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Featured Countries

Canada

The Canadian Nurses Association (CNA) approved the key elements of a national framework for advanced nursing practice (ANP) in June 1999. The framework was first published in May 2000 in *Advanced Nursing Practice: A National Framework* and revised in 2002, to reflect the educational preparation for ANP as a masters degree in nursing.

The framework has been used in a variety of ways, including developing educational courses, outlining concepts for research, shaping government position statements and interpreting advanced nursing practice to employers, the public, other health-care workers and policy makers.

Currently, a national advisory committee, through national consultation, has been involved in the revision of *Advanced Nursing Practice: A National Framework*. Recent initiatives in Canada highlighted the need to revise the framework to reflect current advanced nursing practice and the evolution of nursing roles, which are changing to serve clients' best interests. These initiatives include the Canadian Nurse Practitioner Initiative and the 2005 CNA Dialogue on Advanced Nursing Practice. Publication of the revised national framework on advanced nursing practice is anticipated in the spring of 2008.

CNA has also been working with the federal government to develop regulations that would

enable nurse practitioners (NPs) to prescribe controlled drugs and substances, an authority which is currently not included in the NP scope of practice. In Canada, although scope of practice is legislated and regulated at the provincial/ territorial level, narcotic drugs fall under the federal Controlled Drugs and Substances Act. Once amendments to the Act are passed at the federal level, provinces/territories can allow NPs to prescribe these drugs. The *New Classes of Practitioner Regulations*, which will expand prescribing authority to NPs, midwives and doctors of podiatry, are anticipated to be passed into legislation by early 2008. CNA collaborated closely with its member organisations across the country to lobby for these new regulations.

Finally, CNA and the Canadian Association of Advanced Practice Nurses are co-hosting the 5th ICN International Nurse Practitioner / Advanced Practice Nursing Network conference to be held in Toronto, September 17-20, 2008. This highly anticipated event will include an exceptional panel of speakers, concurrent sessions, and networking opportunities. Please visit the website at www.inpapnn2008.com for further information.

Please spread the word and see you in Toronto in September!

Christine Rieck-Buckley
Consultant Nurse, CNA

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United Kingdom

England:

Regulation of the title and competencies for Advanced Nurse Practitioner continue to be discussed and implementation of the recent white paper (published 21/2/07, www.dh.gov.uk/Publications), "Trust, Assurance, Safety – the Regulation of Health Professionals in the 21st Century", which sets out the Government's plan to reform professional regulation, is progressing slowly and, as such, is having a direct impact on the regulation of roles such as the Advanced Nurse Practitioner. The Department of Health will discuss the outcomes of a recent consultation on the ANP role with the Nursing Midwifery Council (NMC). There is a move towards employer responsibility for revalidation which has raised several issues and challenges, as many employers may not have the knowledge or resources to do this. Therefore, this is a contentious issue, which will need to be addressed in depth. Feedback in relation to how this is addressed in other countries would be appreciated (maclaik@lsbu.ac.uk).

This paper recommends that non-medical health professionals with post registration qualifications should be recorded in the register where they are relevant to patient care, risk management and are at a level substantially beyond the requirement for basic registration. These criteria will clearly steer the Privy Council towards setting appropriate standards for the ANP register.

We feel that we are slowly getting closer to a legally acknowledged standard for Advanced Nursing Practice, which must be a good thing!
Katrina Maclaine. Principal lecturer in Advanced Practice. London South Bank University, London.

Scotland: In Scotland there has been a slow but steady increase in the number of Nurse Practitioners working in both primary and secondary care over the last few years. This is due, in part, to the European Directive on doctors' working hours and the need to provide cover for 'out of hours' and unscheduled care. Many nurses are leading these services in primary care, whilst in secondary care the Night Nurse Practitioner role is evolving. It has also been identified that there is a need for a National

framework for *all* advanced nursing practice and, as a result, the Scottish Executive is planning to develop and implement an Advanced Nursing Practice Toolkit. It is anticipated that this toolkit will be implemented in 2008.

Jean Cowie, Robert Gordon University, Scotland

Report from 'Down Under': Australia

Nationally, we have approximately 250 endorsed/authorised Nurse Practitioners (NP). Proposals were made to move towards national registration and accreditation of courses for all health professionals by the former administrator and we are currently awaiting how the new government will view this. In Australia, the NP movement has developed differently in each state. The move towards national registration will assist in developing a nationally consistent framework for endorsement as a NP. National consistency will ensure that NPs across Australia meet the same standards and will allow for mutual recognition for NPs to be seamless.

It is generally accepted that a Masters level of education (or equivalent) is required for entry to practice as a NP with a minimum of five years clinical experience. Additionally, further studies in pharmacology may be required to meet individual state requirements.

Whilst the numbers of NPs are growing, many — especially those NPs working in community settings — are experiencing ongoing difficulties being able to fully use their prescribing authority due to an inability for NPs to access the Pharmaceutical Benefits Scheme (PBS) and Medicare Benefits Scheme (MBS). The ramification of this inability to access rebate schemes means that some NPs are required to write private scripts. As a consequence, community pharmacists are able to charge clients the full amount for medications. In many cases patients choose to pay the full amount, as the difference in cost is minimal if required to visit their general practitioner in order to obtain a PBS script. If the NP practices within the public health system then the health facility must cover the cost for the NP prescribing or pass on the cost to the consumer. Fortunately, most have chosen to absorb the cost.

The Australian Nurse Practitioner Association [ANPA] will hold their 4th conference in Melbourne October 2008. Information about ANPA may be accessed at the following website: www.nursepractitioners.org.au.

**Anna Green, Manager / Nurse Practitioner,
ICU Liaison Department**

Update from our Colleagues

Is the APN Role Developing in Latin America? "APN, as the work done by NPs in ambulatory care settings, is hard to implement in Latin America due in part to the ratio of nurses to Medical Doctors (MDs). There are many more MDs than Registered Nurses (RNs). Furthermore many physicians do not specialize and are the first line in primary care services. At the hospital level, one of the obstacles is that there are many more vocational nurses than RNs. The role of the RNs is more of a "supervisor" role and few provide direct patient care.

**Pilar Bernal de Pheils, RN, MS, FNP, CNM
FAAN Clinical Professor School of Nursing
University of California, San Francisco**

Report on the Nurse Practitioner Pathway in New Zealand

Nurse Practitioners in New Zealand are relatively new. The title Nurse Practitioner is regulated by the New Zealand Nursing Council and can only be used by those nurses who have met the criteria set out by this authorizing body. The first Nurse Practitioner received her recognition in 2000. The NZ Nursing Council received 64 applications for Nurse Practitioner status. Thirty-eight, mostly in secondary care, have been granted. Seventeen of these individuals have prescribing rights (as not all Nurse Practitioners want prescribing rights). In order to apply for this status to be added to their nursing qualifications, nurses must hold a clinical masters degree or educational equivalent (if applying from overseas) and have at least four years experience in their chosen field. There are several universities that have been recognised

by the Nursing Council who provide education programmes for this pathway. As part of this programme, a clinical pharmacology paper and prescribing practicum are compulsory.

Following the completion of this degree, a portfolio is sent to the Nursing Council explaining how the nurse meets the six competency criteria required to be a Nurse Practitioner. These criteria include:

- 1) Defining our scope of practice – where we work, the dynamics of our population, how we intend to practice and remain safe practitioners.
- 2) Ensuring that we can work collaboratively and across different sectors.
- 3) Demonstration of leadership roles, both clinically and in areas of supervision, mentoring.
- 4) Involvement in policy and decision making to define the future of nursing or the health sector.
- 5) Involvement in research that impacts positively on the delivery of nursing services. .
- 6) Prescribing appropriately and within our scope of practice.

Portfolios are then assessed for completeness and sent to a panel for review. The panel includes a professional nurse leader, an academic, and a nurse practicing at an advanced level – either another NP or someone working in our field. It can even be a doctor or a specialist.

The nurse must attend an interview where she gives a presentation on her scope of practice, her philosophy behind the way she practices, the assessment strategies that she uses, perhaps a reflection on some of her cases, new innovations in which she has been involved. Cultural safety needs to be addressed as well as how the nurse is going to maintain her competency to practice – what education and supervision strategies she has put in place to keep current.

The nurse applicant is allowed and encouraged to take a support person with her to this interview. However, this person is not allowed to speak, unless this has been arranged beforehand. Following this interview, the Nursing Council makes its decision on the recommendation of the interview panel and the nurse generally finds out within a few days whether or not she is successful.

From there the world is her oyster – so long as there is a job available. Some Nurse Practitioners in secondary care have yet to be paid according to their status as there has not been a job created for them in their organisation. Some Nurse Practitioners are in primary care or private practice of their own – wound care and family health.

Jessie Crawford, RN, BN, MN

What is happening in Jamaica?

The Nurse Practitioner Programme started in 1977 as a response to the shortage of physicians to offer cost-effective health care to the poor in rural and underserved areas of Jamaica (Wint 2002). Since 1978, the graduate Nurse Practitioners (NPs) have been providing nursing and medical care to all age groups within the health care delivery services and in the community. Most Nurse Practitioners function from health centres in primary health care settings, but some are based in the health services in some hospitals within the public sector. Presently there are three specialties namely: Family, Pediatric and Mental Health/Psychiatric Nurse Practitioners. We now have graduates from at least 10 Caribbean countries.

In 2002, the programme was upgraded from a certificate to the Masters Degree level and is now taught at the UWI School of Nursing, Faculty of Medical Sciences, University of the West Indies. The Nurse Anaesthetists (NAs) programme started many years before the NP programme and is not yet at the Masters level. Despite these achievements, NPs and NAs are not registered and licensed as Advanced Practice Nurses and have no prescriptive privilege.

**Duet Less, MScN, RM, RN
Family Nurse Practitioner**

Upcoming Events

Fifth ICN International NP/APN Network Conference

**"Leadership in Advanced
Nursing Practice:
Maximizing Health,
Celebrating Collaboration
and Promoting Innovation."
17-20 September 2008,
Toronto, Canada**