because of health care errors. This report forced practitioners to reevaluate their impact on quality of care and health care outcomes. The demand for higher quality care and the increasing complexity of healthcare has created a need for a higher level of knowledge and education among practitioners. One way in which this need is being addressed is through the development of the Doctor of Nursing Practice (DNP) degree.

Advanced practice nursing education has changed over time. Many master’s degree programs have increased the didactic credits and clinical hours reaching beyond requirements for master’s level education to meet the demands and changes in health care. Through a process of consensus building, the American Association of Colleges of Nursing adopted the position that the Doctor of Nursing Practice (DNP) degree would become the entry into advanced nursing practice by the year 2015. The goal of the DNP is to provide improved nursing practice and patient outcomes, stronger practice and health care delivery, consistency in the practice-focused doctoral programs and titles nationwide, a degree that is congruent with the level of education received, and parity with other health professionals.

The adoption of the doctorate as entry into advanced practice for health care professions is not a new concept and has become an educational standard. Over the past eighteen years, colleges of pharmacy, audiology and physical therapy have evolved to entry level doctoral degrees. Often with change comes resistance and the change for advanced practice nursing
toward the DNP is no exception. This resistance is seen both within the nursing profession and from the American Medical Association (AMA) which has been a staunch opponent of the DNP. Interestingly, no other health care profession has taken a position on the DNP. This article will discuss the reasons for and controversies surrounding the adoption of the DNP within nursing, describe the lack of other health professions’ positions on the DNP, and explore the AMA’s active opposition to this educational transition in nursing.

THE NURSING PERSPECTIVE ON THE DNP

Providing the highest quality care for patients is the number one priority of nurses. This requires continual improvement to nursing education as health care changes. Nurses, however, are divided in their attitudes about adoption of the doctorate of nursing practice.

APNs in support of the DNP understand the importance of increasing the depth and breadth of practice knowledge. Complex patients and practice situations are now the norm. DNP programs provide education leading to more competencies dealing with complex patients and improving patient outcomes. DNP education prepares nurses to implement evidence-based practice goals through conducting and evaluating clinical research.

Enhanced leadership skills for health care delivery are important to APNs. The need for stronger leaders in the APN community is another reason the DNP has garnered support from a large segment of the nursing profession. The DNP credential can serve to strengthen the credibility of nurses in leadership positions. Nursing remains one of the few health care professions in which a doctorate is not regarded as the highest and desired practice credential. DNP prepared APNs gain a deeper understanding of institutional and health system decision making resulting in improved ability to effect the needed changes in nursing practice, health care, and health policy.
Credit and clinical hour requirements for APN master’s programs have increased, far surpassing the master’s credit requirements in many other disciplines. The number of hours required are sometimes equivalent to or surpass requirements for doctoral programs for other clinical discipline doctoral programs. Nursing can be seen as under-credentialing its advanced practice graduates. APNs receiving the DNP may also help address the nursing faculty shortage by becoming educators.

Nurses in opposition to the DNP express several concerns. The timing of this evolution is problematic given the national shortage of nurses, the healthcare environments affecting nurse retention, threats to providing quality nursing care as well as the disparities in health care are issues felt to have greater importance. Introduction of the DNP has limited attention to other problems in nursing.

Opponents of the DNP believe that an argument supporting the DNP as leading to safer practice implies that master’s prepared APNs are unsafe. There are no data documenting the outcomes of care provided by DNP prepared APNs compared to that of master’s prepared APNs. Advanced practice nurses who have received master’s education continue to demonstrate their value in a variety of settings. Research has documented that APN practice is effective, of high quality and is cost effective.

Confusion over the focus of the DNP degree is another reason for the opposition among some nurses. The DNP is a practice-focused doctoral degree that will prepare advanced practice nurses to be experts in the area of their specialization. This degree is available to APNs that are providing direct patient care as well as APNs who specialize in areas such as health care administration, policy and community based practice. Some feel this will confuse the public, other health care providers, and legislators.
Regulation of practice is a special area of concern for APNs regarding the DNP. States have differing regulations and the scope of practice for APNs also differs among them. Not all states require a master’s degree for APN licensure at this time. Most states would need to open the Nurse Practice Act to change language to require the DNP for APN licensure. This process may invite stakeholders that want to modify existing components as well as block the addition of changes.

The division of opinions among nurses has created a great deal of dialog in the nursing community. Regardless of their opinions toward the degree, the Commission on Collegiate Nursing Education will require advanced practice nursing education be conferred through a DNP program for accreditation to be approved beginning in 2015.

HEALTH CARE PROFESSION’S PERSPECTIVES

Advanced practice nurses work collaboratively with other health care professionals. The perspectives of these other health professionals towards the DNP can influence these collaborative relationships and the care patients receive. In order to provide the highest quality of care all members of the healthcare team must work together.

Several health care professions such as pharmacy, audiology, and physical therapy have adopted or are in the process of adopting doctoral degrees for entry into practice. This is an effort to keep pace with the changing health care needs and to improve academic standards.

The idea of a practice doctorate in pharmacy began in the 1980s after decades of debate. The transition to the Doctor of Pharmacy (PharmD) as the sole professional practice degree for pharmacy in the United States was initiated when in 1997 the Accreditation Council for Pharmacy Education (ACPE) adopted its *Accreditation Standards and Guidelines for the*
Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. These standards made the PharmD mandatory for practice in 2005.  

The first clinical doctoral program in audiology opened in 1985 at Boston University. Prior to this program audiology programs offered a master’s or PhD degree. The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) starting in 2012 will mandate the clinical doctorate degree in audiology (Au.D) as the requirement for entry into practice. Not all members of the audiology community endorse this degree change.  

Physical Therapy is in the process of transitioning to the requirement of the clinical doctorate for entry into practice. Adopted by the American Physical Therapy Association in 2000, the doctoral degree will be a requirement by The Commission on Accreditation in Physical Therapy Education (CAPTE) in 2020. There has been ongoing debate among physical therapists about whether this is the right direction to take.  

Consideration of other perspectives towards the DNP is important for the practice of advanced practice nurses. Advanced practice nurses along with other health care professionals work together to provide quality care for our patients. To determine whether other health care professionals have taken a position on the DNP a comprehensive literature review was conducted. The search included the databases: Ovid, EbscoHost and Proquest, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Medical Literature On-Line (MEDLINE). Official websites of health care professionals were also reviewed. Key words and phrases used in this review included: DNP, practice doctorate, nursing, advanced practice nursing, opinions, opposition, acceptance, perspectives, attitudes, progression, doctorate of nursing practice, physical therapy, physical therapists, DPT, audiology, audiologists, Au.D., pharmacy, pharmacists, Pharm.D., programs, education, doctoral degrees, practice doctorate,
entry level degree, American Medical Association, AMA, American Physical Therapy Association, APTA, American Speech-Language-Hearing Association, ASHA, American Association of Colleges of Pharmacy, and AACP. Health care professions such as pharmacy, audiology and physical therapy have been found to embrace the idea of doctoral education, but have taken a position in support of or in opposition to the change in nursing. The only health profession that was found to have taken a position is medicine.

AMA’S PERSPECTIVE

Advanced practice nursing began more than one hundred years ago with the advent of nurse anesthetists in the late 1800s. Nurse midwives began practice in the early 1900s and clinical nurse specialists developed their role in the mid-1900s. The nurse practitioner role was created in 1965. APNs have not always been well accepted by medicine. As early as 1929 the AMA has been in opposition of progressions made by APNs. The Sheppard-Towner Maternity and Infancy Act, was the first federal legislation passed to provide public funds for maternal and child health programs. Part of this act would have provided money to public health nurses in midwifery. This bill expired after major opposition from the AMA, advocating for an establishment of a single standard in obstetrical care.16

This opposition has continued on a regular basis. For example, in 1993, the AMA’s board of trustees publicly questioned the qualifications of APNs. The AMA published a report claiming nurses are not qualified by their education or training to practice independently or to be the first point of contact for patient’s health care needs. Quality medical care, the AMA argued, requires that a physician be responsible for the overall care of each and every patient.17

After much legislative effort on the part of several national nursing organizations, APNs became Medicare providers in 1998. In 2000, the AMA put forward the Citizen’s Petition in an
attempt to put constraints on APNs that received reimbursement from Medicare. This petition to the Health Care Financing Administration (HCFA) was endorsed by 49 physician groups and asserted that HCFA never issued its carriers any guidelines for physician-APN collaboration that would ensure that NPs and CNSs did not provide care outside their scopes of practice. These examples underscore why AMA opposition to the DNP is not surprising.

The AMA has opposed the DNP since its inception stating concern that APNs may mislead their patients by calling themselves doctor. The AMA is also concerned that the degree could lead to scope-of-practice expansions. While pharmacy, audiology and physical therapy have adopted or set goals for adopting the doctorate degree for entry into practice, they have not met resistance from the AMA.

The AMA’s Board of Trustees Chairperson wrote a statement in 2008 to the Chicago Herald as well as the Wall Street Journal stating the AMA’s position on the DNP. This letter stated that AMA believes that each member of the health care team plays an important role in ensuring patients get the best possible care. The letter goes on to contend that a nurse with a graduate degree does not have the same education and training as a physician who has completed medical school. While standards for the DNP were being developed, physicians are required to complete more than 12 times the amount of practical training. The bottom line for the AMA is that they want health care providers that are not physicians to be supervised by physicians.

Measures taken by the AMA to oppose the transition to the DNP include multiple resolutions passed by the AMA House of Delegates (HOD) over the past few years. In 2006 Resolution 211, Need to expose and Counter Nurse Doctoral Programs Misrepresentation, was adopted. It expressed concern for confusion, patient safety and the erosion of trust in the patient-physician relationship with persons such as DNPs ‘misrepresenting’ themselves as doctors in the
clinical setting. This resolution also expresses the AMA’s concern for physician oversight of APNs. In an attempt to limit the number of APNs practicing the AMA resolved to restrict the number of APNs one physician can oversee at a time for fear the APN will abuse the system\(^{21}\).

The AMA HOD in 2008 adopted resolution 214 which opposes the National Board of Medical Examiners (NBME) participating in any credentialing or certifying of DNPs. The NBME is an organization that provides testing, educational, consultative, and research services to a number of medical specialty boards, societies, and health sciences organizations, particularly physician based organizations\(^{22}\). The AMA fears that if DNP educated APNs are certified by a similar test and organization as physicians, nursing will use this as leverage to expand scope of practice regulations. The AMA resolution also endorsed the position that APNs must practice under the supervision of a licensed physician\(^{23}\). This resolution passed despite the fact that APNs in 23 states are fully autonomous and work independently without physician supervision\(^{24}\).

Another 2008 AMA resolution calls for protection of the title ‘Doctor’ and the terms ‘Resident’ and ‘Residency’. Resolution 232 calls for the use of these only when applied to physicians licensed to practice medicine and those enrolled in medical programs\(^{25}\). Advocating that professionals, in a medical setting, clearly and accurately identify their qualifications and degrees held. The AMA supports state legislation that would make it a felony offense to misrepresent oneself as physician by use of these terms\(^{26}\).

The opposition from medicine is occurring at states levels. There are six states that have statutory restrictions against addressing a doctorally educated APN as doctor. These states are Georgia, Iowa, Maine, Mississippi, Ohio, and Oklahoma. Six states, Arizona, Illinois, New York, Pennsylvania, Texas and Virginia, allow doctoral educated APNs to be addressed as doctor as long as they clarify that they are APNs\(^{27}\). The State of Oregon Board of Medicine
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statutes prohibit using the term Doctor unless you are a medical doctor or doctor of osteopathy\textsuperscript{28}. There is no specific law that prohibits an APN from using the term Doctor. According to the Oregon State Board of Nursing, it is improper to use the term Doctor unless the legal title of licensure, such as family nurse practitioner or adult nurse practitioner, is used in conjunction with it\textsuperscript{24}. There is no case in which either the Board of Medicine or Board of Nursing has sanctioned a provider for the use of this title (T. Klein, written communication, October 2008).

In Iowa, the Iowa Medical Society (IMS) and the Iowa Psychiatric Society are opposing legislation that will allow APNs to obtain the authority to serve as “chief primary health clinicians” in a facility and make periodic case filings without consultation with a psychiatrist\textsuperscript{29}. House Study Bill (HSB) 588 would give APNs the authority to file court reports on chronic substance abusers and persons with mental illness who do not require full time placement in a treatment facility. The basis for the medical societies’ opposition is that this bill would expand the scope of practice of APNs in Iowa\textsuperscript{30}.

In an effort to limit the number of practicing APNs in the state of Alabama, the Alabama Board of Medical Examiners (BoME) implemented the Collaborating Physician Fee in July of 2007. This new regulation requires physicians to pay a fee annually for each APN with whom they are collaboratively practicing. The BoME also has a policy that requires collaborative physician sites to be inspected to ensure compliance. Interestingly, physicians working collaboratively with Physician Assistants are not being assessed a fee, nor are they being ‘inspected’\textsuperscript{12}.

State medical associations are not all in agreement with or follow the recommendations of the AMA. The Washington State Medical Association (J. Dale, written communication, October 2008) states that the provider members may have individual opinions regarding the
practice doctorate in nursing but as an organization they do not have a stance on the matter. The Montana Medical Association (B. Zins, written communication, October 2008) states they have not taken an official position on the DNP program. The association does congratulate the nursing profession for their ongoing refinement of educational avenues. The Utah Medical Association (M. Fotheringham, written communication, October 2008) states they have not taken an official position on this subject, but generally will follow the lead of the AMA on issues they have not taken a specific position on.

DISCUSSION

Many perspectives have been discussed from both the APNs and the AMA, yet other health care professions such as pharmacy, audiology and physical therapy have not publically stated whether or not they have an opinion towards the progression to the DNP degree. The fact that the AMA holds a strong position against the DNP can impact the roles of APNs in the future. The AMA has proven to have a great deal of legislative power creating proposals that have developed into law.

The adoption of the DNP will not change the current scope of practice for APNs as outlined in each state’s Nurse Practice Act31. Making it mandatory for APNs to work under physician supervision would change the scope of practice creating a major setback for APNs. In almost half of the states across the country APNs are practicing autonomously24. Medicine has stated the concern for patient safety and trust being at risk under the care of APNs21. The idea that physician care is safer than the care provided by an APN is not validated by research24. In a study conducted to evaluate the quality of HIV health care provided by nurse practitioners, physician assistants and physicians, nurse practitioners were found to provide care that was similar to or better than care provided by physicians32. In a second study, outcomes of patients
receiving primary care follow-up and ongoing care after an emergency department or urgent care visits by nurse practitioners and physicians were compared. The outcomes of the patients were comparable between nurse practitioners and physicians. The outcomes of patients with hypertension were better when treated by nurse practitioners 33.

The NMBE offering a certification exam for DNPs is controversial in the APN community as well as the medical community. It is unlikely all 50 states would adopt an exam developed to test physicians for determining APNs scope of practice and regulation. This exam is opposed by many APNs who strongly feel APNs should be certified by nursing organizations not the NBME or any other physician organization 34.

The title “Doctor” is common to many disciplines that hold doctoral degrees. APNs holding doctoral degrees are addressed as doctor along with expert practitioners in other clinical areas. APNs are proud of their profession and do not want to be confused with physicians. In many professions doctoral educated professionals are referred to as doctor without fear of confusion 34. In all likelihood, APNs will retain their specialist titles and continue to be called nurse practitioners, nurse midwives, nurse anesthetists, and clinical nurse specialists regardless of the degree they hold. The terms resident and residency have been used for over 25 years describing programs that assist in the transition from student to practitioner. The American College of Clinical Pharmacy’s (ACCP) executive director wrote to the 2008 AMA HOD in opposition to resolution 232 stating the acceptance of this resolution would undermine the AMA’s commitment to helping patients receive the highest quality of care from ALL of the health professionals 35.
CONCLUSION

The Doctorate of Nursing Practice will create a new identity for advanced practice nurses but will not change their scope of practice. The demand for higher quality care and the increasing complexity of healthcare has created a need for a higher increased knowledge and education among practitioners. The goal of the DNP is to meet this need. AMA opposition to the DNP can impact the roles of APNs now and in the future. The AMA has proven to have a great deal of power in federal and state legislature creating resolutions that have developed into laws.

Accurately educating the nursing and medical communities, legislators and the general public about the DNP may help alleviate confusion and improve understanding of the basis for the degree, creating a smoother transition for nursing. Regardless of the perspectives or opinions expressed, the practice doctorate is the future for advanced practice nurses. By 2015, all advanced practice nursing programs will need to offer the in order to remain accredited by the Commission on Collegiate Nursing Education (CCNE) 35.
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http://www.aacn.nche.edu/accreditation/pdf/standards.pdf


http://www.aacn.nche.edu/response.pdf


