MESSAGE FROM ADJUNCT PROFESSOR DEBRA THOMS, CHIEF NURSING AND MIDWIFERY OFFICER

Thank you for accepting the invitation to attend this symposium to engage in what I hope will be a useful conversation on the concept of advanced practice. The definition and understanding of advanced practice continues to generate debate throughout the nursing profession and health systems across Australia and worldwide. As we know health systems are facing a range of challenges and as part of addressing those challenges the role of the nursing and midwifery professions requires consideration.

The current agenda for health reform, along with the contemporary Australian research undertaken by Professors Gardner and Duffield (2015), presents a unique opportunity for the nursing profession in Australia to strengthen the national understanding of advanced nursing practice.

In order to ensure that the Australian community can benefit to the fullest extent from the contribution of the nursing profession it is important to consider the topic of advanced nursing practice, building on the findings of the Australian research. It is my hope that the Symposium will provide improved clarity on the principles that underpin the concept of advanced nursing practice in the Australian context.

This symposium would not have been possible without the support from my colleague Chief Nursing and Midwifery Officers in each jurisdiction and I look forward to working with them on the day.

I also look forward to meeting with you and trust that you will engage in this discussion utilising your individual knowledge and understanding of both the nursing profession and health care more broadly.

Debra
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AUSTRALIAN AND NEW ZEALAND COUNCIL OF CHIEF NURSING AND MIDWIFERY OFFICERS (ANZCCNMO)

The membership of the ANZCCNMO consists of the relevant Chief Nursing and Midwifery Officer (CNMO) from each jurisdiction. The group meets face to face quarterly and by teleconference as required. This regular forum provides the opportunity for key health policy advisers to consider issues important to the nursing and midwifery professions from a national perspective. Current members are:

- Lydia Dennett  South Australia (Chair)
- Karen Bradley  Western Australia
- Heather Keighley  Northern Territory
- Shelley Nowlan  Queensland
- Jacqui Cross  New South Wales
- Veronica Croome  Australian Capital Territory
- AnnMaree Keenan  Victoria
- Francine Douce  Tasmania
- Debra Thoms  Commonwealth
- Jane O’Malley  New Zealand
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PURPOSE OF THIS PAPER

This paper has been designed to provide participants in the Advanced Practice Symposium with relevant background information and to briefly review the relevant Australian research that will frame discussions throughout the symposium.

ABOUT THE SYMPOSIUM

The Symposium is an opportunity for the profession to begin establishing greater clarity around the concept of advanced nursing practice in the Australian context. The work is being undertaken by the Chief Nursing and Midwifery Officer (Australian Government Department of Health) together with the Australian and New Zealand Council of Chief Nurses and Midwives (ANZCCNM).

Aim

The purpose of this symposium is to examine the concept of advanced nursing practice in the Australian context in order to provide greater clarity and understanding, for those within the profession, employers, managers, consumers, other health professions, health policy makers and the broader health system in Australia.

It is the aim of this Symposium to provide a platform for the profession to identify key elements surrounding the concept of advanced practice and develop ideas on how these might be progressed to provide greater understanding and clarity and further enhance the contribution that nursing makes to health care.

The agenda for the Symposium has been designed around themes identified through a review of literature and other background work undertaken by the Office of the Chief Nursing and Midwifery Officer (Australian Government) looking to explore the concept of advanced practice from a systems perspective.

This work included a survey of approximately 150 employers and managers of nursing workforce from across the system, representing all jurisdictions and was designed to capture a current ‘snapshot’ of the employer’s perspective, level of understanding and utilisation of advanced practice roles. A concurrent survey of the Chief Nursing and Midwifery Officers in each jurisdiction was also undertaken to gain insight into issues affecting the understanding and utilisation of advanced practice roles from a health policy perspective.

It should be noted that the focus of the day will be limited to the concept of advanced practice in the clinical context and not the education and management contexts.

Who will be attending?

The Symposium will be attended by a range of stakeholders from both the public and private health sectors. A significant proportion of participants represent the employment sector and nurses practising at and/or working towards advanced practice. The audience also includes invited participants from education, regulation, health policy, professional and industrial organisations and workforce development sectors.
It is anticipated that the diverse experience and backgrounds of participants will provide a range of perspectives that will prove valuable in developing a way forward that is useful to all those with an interest in developing, utilising, performing and benefiting from advanced practice nursing roles.

**CONTEXT**

The roles and scopes of practice for health professionals have and will continue to evolve in response to factors internal and external to health professions themselves. Nationally and internationally, these factors include an ever increasing demand for health care services driven by consumer expectation, rapid growth in health technology and increasing complexity in health status and in life expectancy. In response, systems are looking to design more efficient and effective ways of working, often looking to enhance the capacity and capability within the existing health workforce.

For decades health professions have responded by increasing the flexibility of the traditional scope of practice particularly with respect to responsibilities and core functions. Notably, the nursing profession has demonstrated the ability to reinvent its contribution to health care delivery in a variety of ways by extending and expanding its scope to include areas of practice, specialisation, skills, roles, tasks and levels of autonomy that most would never have envisaged as part of the nursing scope 100 years ago.

The concept of advanced practice that has emerged from this process of evolution has been an ongoing source of debate, particularly within the nursing profession itself, generating continuous dialogue across professional groups, researchers and policy makers worldwide. As well, internationally, there remains the lack of an agreed definition of advanced practice and its core competencies. This has occurred perhaps as a result of the rapid development of roles captured under the umbrella term ‘advanced’ that has occurred more rapidly than focussed efforts to clarify and define the term.

In an attempt to define and acknowledge an evolving scope of practice, professions, including nursing, have applied terminology including the terms ‘extended’ ‘expanded’ and ‘advanced’ practice to describe specific titles, roles and functions that involve variations to what is generally accepted as a traditional core scope of practice.

Universally, the application and definition of these terms has been inconsistent, both between and within health professions resulting in confusion and misunderstanding not only within the professions themselves, but also for consumers, health policy makers and the wider health care system, arguably limiting the potential of the very innovation these changes seek to deliver.

Contemporary Australian research undertaken by Professors Gardener and Duffield presents the nursing profession with a unique and important opportunity to more clearly describe the concept of advanced practice nursing in the Australian context.

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RESEARCH IN THE AUSTRALIAN CONTEXT

The key research in the Australian context has taken place over the last 10 years under the leadership of Professor Glen Gardner and Professor Christine Duffield. This section has been provided by Professor Glen Gardener as a summary of research examining the concept of advanced practice in the Australian context.

The following readings are also recommended:


Context

The formal establishment of nurse practitioner services in Australia began a new era in the evolution of the nursing profession. Here was a registered nurse model that had a new and different educational, practice and legislative framework, with nursing practice privileges that were until now limited to medicine.

Largely accepted by the profession, this nursing innovation also caused some leaders to problematise the notion of advanced practice in nursing. Ontological questions were raised as to the nature of advanced practice; can it apply to practice both within and outside the registered nurse scope, and what is the difference between the practice of nurse practitioner and advanced practice nursing. Turning to the international literature provided no clear answers. Universally the notion of advanced practice in nursing was characterised by role ambiguity and confusion, with many descriptions and definitions offered that merely added to this confusion.

Nurse practitioner service in Australia was based on a strong collaborative research platform that established practice and education standards, and informed authorisation, governance and service development. Conversely, whilst prior research on advanced practice had been conducted, it was limited by either poor operational definition of terms and or lack of evidence of sufficient strength and scale to bring clarity and to identify the characteristics, variables and definitions of advanced practice.
The lack of coherence globally and the call for clarity were the impetus and foundation for the 10-year Australian SCAN research program.

SCAN Research

The SCAN program was a strategic approach to addressing this global nursing issue and involved four research phases of discovery, development/validation, application and translation.

Discovery Phase (2007 – 2010)

The discovery phase was about systematically identifying, adapting or developing an appropriate paradigm that would support our proposed large scale research into advanced practice nursing (APN). We were looking to see if there were APN models and/or tools that were relevant to Australian nursing and our health service context. We were also open to the potential need to start from our baseline data in discovery of new knowledge to inform model development.

In this discovery research process, we identified the Strong Model of Advanced Practice and the related survey tool as providing a workable conceptual and inquiry paradigm for identifying and defining APN in Australia. The period of the discovery phase also included extensive work on grant applications to fund our further work.

Development/validation Phase (2009 – 2012)

The second phase involved modification of the Strong Model Survey Tool and development and validation of the Advanced Practice Role Delineation (APRD) tool. Delphi research and a Queensland state-wide survey of the registered nurse workforce was conducted; the outcome was a well validated survey tool with strong psychometric properties. This study also demonstrated that the APRD tool could delineate APN practice from that of the nurse practitioner. The SCAN program was now ready to move into the next research phase.

Application Phase (2013-2015)

The application phase involved using this conceptual model of APN and the well validated APRD tool in a national survey of Australian registered nurses who worked in a clinical service environment. This survey achieved major outcomes to address the prevailing ambiguity about APN, to identify those nursing titles in Australia that signify advanced practice and to standardise nursing titles across Australia.

Translation Phase (2015 – 2017)

The publications and conference presentations from this program subjected our research to high levels of scrutiny and provided an important layer of credibility and reliability to our findings. This final phase of the SCAN program was then able to lift the knowledge out of the academic arena and translate the discoveries into evidence based tools, processes and workable definitions. Hence this phase is about the development of relevant and usable outputs from this extensive and robust body of work, to influence health services improvement, policy and practice development and career support for nursing.
Acknowledging the Australian research findings further background work to inform the Symposium was undertaken by the Office of the Chief Nursing and Midwifery Officer (Australian Government). This involved the distribution of two surveys designed to gain insight into the perspectives of those who employ and or manage staff on the concept of advanced practice at a particular point in time. The first survey, Advanced practice nursing: Exploring the Australian Employers Perspective was designed to explore how and why ‘advanced practice’ roles, other than nurse practitioner, are developed and utilised across Australian jurisdictions.

The survey collected 147 responses representing all jurisdictions from a variety of health care settings including acute facilities, community and primary care, aged and residential care, indigenous health and cross boundary roles which involve responsibilities across more than one health care setting.

Approximately 60% of respondents reported that advanced practice roles were utilised in the organisation in which they were employed. The main reasons reported by those who did not utilise advanced practice roles included a lack of understanding surrounding the concept, unclear scope of practice and uncertainty in identifying the need for these nursing roles. Over 60% of respondents felt that there is currently a lack of clear guidance from the profession to support the development and implementation of advanced nursing roles in the Australian context with the most commonly reported themes requiring clarification including elements of practice, consistency in definition and education requirements.

The majority of respondents agreed that advanced practice roles were implemented to improve the patient experience and to address existing gaps in service delivery. More than half also agreed roles were implemented to enhance career progression for nursing staff.

Benefits or outcomes for patients attributed to advanced practice roles included improved access to care, improved quality of service, cost effectiveness and increased patient choice. The organisational benefits included job satisfaction, improved levels of recruitment and retention, career progression and workforce flexibility.

To define advanced practice, approximately half of the respondents reported using existing regulatory or professional definitions. Almost a quarter of respondents reported that the organisation did not have a definition of advanced practice against which they measured what was accepted as ‘advanced’.

Responses from all jurisdictions made reference to roles defined throughout the Australian literature as advanced practice roles including the role of clinical nurse consultant (CNC) and nurse practitioner (NP). However, responses across most jurisdictions also highlighted a strong association between roles based upon the acquisition of specific clinical skills or tasks and advanced practice.

Examples of roles considered to be advanced practice included ear syringing, nail clipping, performing ultrasounds in early pregnancy, insertion of peripherally inserted central catheter (PICC), performing mental health assessments, insertion of intravenous cannulae, removal of external ventricular drains (EVD).

Specialisation was also a common feature of roles that respondents considered to be advanced practice, as were roles involving care coordination activities such as nurse navigator roles, case workers, nurse coordinator, clinical care coordinators, diabetes nurse navigator and cardiac coordinator. Nursing roles delivering care in accordance with predefined protocols that enable them to initiate requests for diagnostic investigations including pathology and diagnostic imaging were also strongly associated with advanced practice.

The majority of respondents identified challenges that have restricted their ability to maximise the benefit of advanced practice roles including roles confusion, educational requirements, inconsistent terminology and ensuring competence.

Respondents identified several elements related to the concept of advanced practice as problematic. These included; identifying the need for advanced practice roles, how it is recognised in practice (core characteristics and competencies), confusion surrounding the terms and definitions used to describe the concept and a lack of clear direction as to what the profession believes is, and perhaps more importantly is not, accepted as advanced nursing practice.

Accordingly, respondents specifically identified a lack of clarity surrounding scope of practice, educational preparation, the role of specialisation, task allocation, level of autonomy, role titles and level of expertise.

A summary of the survey results is provided at Appendix A.

THE PERSPECTIVE OF LEADERS IN NURSING POLICY

A second survey was distributed by the Office of the Chief Nursing and Midwifery Officer (Australian Government) to the Chief Nursing and Midwifery Officers in each jurisdiction. This survey, Advanced Nursing Practice: Exploring the perceptions of leaders in nursing policy was designed to explore the current perceptions of leaders in nursing policy on the concept of advanced practice in the Australian context.

The survey questions were informed by current literature and focused on the following aspects of advanced practice: issues pertaining to the concept of advanced practice and the impact of these on health policy, priorities to address the issues identified, purpose and implementation of advanced practice roles and challenges identified for nurses undertaking advanced practice roles.

Issues pertaining to the concept of advanced practice

Respondents reported a number of issues created by the confusion surrounding the concept of advanced practice as follows:

- difficulty differentiating advanced practice roles from other roles within the nursing profession
- a lack of uniformity in how these roles are titled and defined
- a perception that to practice at an advanced level a nurse needs to be working as a NP
• a disconnect between the broad professional and industrial understanding and expectations in relation to advanced practice roles
• barriers to understanding the notion of working to full scope as a RN as opposed to development of advanced practice roles
• difficulty advocating for the use of advanced practice roles in health policy due to so many different perspectives on what is and is not advanced nursing practice
• inconsistent educational preparation
• confusion surrounding the role of the nurse in the broader health reform agenda

Impact on health policy

The impact from a policy perspective of the lack of clarity and definition surrounding the concept of advanced nursing practice was explained by the respondents. Respondents reported that the level of confusion surrounding the scope and role of advanced practice nurses is high amongst policy makers and employers and that this ongoing confusion limits the potential for advanced practice roles to be better used across health policy platforms. A general exception to this was a higher level of clarity around the role of NP, however, this was observed by respondents to create a tendency for the system to understand the NP role as the only advanced nursing practice role in Australia.

A dominant theme throughout responses was a perception that the ongoing confusion created difficulty in advocating the use of advanced practice roles across the health policy arena due to the lack of a unified voice on what the profession believes is and is not advanced practice. Respondents commented;

“...it is very difficult to advocate for the use of nursing and or advanced practice roles in health policy as there are so many perspectives on what is and is not advanced practice...does not provide opportunity for nurse leaders to influence, innovate or drive change.”

“No unified voice on what the profession believes to be advanced practice – it is therefore almost impossible for the system to develop an understanding that allows these roles to be utilised effectively and in a consistent manner.”

Responses also highlighted that roles were frequently identified as ‘advanced’ due to the fact that those occupying the roles had undertaken additional education (regardless of level), had a significant number of years of experience, had acquired additional skills, performed additional tasks in the role or practiced in settings that were less traditional rather than demonstrating a greater breadth or depth to their practice. The ad hoc use of the term ‘advanced’ was also linked to an observed expectation that growth in scope of practice and the acquisition of new knowledge automatically increased the value of a nurse’s work. This issue was also reflected in the view that using the term ‘advanced’ in this way inhibited the ability for the full scope of the nurse to be maximised without being referred to as ‘advanced’.

“Perceptions of what is advanced practice in relation to NPs versus the full scope of an RN needs to be kept simple and clear…”

The ongoing confusion and lack of clarity was also observed by one respondent as;

“...potential for other professions to step into a space that nursing may have been more appropriate to fill.”
Another respondent commented on a similar disconnect in the use of the term ‘advanced’ in the education sector;

“Inconsistent educational preparation – many courses simply include the word advanced as a way of appearing more appealing than another.”

A further response highlighted that the lack of clarity failed to provide consumers with standards upon which they can base their expectations of advanced practice nurses.

**Providing clarity**

When asked what they thought was required to provide greater clarity on the concept of advanced practice in the Australian context, all respondents expressed the need for an accepted, national definition of what the profession understood to constitute advanced practice and clear guidance on how this might be observed in practice. Respondents felt that this would provide the profession's expectations of roles that are captured by the term ‘advanced practice’ and further, better assist the profession to demonstrate the value of advanced practice roles in terms of improved patient outcomes, cost effectiveness, efficiency, equity of access, satisfaction, continuity of care, evidence based practice.

Responses also highlighted the need for consistency in definitions across jurisdictions within the professional and regulatory frameworks. This includes describing what ‘advanced practice’ is (characteristics) and is not, assisting the system to better understand how advanced practice roles can be utilised. Respondents also reported that this would also make the task of advocating for these roles easier.

Clarity around the difference between the role of a NP and other advanced practice roles was also considered important, particularly as advanced practice forms the basis of NP practice and must be demonstrated prior to endorsement as a NP. Respondents reported that this would provide greater understanding across the profession and wider health care community as there was a common perception that the NP role and the pathway to endorsement is not as well understood as it should be. Respondents also perceived that it would enhance the preparation of nurses in different roles by providing clarity around expectations because the necessary skills and knowledge in both contexts may be very different.

**Benefits**

Respondents unanimously agreed that a nationally consistent approach to advanced practice would be beneficial from a policy perspective and reported a number of ways that this might occur;

- Standardised approach to educational preparation and expectations of roles across the system and jurisdictions
- Provide clear recognition of advanced practice roles other than NP
- Promote understanding across the profession and wider health care community and decision / policy makers supporting innovation and reform
- Optimise reform opportunities (service delivery and workforce)
- Workforce development – transferability of skills, mobility, more coherent career pathways
• Stronger and more consistent approach to redesign initiatives to include advanced practice roles

Respondents unanimously agreed that greater clarity provided by the profession would enable advanced practice nursing roles to be better understood across the system and therefore utilised more effectively.

WHY DOES THIS LACK OF CLARITY EXIST?

The concept of advanced practice has evolved in Australia drawing on international experience and therefore, understandably, broadly reflects similar hallmarks including the practice domains of education, practice improvement, autonomous or nurse-led care, leadership, support of systems, research and direct clinical care. However, it may be argued that there have been missed opportunities to learn valuable lessons in avoiding similar pitfalls, particularly those created by a lack of clarity surrounding the concept of advanced practice.

Similarly, the introduction of the nurse practitioner role in 2000 also reflected advanced practice roles developed internationally and led to the implementation of Australia’s only regulated advanced practice role to date. Enabling legislation, education standards, the development of core competencies and a regulatory framework including title protection, provided a level of clarity on the extensions to practice including comprehensive physical assessment, the ability to diagnose, initiate and interpret diagnostic investigations, prescribe medications and refer to other health professionals.

However, outside of the role of NP, other advanced practice roles have been left to proliferate with little consistency in nomenclature, scope, preparation and little formal guidance from the profession on what is expected from roles deemed to be practicing at an advanced level. This somewhat ad hoc development of roles and a lack of standardisation fail to promote consistency in the understanding within the wider system of the responsibilities, practice profiles and functions of advanced practice roles and those who undertake them.

This can also be seen as problematic when the term ‘advanced’ becomes synonymous with single or isolated processes such as skill acquisition, task transfer, specialisation or the acquisition of any other new knowledge beyond that required to practice within an individual nurse’s initial scope of practice as there is an immediate blurring between maximising the registered nurse scope of practice and the development of nursing practice at an advanced level. Inconsistent use of terminology in relation to advanced practice has been raised as an issue of particular concern in the Australian context in relation to requirements for endorsement as a nurse practitioner. One of the most challenging aspects for nurses looking to develop the necessary knowledge, skills and attributes is navigating the path toward a clear understanding of what constitutes advanced practice in a system providing only limited, if any, clear guidance.

ADVANCED PRACTICE – NURSING AND MIDWIFERY BOARD OF AUSTRALIA

The legislative model of regulation in Australia is one of title protection and not scope protection. The NP is the only regulated advanced practice role in Australia. The Nursing and Midwifery Board of Australia (NMBA) has published two specific definitions in relation to advanced practice. These definitions have been agreed by the NMBA for regulatory purposes, primarily in relation to nurse practitioner endorsement and are as follows:

Advanced nursing practice (ANP): ANP is a continuum along which nurses develop their professional knowledge, clinical reasoning and judgement, skills and behaviours to higher levels of capability (that is recognisable). Nurses practising at an advanced level incorporate professional leadership, education and research into their clinically based practice. Their practice is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex health care requirements.7

The NMBA emphasises that advanced nursing practice is a level of practice and not a role and specific to the individual within their context of practice (enrolled nurse, registered nurse or nurse practitioner). According to the NMBA, an advanced practice nurse is defined as a nurse practising in the advanced practice role.

Advanced practice nursing (APN): For the purpose of regulation the following statement defines advanced practice nursing as it relates to the nurse practitioner in the Australian context.

“In Australia advanced practice nursing as a nurse practitioner can be delineated from other areas of nursing practice by the additional legislative functions and regulatory requirements of the nurse practitioner endorsement. These requirements include a prescribed educational level, a specified advanced nursing practice experience; and continuing professional development.” 8

The NMBA defines advanced practice nursing as a nurse practitioner as a qualitatively different level of advanced nursing practice to that of the registered nurse due to the additional legislative functions and regulatory requirements specific to the role. These requirements include a prescribed educational level, specified advanced nursing practice experience, and continuing professional development.

There remains little professional advice describing advanced nursing practice outside the role of NP in the Australian context.

7 Nursing and Midwifery Board of Australia, 2016, Advanced Practice Fact Sheet
8 Nursing and Midwifery Board of Australia, 2016, Advanced Practice Fact Sheet
AN INTERNATIONAL PERSPECTIVE

Attempts to define advanced practice internationally have often been broad and lacking in the detail that might enable a clear vision of what advanced practice actually is. Many echo the definition offered by the International Council of Nurses \(^9\) modified somewhat to reflect the relevant national context.\(^\text{10}\) While this may be considered an attempt to encompass the myriad of different roles that continue to proliferate, or perhaps an effort not to curtail innovation, it also often results in confusion surrounding titles, educational preparation, roles performed and the competencies required.

It has also been suggested that 'advanced practice' is simply a broad term that refers to all practice roles at a level above that of initial practice, including 'specialist' 'advanced' and 'consultant' roles.

While this interpretation may be seen to resolve debate, it is questionable in terms of providing clarity or consistency and risks creating further confusion for the profession.

**International Council of Nurses**

The International Council of Nurses (ICN) responded to the confusion surrounding the growth of advanced practice roles in the 1990’s by providing a definition of the advanced practice nurse as a reference point for ongoing international development;

> “The advanced practice nurse is a 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. A master’s degree is recommended for entry level.” \(^11\)

More recently, ICN policy also outlines that the influence on health outcomes and system reform attributed to advanced practice roles is achieved through the integration of clinical practice with responsibilities for education, leadership professional development, evidence based practice and research.\(^12\)

ICN also outlined the characteristics of the APN in 2008 which have come to influence, guide and shape the international growth of advanced nursing practice;

**Educational preparation**

- Beyond generalist nursing education
- Formal recognition of educational programs preparing for the advanced practice nursing roles (accredited or approved)
- Formal system of licensure, registration, certification and credentialing

**Nature of Practice**

- The ability to integrate research (evidence based practice), education and clinical management

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\(^9\) ICN. Definition and characteristics of the role. International Council of Nurses 2011.


\(^12\) ICN policy brief Advanced Practice Nursing: An Essential Component of Country Level Human Resources for Health.
• High degree of professional autonomy and independent practice
• Case management own case load at an advanced level
• Advanced assessment, decision making skills and diagnostic reasoning skills
• Recognised advanced clinical competencies
• The ability to provide consultant services to other healthcare professionals
• Plans, implements and evaluates programs
• Recognised first point of contact for clients

Regulatory mechanisms – country specific professional regulation underpins APN practice

• Right to diagnose
• Authority to prescribe medicines and treatments
• Authority to refer clients to other professions
• Authority to admit patients to hospital
• Officially recognised titles for nurses working in advanced practice roles
• Legislation to confer and protect the title (e.g. nurse practitioner, advanced practice nurse, clinical nurse specialist)
• Legislation, policies or some form of regulatory mechanism specific to advanced practice nurses

Canada

Two advanced roles are recognised in Canada, the role of the nurse practitioner (NP) and the role of the clinical nurse specialist (CNS), both of which were implemented in the 1970’s in response to the increasing complexity of health problems and medical workforce shortages. The utilisation of the roles has varied based on factors such as physician workforce shortage and oversupply issues, lack of supportive legislation and funding restrictions.  

While only the role of the NP is subject to additional regulation, professional advice, primarily from the Canadian Nurses Association (CNA), acknowledges and describes the characteristics and competencies of both advanced practice roles as predominately shared between the two roles, yet draw a clear distinction through a regulatory model that utilises scope of practice rather than title protection. The CNA has also published a position statement clearly outlining the role, education preparation and contexts of practice for the NP together with a NP competency framework. The CNA have also published clear statements of a similar nature describing the role of CNS.

In Canada, the NP role is described as having a clear focus on direct clinical care incorporating health promotion and the management and treatment of health problems including the ability to autonomously diagnose, request and interpret diagnostic investigations, prescribe and perform procedures within their legislated scope of practice.

Clinical nurse specialists in Canada provide expert nursing care for specific patient populations and play a leading role in the development of clinical protocols and guidelines, promoting evidence based practice, facilitating system change and provide expert support and consultation. More formally defined;

“The CNS is a registered nurse who holds a master’s or doctoral degree in nursing with expertise in a clinical nurse speciality; uses in-depth knowledge and skills, advanced judgment and clinical experience in a nursing speciality to assist in providing solutions for complex health care issues and plays a pivotal role in the provision of safe, effective, evidence-based care and supporting nurses ensuring that they are able to maximize their skills and abilities.”

The definition of advanced practice that has been developed in Canada is broad and refers to;

“…an advanced level of clinical nursing practice that maximises the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities and populations. It involves analysing and synthesising knowledge; understanding, interpreting and applying nursing theory and research; and developing and advancing nursing knowledge and the professional as a whole.”

This broad definition is supported by clear information to promote a common understanding of advanced practice in Canada. Professional advice has been consolidated into an Advanced Nursing Practice National Framework. The framework aims to improve consistency in role definition, educational preparation of advanced practice nurses and understanding of the competencies required for advanced practice roles. Importantly, the framework provides professional advice to inform consumers, employers, other health professionals and health policy makers on aspects including educational preparation, advanced practice roles, competencies and regulation.

The recognisable characteristics of advanced practice nurses are also well described within the Framework, incorporating the features of both roles to include;

- The provision of effective and efficient patient care, delivered with a high degree of autonomy, to an identified population
- Demonstration of leadership and initiation of change to improve client, organisation and system outcomes
- Deliberate, purposeful and integrated use of in-depth nursing knowledge, research and clinical expertise, as well as integration of knowledge from other disciplines
- Depth and breadth of knowledge that draws on a wide range of strategies to meet the needs of clients and to improve access to and quality of care
- Ability to explain and apply the theoretical, empirical, ethical and experiential foundations of nursing practice
- Understanding, development and dissemination of evidence based nursing knowledge
- Ability to initiate or participate in the planning, coordinating, implementing and evaluating programs to meet client needs and support nursing practice

Use of knowledge transfer techniques to put research based knowledge into practice

Demonstration of advanced judgement and decision making skills, and

Critical analysis of and influence on health policy.

The minimum educational preparation in Canada is defined as a graduate degree for advanced practice nurses; however, clear reference is made to the need for not only graduate education but also extensive clinical experience for nurses to develop the competencies required for advanced practice.

While advanced practice roles are described by the national framework to ensure a consistent and flexible approach, regulation is undertaken by registered nursing regulatory bodies in each province and territory in Canada. Advanced practice roles that are recognised as remaining within the registered nurse scope are not subject to additional regulation except where the scope of practice might include additional responsibilities, for example, prescriptive authority (CNA). It is however, recognised that new roles will emerge in response the health needs of Canadian communities that may require regulation.

United Kingdom

In the United Kingdom, NPs have been part of the National Health Service since the early 1970s with the role consolidated at the end of the 1990s. In 2000 the Department of Health embarked on significant system reform efforts which looked to move away from traditional ways of working and toward a more patient focussed system in order to create new, more efficient models of care delivered by a modernised workforce. This presented significant opportunity for nursing to demonstrate its flexibility, and enabled a period of rapid growth and development in the advanced nursing practice arena. However, the rapid nature of development resulted in proliferation of inconsistent roles, titles and scope of practice with little consistency across education and clinical preparation of nurses undertaking them which largely continues to exist today.

The Nursing and Midwifery Council (NMC) revised their definition of advanced nurse practice in 2006 in an effort to make it more easily understood by patients and the public.

"Advanced nurse practitioners are highly experienced and educated members of the care team who are able to diagnose and treat your health care needs or refer you to an appropriate specialist if needed."

Following a national consultation, the Nursing & Midwifery Council (NMC) proposed in 2005 that 'advanced nurse practitioner' should become a registered title, however after years of debate and indecision, advanced practice nursing remains unregulated in the UK, and the majority of professional advice and definition surrounding the role provided by the professional organisation, the

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Royal College of Nursing (RCN) with system guidance provided by the relevant Department of Health.

The Department of Health has produced a position statement to describe advanced level nursing designed as a benchmark to encourage consistency. The statement acknowledges that elements of what is recognised as practice at an advanced level may be evident within the practice of nurses in many roles, however outlines a clear expectation that a nurse working at an advanced level demonstrates expertise across all elements. The position statement links to a set of competences and transferable skills that can be used across both generalist and specialist health care contexts and consist of 28 nationally agreed practice elements across four themes;

- Clinical / direct care practice
- Leadership and collaborative practice
- Improving quality and developing practice and
- Developing self and others.

The position statement also includes the expectation that nurses practicing at an advanced level will demonstrate;

- extensive clinical practice following completion of Master’s level education
- practice that demonstrates a depth and breadth of practice across the domains of education, research and management grounded in the provision of direct clinical care and
- complex reasoning, critical thinking, reflection and analysis and the ability to apply knowledge and skills to a broad range of clinically and professionally challenging and complex situations.

While specific advanced level roles are not subject to regulation in the UK, the role of advanced nurse practitioner is further supported by a significant body of work undertaken by the RCN including practice competencies and education standards that have been mapped against the Knowledge and Skills Framework and linked to the NHS Career Framework. These have been endorsed by the Nursing and Midwifery Council.

Scotland

In Scotland the Career Framework for Health defines advanced practitioners as:

"Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload. Non-clinical staff at Level 7 will typically be managing a number of service areas."

The development of advanced practice in Scotland has also been supported by the development of a national toolkit. Similar to the developments in the UK, Supporting the Development of Advanced

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20 Advanced Level Nursing: A position statement. Department of Health. 2010
21 Advanced Level Nursing: A position statement. Department of Health. 2010
Nursing Practice: A toolkit Approach was designed to support integration, encourage consistency and avoid duplication across educational frameworks, Department of Health reform initiatives, role titles and descriptions and competencies. The toolkit is designed to inform education providers, nurses, employers and decision makers by providing:

- A nationally agreed definition of Advanced Practice
- Competency Map
- A national Job Profile for Advanced Practice, and exemplar role profiles
- Activity Analysis tools
- Skills Analysis/Educational Needs analysis tools
- Portfolio Development support
- Mapping of Education Programme outcomes to competencies and capabilities
- Assessment of competence - theory and practice guidance
- Links to Qualifications frameworks
- Regulatory Guidance

The framework also provides guidance how advanced practice posts should be established. The guiding principle is that such roles should be based upon demonstrable patient outcomes and service user need in order to promote good governance structures that are underpinned by consistent benchmarking of advanced practice roles at recognised levels of practice.

Ireland

The definition put forward by the National Council for the Professional Development of Nursing and Midwifery in Ireland (NCNM) is:

“Advanced nursing practice [roles] promotes wellness, offer healthcare interventions and advocate healthy lifestyle choices for patients/clients, their families and carers in a wide variety of settings in collaboration with other healthcare professionals, according to agreed scope of practice guidelines…”

Advanced practice in Ireland refers to registered nurses and registered midwives who engage in continuing professional development (CPD) and clinical supervision to practise as expert practitioners and demonstrate exemplary clinical leadership.

Currently, the Nursing and Midwifery Board of Ireland (NMBI) acknowledge that advanced practice has been defined as “a continuum along which practitioners develop their professional knowledge, clinical reasoning, clinical judgement, skills, and behaviours to higher levels of capability that is recognisable.”

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23 Nursing and Midwifery Board of Australia. 2016. Advanced nursing practice and specialty areas within nursing: Fact Sheet.
The NMBI is in the process of reviewing criteria for advanced practice registration, however, the current requirements for nurses and midwives to be recognised as either Registered Advanced Nurse Practitioners (RANPs) or Registered Advanced Midwife Practitioners (RAMPs) require applicants to work within an agreed scope of practice and meet established criteria set by the NMBI as follows:

- registered nurse or midwife on the NMBI’s Active Register
- registered in the division of NMBI’s Active Register for which the application is being made or in recognition of services which span several patient/client groups and/or registrations, provide evidence of validated competencies relevant to the context of practice
- educated to master’s degree level (or higher). The postgraduate program must be in nursing/midwifery or an area which reflects the specialist field of practice (educational preparation must include a substantial clinical modular component(s) pertaining to the relevant area of specialist practice)
- demonstrate a minimum of seven years’ post-registration experience, which will include five years’ experience in the chosen area of specialist practice
- demonstrate substantive hours at supervised advanced practice level
- demonstrate the competence to exercise higher levels of judgement, discretion and decision-making in the clinical area above that is expected of the nurse/midwife working at primary practice level of the clinical nurse/midwife specialist
- demonstrate competencies relevant to context of practice
- provide evidence of continuing professional development.

**United States**

Advanced practice registered nurses (APRN) are registered nurses educated at Masters or post Masters level and in a specific role and patient population to assess, diagnose, and manage patient problems, request and interpret diagnostic tests, and prescribe medications. 24

The definition of an APRN put forward by the Advanced Practitioner Registered Nurse Group (APRN Consensus Work Group) and the National Council of State Boards of Nursing in the United States is:

“An Advanced Practice Registered Nurse” (APRN) is a nurse who: has completed an accredited graduate-level education programme preparing him/her for one of the four recognised APRN roles; Has passed a national certification examination that measures APRN role and competencies and who maintains continued competence as evidenced by re-certification; Has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients as well as a component of indirect care….” 25

Four advanced practice roles are protected by law in the United States, the NP, Certified Nurse Anaesthetist, Clinical Nurse Specialist and Certified Nurse Midwife all of which are regulated by a title protection regulatory model on an individual state by state basis.

**Certified Nurse Practitioner (CNP)**

Nurse practitioners are educated and practice at an advanced level to provide care, independently, across a number of care settings for a specific patient population. The role encompasses health promotion, disease prevention, health education and counselling in conjunction with the diagnosis and management of acute and chronic disease. Nurse practitioners provide initial, ongoing and comprehensive care to patients in pediatrics, internal medicine family practice, geriatrics, and women's health and are prepared to practice as primary or acute care practitioners with separate national competencies and unique certifications.

**Clinical Nurse Specialist (CNS)**

In the US, the CNS is also educated to care for patients in a specific population and across the continuum of care, however, the CNS role includes not only diagnosis and treatment of health/illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, families, groups and communities, but also encompasses responsibilities for nursing practice, as well as the healthcare organisation and system.

**Certified Nurse Anaesthetist (CNA)**

The CNA provides anesthesia and related care for individuals across the lifespan and all levels of acuity in a diverse range of health care settings.

**Certified Nurse-Midwife (CNM)**

The CNM provides a full range of primary health care services to women throughout the lifespan, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, and care of the newborn. This practice includes treating the male partner of their female clients for sexually transmitted disease and reproductive health and is provided in diverse settings.²⁶

In the United States there is a growing movement to clarify advanced practice roles and build consistency across the educational preparation, licensing, accreditation and certification requirements for advanced practice nurses through implementation of a consensus model (LACE model) across all 50 states.

**New Zealand**

The role of NP is the only regulated advanced practice in New Zealand. Regulation of the role occurs through a national regulatory model, and, similar to Canada, the scope of practice of NPs is regulated as opposed to title protection.

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The Nursing Council of New Zealand (NCNZ) is planning to introduce changes to the NP scope of practice, competencies and education programs in 2017 to support the role in meeting the future needs of communities in New Zealand.

The current NCNZ scope of practice statement reads as follows;

“The nurse practitioners are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practise both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people’s health needs. They provide a wide range of assessment and treatment interventions, including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests, and administrating therapies for the management of potential or actual health needs. They work in partnership with individuals, families, whānau and communities across a range of settings. Nurse practitioners prescribe medicines within their specific area of practice. Nurse practitioners also demonstrate leadership as consultants, educators, managers and researchers, and actively participate in professional activities, and in local and national policy development.”

Changes will broaden the scope of practice, removing the requirement for NPs to practice within a specific area or specialty with the expectation that NPs will self-regulate, practicing only within their area of competence and experience. 27

Revising the scope of practice statement aims to clarify the role and contribution of NPs for employers and the public and also more clearly differentiate the role from other advanced registered nurse roles. The proposed statement follows;

“The nurse practitioners have advanced education, clinical training and the demonstrated competence and legal authority to practise beyond the level of a registered nurse. Nurse practitioners work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community. Nurse practitioners manage episodes of care as the lead healthcare provider in partnership with health consumers and their families/whānau. Nurse practitioners combine advanced nursing knowledge and skills with diagnostic reasoning and therapeutic knowledge to provide patient-centred healthcare services including the diagnosis and management of health consumers with common and complex health conditions. They provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests, prescribing medicines within their area of competence and admitting and discharging from hospital and other healthcare services/ settings. As clinical leaders they work across healthcare settings and influence health service delivery and the wider profession.”

The NCNZ is also moving to refocus the education programmes to prepare nurse practitioners to include more specific education outcomes and to include 300 hours of protected clinical learning

time. These changes aim to create greater consistency and breadth in preparation and to improve readiness for practice on completion of the programme.  

CONCLUDING COMMENTS

Consistency in terminology and definition would seem essential as an underlying tenant if the potential of advanced nursing practice roles is to be achieved in the Australian context.

Ongoing inconsistency describing what is understood as ‘advanced practice’ does little to establish confidence across systems and undermines the potential contribution of these nursing roles in the delivery of efficient, accessible and effective healthcare. As a profession, unity that supports a set of practice parameters, consistency in education and standards will enable the growth and development of roles that visibly contribute to improved health outcomes for Australian communities as well as a range of career opportunities for nurses. Critical to providing clarity in the Australian context is the need to improve both internal and external legitimacy surrounding the concept, the potential for which is now supported by Australian research that provides an evidence base to what is considered advanced nursing practice in Australia.

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APPENDIX A

Exploring the perspective of Australian Employers on Advanced Nursing Practice: Results from a national survey

Introduction

In the Australian nursing context there has been a lack of guidance and definition for advanced practice roles. Subsequently a proliferation of roles whose titles incorporate the term ‘advanced’ have been developed in the nursing workforce with little consistency. In preparing for this symposium the Office of the Chief Nursing and Midwifery Officer designed a survey to explore employer perspectives on the development of ‘advanced practice’ roles, other than nurse practitioner, in Australia. The aim of the survey was to understand the perspectives of those who employ and or manage nursing staff on the concept of advanced practice.

Design

An 18-item electronic survey was designed to elicit employer perspectives on advanced practice roles. The survey questions were informed by current literature and focused on the following aspects of advanced practice: definition of advanced practice roles, composition of advanced practice roles, purpose and implementation of advanced practice roles, research.

Study Respondents

Eligible respondents included employers and managers of nurses working in roles entitled as ‘advanced’. To recruit respondents the authors requested the Chief Nursing and Midwifery Officer from each jurisdiction to disseminate an invitation by email to employers and managers of nurses working in advanced roles.

Data collection and analysis

Data were collected using an electronic questionnaire on the Survey Monkey© platform over four weeks between January and February 2017. In total 147 respondents commenced the survey and provided valid data for analysis. Quantitative data were imported to SPSS version 22.0 (SPSS Inc., Chicago) for analysis using descriptive statistics. A thematic analysis of the qualitative data was undertaken.

Results

The results are presented in six themes: Respondent characteristics, utilisation of advanced practice roles, definitions of advanced practice used, planning for advanced practice roles, role outcomes and awareness of related research.
### Respondent characteristics

Shown at Table 1, survey respondents represented all jurisdictions in Australia, and a variety of health care settings with the majority working in acute facilities (71.4%, n=105). The highest proportion of respondents worked as a director of nursing/midwifery (46.6%, n=69).

### Utilisation of advanced practice roles

Respondents were asked whether their place of employment used advanced practice roles other than nurse practitioner. Sixty two percent (61.9%, n=91) reported that advanced practice roles were used within their organisation. There was broad variety in the titles of these advanced practice roles, as shown in Table 2. Respondent perception of advanced practice roles included nurses who specialised in the insertion and removal of peripherally inserted central catheters, enrolled nurses, nurse endoscopists and nurse practitioners.
Table 2. Advanced practice roles identified by respondents

<table>
<thead>
<tr>
<th>State / Territory</th>
<th>Advanced practice roles</th>
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<tbody>
<tr>
<td><strong>NSW</strong></td>
<td><strong>Advanced practice roles</strong></td>
</tr>
<tr>
<td></td>
<td>Some CNC Some CNS2 (if they involve decision making &amp; clinical skills)</td>
</tr>
<tr>
<td></td>
<td>CNC* (palliative, child and family, Continence, wound management, Dementia / delirium)</td>
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<tr>
<td></td>
<td>CNC (specialist areas)</td>
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<tr>
<td></td>
<td>Extended Practice nurses operating in an advanced practice context</td>
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<td></td>
<td>Advanced practice surgical nurse</td>
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<td></td>
<td>Some CNS2 roles – vascular access</td>
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<td></td>
<td>Mental Health CNS2 – assessments in ED</td>
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<td></td>
<td>Advanced practice remote nurses</td>
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<td></td>
<td>Emergency extended nurse practitioner</td>
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<td></td>
<td>CNS Audiology</td>
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<td></td>
<td>Positions that require additional credentials for specific care interactions – central line insertion</td>
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<tr>
<td></td>
<td>Enrolled Nurse administering heparin in dialysis &amp; cannula insertion</td>
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<tr>
<td></td>
<td>Ear syringing / nail clipping nurse</td>
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<td></td>
<td>IV cannulation nurse</td>
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<td></td>
<td>Advanced enrolled nurse</td>
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<tr>
<td></td>
<td>FLEC credentialed nurses</td>
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<td></td>
<td>Clinical Risk Nurse</td>
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<td></td>
<td>CMC</td>
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<td></td>
<td>Nurse practitioner</td>
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<td></td>
<td>Clinical Nurse Specialist</td>
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<td></td>
<td>Clinical Nurse Educators</td>
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<td></td>
<td>Care Coordinators</td>
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<td></td>
<td>GP Liaison nurse</td>
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<td></td>
<td>CNS2</td>
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<td></td>
<td>Mental Health Consultant Liaison</td>
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<td></td>
<td>Case Workers / Coordinators</td>
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<td></td>
<td>Midwifery Specialist roles</td>
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<td></td>
<td>Procedure related positions – PICC line nurses</td>
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<td></td>
<td>Clinical Nurse Specialist (CNS)</td>
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<td></td>
<td>Clinical Care Coordinators</td>
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<td></td>
<td>Central Venous Access device nurse</td>
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<td></td>
<td>CNC / CMC roles in ‘specialties’ (haemodialysis, wound care)</td>
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<tr>
<td></td>
<td>Fails to define advance characteristics</td>
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<tr>
<td></td>
<td>Advanced Clinical Nurse (ED)</td>
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<td></td>
<td>Clinical Initiatives Nurse</td>
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<td></td>
<td>After Hours Clinical Support Nurse</td>
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<tr>
<td><strong>South Australia</strong></td>
<td>Advanced Clinical Practice Consultant (Level 4)</td>
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<td>Clinical Practice Consultant (Level 3)</td>
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<td></td>
<td>Clinical practice consultant</td>
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<td></td>
<td>Advanced enrolled nurse</td>
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<tr>
<td></td>
<td>Cardiac rehabilitation nurse</td>
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<td></td>
<td>Level 4 Advanced Clinical Practice Consultant</td>
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<tr>
<td></td>
<td>Nurse sedationist</td>
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<td></td>
<td>Corporate nursing roles</td>
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<tr>
<td></td>
<td>Early pregnancy ultrasound nurse</td>
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<td></td>
<td>Emergency department cardiac nurse</td>
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<tr>
<td>State / Territory</td>
<td>Advanced practice roles</td>
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</tbody>
</table>
|                   | Credentialed Diabetes Educator  
|                   | Roles in areas where NP scope is not required (no prescribing) but still require high level critical thinking and care coordination skills. Often have a broader scope than NPs as they are not disease specific eg lung transplantation. |
| Queensland        | Sexual health nurse – practice under drug therapy protocols and health management protocols to assist with clinical pathways  
|                   | Child Health nurse  
|                   | Gastroenterology clinical nurse  
|                   | Specialist nurses (diabetes, cardiac rehab, respiratory, breast care oncology, palliative care, wound care)  
|                   | Eligible Privately Practicing Midwife  
|                   | Complex Wound care CN  
|                   | Continence CN  
|                   | RIPEN nurses  
|                   | Continence nurse  
|                   | Enrolled nurse advanced practice – administration of chemotherapy / insertion of PICC lines  
|                   | Nurses credentialed to remove EVD (special training and competencies)  
|                   | Enrolled Nurse Advanced Practice  
|                   | CNC in specialty areas  
|                   | Diabetes Nurse Navigator |
| Victoria          | CNC  
|                   | Diabetes Educator  
|                   | Nurse Practitioner  
|                   | Family planning nurses (PAP smears, ordering investigations & pathology)  
|                   | Lactation consultants  
|                   | Extended skills within a defined scope not considered advanced (1 site)  
|                   | Infection control nurse  
|                   | Nurse endoscopist  
|                   | Nurse cystoscopist  
|                   | Wound care nurse  
|                   | Breast care nurse  
|                   | Continence nurse  
|                   | Residential inreach nurse |
| Northern Territory| CNC 1/2/3  
|                   | Cardiac Coordinator  
|                   | Clinical Nurse Specialist  
|                   | Remote nurses – employed in senior roles – professionally and geographically isolated dealing with clinical scenarios that require advanced assessment and management.  
|                   | Nurse providing specialist advice in chronic care, child health, diabetes education.  
|                   | Nurses in senior management roles practice at an advanced level when providing support, advice, mentoring and training to isolated staff |
| Western Australia | Some CNC roles have aspects of advanced practice (clinical decision making)  
|                   | Wound and stoma management nurse  
|                   | Acute pain management nurse (emergency)  
|                   | Diabetes nurse |
| ACT               | Emergency Department Cancer Services Chronic Care Program Nurse |

*Roles highlighted in bold were reported more than once*
Respondents who reported not using advanced practice roles (n=39) reported a lack of understanding around the concept of advanced practice as a primary reason why advanced practice roles were not used (40.1%, n=59). Other reasons were an unclear scope of practice (25.0%, n=38), uncertainty in how to identify the need for advanced practice roles (14.3%, n=21), unsure of the benefits of implementing advanced practice roles (13.6%, n=20). Other themes emerging in response to this question included:

funding not available (n=6), inability to recruit staff with the necessary skills and knowledge (n=2), inadequate capacity to provide supervision (n=1), defining advanced practice was difficult (n=1), inability to find NPs with the required scope (n=1), succession planning (n=1), unsure about where advanced practice roles can be implemented (n=1), roles not included in service plan (n=1), resistance from medical colleagues (n=1).

**Definition of advanced practice**

Respondents were asked whether their organisation had a definition of advanced practice. Thirty four per cent (n=50) of respondents identified that their organisation used an existing regulatory or professional definition and 15% (n=22) reported that their organisation did not have an accepted definition against which they identified advanced practice, 12.2% (n=18) were unsure. Three per cent (3.4%, n=5) of respondents identified that their organisation had its own definition of advanced practice.

Respondents identified that the definitions used were adapted from existing definitions and included: the definition used by NSW Health Guideline for the Implementation of Nurse Practitioner roles29 (based on UK Advanced Level Nursing statement30), the Clinical Initiatives Nurse role (NSW) and the South Australian Implementation Framework31. Asked whether the definition used by their organisation was evidence based, 15% (n=22) were unsure, 8.2% (n=12) reported that the definition was evidence based, and 1.4% (n=2) did not answer. The various evidence sources reported were:

- Regulatory including: Australian Health Practitioner Regulation Agency (AHPRA), Nursing and Midwifery Board of Australia (NMBA) and related definitions (ANMAC), Nurse Practitioner regulation, In accordance with regulatory body position descriptions
- Industrial including: Australian Nursing and Midwifery Federation (ANMF) definition, Scope of practice and role classification
- Research: Definitions extracted from research conducted by Gardener et al
- Health system: NSW Health Standard, NSW Health Service Need Analysis document, NSW Health nurse practitioner policy
- Formal regulatory and professional frameworks

Comments from respondents highlighted the confusion and challenge of defining advanced practice:

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“…..From my perspective, we need to stop trying to define advanced nursing practice as a dichotomous line in the sand and instead think of it as a spectrum from which a nurse continues to acquire knowledge and skills along their professional life.” (Participant 88)

“There is no clear understanding of what the profession actually sees as advanced practice. Different stakeholders say different things depending on who they are and what benefit they might achieve. In some instances advanced is giving medication from a standing order and to others it is autonomous management of people’s health conditions. Not sure how anyone expects employers to implement advanced practice roles successfully when this is the case.” (Participant 92)

Respondents were asked whether they perceived advanced practice nursing as a level of practice that pertained to clinical nursing roles only, to non-clinical nursing roles (manager, educator, research etc) or both to clinical and non-clinical roles. Forty eight per cent (48.3%, n=71) of respondents perceived advanced practice pertained to clinical and non-clinical roles. Forty two per cent (42%, n=52) perceived that advanced practice nursing was a level of practice that pertained to clinical nursing roles only and one percent (1.4%, n=2) perceived advanced practice to pertain to non-clinical nursing roles only, such as manager, educator and researcher.

Respondents were asked to describe how the provision of direct patient care differed between an advanced practice nurse and a registered nurse. Responses included the words ‘autonomous’ ‘expert knowledge’, ‘specialist’, ‘holistic care’, ‘advanced critical thinking’, ‘advanced decision making’ and ‘scope of practice’. A large number of responses assumed the advanced practice nurse to be the nurse practitioner. Respondents commented on the autonomy of advanced practice roles:

“Increased autonomy. More understanding knowledge and experience of the clinical care being provided” (Participant 18)

“Higher level of skill and assessment. More autonomous decision making. Provision of more advanced care interventions.” (Participant 121)

One respondent commented that it is not only nurse practitioners that are advanced:

“The idea that you have not advanced in your thinking or practice is erroneous because you have not credentialed as a NP. Most of our expert nurses are not NPs, and this does not mean they are not performing advanced practice.”

Respondents commented identified critical analysis as a component of advanced practice:

“Higher level of critical analysis, often includes a higher level of technical skill than a RN. Often have more time to provide care coordination at a more comprehensive level than a RN.” (Participant 145)

“Advanced practice should not be all about diagnosing and prescribing. Organisations and patients would benefit from the system using advanced practice more broadly to improve quality of care, particularly for populations who have difficulty accessing appropriate services.” (Participant 19)
“I would see it as a level that encompasses a higher level of intervention, autonomy and accountability in relation to decision making, practice and engagement with other health professional in relation to patient care” (Participant 133)

Respondents were asked whether the role of nurse practitioner should be understood as separate from other advanced practice nursing roles. Sixty nine per cent (69.4%, n=102) reported that the roles should be understood as separate and 11.6% (n=17) perceived it should not. Amongst the responses, Respondents identified that whilst NPs are advanced practice nurses, there are differences between advanced practice nurses and nurse practitioners in relation to nurse practitioner prescribing authority and their ability to practice in isolation, whereas advanced practice nursing roles are designed to form part of a nursing service or team.

Also highlighted were issues of maintaining competence and a poor understanding of what is and is not advanced practice amongst nurses themselves. One respondent commented on scope of practice:

“Advanced practice roles do not necessarily need to have the scope of practice a NP has. Some very effective advanced practice roles have a limited scope, usually consisting of the competence and ability to perform certain procedures that are traditionally undertaken by medical staff. These nurses do not need to prescribe or have admitting rights to be effective; therefore the roles are quite different.” (Participant 72)

One Respondent commented on scope of practice in relation to advanced practice composing a skill rather than a clinical field:

“…all nurse practitioners are defined by their scope of practice within a field of study..e.g. chronic care, emergency department etc. Advanced practice RNs are more defined as a clinical skill set e.g. suturing, LMA insertion.” (Participant 25)

One Respondent perceived confusion around the definitions of advanced practice and nurse practitioner roles:

“There could be cross over. The definitions are not clear so this is needed to refine the context of both roles” (Participant 129)

Implementation of advanced practice roles

Respondents were asked whether a service need identified or a gap analysis had been undertaken prior to implementing advanced practice roles in their organisation. Of the respondents, 32.7% (n=48) reported that a service need or gap analysis had been undertaken, 8.2% (n=12) reported that a service need or gap analysis was not undertaken and 29.3% (n=43) were unsure. When asked for what purposes advanced practice roles were used, 55.8% (n=82) reported that they were used to address identified gaps in health service delivery, 53.7% (n= 79) reported that they were used to improve the patient experience and 40.1% (n=59) to enable a career progression pathway for nursing staff. Other reasons for implementing advanced practice roles included: enhancing workforce development and capability (3.4%, n=5), regrade nurses on completion of qualifications towards NP endorsement (2%, n=3), workforce short supply (substitution) (1.4%, n=2), promote clinical leadership (0.7%, n=1), translate research (0.7%, n=1), reduce clinical variation (0.7%, n=1), improve patient safety (0.7%, n=1), and to facilitate new role development (0.7%, n=1).
Advanced practice role outcomes

Thirty seven per cent (37.4%, n=55) reported that their organisation had benefited from the implementation of advanced practice roles and 8.2% (n=12) reported no benefits or outcomes. Outcomes reported by respondents are shown in Table 3.

Table 3. Benefits or outcomes attributed to advanced practice roles

<table>
<thead>
<tr>
<th>Benefit or outcome identified</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses job satisfaction</td>
<td>53</td>
<td>36.1</td>
</tr>
<tr>
<td>Improved quality of service</td>
<td>50</td>
<td>34.0</td>
</tr>
<tr>
<td>Career progression</td>
<td>48</td>
<td>32.6</td>
</tr>
<tr>
<td>Improved access to care</td>
<td>47</td>
<td>32.0</td>
</tr>
<tr>
<td>Cost effectiveness</td>
<td>35</td>
<td>23.8</td>
</tr>
<tr>
<td>Improved levels of recruitment and retention</td>
<td>34</td>
<td>23.1</td>
</tr>
<tr>
<td>Workforce flexibility</td>
<td>28</td>
<td>19.0</td>
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<tr>
<td>Increased patient choice</td>
<td>21</td>
<td>14.3</td>
</tr>
<tr>
<td>Provide clinical leadership / mentorship / role model</td>
<td>4</td>
<td>2.7</td>
</tr>
<tr>
<td>Developing and implementing evidence based practice</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td>Improved patient outcomes</td>
<td>3</td>
<td>2.0</td>
</tr>
<tr>
<td>Access to education for nursing staff</td>
<td>2</td>
<td>1.4</td>
</tr>
<tr>
<td>Workforce development and support</td>
<td>2</td>
<td>1.4</td>
</tr>
<tr>
<td>Avoiding unnecessary admissions / presentations</td>
<td>2</td>
<td>1.4</td>
</tr>
<tr>
<td>Reduce infection control rates (nurse led device services)</td>
<td>2</td>
<td>1.4</td>
</tr>
<tr>
<td>Access to nursing expertise (including assessment and care planning)</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Increased surge capacity</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Increase capability to meet KPIs</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Improve timely access to care</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Enhance patient centered care</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Enhanced advocacy and engagement in nursing</td>
<td>1</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Fifteen respondents (10.2%, n=15) reported that the outcomes of advanced practice roles had been formally evaluated. Examples of evaluation included annual KPIs and local level evaluations.

Respondents were asked whether the implementation of advanced practice roles was guided by a theoretical framework, such as the PEPPA framework. Of the respondent, 36.1% (n=53) were unsure, 14.3% (n=21) reported that there was no framework used to support development and implementation of advanced practice roles and 10.9% (n=16) reported that a theoretical framework was used. The most commonly reported were the PEPPA framework32 (n=3), NSW Health Service Analysis Toolkit (n=2), Implementation Toolkit (SA), NSW Health FLEC Guidelines (n=1), CRANA Advanced Practice guidelines (n=1), Australian College of Mental Health Nurses competencies

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Challenges of advanced practice role

Fifty percent (50.3%, n=74) of respondents reported challenges that restricted their ability to maximise the benefit of advanced practice roles and 10.9% (n=16) reported not having experienced any challenges. The nature of the challenges faced are shown in Table 4. Respondents who reported not having experienced challenges implementing advanced practice roles reported a high level of understanding and organisational or team support surrounding advanced practice roles and clear role definition to have facilitated implementation.

Table 4. Challenges that have restricted ability to maximise the benefit of advanced practice roles

<table>
<thead>
<tr>
<th>Challenge related to:</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role confusion</td>
<td>52</td>
<td>35.4%</td>
</tr>
<tr>
<td>Scope of practice</td>
<td>42</td>
<td>28.6%</td>
</tr>
<tr>
<td>Inter / intraprofessional relations</td>
<td>38</td>
<td>25.9%</td>
</tr>
<tr>
<td>Educational requirements</td>
<td>35</td>
<td>23.8%</td>
</tr>
<tr>
<td>Service planning / development</td>
<td>32</td>
<td>21.8%</td>
</tr>
<tr>
<td>Ensuring competence</td>
<td>30</td>
<td>20.4%</td>
</tr>
<tr>
<td>Remuneration</td>
<td>28</td>
<td>19.1%</td>
</tr>
<tr>
<td>Clinical supervision</td>
<td>25</td>
<td>17%</td>
</tr>
<tr>
<td>Inconsistent terminology</td>
<td>22</td>
<td>15%</td>
</tr>
</tbody>
</table>

Research on advanced practice

Respondents were asked whether they were aware of contemporary research in Australia using the elements of the Strong Model for Advanced Practice (Ackerman et al., 1996): direct comprehensive care, support of systems, education, research, publication and professional leadership to examine advanced nursing practice. Thirty three per cent (33.3%, n=49) of respondents were aware of this research. Sixty three per cent (63.9%, n=94)) reported that available research and information that defines advanced practice is insufficient in providing clarity to support the development and implementation of advanced nursing roles and 21% (n=31) perceived the information currently available was adequate.

Respondents were asked what was required to provide clarity around the concept of advanced nursing practice in the Australian context, responses are shown in Table 5. Of the Respondents, 72.8% (n=107) reported that use of advanced practice roles would increase if there was greater clarity around the concept of advanced practice.

Table 5. Elements required to provide clarity around advanced nursing practice in Australia

<table>
<thead>
<tr>
<th>Required to provide clarity</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear description of the elements of practice</td>
<td>84</td>
<td>57.1</td>
</tr>
<tr>
<td>Clarity and consistency in definitions, terms and nomenclature</td>
<td>80</td>
<td>54.4</td>
</tr>
</tbody>
</table>
Respondents commented:

“…advanced practice requires a clinical framework and organisational model of practice that can be supported by a multidisciplinary team.” (Participant 44)

Another Respondent commented on advanced practice as a component of career progression:

“In addition I feel what information is available needs to be more accessible and meaningful to nurses aspiring to move into advanced practice roles, ie articulation pathways etc.” (Participant 71)

As managers or employers, 66% (n=97) of respondents reported that nurses wanting to advanced practice skills faced a number of issues. Major themes reflected challenges with training (n=27), financial impediments to establishing advanced practice roles (n=25), lack of clarity (n=17) and consistency around what is considered advanced practice, availability of advanced practice roles (n=15), acceptance and support for the role (n=14), adequate supervision (n=5) and mentorship (n=4), succession planning (n=4) recruiting nurses (n=3), maintaining roles (n=2).

Summary

Responses from all jurisdictions made reference to roles defined throughout the Australian literature as advanced practice roles including the role of clinical nurse consultant (CNC)\textsuperscript{33,34} and nurse practitioner (NP).\textsuperscript{35}

However, responses across most jurisdictions also highlighted a strong association between roles based upon the acquisition of specific clinical skills or tasks and advanced practice. Examples of roles considered as advanced practice included ear syringing, nail clipping, performing ultrasounds in early pregnancy, insertion of peripherally inserted central catheter (PICC) insertion, performing mental health assessments, insertion of intravenous cannulae, removal of external ventricular drains (EVD).

Advanced practice roles were also identified as enrolled nursing roles that involved acquisition of particular skills in addition to those learnt during pre - registration courses. These included drain removal, administering medication in accordance with protocol and inserting IVC and PICC lines.

Specialisation was also a common feature of roles respondents considered to be advanced practice, as were roles involving care coordination activities such as nurse navigator roles, case workers, nurse coordinator, Clinical Care Coordinators, diabetes nurse navigator, cardiac coordinator.

Nursing roles delivering care in accordance with predefined protocols that enable them to initiate requests for diagnostic investigations including pathology and diagnostic imaging were also strongly

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|}
\hline
Required to provide clarity & N & \% \\
\hline
Clear information describing the level and type of education & 77 & 52.4 \\
\hline
Clarity around the concept of autonomy & 69 & 46.9 \\
\hline
Clarity describing how the parameters of boundaries & 67 & 45.6 \\
\hline
\end{tabular}
\end{table}

\textsuperscript{33} Fry, M., Duffield, C, Baldwin, R., Roche, M., Stasa, H., Solman, A. 2012. Development of a tool to describe the role of the clinical nurse consultant in Australia \textit{Journal of Clinical Nursing}.


associated with advanced practice, in particular the Clinical Initiatives Nurse (CIN) and First Line Emergency Care (FLEC) credentialed nurses in NSW and RIPEN nurses in several other jurisdictions. Similarly, roles involving the administration of medication via protocol (pain management in emergency departments, heparinisation in dialysis, diabetes educator, FLEC credentialed nurses, nurse sedationist, sexual health nurses, diabetes educator, nurse sedationist, and in sexual health) were also cited as advanced practice.

Several responses also included corporate and managerial roles as advanced practice roles, particularly when they were perceived to provide support, advice, guidance or mentoring to other staff.

A small number of responses associated clinical decision making and assessment skills with advanced practice, mainly in the context of remote area nursing and the need to initiate management in geographically and professionally isolated settings.