

## **NBME Development of a Certifying Examination for Doctors of Nursing Practice**

This white paper delineates the National Board of Medical Examiners' (NBME) rationale for providing assessment services to the Council for the Advancement of Comprehensive Care (CACC)\*, a leadership group in the Doctor of Nursing Practice (DNP) community. Through articulation of the rationale for developing this examination, this document reaffirms the NBME's commitment to its mission to protect the health of the public by providing high quality assessment services to healthcare professional organizations.

### **NBME Mission**

*To protect the health of the public through state of the art assessment of health professionals. While centered on assessment of physicians, this mission encompasses the spectrum of health professionals along the continuum of education, training, and practice and includes research in evaluation as well as development of assessment instruments.*

The NBME has a tradition of assisting many health professions in developing assessment instruments to assess qualifications and assure patients that individual professionals meet standards defined by their profession. NBME initially provided voluntary certification for physician licensure; however, for nearly 50 years, NBME has provided assessments for a range of others in the health professions. In addition to the several American Board of Medical Specialties member boards and other medical professional organizations currently served, NBME clients also include the American Association of Medical Assistants, the American Physical Therapy Association, and the National Commission for the Certification of Anesthesiologist Assistants. The NBME first assisted in the preparation of assessments for advanced practice nurses and physician assistants more than 30 years ago. Providing a DNP certification examination is aligned with the NBME's mission and its history.

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\* Since the initial agreement between the NBME and CACC, CACC has established the American Board of Comprehensive Care as the certifying body for DNPs (see <http://www.abcc.dnpcert.org/about.shtml>).

## **The CACC Certifying Exam**

On March 17, 2008, the National Board of Medical Examiners (NBME) entered into a contractual agreement with the Council for the Advancement of Comprehensive Care (CACC) to develop a certification examination for qualified graduates of Doctor of Nursing Practice (DNP) programs across the United States. The Certification Examination will assess the knowledge and skills necessary for nurse clinicians to provide safe and effective patient-centered comprehensive care.

The Certification Examination is envisioned as one element of a three-part process for DNP certification. Candidates must first possess an active license as an advanced practice nurse. Second, they must successfully complete the educational requirements of the DNP program. The DNP degree builds on nursing licensure as an advanced practice nurse by adding expanded coverage of the knowledge and skill relating to both the nursing and medical aspects of care for complex illness. Finally, successful candidates must pass the certification examination. The examination is intended to offer an additional level of assurance to the public that graduates from the various educational programs have met a similar standard with regard to the domains assessed in the certification process.

The DNP Certification Examination utilized the test blueprint developed for USMLE Step 3 as a basis for its design; however, a CACC-appointed expert committee made final decisions regarding the actual test design to be used, and the resulting design has different dimensions than the Step 3 examination. The exam will utilize test items previously used in the USMLE Step 3 examination; no items in current use in USMLE will appear in the CACC exam. The CACC-appointed expert committee will establish its separate pass/fail standard, informed by information about the pass/fail standard for USMLE Step 3. The exam will be shorter than USMLE Step 3, will contain a different mix of multiple-choice questions, and will initially not use the computer-based patient management simulations that are part of USMLE Step 3, although this test format will be added in the future. CACC will define eligibility requirements for taking its examination; these requirements will differ substantially from USMLE Step 3 requirements, for example, no formal clinical skills assessment or test of fundamental science knowledge will be prerequisites.

## **CACC Rationale for the DNP Degree**

The Doctorate of Nursing Practice degree was developed in 1999 to respond to a national need for increased access to comprehensive, patient-centered care. Indeed, continued growth and aging of the United States' population combined with insufficient expansion of the generalist physician workforce pose serious threats to the nation's foundation of primary care.<sup>1,2</sup> Deficits in the primary care work force contribute to fragmentation and inefficiencies in health care resulting in increased cost and decreased quality, as well as patient and physician dissatisfaction.<sup>2</sup> Perhaps most significantly affected by deficits in primary care are the most vulnerable populations in the United States, such as those living in underserved areas.<sup>3</sup> Furthermore, lack of access to primary care services undermines efforts toward healthcare reform designed to reduce the number of uninsured patients and provide universal access to health care.<sup>4</sup>

One solution to the problems created by a shortage of primary care providers is to bolster the physician work force through addressing the array of forces that adversely impact decisions by medical students and physicians to pursue training and practice in primary care.<sup>5</sup> However, despite recognition of this problem for many years, the medical profession has not effectively addressed the need for primary care clinicians. Indeed, the number of medical students pursuing primary care graduate training has declined precipitously.<sup>6,7</sup> An additional approach to the primary care crisis would be to share the responsibility for patient care with non-physician providers who have obtained appropriate training and demonstrated the requisite competence for providing such care. Efforts to identify non-physicians with the experience and credentials to provide high-quality care are especially important given projections that initiatives to increase the physician work force are likely to fall short of meeting the public's needs.<sup>1</sup> Nurse practitioners, physician assistants, and other health professionals have been proposed as means by which our nation can address its citizens' health care needs.<sup>8</sup> However, addressing the shortage of primary care physicians by increasing the numbers of non-physician providers must occur with concomitant assurance of competency. The NBME's collaboration with CACC is intended to provide an additional level of assurance that licensed nurse practitioners, having completed doctorate level training focusing on comprehensive patient-centered care, are able to meet an appropriate standard with regard to the knowledge and skills relevant to that practice.

## **NBME and the DNP Exam**

The NBME's decision to develop this examination has met with objection from some organizations within the medical profession. Concerns expressed fall into two categories. First, representatives of various medical associations and societies have expressed concern that the NBME's agreement to support the assessment needs of the DNP community by using materials derived from the United States Medical Licensing Examination (USMLE) would encourage intentions to mislead the public about the qualifications and expertise of DNPs. Second, leaders of these organizations stipulate that allowing unsupervised patient care by DNPs would pose unacceptable risks to patient safety and healthcare quality. In the next sections of this paper we describe the reasons underlying the NBME's decision to provide assessment services to CACC, followed by our response to the specific concerns expressed by parties within the medical profession.

## **Rationale for Developing the Doctor of Nursing Practice Certification Examination**

The rationale for providing examination services for CACC is based on the NBME's role as an assessment organization in supporting its mission to protect the public through the provision of high quality assessment services to health care professional organizations. Our governing board's initial (and recently reaffirmed) decision to provide these services is based on the following premises:

1. Providing a DNP certification examination is aligned with the NBME's mission and its history.
2. Comprised of representatives from the nursing and physician communities and esteemed public members, CACC is a credible organization to sponsor the voluntary certification program for nurses holding the DNP degree. Its request for an examination to ensure that graduates from different DNP educational programs meet a common standard is consistent with the services the NBME provides to other healthcare professional organizations.
3. Nurses with DNP degrees, as fully licensed nurse practitioners, have the legal authority to provide primary care clinical services (under varying circumstances and with varying levels of supervision) in essentially all jurisdictions. The DNP certifying examination is not a licensing examination. Passing the DNP certifying examination does not confer

additional legal authority; it simply provides evidence of having met a high standard in the domains assessed in the certification process.

4. Current and future patients of these nurse clinicians deserve a system that assures them that the clinician providing services meets appropriate quality standards. Our support for the DNP assessment process helps provide that assurance.
5. In the interest of protecting the public, the examination for such a certification should be of the highest quality and should reflect the range of professional services to be provided. Inasmuch as DNPs provide primary comprehensive care, particularly for the management of chronic illness, the content for any examination relevant to this model of practice will resemble the content of USMLE Step 3, which is explicitly targeted to the assessment of knowledge and skills relevant to the management of patients with common medical conditions. The DNP certifying examination is *not* designed to replicate the USMLE assessment for medical licensure. It does not include the in-depth assessments of fundamental science, clinical diagnosis, and clinical skills that are provided through USMLE Step 1, Step 2 CK, and Step 2 CS. Similarly, the training leading to the DNP degree is substantially different from the educational experiences that result in the MD or DO degrees. The context and the scope of a DNP certifying examination is materially different from the context and scope of the USMLE.
6. Providing healthcare in the future will require the collaboration in multidisciplinary teams of a range of professionals with diverse education and experience. Our collaboration with CACC to provide assessments for nurse clinicians utilizing the expertise we have developed in assessing generalist physicians is supportive of the team approach to providing healthcare services that should be the norm in the future. We believe that partnering with our health professions colleagues to optimize the quality and availability of care for patients serves to model – in the realm of assessment – the values and behaviors needed for excellent healthcare.
7. Assumption of expanded clinical roles by nurses and other health professionals raises difficult questions for regulators of each profession. Lack of clarity regarding the boundaries of each profession poses challenges: What regulatory authority is responsible for monitoring quality and disciplining aberrant professionals when norms of practice are breached? Is it reasonable to expect patients to accept different standards of practice

when similar clinical services are provided by professionals regulated by different regulatory authorities? While these and many other questions are legitimate, they fall outside the expertise of the NBME. Such matters will be best resolved by those entities with authority for defining professionals' scope of practice. The role of the NBME is to support high-quality assessment of professionals who are practicing within the boundaries of their profession as defined by society.

### **The Goal: Patient Safety and Excellent Healthcare**

With regard to assertions by members of some medical organizations about the threats to patient safety and quality of care posed by DNPs, there is little evidence to support such claims. Our review of the scientific literature does not support a contention that the clinical services provided by nurse practitioners (nurse clinicians entering DNP programs) are inferior to similar clinical services provided by physicians. Numerous studies demonstrate that when nurse practitioners are compared to physicians, NPs provide equivalent levels of safety and quality of care for acute and chronic medical problems in ambulatory and inpatient settings and in disease-specific and primary care contexts.<sup>9-16</sup>

The NBME agrees with our colleagues that all healthcare professionals must acquire and demonstrate the necessary competencies for delivering high quality healthcare and that the background and expected proficiencies of various healthcare professionals be made known to the public to facilitate well-informed health care choices. We have not received any substantiated reports that DNPs misrepresented their training or abilities. Rather, leaders in the DNP community have advocated for the specific professional values of this provider group in improving access to high quality care. The DNP community and NBME officials have been consistent in our communication about the certifying examination, accurately representing its content, purpose and standards, as well as its defined role in ensuring the competence of DNP candidates.

With a bridge with the DNP community now in place, we have an opportunity to advance our collective understanding regarding the appropriate healthcare role of different primary care providers in the ultimate interest of facilitating the public's access to high quality medical care.

We believe that, in the future, assessment for licensure, certification, and credentialing will be increasingly competency based, focused on the knowledge, skills, and personal attributes necessary to provide specific services rather than just the educational path completed. The collaboration between CACC and NBME is a small first step in pursuing a vision of assuring patients that all healthcare workers who provide a specific service will be held to a similar standard of practice.

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