

Clearly there will be a continuing need for practitioners of nursing/medical technology as well as for professional nursing clinicians. Educators in associate degree and baccalaureate programs are doing a commendable job of preparing graduates for the technology role. The components of baccalaureate education that are properly a constituent of professional education could be moved into an ND program. Specialization in nursing practice would be at the post-ND level and remain at the master's level. That leaves associate degree and some baccalaureate ladder programs to prepare for nursing technology, an ND program for professional practice, Master's programs for practice specialization, and PhD for research. Not much of a plethora.

Foundational to all of this is a clear understanding of the philosophical/theoretical underpinnings of the nursing discipline. Without it we lose our place in the whole scheme of things.

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doi:10.1016/j.outlook.2005.09.004

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To the editor

On behalf of the National Organization of Nurse Practitioner Faculties (NONPF), I am writing to clarify an inaccurate statement that appears in the article "Reflections on the Doctor of Nursing Practice" by Dracup et al in

the July issue of *Nursing Outlook*.¹ This article incorrectly attributes a 2005 resolution to adopt a position acknowledging parity between the PhD and the practice doctorate in nursing to NONPF. Our organization did not have such a resolution introduced this year during our annual business meeting, nor have we ever had a resolution addressed on this issue by the membership.

We wish to note, as well, that the NONPF Board has not issued any statements that have stated there is parity between the research doctorate and the practice doctorate. In fact, our statements have promoted the ongoing distinction between the two academic degrees. We have contended that the practice doctorate helps to preserve the integrity of the PhD by ensuring that it remains a true research degree available to support a related career trajectory. The practice doctorate, on the other hand, should be available to provide the highest, terminal degree to the clinician. The only time that our organization has addressed parity in our statements is in suggesting that the practice doctorate may offer parity with other health disciplines that offer a terminal, practice-focused degree.

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doi:10.1016/j.outlook.2005.09.005

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Reply

We thank Dr O'Sullivan for this significant correction. Although this

comment was made in open discussion at the annual meeting, we should have confirmed that the point did not move to the resolution stage.

The risk remains of considering the degrees equivalent since both are terminal degrees, so we are pleased that the National Organization of Nurse Practitioner Faculties (NONPF) makes the distinction between a clinical practice-based advance degree and a research doctorate.

With a relatively short research and academic tradition, nursing will need to continue to develop strong research programs. We worry that the DNP would take a similar path as the practice doctorate in education (EdD), emphasizing administration and policy. Studies in administration and policy cannot substitute for developing advanced practice roles.

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doi:10.1016/j.outlook.2005.09.002