

Keywords

Nurse Practitioners, advanced practice, clinical nurse specialist, nurse roles, work organisation, literature review

What is already known about this topic:

- The advanced practice nurse role has been adopted internationally and now most countries have a range of positions and practice roles under the umbrella term of an advanced practice nurse.
- These roles include nurse practitioner, clinical nurse consultant, and clinical nurse specialist.

What this paper adds:

- A critique of the literature related to the advanced practice nurse in the UK, USA, Canada, New Zealand and Australia.
- Identifies commonalities and distinctions in the roles and in addition, identifies a trend to delineate the nurse practitioner role from other advanced practice roles.
- This brings some clarity to the nomenclature and provides a way forward to inform an international agenda of consistency for development of emerging and established nursing roles.

Abstract

Aim – to investigate and review the roles and titles of Advanced Practice Nurses globally

Background – There is a worldwide shortage of nurses. There is also a greater expectation for nurses to further their skills and cope with a greater acuity and

turnover of patients than ever before. This has led to many different Advanced Practice Nurse roles that have evolved largely due to clinical need. Accompanying this development, different nomenclature around the world has led to confusion regarding the roles and boundaries of nurses working in advanced practice.

Method – CINAHL, Medline, and the Cochrane database of Systematic Reviews were searched from 1982 - 2005. Information was also obtained through government health and professional organisation websites. All information in the literature regarding current and past status, and nomenclature of advanced practice nursing was considered relevant.

Findings – There are many names for Advanced Practice Nurses, and although similar in their function, they can often be performing similar roles in the same country, yet have different titles.

Conclusion – Advanced Practice Nurses are necessary, cost-efficient, and welcomed by the patients they care for. They will be a constant and permanent feature of future healthcare. However, more structure is necessary in some countries regarding their classification and regulation. A more organised framework will undoubtedly lead to the enhancement of nursing as a whole.

Over the last 20 years or so, nursing practice has become more specialised and highly skilled in response to altered health service models for the changing demographic of the health care consumer, technological innovation and improved postgraduate educational opportunities. Nursing practice has continually evolved in order to allow for growth, flexibility, collaboration, innovation and responsiveness. A key development within the nursing profession has been the progress and recognition of advanced nursing practices. Advanced practice nurses (APNs) were first recognised in the mid 1960s in the USA, when, predominantly in a response to a shortage of doctors, nurses began performing more medically defined tasks. Internationally, these advanced practice nurses evolved on an *ad hoc* basis, with differing roles, responsibilities and nomenclature. Today, APNs have as many titles as they do roles and there is confusing overlap in many areas. This is particularly relevant in countries like Australia where there are different jurisdictions that govern nursing, and which mandate a variety of names to identify advanced nursing practice roles.

This paper will critique the literature related to advanced nursing practice in the UK, USA, Canada, New Zealand and Australia. We will draw upon this critique to describe commonalities and distinctions. Finally we will propose a way forward to inform an international agenda of consistency for future development of the discipline in line with health service demands. The term APN is used here to describe all levels and definitions of nurses working in an advanced and extended capacity. Nurse practitioners (NPs) and other specifically titled APNs will be referred to when necessary to distinguish these particular roles. It is the intention of this article to

highlight the problem of the APN nomenclature both internationally and nationally, and to identify areas where progress towards regulation is underway.

Search Methods

The Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medical Literature Analysis and Retrieval (MEDLINE) and Cochrane database of Systematic Reviews were accessed and databases from 1982 through to 2005 were assessed. Information was also obtained through government health and professional organisation websites. All information in the literature regarding current and past status, and nomenclature of advanced practice nursing was considered relevant. Keywords Nurse Practitioner, advanced practice, clinical nurse specialist, nurse roles, work organisation, and literature review were used.

UNITED KINGDOM

Advanced practice roles for nurses are not a new concept in the UK, but as in the USA and Australia, there is a lack of consistency and clarity around the roles and titles (Buchan et al., 2004; Castledine, 1997; Maylor, 2005). The NP role developed out of the primary nursing model of care in the 1980s, and by the 1990s, titles such as 'advanced practitioner' and 'advanced nurse practitioner' emerged, but without consistency or uniformity (Wilson-Barnett et al., 2000). The role of nurse consultant was introduced in 1997, and the 'modern Matron' introduced in 2001, although this role involves clinical management rather than advanced practice (Scott et al., 2005). Midwives have a different route to registration and are not considered advanced nurses in the UK, so will not be examined. The range of classification for advanced practice nurses in the UK is outlined in Table 1.

Key documents released prior to the development of advanced nursing roles in the UK include the Vision for the Future (Department of Health, 1993), Post Registration Education and Practice project (PREP), (United Kingdom Central Council, 1994), and the Scope of Professional Practice (United Kingdom Central Council, 1992). These influential reports provided the momentum for the widespread development of APNs in the early 1990s. The PREP report (1994, p.3) stated that specialist nursing practice:

‘exercised higher levels of judgement and discretion in clinical care... demonstrated higher levels of clinical decision making... monitored and improved standards of care through supervision of practice, clinical nursing audit, developed and led practice, contributed to research, taught and supported professional colleagues’.

Woods (1997) states that political influences such as the reduction in junior doctor hours and an emphasis on a more efficient use of the health workforce, were also important in the introduction of advance practice nursing roles.

Reading the literature regarding definitions of APNs, it appears that the UK regulatory board, the Nursing and Midwifery Council (NMC), rejects the concept of standardising extended nursing roles and certification as it is seen to limit nurses’ scope of practice and the profession’s ability to meet changing healthcare needs (Jowett et al., 2001). The NMC initiative for extending nurses’ scope of professional practice permits nurses to assume additional clinical tasks or alter the nature of service provision as long as they attain the appropriate education or training, levels of competence, and are prepared to be accountable for their new practices. This lack of standardisation of

the APN role also applies to NPs (Reveley et al., 2001), although the UKCC report (2002) proposed regulating higher levels of practice. As a consequence of these inconsistencies, nursing practice in the UK is becoming increasingly diverse, and there is a lack of clear definition of the higher roles that have emerged in recent years. This may cause difficulty in the future should the NMC have cause to discipline these nurses, as the lack of clear-cut standards of practice may complicate malpractice cases.

In the UK there is also a perception that the introduction of nurse consultants at the top rank of status and salary in the nursing profession has eroded the position of CNSs. It has been argued that nurses at various levels have the same core functions, that these do not differ for nurse consultants, and that the best method of distinguishing between practitioners with the same job description could be by measuring outcomes (Maylor, 2005).

A recent report by the Royal College of Nursing (2005) catalogued the practices of nurses, their differing roles and their job satisfaction. However the report did little to propose any standardisation of the different nursing roles identified, despite calls to do just that (Lankshear et al., 2005). Nurse practitioner training has been described as varied, ranging from short locally organised courses to postgraduate study, with most NPs employed by GPs, some by Community Trusts, but with no agreed definition on what their role encompasses (Ashburner et al., 1997). However, the NMC is proposing to structure a higher-level registration for advanced practice nurses by 2010. These nurses would be educated to master degree level, and it is proposed that they would need to re-register every three years (NMC, 2005). The

NMC maintain that this will ensure that the appropriate authority will register nurses claiming to have advanced or specialist practice to protect public interests.

UNITED STATES OF AMERICA

The US Federal government has supported APNs for over 40 years as a response to community requirements for access to affordable quality health care and the specialised nursing requirements of complex patients. The USA, with its well-established advanced nursing roles, has a large range of expanded and extended nursing roles that vary considerably state by state, all claiming to be advanced practice. These roles are outlined below in Table 2.

It is obvious from these titles that there is a variety of roles and functions of advanced practice nurses established by various stakeholders and professional associations. The American Academy of Nurse Practitioners (2002b, p. 1) states that APN is an 'umbrella term given to a registered nurse (RN) who has met advanced educational and clinical practice requirements beyond the two to four years of basic nursing education required of all RNs. Under this umbrella fall four principal types of APNs: NPs, Certified Nurse-Midwives (CNM), Certified Registered Nurse Anaesthetists (CRNA) and Clinical Nurse Specialists (CNS).' There are also Physician Assistants (PA), but they are authorised as nurses and work to a different model so are not included in this discussion.

The National Council of State Boards of Nursing in its position paper (2002, p. 4), stated that 'a lack of consistency in education, titling, credentialing, program accreditation, scope of practice and reimbursement have confused the public,

legislators, regulators and nurses themselves, and have hindered efforts to make full use of contributions of APRNs [Advanced Practice Nurses] to health care'. The paper makes a series of comprehensive recommendations to deal with these inconsistencies within the jurisdictions of nursing regulatory boards. It is proposed that APNs' level of education may change from a master level degree to doctorate by 2015 (Nelson, 2005).

The CNS generally practises in acute care and focuses on nursing specialities, while historically, the NP principally works in primary health care settings dealing with a wider range of health care needs. The National Association of Clinical Nurse Specialists (2004, p. 1) defines the CNS as a:

'registered professional nurse holding a graduate degree ' who 'independently provides theory and research-based care to clients facilitating attainment of health goals, and works with nurses to advance nursing practice to improve outcomes cost effectively, and/or provides clinical expertise to affect system wide changes in organisations to improve programs of care'. However, there is a problem of overregulation in some states as CNSs need to obtain a second licence in order to practise in their advanced role, although there are legislative reforms underway to rectify this (National Council of State Boards of Nursing, 2000).

Licensure for NPs to practise is possible in every state (Carson, 1999), although scope of practice and authorisation to prescribe, varies. The Nurse Practice Act in each state protects the title of NP and NPs may also be credentialed in their local

areas. In most areas, NPs will need tertiary education to master degree level in order to practice (American Academy of Nurse Practitioners, 2002a). In 2004, there were estimated to be approximately 115,000 NPs working in the US which is an increase of over 44% since similar data were collected in 1996 (US Dept of Health & Human Services, 2000).

The necessity for consensus within the profession on the definition of advanced practice is well documented in this country (Hanson et al., 2003; Lyons, 2004; Rose et al., 2003). However, it has been well established that care provided by APNs results in greater improvements in outcomes for patients, and also greater cost savings (Brooten et al., 1995).

CANADA

As in the USA, advanced practice for nurses in Canada developed in the 1960s due to doctor shortages and the nursing profession's desire for autonomy and advancement. The advanced nursing role in Canada today covers mainly CNSs and NPs working under varying definitions (Canadian Nurses Association, 2006; College of Nurses of Ontario, 2003; Micevski et al., 2004). NPs work in most provinces and territories in Canada, but are more likely to be employed in rural and remote communities. In the past, there have been few government initiatives and a degree of medical resistance hindering the development of the role of the NP, together with legal problems due to lack of standard education programs and regulatory frameworks. However, recently there has been renewed interest in an advanced role for nurses, including education, role definition and development of standards of practice (Pauly et al., 2004).

The most recognised advanced nursing role in Canada is the CNS. These nurses hold either a master or doctoral degree in nursing and also have expertise in a clinical nursing specialty (Canadian Nurses Association, 2006). An expert practitioner, the CNS provides direct care, education and consultation to clients, as well as education and consultation to the health care team. In 2004, the National Association of Clinical Nurse Specialists (NACNS) set out some clear rules and regulations for CNS in terms of their scope of practice and use of the title.

Educational requirements, as well as direct and indirect care services, prescriptive authority, standards of practice, requirements for continuation of practice and more are defined, principally for uniformity across provinces, and to delineate the need for some CNSs to obtain a second license to practice.

Canada also has APNs with titles of Registered Nurse First Assistants (RNFAs) and Nurse anaesthetists. RNFAs are a growing number of nurses who, similar to the Physician's Assistant nurses in the USA, work with medical staff to improve patient flow by performing more medicalised tasks, especially in community settings that do not have post-graduate trainees. Nurse anaesthetists have a similar impact on patient waiting times for surgery, and have specific post-registration training, comparable to nurse anaesthetists in the USA (American Association of Nurse Anesthetists, 2006).

In 2002, the Canadian Nurses Association (CNA) developed a national framework for APNs, particularly NPs, recognising their value but also calling for consistency across the country. NPs have recently been defined as having 'advanced knowledge and

decision-making skills in health assessment, diagnosis, therapeutics (including pharmacological, complementary, and counselling interventions), health care management, and community development and planning' (Ontario Ministry of Health and Long-Term Care, 2005 p. 7) Other titles such as 'expanded role nurse', nurse associate' and 'physician's assistant' are only position or role descriptions and are not protected legally.

A recent publication has emphasised the need for Canadian nurses to deliver services to the maximum level of their training and skills in order to help improve access and reduce waiting times (Trypuc et al., 2005). It argues that by utilising the workforce in this way, APNs will free medical staff to concentrate on delivering skilled medical services and increase patient flow and efficiency.

In the past, NPs in Canada have had the same identity crises as NPs in Australia, the USA and the UK. There has been confusion regarding terminology, failure to clearly define roles, and inconsistencies in education throughout the country (Bryant-Lukosius et al., 2004). It has been stated that advanced practice nursing continues to be misunderstood by front-line workers, with their roles often confused, creating inefficiencies and work duplication (Urquhart et al., 2004). There have been proposals to merge the roles of CNS and NP to avoid confusion and lower costs (Pinelli, 1997). However, there is currently work underway to improve this situation and standardise the NP role. The CNA is implementing the Canadian Nurse Practitioner Initiative, which will comprise Canada-wide nursing stakeholders, including regulatory bodies, professional associations and governments who will work towards optimising the profile of the NP. This Initiative will define the NP role and develop recommendations for collaborative practice models, curriculum design,

recruitment, retention and deployment strategies. It will also develop legislation for regulation and national core competencies, and more. This work will do much to raise the profile of NPs in Canada and ensure a more structured and consistent role for NPs in the future (CNA, 2006).

NEW ZEALAND

In New Zealand, advanced nursing roles were developed as part of a Government policy on primary health care provision and Maori health (Ministry of Health New Zealand, 1988). The report identified advanced nursing roles for the provision of highly skilled care, the coordination of certain groups of patients between community and hospital, and a high level of family health care services. The New Zealand Nurses Organisation (2000) has a wide-ranging amount of information available on advanced nursing practice, and the Nursing Council of New Zealand (2002) also has a comprehensive framework on scope of practice available. It seems plausible that less populated countries such as New Zealand have less difficulty in providing standardised frameworks for nurses, purely because of geography, and the lack of multiple health service region jurisdictions.

AUSTRALIA

The Australian literature on advanced nursing practice concentrates on defining the specific role of the NP and has little to say about the CNS and CNC classifications. The Royal College of Nursing, Australia (2005) and the Ministerial Advisory Committee on Nursing (MACON) in 1997 are among the few organisations that offer definitions of advanced nursing practice. In 2004, The National Nurses Organisation

of Australia defined NPs and, in addition, described what are essentially CNSs and CNCs as 'advanced' and 'expert' registered nurses (NNO, 2004).

There are very few definitions for the roles of CNS and CNC available from the state/territory health departments and professional organisations. The NSW Health Policy Directives (NSW Health, 2005) are the only health department directives FOUND that clearly state the award definitions and job description of CNSs, CNCs and NPs. The Victorian Department of Health has general information on APNs but does not offer specific definitions for the roles of CNC, CNS or NP. The Australian and New Zealand College of Mental Health Nurses (1995) includes advanced practice standards in its 'Standards of Practice for Mental Health Nurses in Australia', and the Australian College of Operating Room Nurses has information on roles that include expanded nursing practice, but no definition of APN as such.

In 1987, the NSW Department of Health formally set up a new clinical career path thus establishing the position of CNSs (NSW Health, 1987, 2005). This was in response to the change in status of nurses over recent years. Nurses now completed their pre-registration course as university graduates rather than certificated hospital-employees. In addition, there was increased medical specialisation in the hospital system together with nursing and medical workforce shortages. The new career path for nurses was designed to provide recognition and remuneration for their status and to enhance recruitment and retention. It was proposed as an option for those nurses who wanted to remain by the bedside, rather than move into management or education, historically the only career paths available (Duffield et al., 2001). In 1990, a similar award was promulgated for clinical nurse consultants (CNC), with skills and

experience being the main criteria for eligibility, rather than tertiary qualifications (NSW Health, 2005; NSW Nurses' Association, 1990). In this circular, the award definitions were outlined, and specified domains of clinical service and consultancy, leadership, research, education, and clinical services planning and management stated. There were three grades of CNC described and similar to the CNS directive, an understanding that the roles of these advanced nurses would vary substantially depending on local area health service needs and practices.

In 2001, five years after the initial proposal for implementation (Nurse Practitioner Project Stage 3 Final Report), the first NP was appointed in NSW. The other states/territories followed with reports from Western Australia (2000), Victoria (2000), South Australia (1999), the ACT (2002; 1999), Tasmania (2002), Queensland (2003) and the Northern Territory (2005) determining the feasibility of implementing the role of the NP. In May 2005, there were NPs working within almost every State and Territory, with 54 in practice throughout NSW (Moyes, 2005). Health authorities, particularly in rural and remote areas where nurses had already been working in a similar capacity, have welcomed the NP role. Although not without a degree of opposition, largely from the medical profession (Australian Medical Association, 2005; Pollard, 2005; Royal Australian College of General Practitioners, 1999), the level of health care provided by NPs is proving to be beneficial, cost effective and highly regarded (Horrocks et al., 2002a; Kinnersley et al., 2000; Sutton et al., 1995). Table 3 refers to the common roles of APNs in Australia, and worldwide.

In the past four years Australia has made significant progress in gaining consistency in NP standards across the eight jurisdictions. In 2004 the Australian Nursing and

Midwifery Council (ANMC), commissioned a study jointly funded by the ANMC and the Nursing Council of New Zealand to examine the role of the nurse practitioner (Gardner et al., 2004). The aim was to achieve Australian national and trans-Tasman standards for NP practice and education. Most of the recommendations from this study have been adopted by the ANMC and Australia now has national NP practice competency standards and a national definition. Australia defines a NP as a 'registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications, and ordering diagnostic investigations. The NP role is grounded in the nursing profession's values, knowledge, theories and practice and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the NP is determined by the context in which the NP is authorised to practice' (Gardner et al., 2004 p. 3). Despite this progress in NP development there remains in Australia confusion and inconsistency in relation to other advanced practice nursing roles.

INTERNATIONAL SIMILARITIES AND DIFFERENCES

- There is international recognition of the need to have regulated standards of education, titles, and scope of practice for advanced nursing roles. Failure to standardise the expectations and definitions of the role of advanced practice nurses creates confusion and possible risks to the public, and does little to further the reputation of the nursing profession generally.

- There is now national consistency in Australia on the definition and competency standards for the NP (Gardner et al., 2004). However, there is no consistency in other APN roles that are defined within local jurisdictions.
- In the USA, 'Advanced Practice Nursing' appears to be a recognised term for a number of roles with scopes of practice defined at state or local level. The National Council of State Boards of Nursing oversees the regulatory boards of the country and are working towards consistency of all APNs (National Council of State Boards of Nursing, 2002).
- There are similarities between Australian and international standards for entry level to NP roles. Minimum educational requirements are set at master degree level in most areas – those states (Victoria, South Australia and Western Australia) with a lesser entry level have plans to change this in the future. Internationally, there is formal recognition of the necessity for ongoing educational programs and a credentialing system to be in place, although this is not a widespread standardised practice at present.
- There are differences apparent in the role competencies of a CNS in the UK, USA and Canada. In Australia, CNSs have a direct clinical role in a specialist area of practice, and often spend their time managing wards and staff as well as having a clinical load. The role of a CNS in Canada or USA is more closely aligned with the CNC role in Australia (Ball et al., 2003; Duffield et al., 1995).
- All RNs, (including APNs) in Australia have to re-register with the relevant nursing board in order to practice in each state or territory through the Mutual Recognition Act. In the USA, the 'Nurse Licensure Compact' legislation allows states to recognise nurses registered from elsewhere. Similar legislation in Australia has been recently proposed (Productivity Commission, 2005).

- Certified Nurse-Midwives are seen as APNs in the USA, whereas in the UK, New Zealand and Australia, they are educated differently and are separately identified.

CONCLUSION

There is little doubt that APNs are and will continue to be an important provider of cost-effective and accessible healthcare in the 21st century. The expansion of medical technology, the acuity of patients and the specialisation of services have all contributed to the need for more knowledgeable and competent nurses. These nurses have proven themselves to be extremely cost-effective (Brooten et al., 1995), and welcomed by the public (Ball et al., 2003; Horrocks et al., 2002b; Munding et al., 2000). However, as this review has demonstrated, there is considerable confusion surrounding the notion of advanced practice in nursing. Whilst the role of the NP is gaining some consistency in that the commonalities identified in Table 3 all relate to the NP, there is a lack of clarity and consistency nationally and internationally in other APN roles. This clarity and consistency is necessary not only in Australia but also, internationally, for APNs to be recognised for the advanced services they are able to provide and to advance in their careers (Lloyd Jones, 2005).

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Table 1 UK Advanced Practice Nurses (Nursing and Midwifery Council, 2006)

Nurse Practitioner (NP)	Clinical Nurse Specialist (CNS)	Specialist Practitioner (SP - formerly district nurses and health visitors)	Specialist Community Public Health Nurses	Nurse Consultant (NC)
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Table 2 Advanced Practice Nurses in the USA (American Academy of Nurse Practitioners, 2002a)

Nurse Practitioner (NP)	Certified Nurse-Midwife (CNM)	Nurse Anaesthetist (CRNA)	Clinical Nurse Specialist (CNS)
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Table 3 Commonalities to Advanced Practice Nurses (country and state specific policies apply) (International Council of Nurses, 2003)

Right to diagnose
Authority to prescribe medication
Authority to prescribe treatment
Authority to refer clients to other professionals
Authority to admit patients to hospital
Legislation or some other form of regulatory mechanism to APNs
Legislation to confer and protect the title 'Nurse Practitioner/Advanced Practice Nurse'
Officially recognised as nurses working in advanced practice roles