



# INP / APN NETWORK

## BULLETIN

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**Communications Co Chairs: Aruna Thampy and Helen Ward**  
**Editor: Barbara Sheer**

### Update from the ICN INP/APN Network Chair

Dear Colleagues:

Greetings from the Chair! Since the last News Bulletin there have been several happenings with the INP/APN Network.

New members have been recruited to the Subgroups of the Network and new members have been elected to the Core Steering Group. Please visit our website at [www.icn-apnetwork.org](http://www.icn-apnetwork.org) and learn the nations the new members represent. Also on the website under "About INP/APNN" click on "Network Steering Groups" where you can see the pictures of the new Core Steering Group members. Recruitment for positions on the SGs will take place each year starting in the month of October. I hope you plan to get involved in the work of the network.

The pilot survey on Education, Practice and Regulation of the NP/APN has been sent to about 70 members to test the survey language for understanding and clarity in the questionnaire. The results will be reported at the INP/APN Network meeting in Yokohama, Japan on May 31, 2007 at 3:00 PM. The survey will then be corrected as the results indicate and circulated to the entire membership in late 2007 or early 2008.

If you know of a colleague who is a member of the Network and is not receiving the News Bulletin or News Updates please have them

contact me at [rtgoodyear@gmail.com](mailto:rtgoodyear@gmail.com) to update their email address. This is a constant problem when we change our email addresses and forget to notify people and organizations of these changes. Now enjoy the INP/APNN News Bulletin with information on our colleagues around the world.

Rosemary Goodyear

### Featured Country

#### Fiji by Elizabeth Downes

Fiji, a nation in the South Pacific, is made up of over 300 islands with over 60% of the population living in rural or remote locations. The challenges of providing health care have been addressed through the establishment of a network of Health Centers and Nursing Stations. These health facilities were designed to provide preventive and primary health care and are supported by sub divisional hospitals and referral hospitals. The government has, however, faced considerable difficulty in staffing all the facilities, especially those in rural and remote locations the system was designed to serve. In 1998, a Nurse Practitioner program was developed in Fiji in response to expressed needs and difficulties faced in staffing Health Centers.

#### Table of contents

<b>Update from Chair</b>	<b>1</b>
<b>Featured Country: Fiji, Botswana, Finland</b>	<b>1</b>
<b>Member Activity Updates: France, Switzerland</b>	<b>3</b>
<b>Network Research</b>	<b>4</b>
<b>Upcoming Events</b>	<b>4</b>

The first class of Nurse Practitioners (NP) graduated in November 1999. In March 2007 the 4<sup>th</sup> class of NP students will finish their school-based program and begin their 6-month residencies. The program has expanded to a regional program and now includes nurses from Tonga and the Marshall Islands.

Two separate reviews have shown that NPs (also referred to as “New Products”) have been widely accepted by communities served and other health care providers. There is strong support from the directors of area health services to continue the program and nurses are very interested in becoming NPs. “It is clear that Mid-Level Providers meet the needs of the country and everybody has come to see that”, says Iloi Rabuka, Principal of the Fiji School of Nursing.

The NP program is based at the Fiji School of Nursing (FSN) and admits Registered Nurses who are already Nurse Midwives. Although the ICN recommends that Advance Practice Nursing education be at the Masters level, for many smaller countries the immediacy of health needs may preclude this. Such is the case in Fiji where the basic nursing education is at the diploma level and the Nurse Midwifery program at the post-basic level. Efforts are being made to increase the educational levels. Although some of the faculty at the FSN have Masters Degrees, most have just recently completed Bachelors Degrees through a cooperative program with James Cook University in Australia.

NPs in Fiji have an established scope of practice and job description and work under published protocols allowing them prescriptive privileges. For the most part, NPs are employed by the Ministry of Health and postings are established by the Public Service Commission (PSC). The majority of graduates remain in government service with nearly 70% of the nations Health Centers now being staffed by NPs. Those who have left government service are still in health care in Fiji although two have emigrated.

Among the challenges to the program are those of continuing education and career pathways. NP representation on the National Nurses and Nurse Midwives Board, allows a venue to address these challenges. With the wide acceptance and success of the original NPs,

there is now discussion on plans for maintaining and expanding the NP role in Fiji.

### **Ensuring Quality in Affiliated Health Training Institutions: Advanced Diploma Programmes in Botswana**

**By Dr C N Pilane, Mrs. P Ncube, Ms O S Seitio**

The University of Botswana through the Centre for Academic Development (CAD) is working with the Health Training Institutions in Botswana in promoting the quality of programmes and maintenance of quality standards.

The FNP Programme offered at one of the Health Training Institutions is a good example of programmes that are moving towards quality and excellence. Through the process of programme review and validation, the programme has evolved from one year to 18 months and has now been approved to move into a four semester format, ready for implementation in academic year 2007/08. However with all these changes, the Nursing Education system in the country is still struggling to recognize this programme at an appropriate level which has been equated to FNP Masters programmes elsewhere. Through the comparative analysis of this programme and those at the University of Botswana, it was discovered that to complete a BNS programme, an FNP graduate will have to complete only three semesters (45 credits) of the basic sciences and liberal arts. On the other hand, to complete the masters' programme, an FNP graduate will only have to do an in-depth research, nursing theories, and statistics.

The Advanced Diploma in Community Health Nursing is another example of a programme which has proved to be moving toward quality and excellence. The programme is one of those recently being analyzed to determine its quality and equivalence to university level programmes with a view to find possible ways for articulation. The purpose is to explore the possibility of enabling graduates of the programme to transfer credits, challenge examinations, or be exempted from retaking some of the courses when they apply to further their education at the University of Botswana.

Recommendations are awaiting joint discussions, further review and development of the background and modalities by the Nursing

Department at the University of Botswana and the Health Training Institutions.

Academic Regulations at the University are being revised in preparation to accommodate proposed articulation of such programmes with university programmes, and to be inline with the current developments in institutions of higher learning globally. The search for greater "programme articulation" is therefore perceived as the quest for the creation of more academically sound flexibility and options for advanced diploma graduates from Affiliated Institutions to access the University of Botswana's programmes.

### **Education for Advanced Practice Nurses in Finland by Lisbeth Fagerström**

Health care and nursing are going through large changes in Finland. The doctor shortage during the past few years has resulted in new and more clinically demanding activity models for nurses in many municipalities/organisations.

A study funded by the Ministry of Education in Finland in 2004 supported the need for advanced practice nurses for care and follow-up of patients with chronic diseases. The APN role within secondary prevention will be increasingly emphasized as the elderly population increases.

Based on the ICN definition of NP/APN an educational program was developed. The first cohort of 19 students concentrated on the assessment of acute nursing care and follow-up of patients with chronic diseases.

The program is currently at the master's level requiring approximate 2.5 years of part time study. The Clinical Expert Nurse will have the competence to take responsibility for decisions concerning the patient's total care and treatment and should also be the first contact link for the acute problems.

As these nurses take their place within the health care system issues salary and legislation will continue to be addressed.

### **Update from our Colleagues**

### **Happenings in France by Gadreille Bonnel**

As of January 2007, the climate in France is full of change and possibility regarding the future existence of nurse practitioners. The Minister of Health has appointed two leading health organizations (HAS and ONDPS) to form a working group regarding the future education of nurse practitioners, or "infirmiere cliniciennes." I am very excited to recently be invited to be part of this group (they request an Anglo-Saxon perspective) of about 5 people who will meet regularly with the objective of producing recommendations by summer 2007 regarding this education. To be certain, this will probably be a long process to implement these programs, as currently nursing education is limited to a 3-year diploma, and is not yet part of the LMD (License, similar to Bachelor's; Master; and Doctorate) system. It is exciting that nurses, doctors, and other disciplines are considering to undertake this advancement, and to assure its application to the French context. As I join this group's efforts, I will be able to use this experience as part of doctoral research in public health (at the Universite Aix-Marseille, Faculte de Medecine) in the context of EPP (Evaluation of Professional Practices, or Evaluation de pratiques professionnelles), as well as to return to the studies that have recently been completed (5 research studies done on nurse practitioners in France, and 10 are in course) and to do surveys of the teams and patients that were involved. For more information, related websites are: <http://www.has-sante.fr> (in English and French), and <http://www.sante.gouv.fr/ondps/index.html> (in French).

### **Educational Changes in Switzerland contributed by Lyn Singer Lindpaintner**

There are some educational developments in Switzerland. Bachelor nursing education in much of Europe has not included formal clinical assessment courses and neglects physical exam skills and clinical reasoning. The Institute of Nursing Science (INS) in Basel introduced this course material at the bachelor level at its inception in 2001, at which time it offered the only BSN program in Switzerland. As of 2006 there are now 6 Universities of Applied Sciences

newly offering or planning to offer the BSN degree! There is interest among these institutions in developing a consensus on standards for the learning goals in clinical assessment that would reflect international norms, and consensus on the qualifications for clinical faculty.

I will lead and coordinate this collaborative effort, which involves developing curricular materials for use at all the BSN programs and helping the schools to develop a plan for meeting the agreed upon standards. By the end of the year we expect to have articulated Swiss standards for assessment skills at the BSN level and submitted them for publication as a joint paper. The challenge of this nationwide effort is increased by the fact that BSN programs are being developed in German, French, and Italian.

### **A European Masters for Nurse Practitioners**

The Nurse Practitioner movement has been growing within the UK since 1991 but has made little impact upon the wider European scene. That is all changing now as with the aid of European Union funding, a project led by St Martins College (England) is nearing completion which will establish a European Nurse Practitioners Masters Program.

A total of 13 universities in different EU countries are participating with St Martins as the lead institution. St Martins has always worked to the NONPF standards since it began its program as one of the first British programs in 1995. The countries involved range from the Republic of Ireland to Slovenia and from Sweden to Italy, covering all points of the European compass. It will operate by distance learning as well as classroom contact. Students will not only be able to study at their own university; subject to language and professional considerations, students will be able to study courses at any of the universities in the scheme.

The result will be a European Masters delivered to NONPF standards which we hope will encourage the spread of the NP movement across the various states that make up the EU.

Mike Walsh  
[mh.walsh@ucsm.ac.uk](mailto:mh.walsh@ucsm.ac.uk)

### **Network Research**

The INP/APNN Education/ Practice subgroup, along with assistance from other INP/APNN subgroups, sent out a web-based pilot survey to gather preliminary data on the education, regulatory and practice issues for nurse practitioners/advanced practice nurses worldwide. The survey was sent out to 54 subjects in 40 countries, with a 57% response rate. The data are currently being analyzed and the results will be used to refine the tool so that a final survey can be administered to a larger number of international respondents in 2007.

*If anyone would like to participate in the final survey, please send your contact information to Dr. Joyce Pulcini at [pulcinjo@bc.edu](mailto:pulcinjo@bc.edu).*

### **Upcoming Events**

**ICN Biennial Conference 27 May - 1 June 2007 Yokohama, Japan**

#### **[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**