News from the ICN International Nurse Practitioner / Advanced Practice Nursing Network

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Greetings from the outgoing chair:

Working Internationally

During my period as Chair of the ICN ANP/ NP network, I have been invited to several parts of the world to talk about advanced practice. Although, we all have our own language and our own kind of English, we understand each other very well - not only here in the north of Europe, but globally. Wherever I go to talk about advanced practice I meet inspiring colleagues who are very motivated for our fantastic profession, including our strive to expand this role.

Recently I attended the First Nordic Conference on Advanced Nursing Practice, where the conference audience originated from several different Nordic countries. The speaker, Prof. Lisbeth Fagerstrom, has been involved with the introduction of ANP in Finland and Norway and hopefully will expand this to Sweden, Denmark and Iceland. Although the themes of the conference were global, they were discussed in the specific context of their country or continent. What is ANP? A concept of expanded practice or mini doctors? Is there evidence that NPs deliver high quality of care? Yes! There are over 100,000 reviews and we are still seeking to find more evidence. Why should we have NPs if we are satisfied with our practices? An NP is not just a nice thing to have, but somebody you need to have if there is a problem in continuity of care, in quality, in compliance, or in effectiveness. Although the themes are predictable, the answers to these questions need to be found in each national perspective.

During my time as a member of the Network I saw the ANP role increasing worldwide: more APNs in more countries. I am still very enthusiastic about nursing and advanced nursing, and I will continue with education, research and innovation.

During the Malta conference Anna Green from Australia will take over the Chair position and I will remain as Past Chair until the end of the year. It was an honour for me to work with you all. Good luck Anna, good luck colleagues! Thank you for working with me and we will certainly meet again.

Petrie Roodbol, Chair
International NP/APN Network
International Council of Nurses

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Featured Countries:

A story from Kathmandu, Nepal,

Author: Mrs Jamuna Tamrakar Sayami, Nursing Director, from the T.U. Teaching Hospital in Hamatajgunj, Kathamndu, Nepal

From 8th -11th 2010**,** I had an opportunity to participate in 6th INP/APNN conference" held in Brisbane, Australia. The conference brought together nurse practitioners, advanced practice nurses, policy makers, researchers, executives and managers from around the world to discuss, debate and analyse how the nursing profession can respond through advanced practice to changing environments to meet the demands placed on health care systems.Coming from a poor and underdeveloped country, it was a great surprise for me to see nurses working as self-employed independent care providers across the health systems of different countries. It was eye opening as well as insightful. At this conference I learned a great deal from attending many presentations ranging from nurses practicing in the community to practicing in tertiary hospital care settings. It was interesting to learn that the nurses had been sufficiently successful in advocating for their role as advanced practice nurses. In Nepal there is a burden of work for nurses but no recognition is given in the form of the nurse practitioner role. In most of the hospitals, all the activities of nurses are dependent on the doctor's orders and prescriptions. In some cases, there are certain standing orders where nurses are allowed to provide specific interventions.

Nursing education in Nepal

Nursing education was started in Nepal in 1956. In the beginning, nursing education was based on practical exposure in hospital settings with a focus on curative services under the supervision of the government of Nepal. Nursing education then became institutionalized within academic institutions in 1972 under Tribhuvan University (TU), Institute of Medicine as a Proficiency Certificate Level (PCL) nursing programme. In the beginning, there was only one campus running the PCL nursing programme; later on more colleges expanded the PCL nursing programme under TU. These developments in nursing led to the accomplishment of higher level nursing education programmes in the country including the Bachelors Nursing (BN), the B.Sc. Nursing and the Master Nursing (MN) offered in both Tribhuvan University and other universities. Now there are 103 PCL Nursing programmes, 19 BN programmes, 25 B.Sc nursing programmes, and 3 MN programmes running in different government and private sectors. The nursing population is growing tremendously.

The Nepal Nursing Council is an organisation which governs the authority to register all levels of nurses produced in the country to practice in the field. The Nepal Nursing Council was formulated in 1995 by the government of Nepal with the aim of bringing effectiveness in nursing service throughout the country by the scientific management and mobilization of nurses according to their qualifications as well as to ensure registration of all nurses. In Nepal, nursing education institutions are increasing in large numbers. Recent data gathered from nurses registered in the Nepal Nursing Council revealed the number of nurses in the following programmes: PCL 14,077; Auxiliary Nurse Midwife (ANM) 16,283; and foreign nurse 638.

According to the health policy of the Nepal Government, nurses' roles have been extended in different areas of health care settings such as in the area of reproductive health. There is a policy and a protocol detailing nurses' extended roles as birth attendants who are responsible for the total care of women during pregnancy, child birth, and postnatal care. But in hospital settings, nurses are not given such an opportunity. There is another area including STDs and HIV/AIDs care settings where nurses and health care professionals are given training in case management, voluntary counselling and testing. In the areas of child health there is also a policy programme as well as training programmes in case management of childhood illnesses. There are also legal provisions for nurses to provide comprehensive

abortion care and post abortion care, but these roles and tasks are not well distributed.

Similarly, there are many levels of advanced courses in nursing including master's degree nursing in different areas such as pediatric nursing, adult nursing, community health nursing, women's health nursing and psychiatric nursing. Recently, provisions have been developed for the Ph.D. in nursing. Nurses are neither recognised as clinical experts nor as specialty nurse practitioners despite their master's level specialty degrees. In a developing country like Nepal, where human resources in health are scarce and costly, there is a need to revisit course curricula and develop the advanced practice nurse role within the existing nursing education system.

In view of the above situation, I developed an advocacy programme to present to different fields of nursing, as well as a power point presentation based on the recent conference experience and documents from the ICN/APN network. This was presented on the 49th Anniversary of the Nursing Association of Nepal (NAN) on 29th Jan, 2011. More than 200 nurses gathered from all sectors of nursing including the chief nurse of the Ministry of Health, members of the Nepal Nursing Council, and nursing staff from more than 20 hospitals of the country. The objectives of the programme were to orient the nurses about the concept of advanced practice nursing, sensitize and build up consensus to establish the APN role and identify areas for development of the role within the country. The contents of the presentation included the definition of the APN, what nurse practitioners and advanced practice nurses can do, the NP/APN settings including purpose, type, acuity and sponsorship, and a discussion of practice sites including hospitals, community and ambulatory settings, mobile clinics, work sites and schools.

Examples of possible domains of clinical activity were identified to include:

- **Condition specific**: breast care, stoma care, diabetic care, cardiology, oncology
- **Client group specific**: children, elderly, refugees, immigrants, homeless, acutely ill, common concerns, chronic disease management
- **Area specific**: intensive care, coronary care, neonatal unit, nurse-managed services, orthopedic unit, emergency clinics, minor injuries
- **Public health**: schools, mobile clinics, home visiting, community clinics when APNs work in or out of hospital sites, practice is commonly associated with Primary Health Care. Community care or expansion of APN roles in institutions or hospitals under the supervision of physicians and directly related to a specialty. APN services can include care at the secondary and tertiary level.
- **Areas for Nurse Practitioners:** nurse anesthetists, adult, pediatric, women's health/ midwives, neonatal, psych/mental health, clinical nurse specialists, extended roles – diabetes, nephrology, etc.

The presentation also included the examples from the other countries where the APN roles have been developed and are up and running.

All the participants listened to the presentation attentively and raised questions about advanced practice nursing in countries in the South East Asia region. During the presentation, the Brisbane conference experience was also shared. Following the presentation, a discussion committee was formed to develop a proposal to take forward the concept of Advance Practice Nursing within the country.

Conclusion

There is a great need for the independent nurse practitioners to serve rural populations in Nepal where doctors are not available. Hence, the people of Nepal can benefit from a new dimension within the nursing profession of independent practicing nurses and advanced practice nursing systems. Both should be introduced and enhanced within our country.

South Africa:

Author: Stacie Stender (CSG Member)

South Africa has the highest burden of HIV in the world, with an estimated 5.63 million adults

and children living with the disease, an adult (15-49 years) HIV prevalence of 17.8%, and an antenatal prevalence of 29.4%.[1] Despite having the largest antiretroviral programme globally, access to treatment for HIV remains low, with only 37% of those requiring treatment receiving it by the end of 2009.[2] However, in April 2010, the government of South Africa finally gave authority to nurses to prescribe life-saving treatment for those living with HIV, committing to increased access.

The HIV & AIDS and STI Strategic Plan for South Africa (NSP 2007-2011) recognised that the unavailability of skilled personnel was a major threat to the implementation of the NSP, and the ambitious adult and paediatric targets relied upon a shift specifically from doctor-based to nurse-based care.[3] The doctor-driven approach to HIV care developed in Western, resource-rich-settings was not appropriate or feasible in a health care environment with limited human resource capacity, particularly in a country where registered nurses working in the public health system provide the majority of primary health care services.

The goal of nurses initiating antiretroviral therapy (ART) in 80% of adults and 35% of children in need by nurses by 2011 was not being adequately addressed, and in 2009, the South African National AIDS Council (SANAC) Technical Task Team on Treatment, Care and Support reviewed national and international policies relevant to human resources for health to give guidance to the government on implementation. SANAC supported the task-shifting strategy to ensure universal and free access to comprehensive primary health care services, including ART.

Today, professional nurses are confidently and competently initiating and managing adults, children and pregnant women on anti-retroviral therapy, improving quality and access to comprehensive health care services for South Africans.

Upcoming ICN INP/APNN Conferences

- **2012 ICN INP/APNN conference, 20 – 22 August 2012, Imperial College, London, England**

Watch this web site for further details and conference links – www.icn-apnetwork.org

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[1] National Department of Health (2010). National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa 2009.

[2] WHO/UNAIDS/UNICEF (2010). Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector.

[3] National Department of Health (2007). HIV/AIDS and STI strategic plan for South Africa, 2007-2011. Pretoria