



Editorial

Education for advanced nursing practice worldwide – Is it fit for purpose?



In a rapidly changing world with a growing and ageing population, many with chronic conditions and multi-morbidity, and against a background of urbanization, climate change, politicisation and rising costs,¹ the demand for health care has never been greater. This is typified by on-demand access to health care, increased expectations of the public and health care professionals, increased knowledge, technology and treatments and a stronger focus on patient experiences and outcomes. All this is against a predicted shortfall of over 17 million health workers, about half of them nurses,² as well as health financing constraints.

As nurses account for nearly half of the current health workforce globally, they are crucial to the delivery of health care, but in view of demand outstripping supply there is a pressing need to think and act differently to maximise their reach and impact. The World Health Organization recognises the challenges facing nurses and nursing and has identified four thematic areas for strengthening nursing's contribution:

- Ensuring an educated, competent and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in different settings;
- Optimizing policy development, effective leadership, management and governance;
- Working together to maximise the capacities and potentials of nurses and midwives through intra- and inter-professional collaborative partnerships, education and continuing professional development; and
- Mobilizing political will to invest in building evidence-based nursing and midwifery workforce development.

These are all laudable aspirations but contemporary health systems and the health workforce are often under-resourced, ill-equipped and unprepared to address many of these issues. Moreover, a lack of universal health coverage, limited access to health care, shorter hospital stays, the shift to primary and community health care, and much care – often unskilled and informal – being provided by lay people (such as caregivers, families and support workers), pose real challenges to the organisation and delivery of effective and efficient nursing care, not only for individual registered nurses, but also the nursing profession and the health care systems in which they operate.

In attempting to reconcile and tackle these often diverse and competing issues, nurses and nursing have been creative and made innovative and transformative actions in developing new roles that are responsive to the health care needs of patients, families and communities and ensure the provision of high quality and safe care.

Indeed, nursing has witnessed the emergence of a plethora of specialist nurse roles over the past 50 years, including the clinical nurse specialist, nurse practitioner, advanced nurse practitioner, nurse anaesthetist, consultant nurse and nurse case manager. However, many of these roles are unclear and their responsibilities vary markedly. An international survey on advanced practice nursing education, practice and regulation found that from among the 91 nurses from 32 countries who responded, 13 different titles were identified to refer to the nurse practitioner-advanced practice nurse.³ A recent UK study found that 595 different job titles were used across nearly 18,000 advanced practice nurse posts.⁴ This diversity in titles has created confusion which has been further compounded by different lines of accountability and reporting and resistance from other professional groups, most notably medicine.⁵ Though there is little doubt that professional boundaries have shifted and nurses are expanding their roles, either through the form of delegation from physicians or substitution of them, the growth, in particular, of advanced practice nurses and advanced practice nursing is not without concern.

Surprisingly, there is no consensus on a definition of advanced practice nursing and its core competencies, even though the role is developing globally at a rapid pace.^{3–6} The International Council of Nurses (ICN) defines an advanced practice nurse (APN) as 'an RN 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. A master's degree is recommended for entry level'.⁷ A clinical doctorate is recommended in some countries, notably the US. The lack of clear definition is an obstacle to progression. The ICN has convened a working party to develop definitions for the nurse practitioner and clinical nurse specialist to help to differentiate between the two roles which fall under the umbrella term of APN. Generally, APN roles comprise clinical, educational, research and management components and APNs serve as a care provider, educator, researcher, manager, leader, advocate and collaborator. However, there is no common understanding or universal agreement about the role of the APN across the world and there is wide variation in the regulation of roles as well as educational, licensing and credentialing requirements.^{3–6} A recent OECD report⁸ provides a helpful international snapshot of the development of the APN role, noting that in the USA, Canada, UK, Finland, Australia and New Zealand nurses have the opportunity to work at a high level, and in primary care settings are the first point of contact and can conduct medical diagnosis, health assessments, the prescription of medication and ongoing referral. In other

countries such as Austria, Croatia, France and Germany, APN roles are emerging but are limited because there are few education programs and clinical opportunities. In countries such as Italy, Poland and Portugal, the APN role is at an early stage of development with most activities conducted with physician oversight.⁸ Thus, the global picture is diverse.

Nonetheless, there is a severe shortage of nurse talent and these roles are (cost) effective and efficient with improvements in clinical outcomes and patient information and satisfaction.⁹ As tasks shift between nurses and physicians,¹⁰ there is likely to be a growth in these roles, particularly as they tend to focus on community-based chronic disease prevention and management, risk reduction and health promotion and function in a range of contexts and settings. However, barriers include legal and financial restrictions, resistance by professional associations, inflexible labor markets, and lack of resources.

A pressing issue concerns the education and competencies of APNs. Their titles often have little relationship with educational standards and a common framework is needed for role development and education that reflects the four pillars of clinical practice, education, management and leadership and research. In some countries such as Australia and the UK an APN is expected to have higher level qualifications such as a master's degree and an independent prescribing qualification. However, requirements are not consistent across countries. Thus, there is a need to develop a more uniform level of educational preparation.

Also necessary is a competency framework for education and training to ensure that APNs have the necessary core and additional knowledge, skills and attitudes to ensure that they are equipped with the requisite competencies. These are likely to be applied according to local priorities and needs and will include:

- Clinical, cultural, system change competencies;
- AP certification/licensure;
- Specialisation e.g. cardiovascular or pulmonary disease prevention, rehabilitation or management;
- Prescriptive authority; and
- Support/endorsement e.g. from national and international professional, health care and scientific bodies such as the American Heart Association, European Society of Cardiology, Preventive Cardiovascular Nurses Association and the American Association of Heart Failure Nurses, which are concerned with health care professionals, patients and caregivers in the support and advancement of practice, education and research with the goal of promoting optimal patient outcomes and experiences.

The evolution of credentialing tends to be led by medical rather than nursing organisations, which appears to be a lost opportunity. Several medical organisations, such as the Royal College of Emergency Medicine in the UK, have recognised the opportunity to establish credentialing services and offer training and registration for APNs at a cost. In the US, the American College of Cardiology,¹¹ in a health policy statement on cardiovascular team-based care and the role of advanced practice providers (including APNs), noted that the Institute of Medicine Committee, in collaboration with the Robert Wood Johnson Foundation, published a report *The Future of Nursing: Leading Change, Advancing Health*¹² which recommended developing residency training programs and other educational opportunities for APNs and called for regulators to allow nurses to practice 'to the full extent of their education and training' through the elimination of regulatory barriers. The ACC statement provides a paradigm for practice that can transform cardiovascular care, improve heart health, and meet the demands of the future, whilst recognizing areas that need improvement, specifically in advanced practice (including nurse) education and regulation.

Despite the many challenges the APN role has real potential to benefit the nursing profession and the public it serves. For nurses working in clinical practice there is the opportunity to optimize their education, training, experience and talent, enabling them to provide more holistic care to their patients. In acute hospital settings they have the opportunity to lead the way in educating colleagues to detect the signs of early clinical deterioration and sepsis, which has real potential to save lives as well as costs. In primary care settings, APNs working in, for instance, cardiopulmonary care and rehabilitation settings can support patients, caregivers and families to effectively self-manage lifestyle changes and adhere to prescribed medications which form the mainstay of their treatment. Thus, the ANP role is likely to confer benefit across a variety of settings, including hospital, home and community ones. Whilst in some instances APNs may work alone, often in rural and remote areas, they are more likely to be members of a health care team providing collaborative care. In this case, they can contribute to improved team leadership, coordination, collaboration, engagement and efficiency. However, regardless of such circumstances, for APNs to realise their full potential they will require leaders to guide, support and advocate for them. This will include:

- Strategic advocacy and policy development;
- Mentorship and coaching for personal development;
- Balancing competing priorities;
- A focus on patient, family, community care;
- Sufficient resources;
- Intra- and inter-professional collaboration; and
- Promoting and providing evidence of the positive impact of APNs.

The rapidly changing and unpredictable landscape of health care and the challenges this presents increasingly requires a flexible, lean and agile workforce that is responsive to the needs of patient, caregivers and families. If nurses and nursing are to truly transform care and improve health and meet the demands of the future, then APNs should surely play a key role. The diversity in APN education in terms of duration of education and training, educational providers, legislative and regulatory frameworks, access to formal registration and scope of clinical practice is a major challenge but it is not insurmountable. Only by addressing these issues head on in a uniform, systematic and constructive way will APNs be truly fit for purpose.

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