

June 26, 2006

Oncology Nursing Society Board of Directors

After thoughtful and considered discussion with the membership in our respective special interest groups – Nurse Practitioner and Clinical Nurse Specialist – we are requesting that the Board of Directors of the Oncology Nursing Society take a position **against** establishing the Doctor of Nursing Practice (DNP) as the **required** academic degree for entry into advanced practice nursing. Our memberships acknowledge that the DNP may be a valued additional degree that some advanced practice nurses may choose. As members of the Oncology Nursing Society, whose mission is to promote excellence in oncology nursing and quality cancer care, we are most concerned about the impact of the DNP on nursing care for cancer patients. We believe the primary impact on cancer patients will be to reduce the total number of NPs and CNSs, diminish the unique and different types of services provided by NPs and CNSs, and make it more difficult for NPs and CNSs to achieve expert level competency as specialists in oncology nursing. Specifically, we are concerned that:

- 1) Many NP and CNS master's programs exist in schools and colleges that do not offer and are not permitted to offer doctoral degrees or clinical doctorates. If masters programs close, the number of NPs and CNSs available to care for cancer patients would decrease, negatively impacting the quality of cancer care.
- 2) Requiring a DNP for advanced practice nursing will create a costly roadblock for many current NPs and CNSs, thus reducing the number of practicing NPs and CNSs and negatively impacting the quality of cancer care.
- 3) States establish practice requirements and no blanket guarantee of grandfathering (a regulatory term) can be issued by any professional organization.* Each state will establish its own regulation, thus NPs and CNSs are at risk for being denied the ability to practice which will negatively impact cancer care.
- 4) The roles of NP and CNS are different, and cancer patients benefit from both NP and CNS services. The competencies of the DNP are general and include direct clinical practice in addition to indirect care and leadership-related activities. By obfuscating the role competencies of the NP and CNS, the public may be denied access to the unique cancer services of one or both providers.
- 5) It is unclear how the DNP will prepare graduates as specialists in oncology nursing. Without specialty oncology education, cancer patients will be denied access to the advanced oncology nursing expertise.
- 6) The American Medical Association has resolved to “expose and counter” nurse doctoral programs misrepresentation of the care given by a doctorate nurse, which may lead to intolerable working environments that result in NPs and CNSs leaving advanced oncology nursing practice.

The evidence base supporting the DNP is lacking – the need for the DNP has not been demonstrated. The extent to which the DNP graduate will be able to contribute to the specialty of oncology nursing is unclear. Further, while the unintended negative consequences of requiring this degree for entry into practice have not been well articulated, it is apparent that the potential exists for the DNP to negatively impact nursing care for cancer patients. The results of the June 2006 ONS *Newsletter* sponsored Instant Poll found that 70% of members were against the DNP (total 471 votes), demonstrating that the DNP does not enjoy widespread support among ONS membership in general. Therefore, on

behalf of our SIG memberships, we respectfully request that the ONS Board of Directors develop and publish a position statement against requiring the Doctorate of Nursing Practice (DNP) degree as a requirement for entry into advanced nursing practice.

Thank you for your consideration of this matter of vital importance to all advanced practice nurses.

Sincerely,

Wendy Vogel MSN, FNP, AOCNP
Nurse Practitioner SIG Coordinator

Janet S. Fulton PhD, RN, APRN-BC
Clinical Nurse Specialist SIG Coordinator

* The National Council of State Boards of Nursing is a professional organization, not a regulatory body, and can offer no assurance of grandfathering as can no other professional organization.