

# The advanced practice nurse and its development in the National Health System

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## BACKGROUND

The functions of the Advanced Practice Nurse (APN) are gradually being defined in many countries, although with notable differences in scope. To facilitate understanding, the International Council of Nurses defines the APN as: “An advanced practice nurse is a registered nurse who has acquired, through additional graduate education (minimum of a master's degree), the expert knowledge base, complex decision-making skills, and clinical competencies for expanded practice, the characteristics of which are shaped by the context in which she or he is credentialled to practise.” The 2 roles most widely identified as APNs are the clinical nurse specialist and the direct care nurse<sup>1</sup>.

The APN is therefore an expert nurse, able to apply scientific knowledge within a humanistic framework, serve as a reference for patients and other professionals, and assume new responsibilities. The various functions carried out within the nursing profession, together with the growing demand for quality of care in our society and ongoing technological advances, highlight the need for specific training<sup>2</sup>.

The concept of the APN emerged in the United States in the late 1960s, associated with different professional terms such as *Nurse Practitioner*, *Specialist Nurse*, or *Nurse Consultant*. This development responded both to the needs of the population and the nursing workforce, as well as to the shortage of physicians at the time. It drove an expansion of the traditional competencies of the profession, with subsequent modification of training programmes. During this period, four areas of APN practice were defined: the clinical nurse, nurse practitioner, nurse anaesthetist, and nurse midwife<sup>3</sup>.

Later, in the 1990s, the model spread to Canada, where the Canadian Nurses Association focused APN competencies on clinical skills, research, leadership, and consultation/collaboration<sup>4</sup>.

Over time, the role extended to countries such as the United Kingdom, Ireland, Australia, Belgium, the Netherlands, and other European nations. In Spain, progress has been more limited, although certain advanced practice roles have been developed in Andalusia, Catalonia, and the Basque Country<sup>5</sup>. Several Autonomous Communities have refined the APN profile; however, the lack of institutional support and legal recognition has led to confusion regarding its role, scope of practice, and regulatory framework.

## DEVELOPMENT AND EVOLUTION

Some countries, such as the United States, the United Kingdom, and Canada, have succeeded in defining the APN role to the point of making it a cornerstone of their health systems<sup>6</sup>. In these contexts, APN development has been focused on four competency domains defining the role<sup>7,8</sup>:

- **Advanced clinical practice:** Much of the APN's clinical activity centres on health promotion, health education, and disease prevention. The APN may serve as the first point of patient contact through urgent consultations, telephone consultations, or scheduled visits for conditions requiring greater expertise or for patients with mild diseases. In some countries, APNs are authorised to prescribe drugs and treatments, order or perform diagnostic tests, and issue diagnoses.

- Teaching: Owing to their professional training, APNs assume an educational role and contribute to the learning of other professionals.
- Research: This is a core competency, rooted in their scope of practice, through the development of protocols and clinical practice guidelines, thereby underpinning evidence-based practice.
- Leadership and management: According to the International Council of Nurses, APNs have the authority to refer patients to other professionals, thereby strengthening coordination and collaborative work within teams.

Of note, these four domains emerged in contexts where the generalist nurse did not possess the competencies conferred by the current undergraduate nursing degree in Spain.

In Spain, new APN profiles have been developed based on demand and demographic change. However, there is no legal recognition of these professional categories within the National Health System. Review of regional health service websites indicates that only the Andalusian Health Service makes official reference to this role, thus positioning it as a pioneer. Within the Andalusian Public Health System's *Estrategia de Cuidados* (Care Strategy)<sup>9</sup>, APN competencies are defined according to training, distinguishing between specialist nurse, APN, and generalist nurse with competencies in specific areas. For APNs, the following areas are proposed: case management, chronic complex wounds, complex oncology, complex diabetes treatments, ostomy care, and chronic kidney disease (CKD)<sup>10</sup>. However, these are not included in the official catalogue of professional categories. Of these roles, only the case management nurse is recognised with a salary supplement, though other APN profiles are gradually being implemented (except for CKD APNs). Nurses taking on these jobs are being offered training through the Master's Degree in Advanced Practice Nursing (a proprietary qualification of *Universidad Internacional de Andalucía*), delivered via the Andalusian School of Public Health<sup>11</sup>. This Master's programme includes both theoretical and practical knowledge aimed at developing transversal competencies common to all APNs, as well as specific competencies within each of the professional profiles defined by the Andalusian Care Strategy. Interestingly, the specific competencies of the APN in CKD are not developed either. Regarding the model of graduate nurses with competencies in specific areas, the following fields are proposed: critical care; emergency, urgent care, and major burns; haemodynamics and arrhythmias; transplant coordination; dialysis; perfusion; and surgical theatre. Evidently, this is an even more theoretical approach than that of the APN, and at present it is unclear how this would be reflected in job catalogues, the requirements to occupy such positions, and, above all, the criteria used to establish these 2 classifications.

From a more academic standpoint, Spanish authors have proposed competency domains for the APN<sup>12</sup>, including research and evidence-based practice, clinical and professional leadership (its most characteristic aspect), interprofessional

relationships and mentorship, professional autonomy, quality management, care management, professional education and teaching, and health promotion.

This perspective, arising from the theorisation of a practice intended to be advanced, suggests a series of transversal competencies that could be applied across all generalist fields of the profession. However, it does not address the practical application of these competencies in clinical care, where specific competencies must be defined in professional categories or profiles across the different functional areas. It is essential to define competency domains that require specific expertise, derived from the current specialisation of health care delivery, while simultaneously defending a role that is already being carried out but remains legally unrecognised. As some authors describe, continuous research is fundamental to evaluate and describe APN roles according to population demand, thereby achieving evidence-based practice<sup>13</sup>.

From the perspective of nephrology nursing practice, apart from the reference to the Andalusian Care Strategy, no other institutional references were found at the level of the autonomous communities (CCAA). However, some hospitals have created an APN profile related to nephrology nursing, such as *Hospital de la Princesa* in Madrid (Spain)<sup>14</sup> or *Fundación Puigvert* in Barcelona (Spain),<sup>15</sup> although with differing profiles. Therefore, not all Spanish Autonomous Communities share the same vision of APN development, particularly in the area of nephrology nursing practice. These decisions are taken in settings where academic or theoretical considerations carry more weight than the realities of clinical practice. Furthermore, there is an underlying bias in these contexts towards nursing areas with strong dependence on technological development, as is the case in dialysis. For all these reasons, a legal regulatory framework on APNs is essential to establish a clear definition of this role and to contribute to its development, recognition, and implementation.

## LEGISLATIVE FRAMEWORK

As noted, the absence of clear role delineation—particularly regarding areas of application—constitutes the main obstacle to APN development. Even if consensus were achieved around some regional proposals, it would be difficult for a single framework to capture the vision of all Autonomous Communities, given the ideological weight often carried in these decisions compared with the actual needs of patients and the specific competencies required.

The logical approach would be to develop the APN role within the current legislative framework for healthcare in Spain, beginning with Law 44/2003 on the Regulation of Health Professions (LOPS). Article 36 of this law, concerning Accreditation and Advanced Accreditation Diplomas, states: “Public health administrations may issue Accreditation Diplomas and Advanced Accreditation Diplomas to certify the level of training achieved by a professional in a specific functional area of a given profession or specialty, based on accredited continuing

education activities undertaken by the professional in the relevant functional area"<sup>16</sup>.

This provision was later regulated by Royal Decree 639/2015, of 10 July, which established the characteristics of Accreditation and Advanced Accreditation Diplomas. It requires that "the creation of an Accreditation Diploma or an Advanced Accreditation Diploma agreed upon by the CISNS [Interterritorial Council of the National Health System] shall be published in the Official State Gazette by order of the Minister of Health." Chapter 3 outlines procedures for obtaining and renewing these diplomas<sup>17</sup>.

Most recently, Order SND/1427/2023, of 26 December, published the basis for creating Accreditation Diplomas in the functional area of palliative care, establishing four diplomas: Palliative Care Physician, Palliative Care Nurse, Palliative Care Psychologist, and Palliative Care Physical therapist<sup>18</sup>.

In my view, this is the path forward: to secure, through this legislation, an Advanced Accreditation Diploma in nephrology nursing care. A key debate will be whether such a diploma should encompass all areas of nephrology nursing, focus solely on dialysis, or include advanced chronic kidney disease.

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