ICN Nurse Practitioner (NP) /Advanced Practice Nursing (APN) Network

A Global Overview of Advanced Practice Nursing

Dr. Melanie Rogers
Who am I?

- An Advanced Nurse Practitioner in Primary Care for 18 years
- The Course Leader for the ANP course at the University of Huddersfield in the UK for 14 years
- A Queens Nurse
- Founder of the Yorkshire Nurse Practitioner Forum
- Previous member of Association of Advanced Practice Educator (AAPE) committee and current member
- The Chair of the ICN NP/APN Network
The Current ICN APN/NP Definition:

- “A Nurse Practitioner/Advanced Practice Nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice” (ICN 2002).
Advanced Practice Nursing Definition:

• “Advanced practice nursing is the patient-focused application of an expanded range of competencies to improve health outcomes for patients and populations in a specialized clinical area of the larger discipline of nursing.”  
  Hamric A, 2014: 71

• ‘Advanced practice nurse’ evolved as an umbrella term to encompass a growing and diverse group of nurses who had moved beyond core clinical nursing practice, either in practice and/or education

• APN roles have been developed or are being developed at the moment in 70 countries world wide.
Nurses in advanced roles in primary care (OECD 2017):

<table>
<thead>
<tr>
<th>Countries</th>
<th>NP/APN education</th>
<th>Advanced Clinical Practice (in primary care), as per SoP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia, Canada, Finland, Ireland, Netherlands, New Zealand, United Kingdom (England, N. Ireland, Scotland, Wales), United States</td>
<td>✓</td>
<td>Authorised to perform all of the following seven clinical activities:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Prescribing medications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Medical diagnosis &amp; health assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ordering medical tests &amp; exams</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Treatment decisions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Panel of patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Authorised to refer patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• First point of contact</td>
</tr>
<tr>
<td>Austria, Belgium*, Croatia, Cyprus, France, Germany, Iceland, Israel, Lithuania, Norway, Spain, Sweden, Switzerland</td>
<td>(✓) Emerging*</td>
<td>Level of advanced clinical practice is more restricted than above, authorised to perform a limited set of advanced clinical activities, usually under physician oversight</td>
</tr>
<tr>
<td>Belgium*, Czech Republic, Denmark, Estonia, Hungary**, Italy, Latvia, Luxembourg, Malta, Poland, Portugal, Slovenia</td>
<td>No**</td>
<td>Limited advanced clinical practice, authorised to perform a limited set of clinical activities, usually under physician oversight</td>
</tr>
</tbody>
</table>

Notes: SoP=Scope-of-Practice, *Few or recent NP/APN programmes established at universities or universities of applied sciences, **No NP/APN education programmes, but additional specialisations and trainings for nurses. *Belgium (Flamish part with APN
The ICN NP/APN Network Objectives Include:

- Being an international resource for nurse practitioners and advanced practice nurses, and interested others (e.g. policymakers, educators, regulators, health planners).

- Providing relevant and timely information about practice, education, role development, research, policy and regulatory developments.

- Developing new strategies and guidelines to promote NP/APN development.

- Undertaking collaborative research projects internationally, developing educational and research competencies and guidelines and influencing health policy.

- Providing a forum for sharing and exchange of knowledge expertise and experience

- Supporting nurses and countries who are in the process of introducing or developing NP or ANP roles and practice

- Accessing international resources that are pertinent to this field.
INP-APNN Countries Currently Represented:

Members in 90 countries
Nurse Practitioner/Advanced Practice Network

New for 2018:

CSG

- Education
- Health Policy
- Practice
- Conference
- Research
- Fundraising
- Communication

Students
Research Sub Group:

Provide resources on research tools and have recently finished an International Competency Mapping Project which has the following Emerging Themes for NP Competency:

- 1. Independent Practice/Autonomy
- 2. Prescriptive Authority
- 3. Prescribing Therapeutic Regimens
- 4. Evidence-based Practice
- 5. Maintaining Competency
- 6. Client/Patient Advocacy
- 7. Health Promotion
- 8. Critical Thinking
- 9. Education (patients, families, peers, community)
- 10. Collaborative Practice/Inter-professional Collaboration
- 11. Consultations/Referrals
- 12. Mentoring
- 13. Team Building
- 14. Leadership and Care-coordination
- 15. Professional Accountability/Responsibility
- 16. Quality Care
- 17. Influences Health Care Policy
Facebook & Twitter:

Facebook:

ICN Nurse Practitioner / Advanced Practice Nurse Network

Twitter:

#ICNGlobalAPN
Conferences:
Global Developments:

- With the global increase of complexity of health needs, polypharmacy, ageing populations and unsustainable health provision Advanced Practice continues to grow and develop.

- Each country has specific needs which will be addressed in a variety of ways.

- Most countries (apart from the UK) regulate NP’s prior to developing and providing education programmes.
Core Components of the APN Role:

- **Autonomous practice**: make professionally accountable decisions, including differential diagnosis, prescribing medication and delivery of care

- **Critical thinking**: ‘self-regulatory judgement that results in demonstrating the ability to interpret, analyse, evaluate and infer’ (Mantzoukas et al 2007:33)

- **Advanced levels of decision-making and problem solving**: demonstrate expertise in complex decision-making in relation to their role

- **Values-based care**: advanced level of awareness of their own values and beliefs. working in a positive and constructive way with difference and diversity; putting the values, views and understanding of individual service users/carers at the centre of everything they do (NES, 2007)

- **Management/leadership**: lead practice through vision and innovation to impact on practice. APNs demonstrate resilience, impacting organisational culture and working across organisations.
Drivers and Motivation for the NP/APN Role:

- An identified health care need for APN/NP services
- An answer to skill mix and health care workforce planning
- A desire for the advancement of nursing roles and professional development
- Public demand for health care services

Schober M
2013
Current UK Challenges

HEE 2016:

- Long-term conditions
- 8Cs
- New roles
- Growing population
- Medical/healthcare developments
- Ageing population
- Scope of practice
- Financial issues
- Integration
- Technological change
- Changing health needs
- Staff morale
- CSR
The Terminology we use Continues to be a Challenge:

- There is still a lack of international consensus on titles, role characteristics and scope of practice.

- A study done by Pulcini et al (2010) found that out of 33 countries surveyed 14 different titles were cited as referring to advanced nursing practice.

- Multiple titles may be used in a country or in various institutions within a single country regardless of regulations for the country.
The Barriers and Challenges of Advanced Practice Roles Include:

- The failure to recognise the complexities of introducing and developing a new professional role into healthcare service provision
- The blockage by other professionals or key decision makers
- No identified motivation for advanced nursing practice
- The inability to differentiate health care professional roles
- Standards and regulations can be undeveloped or too restrictive
- A lack of resources - human (qualified faculty) and financial
- A lack of a strategic plan for integration into the healthcare workforce

• Nurses globally are contributing to dynamic changes in health care provision

• Advanced practice does and will impact the entire nursing profession and the manner in which health care is delivered in the future

• Advanced Practice Nurse roles are part of this change
Case Study of an Advanced Nurse Practitioner in the UK
Why have we developed the role:

- National supply and skills shortages
- Ageing workforce
- Changes to the population - age, immigration, lifestyle, long term conditions, complex, co-morbidities
- Patient choice and expectations
- Increasing demands on NHS
- Increasing demands on cost
- Reduction in doctors working hours
- Reduction in the amount of junior doctors

RCN 2012, DOH 2006
UK Challenges

- Population to grow 7% to 68 million by 2022
- Over 80’s will rise from 1.4m to 2.4 (2027) and 3.6m (2037)
- 2030 4 million with diabetes.
- 4.2 million with kidney disease (8.3%)
- 40% rise in dementia patients (156% by 2050)
- 46% of men and 40% women obese by 2035
- 1.5 million with long term conditions – 70% of health spend
- Chronic care costs will rise by up to 75% by 2050

HEE 2016
How have we developed the role?

- 1989 first NP course run by the Royal College of Nursing (RCN) at diploma level
- 1997 Nursing Midwifery Council (NMC) decided not to set standards for Advanced Practice
- 2000 RCN - produced competencies mapped against
- 2012 National Health Service (NHS) knowledge and skills framework is launched
- 2005 NMC propose Advanced Nurse Practitioners become regulated
- 2007 The Department of Health UK looked at all levels of advanced practice in their white Paper
- 2010 Department of Health produced a position statement on Advanced Practice
- 2016 RCN launch credentialing
Four Pillars of Advanced Practice:
What has been the advantages and health gains?

- Clinically - patient experience, outcomes and safety are improved due to quicker responses and efficiency of care provision

- Education – APN education improves skills knowledge and competencies for nurses and other health professionals

- Leadership/ Audit Research - improved government and local development of organisational policies

RCN 2012 and DOH 2006
What is the current status with regulation?

- In many countries with the NP role this is regulated in contrast to UK.

- In the UK we have voluntary Credentialing
Legalities

- Healthcare is governed by legislation intended to protect the public and prevent harm.
- APNs require a knowledge of relevant legislation and their responsibilities to the public and their employer.
- Accountability to our profession, employer, society, and patient/public via duty of care.
A Brief History of Prescribing in the UK:

- 1997 – 2001 (National Rollout)
- 2001 (Other Community Nurses- Limited Formulary)
- 2001-2006 (Extended Formulary for Nurses, HV and Midwives)
- 2009 (Any Registered Nurse)
- 2006- present (Any Registered Nurse, Midwife or HV registered for three years, also Pharmacists)

- Can prescribed any licensed medicines including range of controlled drugs (CDs) permitted.

- 2006 Optometrists (Eye Conditions, no CDs)

- 2013 Physiotherapists, Podiatrists

- 2016 Therapeutic Radiographers (No CDs)

- 2018 Paramedics
Advanced Nurse Practitioners:

- In the UK the Advanced Nurse Practitioner role is clearly defined as:

  - ‘A nurse who has undertaken extra training in clinical assessment, including history taking and physical examination so they can safely manage patients presenting with undifferentiated and undiagnosed conditions’ (RCN 2012)

- And who:

  - 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
A day in the life of an ANP:

- 4 year old ear pain
- 52 year old anal lump and change in bowel habit
- 50 year old depression
- 28 year old contraception
- 35 year old anxiety
- 68 year old cardiac symptoms
- 14 year old acne
- 28 year old back pain, saddle anaesthesia
- 45 year old psoriasis
- 45 year old menorrhagia
- 57 year old angina
- 36 year old hirsutism, acne and weight gain
- 46 year old wound infection
- 22 year old tired all the time
- 48 year old hormone replacement therapy
- 50 year old hypertension
- 30 year old plantar fasciitis
- 19 year old migraine
- 55 year old upper back pain
- 30 year old shoulder injury
- 68 year old skin lesions
- 40 year old gout
- 49 year old severe depression/suicidal
- 28 cocaine addiction/abdominal pain
A Few Extra Country Examples of NP/APN Roles:

Some information courtesy of Madrean Schober founding Network Chair
The USA:

- Four categories: clinical nurse specialist (CNS), nurse practitioner (NP), nurse midwife (NMW), nurse anesthetist (NA) –** most are NPs**

- In a 2012 National Sample of USA NPs:
  - 154,000 NPs – current estimate closer to **171,000**
  - 94% have a graduate degree (master’s or higher)
  - 76% are certified in Primary Care (PC) - 50% in PC are Family NPs
  - 96% are in clinical practice providing direct patient care
  - 3% are faculty; 1% administration
  - Median salary in PC settings is $80,000 USD/year
  - High levels of job satisfaction, autonomy, respect from colleagues

(U.S. Department of Health and Human Services, 2014)

**Warning! Challenges & Obstacles Still Exist. The US model is not for everyone**

*Increased visibility > Increased challenges*
Denmark:

- Abundance of nursing staff 15 per 1000 individuals in the population, 4 nurse to 1 doctor (OECD).
- Development of the APN role continues with practice specialities in anaesthesia, psychiatry, intensive care and infection control.
- Also three other specialities of nursing management and leadership, nursing education and public health nursing.
- No title protection apart from public health nurses.
- Mainly diploma or specialism courses apart from Aarhus who run a masters in the three other specialisms.
Sweden:

- APN role started in 2005 with CNS roles. This has title protection.
- APN role in primary care is developing.
- Further evaluation of the APN role continues but concerns regarding lack of nurses to fulfil these roles is evident.
- Nurses have had prescribing authority since 1994.
- APN’s are trained at masters level.
Australia:

- Clinical Nurse Specialists are defined under career pay categories determined by the individual hospital or health district. They are expected to have a higher level of education but this can be based on years of work experience.

- Advanced Practice Nurses is the term used by registered nurses who work at an advanced level and have often taken some specialty course.

- Nurse Practitioner – Approximately <1000 NPs who are endorsed by the Nursing and Midwifery Board of Australia. Often these have a site specific scope of practice. Usually master’s education.
Botswana:

- Have had the Family Nurse Practitioner (FNP) role since 1986 due to a severe shortage of physicians.
- The NP education model was developed by US faculty.
- FNPs provide care in outpatient departments, clinics, industry, & private practice where they provide autonomous primary healthcare services in nurse managed clinics.
- Nurses are often the first point of contact for all health care.
Thailand:

- Under their Community Health Development education includes Generic NPs (4-6 months education) & Community Health NPs (masters level).

- Those educated as a generic NP have to convert to a full Masters within 5 years from completion of their course.

- There is often not adequate preparation for competent performance in APN roles.

- 1,928 NPs certified by The Thailand Nursing and Midwifery Council in 2009.
Germany:

- 7 APN roles
- APN role developing since 2012 and includes:
  - CNS
  - Critical Care (CC-APN)
  - Mental Health Care (MHC-APN)
Hong Kong & China:

- The Hospital Authority of Hong Kong provides 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).
- Currently, in HK Hospital Authority there are more than 2500 APNs and over 20 NC.
- APNs run independent nurse clinics in HK hospitals only, they serve different client groups with specific health problems.
- There are over 100 nurse clinics in Hong Kong. The Government has planned to expand the nurse clinics into the community in the coming years as stated in their 2017 Policy Address.
- In China, the target number of nurse specialists was 250,000 by year 2015. To date, there are more than 3 million of nurses in Mainland China.
- In China there are now over 2700 APNs in the system (Hospital Authority Annual Report 2011-2013) with over 70 granted the title of NC.
Any Questions?
References

- Nursing and Midwifery Council (2005) *Consultation on framework for standard for post-registration nursing*, London. NMC.