

ROLE OF THE NURSE PRACTITIONER AROUND THE WORLD

The contribution of nurse practitioner services to population and public health is being recognized in a growing number of countries around the world. Recent research by the International Council of Nurses (ICN) confirms nurse practitioners provide quality health services in a range of settings (ICN, 2001). Nurse practitioners also improve patient and community access to health services.

Although there is no universal definition, international research suggests four common characteristics of nurse practitioners:

Educational preparation

- Educational preparation at advanced level (master's degree recommended in some countries)

Licensure and regulation

- Legislation to confer and protect the title “nurse practitioner”
- Formal system of licensure, registration, certification and credentialing

Scope of practice

- Authority to prescribe medication
- Authority to prescribe treatment
- Authority to refer clients to other professionals
- Authority to admit patients to hospital

Functions

- Recognized point of contact for clients
- Case Management (own caseload)
- Diagnostic care
- Treatment care
- Preventive care
- Palliative care

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Tel: (613) 237-2133 or 1-800-361-8404 Fax: (613) 237-3520
Web site: www.cna-nurses.ca E-mail: pr@cna-nurses.ca



The role of nurse practitioners in the United States, United Kingdom, New Zealand and Australia is described below.

United States

- The number of nurse practitioners in the United States has increased over the past 10 years from 30,000 to about 65,000, according to the American Academy of Nurse Practitioners (Greene, 2001). Some 85 per cent work in ambulatory settings and the majority are in primary care.
- Nurse practitioners are projected to nearly double to more than 100,000 by 2005 despite the emerging shortage of nurses, while physicians are expected to increase only about 10 per cent, to about 700,000, according to a study published in *Journal of the American Medical Association* (Cooper et. al, 1998).
- Nurse practitioners under state regulations provide many services including diagnosing and treating acute and chronic health care problems; performing prenatal, well-child, well-woman and adult care check-ups; diagnosing and managing minor trauma including suturing and splinting; prescribing medications; and teaching health promotion and disease prevention to patients.
- Nurse practitioners have a presence in 50 states. While nurse practitioners in the United States are legislated by the Nurse Practice Act in each state, they may also be credentialed nationally in their area of practice.
- In over half the states, nurse practitioners may now practise without any requirement for physician supervision or collaboration; and in all states, nurse practitioners have some level of independent authority to prescribe drugs. In addition, nurse practitioners are now eligible for direct Medicaid reimbursement in every state (Mundiger, 2000). In many states, nurse practitioners practise in collaborative relationships with physicians.
- Educational requirements for nurse practitioners in the United States are:
 - Four years of college with a B.Sc. in nursing or a related field and
 - Approximately 2 years of graduate school to obtain a master's degree as a nurse practitioner (Greene, 2001).

Australia

- The Government of New South Wales (NSW) has enacted the *Nurses Amendment (Nurse Practitioners) Act 1998* that provides for recognition and accreditation of nurse practitioners in NSW. The legislation provides for nurse practitioners to be given limited prescribing privileges. Current legislative restrictions relating to initiation of medications and diagnostic services are being reduced providing adequate education and professional standards are maintained.
- The nurse practitioner role is under exploration for implementation in South Australia, Northern Territory, Queensland and Western Australia.
- A coalition of national nursing organizations endorsed a *National Consensus Statement on the Recognition of Nurse Practitioners in Australia* (ANF, 2000). The statement proposes a definition of the role of nurse practitioners, scope of practice, educational preparation, career structure, remuneration, protection of the title, authorization to practice and legislative support (ANF, 2000).

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United Kingdom

- England, Scotland, Wales and Northern Ireland have each produced a white paper addressing primary care and the role of nurses. All papers acknowledge that nurse practitioners will be an important resource in primary care (White, 2001).

New Zealand

- A 1998 ministerial taskforce supported the development of a role for nurse practitioners. The taskforce recommended that the Minister of Health direct the Nursing Council to develop and validate specialist competencies linking to nationally consistent titles (Ministerial Taskforce on Nursing, 1998).
- Current legislation governing the regulation of nurses is the *Nurses Act 1977*. The Nursing Council supports the proposal that the *Health Competency Assurance Bill*, once passed, will protect the title nurse practitioner.
- Nurse practitioners must be registered nurses practising at an advanced practice level within a specific scope of practice, with a master's degree and at least four to five years experience in their chosen clinical area.
- The Nursing Council has developed a framework, including guiding principles for scope of practice for nurse practitioners, education requirements, accountability, transition needs and spheres of responsibility (Nursing Council of New Zealand, 2001).

Key Messages

- There is a growing realization around the world that the nurse practitioner role has the potential to contribute significantly to resolving some of the current health care delivery problems.
- There is a growing consensus in the international nursing community that appropriate educational preparation for the role is at the graduate level.

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