

American Board of Comprehensive Care Certification (ABCC): Too Close to Medicine?

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Some skeptical members of nursing and medicine have been challenging the landmark ABCC certification from perspectives that appear different but are stunningly similar: Should nursing utilize testing of medical knowledge as part of its new certification for doctors of nursing practice?

Though this is the common query, it arises from different concerns. Some nursing organizations (the National Council of State Boards of Nursing [NCSBN], for example) worry that using a medical exam would facilitate medicine's increased oversight of nursing practice. NCSBN officers worry that if doctors of nursing practice (DNPs) prove they can practice comprehensive generalist medical care then doesn't that lead to organized medicine regulating nursing practice? Shouldn't all testing and certification be solely from nursing?

Medicine sees something else; if DNPs can prove they can practice generalist comprehensive medical care, won't the public be bamboozled into thinking a physician is caring for them when that professional is, in fact, a nurse? This argument led to two recent American Medical Association (AMA) resolutions. One opposed the National Board of Medical Examiners (NBME) for agreeing to develop a test for ABCC to measure DNPs for the same competency as the U.S. Medical Licensing Examination (USMLE) Step 3 examination for physicians' competency. The resolution also requested that the AMA adopt a policy that DNPs must only practice under physician supervision. A second resolution protects the "doctor" and "resident" titles so that in a medical setting they apply only to physicians, dentists, and podiatrists. These resolutions as well as thousands the AMA has passed previously have no regulatory authority.

These nurse and physician groups (and some individuals) are queasy about the same issue: Aren't DNPs looking too much like physicians? And if so, is that a bad thing?

With any evolution, progress is minute and unrecognizable until certain barriers are breached. Just as lobe-finned fish grew limbs and swam like conventional fish before they walked out of the water toward the next pond, advanced practice nurses developed a broad medical knowledge base before announcing they were ready to be measured against conventional medical doctors. Looking back, that progress has been quite visible and has been charted carefully by federal and state regulation. Nursing experienced and celebrated this progression, but medicine turned a blind eye (at least conventional generalist medicine did). Physicians in the specialties saw this evolution coming and celebrated the new partnership. So what exactly is a DNP, and why add medical measurements to a nursing certification?

A DNP is a nurse with extensive, sophisticated education resulting in practice that incorporates distinctive nursing—and medical—competencies in comprehensive care. This new hybrid professional is exquisitely prepared for independent care of sick individuals who require initial diagnosis and treatment and coordinated care across sites (office/emergency room/hospital/long-term care), and over time, from a variety of clinicians.

This is more than primary care and more than conventional generalist medicine. DNPs learn to provide comprehensive medical care and embed this knowledge and skill set in a nursing approach that embraces the patient as a member of a family and a community and as an individual who requires education, advocacy, and support.

Patients who choose a DNP for their comprehensive care provider should be assured that the clinician has the requisite medical skills and knowledge. How better to do this than to have DNPs take an exam testing the same competency as a medical doctor? Patients deserve proof of this unquestionable standard.

Nurses have been on a path to this ultimate degree and certification for over 40 years. Slowly and surely after the nurse practitioner arrived on the scene in 1965, nurses with advanced skills in medical diagnosis and treatment have been recognized by federal (Medicare) and state (Medicaid) reimbursement. Medicine took little notice because most patients were poor or lived in undeserved or rural communities where there were few physicians and therefore no competition between physicians and nurse practitioners. This all changed in 1997, when Columbia University School of Nursing nurse clinicians opened a primary care practice in midtown Manhattan, challenging the idea that mainstream commercially insured patients would only choose a physician for their care. The New York State Medical Association took notice—after 30 years—and decided that nurses providing primary care were practicing medicine and should be shut down. It was too late. The fish had limbs, and the next pond was within walking distance. Formalizing these new and expanded skills in the DNP degree was clearly the next step. The bridge was secured.

Adding an (NBME) exam to the ABCC certification process, testing the same competency as medical doctors, is the gold standard for quality and safety as DNPs assume independent positions in comprehensive care. The NBME sees its mission as providing reliable standards that promise high quality care and patient safety. The

exam helps meet this mission. If nursing alone develops a certification exam, the bridge is broken; the argument would then have to be made that certification by nursing is equivalent to certification by medicine. The public simply will not buy this, and nursing will continue as a second-tier profession.

Medicine cannot regulate the nursing profession, especially as it moves increasingly into an area of independent practice. The NBME exam is only one of four components in the certification process, with the other three developed solely from within nursing. ABCC provides a nursing certification measuring nursing at its highest level of practice.

Nurses who earn the DNP will be called “doctor,” just like others in health care disciplines who have reached the highest level of clinical proficiency. Dentists, psychologists, podiatrists, social workers, and nurses provide distinctive services and are each appropriately called “doctor.” Although there are many shared competencies among health care professionals, this does not confuse patients who know the difference and value the distinctions.

Comprehensive care is new and different. It is an amalgam of nursing and medicine. It will be the new and better “primary care,” which is in steep decline in medicine. The public needs this new professional and needs to know that DNPs are not only exemplary nurses, but that they also have the medical competency to deliver and coordinate patient care.

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