



INP / APN NETWORK BULLETIN

International Council of Nurses • Conseil international des infirmières • Consejo internacional de enfermeras

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Update from the ICN INP/APN Network Chair Rosemary Goodyear

Network News from the Chair:

Greetings from the Chair. Update on communications. During the last year the core steering group members and subgroup chairs have been communicating via email meetings. This has enhanced sharing of information among all the group members. The General Network Members can now email the core and subgroup chairs directly from the website by clicking on their name. Fact Sheets about the Network have been developed and will be available at the Conference in June 2006. The scope and standards of practice for NP/APNs are in the final stages of review.

We had a wonderful meeting in Sandton South Africa June 28-30. This was our first meeting in South Africa and we have attracted a global representation. ICN is currently accepting abstracts for the 2007 conference in Yokohama Japan May 21-June 1. Check out our website: <http://www.icn-apnetwork.org> for more information.

Rosemary Goodyear, Chair
Core Steering Group
INP/APN Network

Regulation Updates

Update from the United Kingdom (England, Scotland, Wales, and Northern Ireland) on the regulation of Advanced Nurse Practitioners and Nurse Prescribing in England by Helen Ward

The Regulation of Advanced Nurse Practitioners:

Following a relentless campaign by the Royal College of Nursing (RCN) and in particular the RCN Nurse Practitioner Association, the Nursing Midwifery Council (NMC) finally agreed in December 2005 to establish a new sub-part of

the Nursing register to regulate advanced nursing practice. The protected title will be 'Registered Advanced Nurse Practitioner'. The framework for this regulation has been developed from the generic Domains and Competencies of Nurse Practitioner Practice developed by NONPF in the US in 2001 and subsequently adopted by the RCN in 2002. This register would apply across all four countries of the UK.

The original date for implementation of this part of the register was August 2006, however, this is currently being delayed as Government approval to proceed to develop the necessary legislation is required. Once the register is opened there will be a transitional period of five years to accommodate existing nurse practitioners onto the register. Following 2010 only nurses who have successfully completed an NMC approved NP programme will be eligible to register as an Advanced Nurse Practitioner with the NMC.

Featured Countries

Nurse Prescribing in England

This is now being called Non-Medical Prescribing as pharmacists and allied health professionals (eg physiotherapists) have also been included in these developments. This information only applied to England as with devolution, the other countries of the UK are able to implement modified versions of these arrangements.

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From 1st May 2006 all registered nurses who have successfully completed an approved non-medical prescribing programme (previously called Extended Nurse Prescribing) will have the authority to prescribe all of the prescriptions only medicines from the British National Formulary (BNF). Nurses will still have to adhere to local guidelines and policies and will be required to prescribe within their scope of professional practice. There will be restrictions on some control medications.

**Advances in Nurse Practitioner Practice in New Zealand / Aotearoa
(Land of the long white cloud)
By Ken Wysocki, MS, FNP-C (USA)**

The advance practice nurse in the United States of America includes nurse practitioners, clinical nurse specialists, nurse midwives, and nurse anesthetist. In New Zealand advance practice nursing includes nurse practitioners and clinical nurse specialists as there are no educational program tracts or registration bodies that certify nurse anesthetists in New Zealand. The midwifery educational program is a separate program from nursing and does not require the graduates to be licensed as a registered nurse.

Nurse practitioner (NP) prescribing was enacted by the government and signed by the Prime Minister September 2005, years after midwives were given limited prescriptive authority within New Zealand but only one year after the NP profession in New Zealand was registered. Nursing Council began accepting portfolios for Nurse Practitioner prescriptive authority certification December 2005. In a document prepared by Nursing Council of New Zealand (2005), nurses applying for NP prescriptive authority must have completed an approved master's program within the defined area of practice of the nurse practitioner, or completed an equivalent overseas qualification, and passed an assessment based on the NP competencies of Nursing Council. Further regulation stipulates a minimum of 40 hours of professional development and maintaining a minimum of 40 days of nursing practice per year. With each year of practicing certification renewal, the NP must provide evidence of the maintenance of their competencies and multidisciplinary peer review.

The educational preparation for nurse practitioner students is complex as we are required to provide educational opportunity for the nurse to advance their knowledge and skills within their chosen area of specialty practice. As faculty we are challenged with evaluating the

student's confidence and competence within their chosen area of specialty. I have supported a movement within New Zealand to look at population based categories of nurse practitioner certification like the US model and not focus on disease specific categories for NP certification. This will hopefully streamline the NP educational programs and the registration process for Nursing Council.

Update on Canada (<http://www.cna-nurses.ca>)

The Canadian Nurses Association received \$8.9 million to implement the Canadian Nurse Practitioner Initiative (CNPI). This initiative grew out of the visionary commitment of the Nurse Practitioner Planning Network (NPPN) a Canada-wide group representing nursing stakeholders, including regulatory bodies, professional associations and governments.

The vision of the CNPI is to improve Canadian health services by the integration of the nurse practitioner role. The initiatives mandate included developing recommendations in the five strategic components: legislation and regulation; practice and evaluation; health human resource planning; education; and change management, social marketing and strategic communications.

Canada will be hosting the 2008 conference in Toronto.

The Netherlands: As of April 12, 2006, nurse practitioners in the Netherlands have achieved prescriptive authority.

Hong Kong: by Alice TSO Shing-yuk. Dr Loretta Ford visited in May 2006 giving a boost to the APN development, and this has also given strong influence to our neighbors, the China nurse leaders. Leaders in Hong Kong established a sister relationship with Qingdao hospitals on the APN nursing development program. China and Hong Kong nurse leaders in are working together advocating for advance nursing practice in this region.

ICN Network connects nurses working in rural and remote areas worldwide submitted by Sally Reel

The International Council of Nurses is pleased to announce the creation of the ICN Rural and Remote Nurses Network (ICN-RRNN), launched at the 4th International Rural Nursing Congress in Sudbury Ontario. Currently most members of the network are from Australia, Botswana,

Canada, Iran, Ireland, Japan, Thailand, UK, and the US.

“ICN is keen to support the work of nurses in rural and remote areas and to promote opportunities for exchange of ideas and expertise,” stated ICN President Christine Hancock. “As of 2003 more than 3 billion people or about half of the world’s population lived in rural areas. To improve the health of these rural populations, the ICN Rural and Remote Nurses Network is very keen to engage with the wider international nursing community to develop the science of rural nursing in the global context.”

While population changes are moving toward urbanization, particularly among developed regions, most of the populations of less developed regions live in rural areas. These population trends have significant health service implications for the world’s rural populations, as health systems, including those in the developed world, are often not well placed to meet the health needs of rural and remote populations.

According to Dr. Sally Reel, chair of the Network advisory board, and clinical professor of nursing at the University of Arizona, College of Nursing, “The launching of this network is significant and recognizes the important role nurses play in providing health care for the world’s rural and remote populations. This network provides an important global voice for rural and remote nurses, legitimizes pursuing the knowledge base and science of rural nursing practice and research, and provides a well-respected and recognized platform through the International Council of Nurses to serve as a global resource for rural and remote nurses.”

The network will be an evolving and dynamic resource that will:

- provide a global forum for rural nurses and rural nursing issues,
- promote sound global rural nursing practice,
- create opportunities for the exchange of knowledge and experience to develop the science and practice of rural nursing,
- organise meetings and conferences.

Communication between network members and others will be facilitated in a variety of ways including through the ICN website and online Bulletin Board, the introduction of a regular

network bulletin and through meetings and conferences.

Member Activities

Observations from our members

An American in Japan by Sachiko K. Claus Ph.D.

I have spent past several months in Japan during my sabbatical, living and breathing through the Japanese health care system. Because of my background as a family nurse practitioner in the U.S., I had a number of occasions to discuss about the opportunities for advanced practice nurses in this country. Here are my observations about the status of advanced practice roles in Japan.

In response to increasing health care needs of the aging population in Japan, the government has developed an increasing number of baccalaureate and higher education programs in nursing within the past decade. By this year, there are 140 Baccalaureate, and over seventy masters and higher degree programs in nursing. Advancing knowledge and technologies in nursing and health care in this country in the recent years, has also resulted in the development of advanced nursing practice roles such as clinical nurse specialists and certified registered nurses in selected specialties. At a graduate level, programs that prepare advanced practice roles currently include clinical nurse specialists for cardiovascular, psycho-mental health, cancer, gerontological, and critical care. One graduate program prepares nurse midwife role (other midwifery education is through the diploma system). Beyond the basic nursing education levels, nurses in this country have opportunities to become certified in various specialties. Certifications for specialty practice such as ostomy-wound care, infection control, risk management, end-of-life care have been offered as continuing education-type programs.

Unlike other Western countries, advanced clinical practice roles such as nurse practitioner and nurse anesthetist roles have not yet been developed in this country. Whether those roles are needed or should be developed depends on the health care needs of the population, their culture, as well as their beliefs as to how and by whom the selected health care services should be provided.

Japanese citizens have benefited by the national health insurance and their health care needs have been fairly well met at a reasonable

cost for a quite some time. Since 2002, long-term care insurance (Kaigo-hoken) has also been implemented. In fact, there has been a rapid progress in home health services. On the other hand similar to those in the Western "Welfare States," and those of the U.S., there have been a growing number of problems in the health care systems in the recent years, as health care costs rise and the responsibilities to bear the costs shift toward the citizens. A shortage of obstetricians, pediatricians, and anesthesiologists especially in the rural communities has also been identified in a past few years. There exists no gate keeper in seeking health care services such as primary care providers in ambulatory care. Therefore, citizens basically seek their own specialty services in their own judgment.

In view of the status in Japanese health care today, advanced nursing practice roles such as nurse practitioners and nurse anesthetists could contribute to improving the health care delivery at a reasonable cost. An infrastructure to educate advanced practice nurses already exists within various graduate programs. A committee that consists of representatives from various colleges of nursing throughout Japan is discussing and preparing for advancement of roles.

Moving to Europe?? Galadriel Bonnel

Have you ever wondered what it would be like to leave everything, move to a new country and start over? As reality strikes I am finding it is worth it. In the USA, I enjoyed mainly ICU nursing for 6 years, and Family Nurse Practitioner practice for 2 years. In France, I am currently completing a Master's in Health Education, as well as language classes. This degree is new, and tackles an issue that France is only beginning to embrace: prevention in healthcare. The Minister of Health said that I potentially would be guaranteed to have equivalence for my diploma as a nurse and allowed to work once I gain French nationality (could take months to years).

My thesis project in Health Education will hopefully involve an internship with the Red Cross. Currently U.S. diplomas do not transfer in France but there is hope for change next year. Each year I work for a short time in the US to maintain my NP skills. NPs do not exist here so this has been a humbling experience, yet I am excited to find how to fit in augmenting nursing for this country, and perhaps for Europe! I plan to start a Masters in Research, leading to a Doctorate in Sciences of Education. If all goes

well, they will accept my project proposal to research the attitudes, ideas, etc. of nurses and doctors on advancing nursing practice to more of the NP level in France! I will also start a part-time lecturing position at a London university for nurse practitioners this fall, starting by teaching anatomy. During July I will return to work at my last clinic job in the USA to provide care to adults and pediatric patients. For more information on job links in the European Union see http://europa.eu/index_en.htm.

Communications

Many of our subgroups are actively recruiting new members. We invite you to become more active. If you have any questions about the activities or time commitments contact the chair located on our website. The communications committee wants the bulletin to reflect the news of advanced practice globally. Let us know what is happening in your part of the world. You can email your news to sheer@udel.edu.

8th International Regulation Conference, Yokohama Japan 2nd and 3rd June 2007

The International Council of Nurses and the Japanese Nursing Association with cooperation from the Ministry of Health, Labour and Welfare, Japan are proud to inform you about the 8th International Conference on regulation of nursing and midwifery.

The conference will tackle key issues facing the regulation of nurses and midwives that are central to protecting the public.

The conference provides an opportunity to share information, best practice examples and innovative approaches to key challenges facing professional regulation, in the context of increased public demands for the highest standards of public safety. Prominent guest speakers will give plenary sessions on aspects of regulation and protecting the public. Concurrent sessions, workshops and posters will address the following themes.

Board Governance
Competence Assessment
Discipline
Licensure and Registration
Midwifery Regulation

For full details on how to register for the conference or submit an abstract please visit <http://www.icn.ch/regulationconference2007.htm>