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| **NORTH AMERICA** | **Strengths**  **Supplement F: Western Pacific Region** | **Weaknesses** | | | **Opportunities** | | **Threats** | |
|  | **Internal Factors** | | | | | **External Factors** | | |
| **Australia** | | | | | | | | |
| **Regulatory Authority** | * NP regulation via the Australian Health Practitioner Regulation Authority (AHPRA), in 2010 1 * National monitoring of the role is by the Nursing and Midwifery Board of Australia 1 |  | | |  | |  | |
| **Education** | * Education for the advanced practice nurse and nurse practitioner is at the Master’s level * Educational programs are approved and monitored by Nursing and Midwifery Board of Australia. 2 * Entry into practice is with a Master’s degree 3 * Two levels of entry into practice: 1) Master’s degree, 2)Program at the Master’s level that is clinically relevant to NP practice and meets competencies for practice as a NP 4 * Two entry points provides flexibility and allows education to be tailored to individual needs 4 |  | | |  | |  | |
| **Licensure/Title** | * Licensure and title protection by the Nursing and Midwifery Board of Australia 1 * Title protection for advanced practice nurse and nurse practitioner 1 |  | | |  | |  | |
| **Role/SOP** | * The scope of practice of the nurse practitioner is determined by the nurse practice and the Nursing and Midwifery Board of Australia 5 * The NP scope of practice should be broad, allowing practice to the limit of education, judgement and ability, rather than restrictive, allowing practice relating only to specific procedures (ACT Health, 2008). 6 * Increasing acceptance of the NP role within a range of practice settings (e.g. General Practice, Emergency Department, specialty roles)6 * Prescriptive privileges since 2010 through the national Pharmaceutical Benefits Scheme. NPs can obtain national provider numbers, however the drugs that they are able to prescribe varies based on state and territory requirements. 7 | * NPs report that their role is limited because of differences between state and federal government laws. 8 * Some limitations to scope of practice for specialty NPs e.g. Diabetes Nurse Practitioner, Aged Care N.P., Mental Health NP, Oncology NP 8 * Senior medical staff and some senior nurse staff have shown resistance 6 * More resistance/ limitations to scope of practice in major metropolitan teaching hospitals 8 | | | * Formalizing of expanded roles, especially in rural and remote areas of Australia * Increased partnerships and collaborative practice within general practice, primary care, and other tertiary specialty areas * Increased recognition of the importance of the contribution of NPs to health care * Expansion of prescribing rights and ordering of diagnostic tests * Salary differentials: NPs = cost effective. | | * Over supply of Australian medical graduates (following expansion of the number of universities granted Commonwealth government approval for additional Bachelor of Medicine/Bachelor of Surgery programs and also over supply of International Medical Graduates (IMGs) recruited following shortage of doctors in outer metropolitan, rural and remote clinical settings. 9 | |
| **China** | | | | | | | | |
| **Regulatory Authority** | * Hong Kong; Midwives are registered in Midwives Council of Hong Kong 11 | * There is currently no regulation for advanced practice in China 4 * Hong Kong: Registrar for Advanced Practice Nurse not yet in place 11 | | |  | |  | |
| **Education** | * Chinese government approved Master’s programs for clinical specialties in order to develop advanced practice competencies 4 * In 2018, there 84 clinical/Master’s programs in China. 10 * Two nurse practitioners were educated at Beijing University in 2017. 10 * Hong Kong: programs leading to registration are accredited by the Nursing Council of Hong Kong. 11 |  | | | * In 2015, the China Medical Board (CMB) and the China Nursing Network (CNN) started planning for an advanced practice nursing program of education and career development. 12 * Recommendations for development of the role included: * Developing standards for advanced nursing practice * Developing Master’s level curricula that reflect APN standards * Commence pilot programs * Prepare clinical teachers and faculty 12 * Hong Kong: the Hong Kong Academy of Nursing (HKAN) comprises of 14 Academy Colleges in different specialties, has an accreditation function | |  | |
| **Licensure/Title** |  |  | | | * The Hong Kong Nursing Council is currently working towards certification of advanced practice nursing under statutory registration regime. | |  | |
| **Role/SOP** | * Hong Kong: two advanced practice roles – nurse specialists and nurse consultant. * Nurse specialist – mostly at in-patient level * Nurse led clinics, run by nurse specialists are expanding * Nurse consultant - role includes service development, clinical practice, research, continuous quality improvement, and education. 11,13 * SOP is clearly delineated by the Nursing Council of Hong Kong. 11 * Well-developed clinical career paths through 3 tiers of progressions 11 | * Hong Kong: currently no perceived need to develop the nurse practitioner role or to expand prescriptive or referral laws 11 | | | * Practice recommendations from the CMB and CNN included * developing a career ladder system. * Expanding nursing role from hospital to community * Build specialty nurse accreditation system 10 * Hong Kong: increased focus on primary care may lead to further development of the advanced practice role 11 * Task Force on Specialization of Nursing Practice was set up and led by Food and Health Bureau, Hong Kong Special Administrative Government in 2016. 11 * The Task Force supported Hong Kong Academy of Nursing (HKAN) to work with Nursing Council of Hong Kong to refine guidelines on scope of practice and core competencies of nurses with advanced expertise and standard scope of practice. | | * Difficulty with acceptance by stakeholders for the new Advanced Nursing Practice and care delivery models * Difficulty with APN role acceptance by some nurses | |
| **Fiji** | | | | | | | | |
| **Regulatory Authority** | * Practice is regulated by Nurses, Midwives, and Nurse Practitioners Board 14 * Legal framework was enacted in 2011 (Nursing Decree 2011) for the establishment of the Fiji Nursing Council 4 |  | | |  | |  | |
| **Education** | * NP program started in 1999 with the Fiji School of Nursing 14,15 * NP program now with the Fiji National University and is a 13 month post-basic diploma.4 | * Difficulty accessing continuing professional development which is needed for registration 4 | | |  | |  | |
| **Licensure** | * Annual registration is required by the Fiji Nursing Council and continuing professional development is expected 4,14 |  | | |  | |  | |
| **Role/SOP** | * Established SOP with prescriptive privileges 14 * Wide acceptance by communities and other health care providers 4 * Work extensively in health centers 14 |  | | |  | |  | |
| **Japan** | | | | | | | | |
| **Regulatory Authority** | * The Act on Public Health Nurses, Midwives and Nurses (Nursing Act) was revised in 2014 to expand the scope of nursing interventions 16 |  | | |  | |  | |
| **Education** | * First program at the Masters level to educate nurse practitioners started in 2008 at the Graduate School of Oita University and graduated the NPs in 2011 4 * Two specialties: geriatrics, and pediatrics 4 * As of 2012, there were 196 CNS programs in 76 universities 17 |  | | | * Japanese Organization of Nurse Practitioner Faculties was established in 2014 16 * Objective is to further expand NP education and to educate NPs who can collaborate with physicians. 16 | |  | |
| **Licensure** | * CNS certification with renewal every 5 years 17 * CNSs are recognized as advanced practice nurses since 1996 17 * NP certification exam is being offered by the Japanese Organization of Nurse Practitioner Faculties 16 |  | | |  | |  | |
| **Role/SOP** | * Nurse practitioners working mainly in hospitals 17 * Under the Act on Public Health Nurses, Midwives and Nurses (Nursing Act), nurses can now adjust medicine and perform infusions for dehydration under the supervision of a physician 16 |  | | | * Japanese Nurse Practitioner Association was started in 2008. Their objective is to help standardize nurse practitioner educational programs. 4 * There is interest on the part of physicians for the development of the NP role in order to reduce physician workload 17 | | * Physicians worry that NPs will compromise patient safety 89 * PA role (comparable) under consideration 17 * Nursing and medical societies oppose the role of NPs in Japan 4 | |
| **New Zealand** | | | | | | | | |
| **Regulatory Authority** | * Nurse practitioners register through the New Zealand Nursing Council. * Nurse practitioners have been registered since 2002 18 |  | | |  | |  | |
| **Education** | * Standards for approval of Master’s programs by the Nursing Council of New Zealand (NCNZ)4 * Applicants must have a minimum of 3 years full time practice in order to apply for Master’s degree program for NPs, have a working relationship with an interprofessional team, and have a NP or MD mentor, and have access to areas of clinical practice in which skills will be developed 19 |  | | |  | |  | |
| **Licensure** | * Endorsement for NP practice occurs via the NCNZ 4 |  | | |  | |  | |
| **Role/SOP** | * NCNZ is responsible for description of NP role and role competencies which were introduced in 2017 4,19 * New scope of practice description was active as of 2017 20 * Nurse practitioners have had prescriptive authority since 2013 and have the ability to prescribe controlled substances 4,20 * Clinical nurse specialist (CNS) well established. | * Many New Zealanders do not understand the role 21 * Clinical nurse specialist role defined by employers 22 * No national data collected about CNSs 22 * NPs challenged by rigid occupational boundaries and old models of service delivery 23 | | | * There are approximately 300 NP working in NZ with growing numbers 21 * Nurse practitioners more involved than clinical nurse specialists in leadership roles 24 | |  | |
| **Philippines** | | | | | | | | |
| **Regulatory Authority** |  | * The Philippine Regulatory Commission – Board of Nursing and the Nursing Specialty Certification Council set standards for advanced practice nursing (CNS) however there is no clear governmental policy that codifies the role of the advanced practice nurse 4,25 | | |  | |  | |
| **Education** |  | * Irregular educational preparation 4 | | |  | |  | |
| **Licensure** |  |  | | |  | |  | |
| **Role/SOP** | * Philippine Board of Nursing recognizes Clinical Nurse Specialists as advanced practice nurses 25 * Four major policies (Nursing Acts and Resolutions) recognize the role of the advanced practice nurse. 4 | * No system that codifies the role of the advance practice nurse 4 * Limited role development. 4 | | | * The Philippines has created a process for managing nurse migration 26 * There was a large increase in nursing programs and enrollment which accommodated the demand for nurses in the U.S 27 | | * Significant levels of migration to English speaking countries by Philippine nurses 27 * Philippines is the world’s largest supplier of nurses 27 | |
| **Republic of South Korea** | | | | | | | | |
| **Regulatory Authority** | * Regulatory authority for APN specialty areas, educational programs and institutions 28 | * No clear regulatory authority for practice28 | | |  | |  | |
| **Licensure** | * Accreditation (certification) exam is administered by the Korean Accreditation Board of Nursing Education 28 * APN certificate is issued by the Ministry of Health 28 |  | | |  | |  | |
| **Education** | * Korean Accreditation Board of Nursing Education developed competencies for the APN: professional nursing practice, education, research, leadership, advise/cooperation. 28 * As of 2014, APN education in 13 specialty areas 28 * APN educational programs at the Master’s level 28 | * Lack of available employment is an obstacle to the availability of practicum placements for students28 | | |  | | * No standardized education and training for PAs 28 | |
| **Role/SOP** | * In 2000, the terms Clinical Nurse Specialist and Nurse Practitioner were introduced in the Medical Service Act, however it was decided that the terms would not be distinguished and instead Advanced Practice Nurse would be used. 28 * Community Health Nurse Practitioners (CHNP) in primary health centers since the 1980s 4 * SOP of the CHNP includes diagnosis, prescriptive authority, and referral 4 | * Most APNs are not able to find positions in their place of employment prior to their entry into an APN program 28 | | | * Payment schemes for APNs within the National Health Service would boost demand 28 * Consolidation of APN of specialties will promote employment and improve education 28 | | * Increasing number of PAs are being employed in hospitals, most of whom are RNs 28 * Clear role descriptions/divisions for APNs and PAs are weak. 28 | |
| **Singapore** | | | | | | | | |
| **Regulatory Authority** | * APN register was established in 2006 29 * APN prescribers certified as Collaborative Prescribing Practitioners (CPPs) 30 |  | | |  | |  | |
| **Licensure** | * Certification required and registry with the Singapore Nursing Board 31 |  | | |  | |  | |
| **Education** | * Entry into practice is Master’s degree with 1 year internship in area of specialty 4 * Must have at least 3 years of post-registration experience in their specialty 31 * Singapore Nursing Board has established core competencies 32 |  | | | * Developing DNP program for advanced practice nurses 29 | |  | |
| **Role/SOP** | * Specialties include critical care, oncology/palliative care, and pediatrics4 * Role is a hybrid between NP and CNS 29 * First advanced practice nurses given authority to independently prescribe medicines in July 2018 via the Collaborative Prescribing Practitioners (CPP) program, which also includes pharmacists 30 |  | | | * Singapore has over 200 advanced practice nurses and is working on increasing numbers. 33 | |  | |
| **Taiwan** | | | | | | | | |
| **Regulatory Authority** | * National certification for NPs began in 2006 34 * Official Statutory protection of practice in 2014 35 |  | | |  | |  | |
| **Licensure** | * NP is the legal title for advanced practice nurses since 2000 34 * NPs need continuing education to apply for 6 year extension of the certification period 4 |  | | |  | |  | |
| **Education** | * NP programs started in 2000 after NP became the legal title 4 * The Department of Health (DOH), the National Health Research Institute (NHRI), and the Taiwan Association of Nurse Practitioners (TANP) have established standards for programs, curriculum, and preceptor experiences 4 |  | | |  | |  | |
| **Role/SOP** | * There are four roles for NPs in Taiwan: patient caregiver, health educator, coordinator, and supervisor of care quality 36 * Scope of practice regulations enacted in 2016 35 * Recent NP SOP law clarifies the concepts of supervision, collaboration, and protocol use as well as the definition of invasive and noninvasive, medically related treatments or procedures 35 * Legal authority to prescribe medications 35 | * NPs technically “assist” physicians to prescribe as per SOP regulations 35 * NPs still need to communicate regularly with other health care professionals in order to prescribe 35 | | | * NPs in Taiwan continue to work toward collaborative as opposed to supervisory practice 35 * Recent study found NP care efficacy surpasses that of resident physicians when using HAC (hospital-acquired conditions) as objective indicator 37 | |  | |
| **Vietnam** | | | | | | | | |
| **Regulatory**  **Authority** |  | |  |  | | | |  |
| **Licensure** | * Completion of graduate educations required 38 * Must pass national board examination38 | |  |  | | | |  |
| **Education** | * Masters in Nursing; 2 year program 39 * NP programs in place, but limited implementation 38 | | * Masters level nurses account for only 0.5% of total nurses 39 * Many nurses leaving country (overseas) to obtain masters level education | * Ministry of health working to expand nurse practitioner programs across all provinces 38 | | | |  |
| **Role/SOP** | * Licensed for physical exams, interpretation of labs/imaging, diagnosis and treatment of diseases 38 * Legal authority to prescribe medications 38 | |  | * Vietnam Ministry of Health goal to increase NP to MD ratio from 1.8:1 to 3.5:1 by 2020 38 | | | |  |

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