Evolving Education and Certification of Advanced Practice Registered Nurses (APRN)

Issue Brief

ISSUE
With the recent release of the principles of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008), and the simultaneous growth in the number of academic programs offering a Doctor of Nursing Practice (DNP) degree, confusion has arisen regarding the appropriate certification pathway for acute care clinical nurse specialists and nurse practitioners who attain DNP degrees. This confusion stems from misunderstandings about the DNP, misunderstandings about the role of certification and licensure, and the recent introduction of a DNP certification examination by the Council for the Advancement of Comprehensive Care (CACC).

As a major provider of certification examinations for acute care clinical nurse specialists and nurse practitioners, and active participant in the advanced practice nursing consensus process, the AACN Certification Corporation prepared this brief to clarify issues and communicate its position.

Education
Doctor of Nursing Practice
The Doctor of Nursing Practice is an academic degree program, not a role. It prepares nurses in one of four recognized APRN roles – nurse practitioner, clinical nurse specialist, nurse midwife, or nurse anesthetist. The national development of DNP programs was spearheaded by the American Association of Colleges of Nursing whose members endorsed the Position Statement on the Practice Doctorate in Nursing in late 2004. This statement called for moving the level of preparation necessary for advanced practice nursing roles from the master's degree to the doctorate level by the year 2015.

Rationale for this decision included research that indicates a clear link between higher levels of nursing education and more positive patient outcomes; recognition of an overall increase in complexity of patient care today, and the critical need for increased quality and patient safety. The prolonged nursing shortage and subsequent need to increase doctorally educated, clinically prepared nursing faculty also played a role in the decision, as did the recognition that the academic credit requirements of advanced practice nursing master’s programs already far exceeded those of other master’s programs. Unlike Nursing, Medicine (MD), Dentistry (DDS), Pharmacy (PharmD), Psychology (PsyD), Physical Therapy (DPT) and Audiology (AudD) all currently offer practice doctorates.

The DNP curriculum builds on current educational preparation standards as defined in The Essentials of Master’s Education for Advanced Practice Nursing that was issued in 1996 by the American Association of Colleges of Nursing. The curriculum incorporates additional content
such as organizational and systems leadership, clinical scholarship, and analytical methods for evidence-based practice, information/systems technology, and healthcare policy/advocacy.

**APRN Education Licensure Requirement**

All boards of nursing and APRN Certification Organizations that meet the National Council of State Boards of Nursing (NCSBN) Criteria for APRN Certification Examinations currently require that newly graduated applicants for APRN licensure or designation have a minimum educational preparation of a master’s degree or higher in the clinical practice specialty in which they are seeking recognition. This preparation includes master’s degrees, post-master’s certificates, or doctoral degrees from programs preparing nurses in one of the four recognized APRN roles.

**Advanced Practice Nurse Certification**

Certification examinations that meet the NCSBN Criteria for APRN Certification Examinations are used as a component of decisions for advanced practice nurse licensure or designation by most state boards of nursing. Because a national certification examination is currently used as a proxy measure for validation of APRN role competencies by regulatory Boards, it is often considered a high-stakes examination, without which an APRN will not be able to legally practice. The high-stakes nature of these exam programs underscores the importance of the validity of the examination instrument in that it must measure what it is intended to measure, and it is able to make a distinction between a minimally competent practitioner and one who is not able to practice safely and effectively.

A valid certification exam measures an APRN candidate’s job-related knowledge, skills, and abilities. Scores on these examinations are considered to be reflective of the knowledge that underlies the critical skills and abilities necessary to perform effectively in practice.

There are three assumptions necessary to document the validity of a certification examination:

- There exist certain critical abilities necessary for effective performance of the role and thus individuals who lack these abilities will not be able to provide safe and effective care;
- Individuals scoring low on the examination lack the knowledge underlying these critical abilities and will not be able to provide safe and effective care; and,
- The examination can be designed to accurately identify the point at which the demonstrated knowledge, skills, and abilities are most indicative of the candidate’s ability to provide safe and effective care.²

**APRN Licensure**

The board of nursing in each state, under the authority of the Nursing Practice Act, establishes statutory authority for licensure of registered nurses. This includes the use of a title, authorization for a scope of practice, standards of practice, and disciplinary grounds.

When a registered nurse engages in practice that is determined to be beyond the identified scope of nursing practice as in advanced practice nursing, legal authorization for that practice must exist in state law. For this reason, the transition to DNP education does not alter the scope of practice of the advanced practice registered nurse. Any title, even if issued by a national certification body, only carries legal status if that title is recognized or authorized in statute or regulation.³

**Evolution of Education, Practice and Certification**

The first link in the chain of evidence assuring the job-relatedness of a regulatory exam is achieved by conducting a job analysis of the role to be licensed or certified. The job analysis must determine the critical abilities necessary for safe and effective practice. Accreditation standards
require credentialing examination programs to conduct job analyses at least every five years to maintain the currency of the examination and to assure public protection.

The education program of an APRN must match the certification exam. When educational requirements increase such as with the new DNP program and new competencies are introduced into a professional curriculum, practice will evolve and ultimately these new competencies will be reflected on a regular job analysis. Once documented, the new competencies are incorporated into regulatory examinations.

It is not necessary or legally defensible to develop a separate examination for competencies that have not yet evolved to a point in practice where they are represented in a job analysis. Because DNP programs are new and the expanded competencies acquired through this degree have not been sufficiently integrated into the practice of the four recognized APRN roles, there is no rationale for development of a specific, general DNP certification exam.

Certification and licensure examinations exist for the purpose of public protection. They do not serve the function of final examinations for degree programs. Therefore, the AACN Certification Corporation believes it is inappropriate to use a certification examination to authenticate the DNP degree.

Proposed CACC Doctor of Nursing Practice Certification Exam
The American Board of Comprehensive Care (ABCC), the certification board for the CACC, has partnered with the assessment division of the National Board of Medical Examiners (NBME) to develop a voluntary certification examination for graduates of DNP programs. This exam will be comparable in content, similar in format, measure similar competencies, and apply similar performance standards as a component of the United States Medical Licensure Examination (USMLE). The last step in the USMLE sequence of examinations provides a final assessment of physicians who will assume independent responsibility for delivering general medical care. It is important to note that this examination does not test competencies of nurse anesthetists, nurse midwives or advanced practice nurses in other specialty areas such as neonatal or psychiatry/mental health.

The stated purpose of the ABCC in administering the DNP certification examination is to test DNP graduates' medical knowledge and understanding of clinical science considered essential for the sophisticated practice of comprehensive care, with emphasis on patient management in ambulatory care settings. The ABCC cautions that the exam is not intended to test graduates from the diverse DNP models of education, but rather to test clinical competency in comprehensive care for the graduate whose doctoral education is focused on direct clinical care. It should be viewed, they say, as an option for advanced practice nurses with the DNP degree who are interested in adding this credential to their accomplishments. The test is not meant to, and will not, change regulatory authority in any way.

The AACN Certification Corporation recommends that acute and critical care advanced practice nurses carefully weigh benefits and burdens in deciding whether or not to take the CACC exam. Eligibility for this examination requires current APRN licensure and thus would duplicate content already tested on current APRN certification examinations. Alone, the CACC exam would not be a valid component of APRN licensure because it is not in alignment with the established national APRN consensus model. It is also not based on a national job analysis of APRN practice, which is a national accreditation standard of certification programs.
COMMITMENT
Advanced practice registered nurses have a strong history with more than 40 years of safe and effective practice in the U.S. Acknowledging the rapid pace at which advanced practice is evolving due to changes in the healthcare industry and society at large, the AACN Certification Corporation is committed to continued active collaboration with the community of nursing to represent and optimize the role evolution and the contribution of acute and critical care clinical nurse specialists and nurse practitioners in ensuring quality care and patient safety. The Corporation will continue to advocate for congruence in the complex, multifaceted system of advanced practice education, licensure, certification and practice.

REFERENCES


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