

## ICN Nurse Practitioner/ Advanced Practice Nursing Network

### Country Profiles

#### **Introductory statement:**

The International Council of Nurses (ICN) Nurse Practitioner/Advanced Practice Nursing Network Sub-group 'Practice' and the Core Steering Group (CSG) are posting the below information, which has been submitted by advanced practice nurses describing the situation in their countries. We are providing this profile in order to make information more widely available on the status of advanced practice nursing in different countries and regions of the world. Please note, however, that this information has not been generated through research carried out by the CSG or ICN. If you are planning to study or work as an APN in any country, please be in touch with the appropriate authorities in the country to verify education, practice and regulatory requirements.

## **CONTENT**

Please note that country profiles are ordered by the date last up-dated. Profiles may therefore not follow an alphabetical order.

The following depicts the list of country profiles included:

### **September 2013**

- **Canada**
- **Ireland**
- **Germany**
- **United Kingdom**

### **January 2014**

- **China**

### **May 2014**

- **Nigeria**

**Country: Canada**

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The Advanced Practice role in Canada has evolved over the last decade, having been in existence since for over 40 years. Definitions and information for this update are based primarily on the work of the Canadian Nurses Association (CNA).

According to the [2008 Canadian National ANP Framework](#), the agreed definition for ANP in Canada is:

*...an umbrella term describing an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities and populations. It involves analyzing and synthesizing knowledge; understanding, interpreting and applying nursing theory and research; and developing and advancing nursing knowledge and the profession as a whole (CNA 2008).*

Currently in Canada, there are two ANP roles recognized; the Nurse Practitioner (NP) and the Clinical Nurse Specialist (CNS).

### **Background Reading**

For those interested in a more thorough examination of the ANP role in Canada, in 2010 the journal Nursing Leadership published a special issue which focused entirely on a decision support synthesis paper ([DeCenso et al., 2010](#)) and nine other papers. Dicenso et al. describe the rest of the journal as follows

*The nine papers focus on various dimensions of the APN role in Canada. They include a historical account (Kaasalainen et al. 2010), an examination of educational issues (Martin-Misener et al. 2010), detailed summaries of the status of primary healthcare NPs (Donald et al. 2010b), acute care NPs (Kilpatrick et al. 2010) and CNSs (Bryant-Lukosius et al. 2010), the role of nursing leadership in integrating APN roles (Carter et al. 2010), an examination of title confusion and lack of role clarity as barriers to role implementation*

*(Donald et al. 2010a), factors enabling role integration (DiCenso et al. 2010c) and, finally, examples of innovative models that utilize NPs to increase patient access to primary healthcare (DiCenso et al. 2010a).*

These publications are considered to be highly valued Canadian publications, and speak to all facets of the ANP role and integration in Canada. Those interested in learning more can access the full special issue free of charge [here](#).

### **Nurse Practitioner (NP)**

According to the CNA (2006) a NP is defined as a registered nurse with additional educational preparation and experience who possesses and demonstrates the competencies to autonomously diagnose order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within the legislated scope of practice. NP data is easier to track as they are regulated in all jurisdictions in Canada with a separate and distinct license. Currently, the NP is the only ANP role with additional regulation and title protection. The numbers of NPs registered doubled from 1,344 to 2,777 between 2007 and 2011 according to the Canadian Institute for Health Information (2011).

### **Clinical Nurse Specialist (CNS)**

According to the CNA (2006) a CNS is defined as a registered nurse who holds a master's or doctoral degree in nursing with expertise in a clinical nursing specialty; uses in-depth knowledge and skills, advanced judgment and clinical experience in a nursing specialty to assist in providing solutions for complex health-care issues. As part of work through the CNA in 2012, Verani (2012) developed a sourced background document to inform a strategic thinking round table of Canadian nurse leaders interested in the CNS role. This document is called [Strengthening the Role of the Clinical Nurse Specialist in Canada](#) and is an excellent resource. The estimate of actual numbers of CNSs below is taken from that document:

*There are approximately 2,200 self-identified CNSs in Canada according to 2009 CIHI data. This number is considered to be high as this includes both baccalaureate and masters prepared nurses. Kilpatrick et al (2011) have estimated approximately 800 masters prepared CNSs in Canada using 2009 CIHI data. In a cross sectional survey of self-identified CNSs in Canada (with 59% response rate), we learn that the majority of this sample worked in urban settings (93%) and on inpatient units (62%). Majority (75%) saw patients in their practice and worked in a broad range of specialty areas. Less than 50% of these CNSs were part of a union; 50% reported to a senior nurse in the organization; and less than a third used a specific framework to guide their practice.*

*Additionally, the authors concluded that the CNS numbers were highly vulnerable to cutbacks and policy decisions.*

## **Education**

According to the CNA (2008):

*The minimum educational preparation for advanced nursing practice is a graduate degree in nursing. A nurse with this type of graduate preparation has a thorough grounding in the theoretical foundation of nursing and can promote nursing research, generate new knowledge and use academic preparation, synthesis and knowledge-transfer skills to interpret and incorporate new knowledge into clinical practice. Although a graduate degree is essential for advanced nursing practice, nurses who have completed one or more graduate degrees cannot assume that their practice is at an advanced level on the basis of these educational credentials alone. It is the combination of graduate education and clinical experience that allows nurses to develop the competencies required in advanced nursing practice.*

## **Interesting Web Links**

<http://www.caapn.com/>

<http://npcanada.ca/portal/>

<http://www.npnow.ca/>

<http://apntoolkit.mcmaster.ca/>

## **References**

Bryant-Lukosius, D., Carter, N., Kilpatrick, K., Martin-Misener, R., Donald, F., Kaasalainen, S., Harbman, P., et al. (2010). The Clinical Nurse Specialist Role in Canada. *Journal of Nursing Leadership: Special Issue*, 23, 140-166.

Canadian Nurses Association.(2012). Strengthening the role of the clinical nurse specialist in Canada. Unpublished background document

DiCenso, A., Bryant-Lukosius, D., Martin-Misener, R., Donald, F., Abelson, J., Bourgeault, I., Kilpatrick, K., et al. (2010). Factors Enabling Advanced Practice Nursing Role Integration in Canada. *Journal of Nursing Leadership: Special Issue*, 23, 211-238.

Dicenso, A., Martin-Misener, R., Bryant, Lukosius, D., Bourgeault, I., Kilpatrick, K., Donald, F., Kassalainen, S., et al. (2010). Advanced Practice Nursing in Canada: Overview of a Decision Support Synthesis. *Journal of Nursing Leadership: Special Issue*, 23, 15-34.

- DiCenso, A., Bourgeault, I., Abelson, J., Martin-Misener, R., Donald, F., Kaasalainen, S., Carter, N., et al. (2010). Utilization of Nurse Practitioners to Increase Patient Access to Primary Healthcare in Canada – Thinking Outside the Box. *Journal of Nursing Leadership: Special Issue*, 23, 239-259.
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- Canadian Nurses Association. (2008). *Advanced Nursing Practice: A National Framework*. Ottawa: Author.
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- Kilpatrick, K., Harbman, P., Carter, N., Martin-Misener, R., Bryant-Lukosius, D., Donald, F., Kaasalainen, S., et al. (2010). The Acute Care Nurse Practitioner Role in Canada. *Journal of Nursing Leadership: Special Issue*, 23, 114-139.
- Martin-Misener, R., Bryant-Lukosius, D., Harbman, P., Donald, F., Kaasalainen, S., Carter, N., Kilpatrick, K., & DiCenso, A. (2010). Education of Advanced Practice Nurses in Canada. *Journal of Nursing Leadership: Special Issue*, 23, 61-84.

**Country: Ireland**

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Nursing and healthcare in Ireland has changed dramatically in the last two decades. Part of this change was the introduction of the Advanced Nurse/Midwife Practitioner (ANP/AMP) role. The first ANP post was approved in 2001 in emergency nursing, with the first ANP being accredited the following year. Since then ANP/AMP posts have been established in a variety of settings in response to service needs.

ANP/AMPs are autonomous, experienced practitioners who use an advanced level of clinical decision making skills, are competent, accountable and responsible for their own practice.

ANPs/AMPS demonstrate high levels of expertise in the assessment, diagnosis and treatment of complex health problems of individuals, groups and communities. They are supported by a medical consultant doctor and a majority of them are certified to prescribe medication and ionizing radiation.

Prior to 2012, Advanced Nurse/Midwife Practitioners were accredited by the National Council for the Professional Development of Nursing and Midwifery (NCNM). In 2011, the NCNM was dissolved and the Nurses Act 2011 provided for a distinct division of Registered Advanced Nurse Practitioners (RANP). Thus, RANPs are registered with the Nursing and Midwifery Board of Ireland (NMBI) and practice in a wide variety of settings; caring for adults, the elderly, children and newborns both in the hospital setting and in the community.

In Ireland, research has demonstrated conclusively that care provided by RANPs improves patient/client outcomes, is safe, acceptable to patients and cost neutral (SCAPE 2010).

#### **4 CORE CONCEPTS OF ADVANCED NURSE/MIDWIFE PRACTICE**

The four core concepts of Advanced Nurse/Midwife Practice in Ireland include Autonomy in Clinical Practice, Expert Practice, Professional and Clinical Leadership and Research. Each core concept is briefly outlined below.

##### **1. Autonomy in Clinical Practice**

An autonomous RANP/RAMP is accountable and responsible for advanced levels of decision-making which occur through the management of specific patient/client caseload. RANPs/RAMPs conduct comprehensive health assessment and demonstrate expert skill in the clinical diagnosis and treatment of acute and/or chronic illness from within a collaboratively agreed scope of practice framework, in conjunction with other healthcare professionals. The crucial factor in determining advanced nursing/midwifery practice, however, is the level of decision-making and responsibility rather than the nature or difficulty of the task undertaken by the practitioner. Nursing or midwifery knowledge and experience continuously inform the RANP's/RAMP's decision-making, even though some parts of the role may overlap the medical or other healthcare professional role.

##### **2. Expert Practice**

RANP/RAMPs demonstrate practical and theoretical knowledge and critical thinking skills that are acknowledged by their peers as exemplary. They also demonstrate the ability to articulate and rationalise the concept of advanced practice. Education must be at master's degree level (or higher) in a programme relevant to the area of specialist practice and which encompasses a major clinical component. This postgraduate education will maximise pre- and post-registration nursing/midwifery curricula to enable the ANP/AMP to assimilate a wide range of knowledge and understanding which is applied to clinical practice.

##### **3. Professional and Clinical Leadership**

RANPs/RAMPs are pioneers and clinical leaders initiating and implementing changes in the healthcare service in response to patient/client need and service demand. They have a vision for the future of

nursing/midwifery practice and a commitment to the development of that practice beyond the current scope. They provide new and innovative services to many communities, in collaboration with other healthcare professionals, to meet a growing need that is identified both locally and nationally by healthcare management and governmental organisations. RANPs/RAMPs participate in the education of nursing/midwifery staff, medical colleagues and other healthcare professionals through role-modelling, mentoring, sharing and facilitating the exchange of knowledge in the classroom, the clinical area and the wider community.

#### **4. Research**

RANPs/RAMPs are required to initiate and co-ordinate nursing/midwifery audit and research. They identify and integrate nursing/midwifery research in areas of healthcare that can incorporate best evidence-based practice to meet patient/client and service need. They carry out nursing/midwifery research which contributes to quality patient/client care, while advancing nursing/midwifery and health policy development, implementation and evaluation. They demonstrate accountability by initiating and participating in audit of their practice. This application of evidence based, audit and research will inform and evaluate practice and thus contribute to the professional body of nursing/midwifery knowledge both nationally and internationally

#### **CRITERIA FOR REGISTRATION AS AN ANP/AMP**

The nurse/midwife must:

- Have received an offer of an ANP/AMP NMBI accredited post with a definite start date
- Be a registered nurse or midwife on NMBI active Register
- Be registered in the Division of NMBI active Register for which the application is being made or in recognition of services which span several patient/client groups and/or registrations, provide evidence of validated competencies relevant to the context of practice
- Be educated to Master's degree level (or higher). The postgraduate programme must be in nursing/midwifery or an area that reflects the specialist field of practice. Determining relevance

involves a comparison between the competencies outlined for the post and the applicant's attainment of competencies. The educational preparation must include a substantial clinical modular component/s pertaining to the relevant area of specialist practice

- Have a minimum of 7 years post-registration experience, which will include 5 years experience in the chosen area of specialist practice
- Have substantive hours at supervised advanced practice level. The appropriate number of hours required by the applicant to fulfil the competencies required by the role will be approved on an individual basis by the Registration Committee. As a guide this is usually in excess of 500 hours. Appropriate supervisors must be identified. These may include nurses, midwives, and/or other healthcare professionals. The appropriateness of professionals to supervise the clinical practice should be decided with consideration of the area of advanced practice and the particular competencies required
- Have the competence to exercise higher levels of judgement, discretion and decision-making in the clinical area above that expected of the nurse/midwife working at primary practice level or of the clinical nurse/midwife specialist
- Demonstrate competencies relevant to context of practice
- Provide evidence of continuing professional development.

### **NURSE PRESCRIBING IN IRELAND**

The impetus for the introduction of nurse and midwife prescribing first emerged in 1998 from the *'Report of the Commission on Nursing: Blueprint for the Future'* (Government of Ireland). In early 2006 the Irish Medicines Board (Miscellaneous Provisions) Act was introduced which contained an enabling provision for prescriptive authority for nurses and midwives. The Minister for Health and Children in May 2007 signed into law the medicines regulations providing the regulatory framework for this national initiative.

The Irish nursing board **An Bord Altranais agus Cnaimhseachais na hEireann** provides for the registration, control and education of nurses/midwives and for other matters relating to nurses/midwives and the practice of nursing/midwifery and sees its overall responsibility to be in the interest and protection of the public. Prescribing is an expansion of a nurse's/midwife's scope of practice, beyond the skills, competence and knowledge an individual practitioner possesses at the point of registration. Several documents guide nurses in the expanded practice of prescribing, some of which are:

- the **Decision-Making Framework for Nurse/Midwife Prescribing (2007)**, which is a graphic representation of the structures and processes that should be in place for the nurse or midwife to prescribe. The diagram illustrates a rational step-by-step approach in which to consider the context and appropriateness of prescribing and the necessary clinical governance supports
- the **Collaborative Practice Agreement (CPA) (2012)**, drawn up with the agreement of the Registered Nurse Prescriber (RNP), the medical practitioner they are working with and the employer outlining the parameters of the RNP's prescribing authority (i.e. her/his scope of practice),
- the **Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority (2010)**. The professional responsibilities of the nurse and midwife are addressed in the Practice Standards and should be viewed as the overarching mechanism with which a nurse/midwife is expected to practice.

## **IRISH ASSOCIATION OF ADVANCED NURSE AND MIDWIFE PRACTITIONERS**

The Irish Association of Advanced Nurse/Midwife Practitioners has been established to provide a forum to support those involved in the promotion and development of advanced Nursing and Midwifery practice in Ireland.

### Aims of the Association:

- To provide support and solidarity among nurses and midwives practicing at an advanced level in Ireland
- To enable practitioners to debate issues and concerns pertinent to their area of practice.

- To facilitate education and promotion of professional development within the group.
- To establish links with international advanced nursing practice organisations.

### **2013 STATISTICS**

Currently there are over 100 RANPs working in 24 Counties in Ireland in the following areas:

- ACUTE ADULT CARE
- PSYCHIATRIC CARE
- CHILDREN'S CARE
- PUBLIC HEALTH CARE
- INTELLECTUAL DISABILITY
- MIDWIFERY

### **USEFUL LINKS**

Irish Association of Advanced Nurse and Midwife Practitioners [www.iaanmp.ie](http://www.iaanmp.ie)

An Bord Altranais agus Cnaimhseachais na hEireann (Nursing and Midwifery Board of Ireland)  
[www.nursingboard.ie](http://www.nursingboard.ie)

Department of Health and Children [www.dohc.ie](http://www.dohc.ie)

Health Service Executive of Ireland [www.hse.ie](http://www.hse.ie)

## References

An Bord Altranais agus Cnaimhseachais na hEireann 2007. *Decision-Making Framework for Nurse/Midwife Prescribing*. Dublin: ABA. Available online at [http://www.nursingboard.ie/en/publications\\_current.aspx?article=dbe66638-5b72-4f73-9e35-d4c44c965cbb](http://www.nursingboard.ie/en/publications_current.aspx?article=dbe66638-5b72-4f73-9e35-d4c44c965cbb)

An Bord Altranais agus Cnaimhseachais na hEireann 2010. *Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority*. Dublin: ABA. Available online at [http://www.nursingboard.ie/en/publications\\_current.aspx](http://www.nursingboard.ie/en/publications_current.aspx)

An Bord Altranais agus Cnaimhseachais na hEireann 2012. *The Collaborative Practice Agreement (CPA) for Nurses and Midwives with Prescriptive Authority, 3<sup>rd</sup> Edition*. Dublin: ABA. Available online at [http://www.nursingboard.ie/en/publications\\_current.aspx](http://www.nursingboard.ie/en/publications_current.aspx)

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National Council for the Professional Development of Nursing and Midwifery. 2010. Evaluation of Clinical Nurse and Midwife Specialists and Advanced Nurse and Midwife Practitioner Roles in Ireland (SCAPE). Online at [http://www.nursing-midwifery.tcd.ie/assets/research/pdf/SCAPE\\_Final\\_Report\\_13th\\_May.pdf](http://www.nursing-midwifery.tcd.ie/assets/research/pdf/SCAPE_Final_Report_13th_May.pdf) Accessed [5<sup>th</sup> August 2013].

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## Acknowledgement

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**Country: Germany**

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Compared to the developments internationally, Advanced Practice Nursing (APN) in Germany is still in its infancy. The expert group 'Sachverständigenrat zur Begutachtung der Entwicklung im Gesundheitssystem', discussed potential developments within the German health care system in 2007. They recommended that nurses should widen their scope of practice and that nurses should practice greater autonomy. Since then, several political, APN Masters programme and practice developments have taken place, some of which are listed below.

#### **Political developments**

**2008** German Networking Group Deutsches Netzwerkes APN & ANP e.V. (DN APN & ANP) is founded

**2011/12** Development of international APN collaborations

**2012** DN APN&ANP launches APN interview series (interviews from Germany, Switzerland and Austria)

**2013** Members of DN APN&ANP join ICN ANP/APN Subgroup 'Practice'

#### **ANP Masters Programme developments**

**2005** Commencement of the Masters Programme (M.Sc.) in nursing with "Advanced Practice Nursing" module University Basel, Switzerland

**2007** Launch of 1<sup>st</sup> ANP Masters Programme at University of Applied Sciences in Jena

**2010** University of Applied Sciences Frankfurt am Main commences ANP Masters Programme

**2013** Clinical Masters Programme at [Hochschule für Angewandete Wissenschaften Hamburg](#) Germany

**2012** Launch of ANP MSc Programmes in Austria (Linz and Vienna)

## Practice developments

**2009** 1<sup>st</sup> Nurse Specialists/Advanced Practice Nursing post developed at University Hospital Freiburg

**2010** Clinical Nurse Specialists/APN developed at [Florence-Nightingale-Krankenhaus der Kaiserswerther Diakonie](#)

**2011** ANP Model develop at University Hospital Zurich, Switzerland

**2012** DN APN&ANP develops subgroups, and commences work on profile developments for APN in the areas of:

- Critical Care (CC-APN)
- Mental Health Care (MHC-APN)

According to Mendel and Feuchtinger (2009) APN roles at University Hospital Freiburg are implemented. APN posts have also recently been developed (since 2010) in Kaiserswerther Diakonie (Boekler 2013). DN APN&ANP (2011), based on Heidenreich (1999), suggested five pillars for APN practice developments. These include the following:

1. Designated areas of practice
2. Qualifications
3. Systematic training and education
4. Occupational prestige
5. Structured career pathways

The German Networking Group ,Deutsches Netzwerk APN & ANP e.V.' (DN APN & ANP) was founded in 2008. Since then DN APN&ANP strongly supports the development of APN in Germany (DN APN & ANP 2011). DN APN & ANP facilitates professional discourse and offers networking opportunities for practitioners/parties who are interested in the development of APN in German speaking countries (including Germany, Switzerland and Austria). The recommended seven roles for APN namely the practitioner, the expert, the coach, the researcher, the representative, the leader and the educator. Figure 1 on the following page is a visual representation of the seven APN roles for Germany.



**Figure 1: the seven APN roles for Germany (DN APN & ANP 2011)**

Currently, two German Universities of Applied Sciences (Jena and Frankfurt am Main) offer APN Masters Programmes (MSc). These programmes prepare nurses academically for their role in APN practice. There are further APN programmes being developed at the moment, but the focus here is on the accredited Masters Programmes that are currently running. Legislation that allows sufficiently qualified nurses in Germany to perform medical tasks autonomously within agreed protocols has recently been published (Gemeinsamer Bundesausschuss 2012).

Regulation through a national nursing board/council does currently not exist in Germany. The establishment of a nursing board to strengthen professional practice developments including APN is supported by the German Nurse Association DBfK and the Bayrische Arbeitsgemeinschaft zur Förderung der Pflegeberufe (BAY.ARGE 2006) and the DN APN & ANP. DBfK has published a number of reports relevant to the development and implementation of APN (please refer to ‚Position papers, position statements and other publications‘ section below for references).

#### **Position papers, position statements and other publications**

**2007** 1<sup>st</sup> ANP brochure published by the German Nurses Association DBfK [‘Advanced Nursing Practice: die Chance für eine bessere Gesundheitsversorgung in Deutschland’](#)

**2008** Translation of the book Schober, M.; Affara, F. (2007) International Council of Nurses. Advanced Nursing Practice into German (Authors: Spirig & de Geest)

**2011** Publication 2<sup>nd</sup> DBfK brochure [„Advanced Nursing Practice – Pflegerische Expertise für eine leistungsfähige Gesundheitsversorgung“](#)

**2011** DN APN & ANP publishes position paper '[Positionspapier APN, ANP & APN`s – Die kopernikanische Wende](#)' (see Printernet 2012)

**2012** Publication of Swiss position paper '[Positionspapier der Swiss ANP](#)'

**2012** DN APN&ANP publishes position statements related to APN (published on Printernet)

**2012** IG Swiss ANP position paper "[Positionspapier Advanced Nursing Practice in der Schweiz](#)"

**2012** Expert Group - Swiss Association for Pflegewissenschaft (VfP) "[Expertenbericht APN](#)"

**2012** [Advanced Nursing Practice in Deutschland, Österreich und der Schweiz](#) – Eine Positionierung von DBfK, ÖGKV und SBK"

**2012** SBK, VfP, Institut universitaire de formation et de recherche en soins IUFRS, IG Swiss ANP "[Reglementierung der Pflegeexpertin APN](#)"

#### **Useful links:**

[www.dnapn.de](http://www.dnapn.de)

[www.dbfk.de](http://www.dbfk.de)

[www.printernet.de](http://www.printernet.de)

[http://www.fh-frankfurt.de/de/fachbereiche/fb4/studiengaenge/advanced\\_practice\\_nursing\\_msc.html](http://www.fh-frankfurt.de/de/fachbereiche/fb4/studiengaenge/advanced_practice_nursing_msc.html)

<http://www.gesundheit.zhaw.ch/de/gesundheit/studium/master/pflege.html>

<http://nursing.unibas.ch/studium/studium-informationen/>

<http://pflege.sw.fh-jena.de/studienganginfos.asp?t=3&k=1>

<http://www.fh-krems.ac.at/de/studieren/bachelor/advanced-nursing-practice/uebersicht/#.UOvuYHewWSo>

<http://pflege.uniklinik-freiburg.de/pflegeentwicklung/pflegeexperten.html>

<http://www.usz.ch/UeberUns/ArbeitenamUnispital/Pflege/Fachkarriere/Expertenpflege/Seiten/default.aspx>

[http://www.kaiserswerther-diakonie.de/unsere\\_arbeitsbereiche/FNK\\_/Pflege/Pflegeexperten.htm](http://www.kaiserswerther-diakonie.de/unsere_arbeitsbereiche/FNK_/Pflege/Pflegeexperten.htm)

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Advanced Nurse Practitioner (ANP) roles have continued to evolve in the United Kingdom over the past 30 years. There has been an increase of ANPs working in GP surgeries where initially they were employed to ease the work load of GPs. Now they are very much carving out their own unique roles with many developing specialist interests and some become partners in business. In emergency/urgent care departments more ANPs have been employed due to the high number of patients presenting with minor injuries and minor ailments although this is not their only remit being qualified to see all patients presenting with undifferentiated and undiagnosed conditions. Advanced nurse practitioners have undertaken a variety of roles and functions such as working as night practitioners in acute hospital settings, surgical practitioners in theatres, community matrons and primary care nurse practitioners. Competencies for advanced practice have been delineated and published by the Royal College of Nursing (RCN 2012) and endorsed by the NMC.

The Advanced Nurse Practitioner role has continued to expand with these practitioners taking greater professional and legal responsibilities in line with the changing face of health care provision in the UK (Ball 2006). ANPs have become integral to healthcare delivery but debate regarding educational standards, use of title and regulation of the profession continues. Changes in health policies have also influenced educational programmes provided by the National Health Service (NHS) and Higher Education Institutions (DH 2006, 2009, 2010).

### **An Advanced Nurse Practitioner in the UK context**

*“Advanced nurse practitioners are highly experienced and educated members of the care team who are able to diagnose and treat your health care needs or refer you to an appropriate specialist if needed”* (NMC 2005).

The consultation document produced by the NMC in 2005 indicates that ANPs:

- Take a comprehensive history
- Carry out physical examinations
- Apply expert knowledge and clinical judgement to identify potential diagnosis
- Refer patients for investigations as relevant
- Make clinical decisions on treatment including the prescription of medicines or refer patients for specialist consult as appropriate
- Work with the multidisciplinary team, using their extensive experience to meet provision of health and social care needs to patients
- Work in collaboration with patients- assessing and evaluating the effectiveness of the treatment and care provided, making changes as relevant
- Work autonomously, although as part of the health care team providing leadership
- Ensuring that each patient's treatment is based on best practice (NMC 2005)

The definition further encompasses clinical assessment skills and knowledge, educational and coaching, leadership and research as fundamental to advanced nursing practice. The RCN (2012) further advises nurses wishing to be advanced nurse practitioners to undertake RCN accredited Advanced Nurse Practitioner educational programmes as these act as a 'quality kite mark' indicating proper preparation and competence in the role.

### **Prescribing**

Prescribing has been a long fought and hard won battle in the UK. To prescribe a medicine or medicinal product the nurse prescriber must be registered with the NMC, have undertaken appropriate training and granted authorisation/licence to prescribe from the formulary that is linked to their recordable qualification. Since 2006, independent and supplementary non-medical prescribers in the UK have been able to prescribe freely for any medical condition within their scope of practice and competence with the exception of certain controlled drugs. Since May 2012 this right has been extended to include British National Formulary (BNF) schedule 2-5 controlled drugs. The National Prescribing Centre (NPC) has also developed a competency framework for non- medical prescribers and many of the NPC competencies can be aligned with those of the RCN and NMC in relation to advanced clinical practice. As of the 5th June 2013, **26 976** nurses practising in the UK held the Nurse independent/Supplementary prescribing qualification (NMC 2013). Professional regulators for non- medical prescribers are required to set standards of education, training, conduct and performance and approve education programmes that prepare healthcare professionals to prescribe.

## Education

The Association of Advanced Nursing Practice Educators (AANPE UK) represents a collaborative network of Higher Education Institutions (HEIs) across the United Kingdom (UK) providing advanced clinical programmes of education for nurses. Core training for ANPs include history taking, pathophysiology, diagnostics and patient management. The RCN's competencies for advanced nurse practitioners have been mapped against the Knowledge and Skills Framework, are linked to the NHS Career Framework and have been endorsed by the NMC. The RCN (2012) domains and competencies for advanced nursing practice indicate that qualification should be at master's level and provides accreditation for ANP educational programmes. Although there are still a few courses offered at BSc (Hons) level, the majority of ANP courses are at master's level with some at doctorate level. The AANPE UK liaises closely with the Royal College of Nursing (RCN), the Nurse Practitioner Association and the Nursing and Midwifery Council (NMC).

## Regulation process

<p><b>1994</b> UKCC (regulatory body at the time) agrees on post-registration education and practice arrangements.</p>	<p><b>1996</b> UK taskforce set up to look at regulation of new nursing roles.</p>
<p><b>1997</b> UKCC decides not to set standards for advanced practice.</p>	<p><b>1998</b> UKCC launches consultation document A Higher Level of Practice looking at how registrants can be assessed and recognised as advanced practitioners. It proposes that all applicants should hold a UK degree or equivalent and have practised for a minimum of three years full time. When the consultation ends, the UKCC's governing body agrees regulation is needed.</p>
<p><b>2002</b> Nursing and Midwifery Council (NMC) takes over as nurses' regulatory body.</p>	<p><b>2004</b> NMC launches consultation into how nurses in advanced roles should be known and regulated. It proposes that advanced nurses should have 'master's level-thinking'. The consultation sets out competencies that advanced nurse practitioners need to reach, covering management of patient illness, health promotion and disease prevention. It says nurses who attain the competencies will have their advanced status recorded on the NMC register.</p>
<p><b>2005</b> NMC agrees to open a further sub-part of the nurses' register for advanced nurse practice (ANP), but has to seek permission from the Privy Council so that</p>	<p><b>2007</b> The UK-wide White Paper Trust, Assurance and Safety: The Regulation of Health Professionals is launched following the government's response to</p>

legislation can be drawn up. The earliest anticipated date for legislation to be in place is estimated as August 2006. Only nurses who have achieved NMC-set competencies for a registered advanced nurse practitioner will be permitted to use the title advanced nurse practitioner.	recommendations set out in the Fifth Report of the Shipman Inquiry.
<b>2008</b> Department of Health commissions health regulator umbrella body the Council for Healthcare Regulatory Excellence (CHRE) to put together evidence on the changing roles of health workers.	<b>2009</b> The CHRE publishes calls for a risk-based approach to the use of job titles.
<b>2010</b> The Commission on the future of nursing and midwifery recommends that advanced practice is regulated. The NMC sets up a project group to examine ANP competencies.  <b>2012</b> CHRE changes its name to Professional Standards Authority for Health and Social Care.	<b>2011</b> The Command Paper – says regulators who wish to introduce registers for advanced practice must provide compelling evidence that it is an appropriate move and best use of fees.

(Adapted from ANNPE 2011)

### Summary

The Advanced Nurse Practitioner concept was introduced into the UK in the 1980s after originating from the United States in response to health policy changes, innovation in healthcare and the need to contain healthcare costs. Nurse prescribing is now well established in the UK. Regulation, title protection and role recognition has remained blurry with little progress on competence and standardization of ANP practice despite professional bodies advocating for professional regulation and title protection. Although there has been some progress in clarifying educational and competency requirements, the process on regulation is slow. The AANPE UK and the Royal College of Nursing have worked closely with the Nursing and Midwifery Council in an attempt to ensure regulation of the profession, educational standards and the remit of advanced nursing practice roles in the UK.

### Useful links

Department of Health

<https://www.gov.uk/government/organisations/department-of-health>

Nurse Practitioner UK website

<http://www.nursepractitioner.org.uk/Index.html>

Royal College of Nursing Policy statement on advanced nursing practice. Available at:

[http://www.rcn.org.uk/data/assets/pdf\\_file/0017/290231/RCN\\_position\\_on\\_advanced\\_nursing\\_practice.pdf](http://www.rcn.org.uk/data/assets/pdf_file/0017/290231/RCN_position_on_advanced_nursing_practice.pdf) (Accessed 17 September 2013).

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Mainland China refers to the area under the direct jurisdiction of the People's Republic of China. Hong Kong is now a part of China designated as a special administrative region, but before 1997 it was a British colony. With the execution of two systems in one country, the APN development in Hong Kong and Mainland China is quite different so there will be two separate sections reporting the APN development in these two places.

### **Hong Kong**

Hong Kong has a total of 34,589 registered nurses (List of Registered Nurses, 2014). In the Hospital Authority of Hong Kong, there is a clear clinical career pathway for registered nurses, developing as a specialty nurse to an Advanced Practicing Nurse (APN), ultimately reaching the position of a Nurse Consultant (NC). There are now over 2700 APNs in the system (Hospital Authority Annual Report 2011-2013) with over 70 granted the title of NC. The first APN role was introduced in 1993 as Clinical Nurse Specialists (Sheer & Wong). Then an umbrella title of APN was introduced in 2003 and the position of NC was established in 2008. The APNs run independent nurse clinics to serve different client groups with specific health problems (Wong & Chung 2006) and now there are over 100 nurse clinics in Hong Kong.

Education for APNs in Hong Kong is at the postgraduate level. The first clinical nursing master was introduced in 1995 at the Hong Kong Polytechnic University and now the Chinese University of Hong Kong and the University of Hong Kong are also offering postgraduate nursing programs at master and doctorate level. There are medical faculties that provide interdisciplinary programs that also support the preparation of APNs.

The nurses in Hong Kong are striving hard to lobby the government to establish a statutory body to regulate advanced nursing practice in Hong Kong. The Provisional Hong Kong Academy of Nursing (PHKAN), with ground work over a decade, was set up in 2011 for this dedicated purpose. The PHKAN has now conferred 2289 Fellows from 14 accredited Colleges in the specialty areas of cardiac, community and public health, critical care, education and research, emergency, gerontology, medical, mental health, midwives, nursing and health care management, orthopaedic, paediatric, perioperative and surgical nursing. Each College has specified competence, curriculum framework, and structured examinations to assess and certify her Members/Fellows who practice at the advanced level in the related specialty area.

### **Mainland China**

China has gone through much change socially and economically in the last few decades. Western nursing education in China was first introduced in the year of 1887. In 1951, all nursing programs were standardized to junior high level. Unfortunately there was the Cultural Revolution (1966-1975) that suspended all types of education. The university diploma nursing and baccalaureate programs were resumed in 1979 and 1983 respectively (Wong 2010; Wong & Zhao 2012). The above brief history shows that nursing in China has faced some difficult times in the early days and is now catching up in the recent 30 years. The central government plays a key role in the process of development. In the Outline of Development Plan for Nursing in China (2011-2015) issued by Ministry of Health of the People's Republic of China (2011), it was explicitly stated that the number of nurses and the level of education in China need to be enhanced. There is a section specifically outlining the plan of development of nursing in various specialties. The main development directives are to establish nurse specialist posts based on service needs, and the standardization of curriculum and educational standards. The Ministry of Health will issue the standards for the education program and requirements for the establishment of training sites. The provincial offices are expected to translate the policy directives into practice, governing the processes of implementation and operation. It is specified in the central document that by the year 2015, there should be 10 sites each in ICU and emergency nursing specialty, 5 sites each in blood purification, oncology, operative and psychiatric nursing. The target number of nurse specialists is 250,000 by year 2015. To date, there are 2.05 million of nurses in Mainland China. In reference to the central development plan, many provinces and cities are spearheading programs for educating and accrediting advanced practicing nurses. Please refer to resource websites at the end denoting the

development of APNs in different places in Mainland China. In fact, the concept of APN is not new in China. It was introduced to China more than 5 years ago. A book titled “Introduction to Advanced Nursing Practice” (Wong 2012) which first edition appeared in 2008 is now designated as a recommended textbook by the Higher Education Curriculum Construction Committee, Ministry of Health of The People’s Republic of China & People’s Press. The province of Guangdong has taken the advantage of her proximity with Hong Kong and has begun the preparation of advanced practicing nurses in 2005 (Wong et al. 2010).

Nursing in China has many exciting developments in the 21<sup>st</sup> century. The discipline of nursing used to be subsumed under Clinical Medicine as a second-class subject. In 2011, the Academic Degrees Committee of the State Council has granted the status of First-Class subject to nursing. There are now quite a number of postgraduate nursing programs that have a clinical focus aiming to prepare APNs (Wong & Zhao 2012). In 2008, a new Nurse Act was introduced to regulate and protect rights and responsibilities for registered nurses (Wong et al. 2010). Though there is no particular regulation for advanced practice, the standardization and certification of APN programs is an important step to enforce standards of advanced nursing practice in the protection of the public. With the induction of China as a country member of ICN in 2013, China will set standards for nurses and nursing in the country on par with the international expectations. China will work closely with the global counterparts to advance nursing for the health of the people.

#### **Resource websites reporting the development of nurse specialists in different places in Mainland China**

- Anhui Province [http://www.ahwst.gov.cn:5300/xgkweb/showGKcontent.aspx?xxnr\\_id=11317](http://www.ahwst.gov.cn:5300/xgkweb/showGKcontent.aspx?xxnr_id=11317)
- Fujian Province <http://www.fjphb.gov.cn/show.aspx?ctlgid=315517&id=79387>
- Gansu Province <http://www.gsww.gov.cn/html/3/19/32182.htm>
- Guangdong Province <http://www.gdwst.gov.cn/a/zcwj/201205179762.html>
- Guizhou Province <http://www.gzwst.gov.cn/front/web/showDetail/1940>
- Heibei Province [http://big5.xinhuanet.com/gate/big5/www.he.xinhuanet.com/news/2012-12/13/c\\_114010014.htm](http://big5.xinhuanet.com/gate/big5/www.he.xinhuanet.com/news/2012-12/13/c_114010014.htm)
- Hainan Province [http://www.wst.hainan.gov.cn/zwgk/index\\_1.html](http://www.wst.hainan.gov.cn/zwgk/index_1.html)
- Hunan Province [www.21hospital.com/wsbs/csyw/.../P020131203635629311950.doc](http://www.21hospital.com/wsbs/csyw/.../P020131203635629311950.doc)

- Inner Mongolia Autonomous Region <http://www.nmwst.gov.cn/html/ywlm/yizhengguanli/zhengcexinxi/200712/19-1244.html>
- Jiangsu Province <http://www.jsbst.gov.cn/gb/jssbst/wjfg/sgfwj/yzgl/userobject1ai26835.html>
- Shanghai Municipal City <http://www.smhb.gov.cn/wsj/n429/n432/n1487/n1504/userobject1ai79824.html>
- Xinjiang Uyghur Autonomous Region <http://www.xjbst.gov.cn/>
- Yunan Province <http://www.pbh.yn.gov.cn/contents/57/3549.html>

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### **Advanced Practice Role Evolution in Nigeria**

The advanced practice role in Nigeria is entering a slow evolution. The profession of nursing, in this country is still in its infancy, and its recognition is still evolving. At the present time, there is no equivalent to the Bachelor's of Nursing as in developed Western states. The two advanced practice roles recognized at this time are the Nurse Anesthetist and the Nurse Midwife. Both of these roles are under the jurisdiction of the governmental agency of Nursing and Midwifery Council of Nigeria (NMC). Both roles are post nursing training certificates, through programs run by universities, after basic nursing training is completed (NaijaNurses, 2008).

### **Advanced Practice Nursing Regulation**

The Nursing and Midwifery Council of Nigeria (NMC) was created in 1988 and is the sole legal, administrative corporate body charged with the performance of specific functions on behalf of the High Court of Nigeria (NaijaNurses, 2008). The Nursing and Midwifery Council of Nigeria (NMC) is the governmental agency served by a council board that is responsible formulating policies and regulations in regards to nursing practice and education. As of this writing there is no specific mention of Baccalaureate or Post Baccalaureate education specific to the term advanced practice nursing (NMC, 2014).

## **Advanced Practice Nurse Education**

Nursing came to Nigeria by way of the British colonials. Formal Nursing education in Nigeria is very different than Western nursing education, in that the entry level of nursing is that of a diploma or certificate in nursing. Nursing is considered a trade profession not a science, and there is no standardized exam as is the case in developed countries. Trades schools and diploma programs are prominent; and for some special certifying bodies such as for oncology or surgical nursing there are limited degree programs, but even the level of education received does not compare with nursing education in the Western world. In 1973 degrees began to be awarded for nursing from several different universities in many states in Nigeria. Also in educating nurses, if the focus is on the trade of nursing, and not the profession or the science, a lack of a theoretical framework impedes the understanding of the importance of patient centered quality care.

### The post basic nurse anesthetist program

The post basic nurse anesthetist program was established in 1971, after the Nigerian civil war, due to the lack of manpower in the field of anesthesia. These advanced practice nurses are basically qualified professional nurses who have successfully undergone 18 months post basic specialist course of instruction in anesthesiology. They are certified, registered and licensed to practice as Nurse anesthetics by the Nursing and Midwifery Council of Nigeria (N&MCN). Graduates of this school (nurse anesthetics), practice anesthesia, in the whole of the West Africa-sub region and beyond. The Nurse Anesthetist demonstrates sound professional, moral and ethical standard in practice and recognize those situations in which the care needed is beyond his/her individual competence and requires consultation and / or referral (University of Nigeria Teaching Hospital, 2010).

### The nurse midwifery program

The nurse midwifery program established in 1977 for those nurses recognized as nurse midwives through the Nursing and Midwifery Council of Nigeria. This is also an eighteen months post nursing training certificate program. These nurses are trained in the area of reproductive health, enabling them to deliver care of mothers in babies in homes, rural areas and hospitals (University of Nigeria Teaching Hospital, 2010).

Advanced practice nurses are registered nurses (RNs) or Midwives (RM) who possess an additional post basic nursing education and clinical training certificates (double qualification). In West Africa registers, the role is not recognized as a role requiring advanced education. But the hope is that with time, continued explanation, and lobbying, this level of nursing, will be regarded as advanced education and clinical practice degrees (Madubuko, n.d.).

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