出國報告（出國類別：訪問）

參加 2020 護理助產年相關護理人力執業環境及國際專科護理認證議題整備，訪問歐洲護理聯盟執行長 Paul De Raeve 及國際護理協會專科/進階護理主席 Melanie Rogers 等並進行周邊會談出國報告

服務機關：衛生福利部
姓名職稱：蔡淑鳳司長、何秀美科長
派赴國家：比利時、英國
出國期間：108.05.17-05.29
報告日期：108.08.20

摘要

本次出國報告包括：(一)歐洲護理聯盟網絡-赴比利時訪問歐洲護理聯盟執行長 Paul De Raeve；(二)職場友善環境-與比利時產官學對話護理工作環境創新、勞動條件暨健康照護人力改善工作坊(三)英國進階護理-赴英國訪問國際護理協會專科/進階護理主席 Melanie Rogers 及與英國進階實務教育協會理事長 Katrina Maclaine 交流英國專科護理師之培訓制度、角色功能及訓練制度，並進行週邊會談，同步分享臺灣護理政策推動經驗，增加臺灣在國際間的可見度，並為參加 2020 護理助產年相關護理人力執業環境及國際專科護理認證議題整備，建立臺灣與歐盟護理之新國際社群，摘要關鍵議題、參訪內涵及關鍵網絡人物作為本次出國報告重點。

此次進行國際交流訪問，共與 18 位英國、比利時產官學交流，除了對英國專科護理師培訓及職場環境改善創新思維有更深入的瞭解與學習外，亦連結新國際護理夥伴，不僅實質建立國際網絡關係，更見識護理於政策上的強大影響力，提供 2020 護理助產年相關發想，盼望臺灣的護理發展也是典範之一。

目次

壹、 目的

一、為接軌國際 2020 護理助產年，進行相關護理人力執業環境及國際專科護理認證議題整備。

二、赴比利時訪問歐洲護理聯盟執行長 Paul De Raeve、醫院護理工作環境創新與勞動條件改善工作坊。

三、赴英國訪問國際護理協會專科/進階護理主席 Melanie Rogers、英國專科護理師之角色功能及訓練制度、國際護理史交流等。

四、建立台灣與歐盟護理之新國際社群。

貳、 名單

序號	單位	姓名	職稱
1	護理及健康照護司	蔡淑鳳	司長
2	護理及健康照護司	何秀美	科長

參、 過程

行程重點摘要如下，各項行程內容說明如後：

序號	重點摘要
1.	訪問醫療奉獻獎何華珍修女，臺灣比利時護理史交流
2.	河地照顧 23+1 尊嚴照顧訓練中心（ZorgbedrijfRivierenland）總幹事 Peter Macken 23+1 尊嚴照顧人才培育模式
3.	魯汶大學產學勞動人力高級研究及顧問組織團隊 醫院護理工作環境創新與勞動條件改善工作坊
4.	歐洲護理聯盟執行長 Paul De Raeve（General Secretary of European Federation of Nursing Associations (EFN)） 歐盟護理**周邊會談**
5.	倫敦南岸大學副教授/英國進階實務教育協會主席 Katrina Maclaine（Associate Professor of London South Bank University and Chair of Association of Advanced Practice Educators AAPE-UK） 英國專科護理師之角色功能、訓練制度**周邊會談**

6.	參訪 Florence Nightingale Museum，國際護理史交流
7.	參訪社區護理服務模式
8.	國際護理協會專科/進階護理師主席 Dr. Melanie Rogers 國際護理協會專科護理師主席**周邊會談**

一、 歐洲護理聯盟網絡-赴比利時訪問歐洲護理聯盟執行長 Paul De Raeve

（一）**歐洲護理聯盟核心：**EFN, European Federation of Nursing（前歐盟護理常務委員會, PCN）成立於 1971 年，依據護理教育和自由運動成立，代表歐盟 28 個國家 300 萬歐盟護理人員執業之專業與權益發展。它的核心任務是透過實證研究遊說歐盟聯邦議會 Parliament（共有 750 位委員代表）、歐盟聯邦政府 Commission（負責法規制定）及歐盟 28 個國家行政 Prime Minister 代表（Council），爭取預算發展護理專業並改善護理職場環境。實證護理研究除了歐盟國家，還包括歐盟國家之外，如美國等。目前實證研究 3 個重點包括「護理學生投入臨床照護能力準備指引」、「護理健康照護電子紀錄」及「護理在長期照護之角色功能」。歐盟護理聯盟的主要核心任務有 3 個：護理人力發展、進階護理發展及科技在護理的應用。有關護理人力發展他們提出 Workforce Matrix 3+1，3 是指：註冊護理師（General Care Nurse）、臨床專科護理（Specialist Nurse）與進階護理師（Advanced Nurse Practitioner）；+1 指的是 Health Care Assistant。

（二）**歐洲護理聯盟秘書長 Paul De Raeve：**於 1984 年畢業後在衛生保健部門擔任護理人員，1996 年獲比利時布魯塞爾天主教大學社會統計學碩士，2014 年取得英國國王學院博士，2002 年成為歐洲護理聯盟秘書長至今，他主要推動護理人員成為教育、勞動力、品質及安全領域的核心，並執行歐洲衛生政策研究，包括資訊化醫療保健服務，確保歐盟的政策設計和研究證據齊頭並進。其任命為歐洲護理聯盟秘書長前兼任比利時衛生和環境部（Belgium Ministry of Health and Environment）的代表，負責開發國際比較分析之護理資料庫，在 DRG 的醫院金融系統中引入量

化指標，並為衛生系統的政治決策提供相關護理數據。

本次交流 EFN 執行長 Paul 除分享歐盟護理政策、政治與網絡，特別贈送衛生福利部護理及健康照護司蔡淑鳳司長 3 本他的專長護理政治與政策著作，也是目前客座美國約翰霍普金斯大學護理領導教授的參考書。這 3 本書是「EU Lobby Strategies Fitting a New Political Context」、「The European Union, what's in it for me?」及「EU Accession Policy Window Opportunity-EU Enlargement and Nursing Political Leadership」。也表示臺灣在長期照護、資訊區塊鏈及資訊科技有相當多的經驗與發展，希望未來可以有機會再與臺灣有更進一步的交流。

圖：於 EFN 專訪 Paul De Raeve 執行長

圖：與 Paul 執行長於 EFN 合影

二、 職場友善環境-與比利時荷語行政區產官學對話護理工作環境創新改善健康照護人力的機會與挑戰工作坊

比利時面積為 30,528 平方公里，人口數約 1,137 萬人，以荷蘭語、法語、德語為官方語言。聯邦政府以下根據語言族群設立了三個行政區，即瓦隆區、佛拉蒙區和布魯塞爾-首都區。荷蘭語主要集中於比利時北部的佛拉蒙區，約占全國總人口的 59%，說法語的則主要位於南部瓦隆區和布魯塞爾-首都區，約占全國總人口的 41%。另外在瓦隆區還有一小部分受官方承認的德語族群。

議題重點是面對健康照護需求的改變及健康照護人力短缺，如何以創新策略來改善健康照護人力問題，提升被照顧者之生活品質是未來的挑戰。

（一）與衛生福利部任命荷語行政區之健康照護大使 Lon Holtzer 交流摘要：

比利時荷語區的人力短缺較法語區嚴重。目前荷語區，以護士職缺為計約有 1,474 個。自 2010 年起，短缺狀況持續上升，2013 年約處於停滯期，近兩年情況又趨惡化。主要原因為現有勞動力老化、即將退休與離職等。

1.問題：勞動力短缺

(1) 取得護士資格需要四年學士(+2,300 小時實習)或在職訓練三年，目前在學生約 1,400-1,600 人，不足以應付未來人力短缺。

(2) 現有勞動力退休潮。

(3) 長期照護的需求。

(4) 目前荷語區總共有約 28,700 病床，平均一病床被一病人約占據 7.2 天(美國約 34 天)。

(5) 荷語區護士一人約負責 11 名病患(一般歐盟地區一名護士約負責 6-7 名病患。

(6) 護士人力設置在法律中規範，但該法於 1967 年訂定，早已不符現在需求。

2.解決方案：

(1) 希望將 Caregiver(類以我們的照服員)轉入醫院，協助填補護士職缺。但遭到來自護士的反對聲音，嘗試透過溝通讓護理人員瞭解此方法並非嘗試取代，而是補充人力的策略。因為醫院只有護理人力，在整體醫療系統中，Caregiver 將成為很好的人力資源。

(2) 嘗試推動居家照護，尤其針對身心障礙人士的整合醫療照護系統(Integrated System)，推動 Care is society thing 的觀念。

(3) Ambassador 的主要工作：翻轉人們對照護工作的既有想像，進行倡議活動，如歌曲推廣、職業體驗等。

(4) 提供轉職機會：為在其他產業工作並且想轉職的工作者，提供轉任到照護系統的工作機會。

（5）推動創新組織勞工的方式(Innovative organized labour)及扁平化組織的策略，減少階層化分工。此策略獲得良好回響，正在推行中。

（6）推動病人賦權(Empowerment to patient) ，尤其是失能個案希望賦能他們自主。

圖：與 LonHoltzer 護理大使交流

圖：Lon Holtzer 分享護理推動策略

（二）魯汶大學產學勞動人力高級研究及顧問組織團隊 Director-General/Prof. Geert Van Hootegem, Prof. Ezra Dessers, Researcher Lander Vermeerbergen, Advisor Chris Sels 會談摘要：

魯汶大學產學勞動人力的高級研究及顧問組織團隊，專長以實證研究提出創新策略來改善職場環境。他們分享過去只談健康照護的需求面，缺乏以工作需求的角度（job demand control model），倡議以員工為中心的角度（employee-oriented），特別是透過小規模的組織運作及員工參與決策，以提升員工自主性，因為有快樂的員工，才會有有品質的健康照護。

Researcher Lander Vermeerbergen 分享護理之家品質研究摘要：

護理之家面臨的挑戰(有 51%有高工時壓力，47%有高情緒壓力)：1)人力的短缺：2015-2060 增加 129,000 住民、增加 66,979 位照顧者；2018-2060 年減少 7%的勞動人口(18ys-67ys)；2)增加生活照顧需求：增加互動更多的照顧，減少住民的孤獨、隔離及憂鬱。

相對應之解決方案：1)增加工作生活品質，可增加照護人員留任，增加照護人員回流及新血的加入；2)讓員工瞭解與同理住民生活品質的需求，發展 NSSL 日常小單元生活提供年長住民在一個日常化及住家化的

生活機會，並透過系統性文獻回顧、管理人員及工作人員會議、焦點團體及管理數據等資料，檢測 NSSL 是否可改善照顧工作者的生活品質。

透過組織結構的導入，重組住房單位、工作單位及服務單位的組織架構，例如小單元則由中央廚房提供食物烹調，膳食由中央廚房運到住房，可以解決有限護理人員提供住民飲食，共創組織、住民及員工三贏的方法。

圖：於魯汶大學與產學勞動人力團隊交流

圖：與產學勞動人力顧問組織團隊交流

（三）比利時衛生福利部荷語行政區官員 Caroline Verlinde（Vice Head of Cabinet, Minister of Welfare, Public Health and Family ,Future Director of the Flemish Institute for Primary Care）交流分享健康照護體系翻轉計畫摘要：

荷語地區的老化人口逐年增加，教育程度高，家庭規模縮小，單身人口增加中，商業市場的力量也正進入照顧服務體系，荷語地區有豐厚的強制性社會保險與福利待遇；強制性健康保險涵蓋了幾乎全部的人口（99%），75%健康照護開支是由強制性健康保險所支應。對於社會經濟狀況較脆弱的人（如慢性病人）來說，要保證他們在經濟上能負擔高品質的照護，給付項目需包含長照、居家照護、非醫療開支、醫院收費、心理健康照護、初級照護機構、社會關懷……等等。

比利時聯邦政府負責支應多種健康照護專業人員的服務與藥費核銷，並負責全國各醫院的標準化工作。而荷語區政府則是負責許多支持與照護團體，有許多的組織或協會，像是居家照護、老人照護、身心障礙福利、安寧照護、失智症照護……等。已經有許多跨領域的團體形成

組織網絡，參與者的組成非常多樣，服務的地理位置也不同。然而這種多樣性也形成了一些阻礙，難以有效地一起合作。於是在 2010 年 12 月產生了兩大共識目標，一是強化各種服務提供者的初級照護（primary care）專業性，二是盡可能簡化行政工作來獲得更高品質的專業照護。荷語區政府隨後啟動了一連串計畫，像是關於初級照護的心理學家、數位化支持，還創造了促使人們瞭解照護工作的照護大使（care ambassador）。到了 2017 年最重要的改變是由「供給-需求」驅動的照護轉變為由「需求」驅動的照護（以被照顧為中心）。

為了加強自理能力，從小就普遍提升自我管理能力，賦權，和健康素養（the capacity self management, empowerment and health literacy）。非正式照護和專業照護同樣重要，在一個人無法自理時，他們是第一個負起管理責任，為了滿足他們，政府創立了許多的綜合資訊聯絡站，或社區福利工作中心。在社區中的這些資訊站，旨在實現衛生體系和福利體系之間的最大合作。

政府也重新劃定地理上的照護區域，分成三個層次。最小的「初級照護區」，每區大約覆蓋 7 萬 5 千名至 12 萬 5 千名居民，由照護委員會負責初級照護區內的活動，由專業人員、非正式護理提供者和被照顧者共同組成。最重要的是，被照顧者是被尊重的。往上一層的是「區域照護區」，必須涵蓋初級照護區無法提供的專業知識，例如失智症照護、精神醫學、安寧照護等。最高層的則是「比利時荷語區的層級」，負責進行研究、開發方法、建置對維運數位平台等。全部的重整改造，預計要到 2025 年才會完成。最優先的任務是建立初級照護區，然後是區域照護區，以及建立荷語區的初級照護研究機構。

綜上，由比利時衛生福利部荷語行政區官員 Caroline Verlinde 分享健康照護體系翻轉計畫可知，比利時正積極推動社區的基層醫療保健行動計畫，最大的不一樣是針對慢性多重共病及失能個案照護之可近性的區域劃分、如何建立照顧協調及個案管理機制等，建立由下而上的決定

方式，而非由上而下的指派方式，目的是讓民眾參與決策，連結在地水平資源，以建立共識並強化夥伴關係與解決問題的能力。蔡司長同時也分享了臺灣社區護理整備計畫，策略上如何運用目前護理人力的優勢與限制，提供更多元創新且彈性的社區執業模式，以留任護理執業人力，回應在家照護之需求，減少不必要的門急診及住院利用，提升被照顧者生活品質及基層健康照護覆蓋率。

圖：與衛福部荷語行政區官員交流

圖：Caroline 分享健康照護體系翻轉計畫

（四）拜訪河地照顧（ZorgbedrijfRivierenland）23+1 尊嚴照顧訓練中心

早已進入高齡社會的歐洲國家，近年來十分重視「尊嚴照顧」議題，許多跨歐盟的計畫都針對這個議題進行實驗和深入探討，希望可找到更具人性和尊嚴的照顧方式。「尊嚴照顧實驗室」為研究更具人性和尊嚴照顧方式，藉「同理心」重新反思照顧的定義與價值。而「河地照顧組織」提供居家、日照、短期住宿等多元服務給在地長者，2012 年英國、法國、比利時和荷蘭透過跨國創新計畫，共同創設「尊嚴照顧實驗室」，推動同理心體驗式照顧課程與訓練，該公司旗下聖伊莉莎白居民照顧中心（WoonzorgcentrumSint-Elisabeth）是率先參與「尊嚴照顧實驗室」計畫的機構之一。

Maddy Van de Bergh 是比利時聖伊莉莎白居民照顧中心主任（擔任該中心主任已 20 餘年），她積極推動從尊嚴照顧衍生出來的「23+1」照顧理念，代表「一天 24 小時，23 小時為生活，僅 1 小時是照顧」，此亦成為比利時政府全面提倡的長照標杆。Ms. Maddy 帶領團隊，透過全員參與，共識照顧模式，由下而上設計職場環境及教育訓練，讓一線服務人

員，如護理師、營養師、照顧服務員及清潔人員等，參與了「尊嚴照顧實驗室」所推動的同理心體驗式照顧課程及訓練，透過換位思考，讓服務人員更注重與被照顧者的溝通，並從被照顧者的正向反饋中，清楚體驗從事照顧服務的目的與價值，進而努力促進提升被照顧者之生活品質。

另外從落實高齡者住民的賦權開始，讓照顧者重視高齡者及其日常生活，善用引導工具，協助住民表達並計劃個人生活；執行計畫時，活用生命與生活協調師的六大角色技能，最後重新強調有意義的生活對於住民生活及生命品質的重要性，如下圖示。

圖：與河地照顧組織團隊交流

圖：Maddy 主任分享培訓工具

三、英國進階護理

（一）與英國進階實務教育協會理事長 Katrina Maclaine 交流臺灣與英國專師培育制度摘要

1. 背景說明：

大不列顛暨北愛爾蘭聯合王國（United Kingdom of Great Britain and Northern Ireland），簡稱聯合王國（英語：United

Kingdom，縮寫作 UK)，中文通稱「英國」由四個構成國組成，分別為英格蘭、蘇格蘭、威爾斯和北愛爾蘭，各國行政規範、教育體系均不相同。而英國進階實務教育協會（Association of Advanced Practice Educators， AAPE-UK）則是一個橫跨英國提供跨專業進階臨床實務教育計畫的一個有影響力的高等教育機構協作網絡，使命是為國家和國際提供優質的護理執業教育，目前擁有 49 所高等教育機構的成員。

2. 英國進階實務教育協會理事長 Katrina Maclaine：

Katrina Maclaine 在倫敦國王學院（King's College London）攻讀護理學，開始了她的護理生涯，1994 年完成的皇家護理學院（RCN）研究所護士文憑，增強實踐方面的能力。2000 年 8 月成為倫敦南岸大學（LSBU）RCN 認證的 BSc（榮譽）護士執業者的初級衛生保健（Primary Health Care）課程主任，是倫敦南岸大學進階護理的首席講師，並支援在 ANP 計劃範圍內開發進階的臨床與專業技能。

她花了五年時間從事 RCN 護士執業顧問的諮詢工作，為會員提供有關護士相關的專業建議、在國內和國際上解釋（lobbying）相關法規，並強化護士在英國所有醫療機構中被認可。她也是進階實務教育協會（AAPE）的創始成員，亦為英格蘭衛生部指導小組的成員，負責制定進階護理的定位。

3. 英國專科護理師制度分享：

自 1980 年末期開始發展至今，中央政府並未制定專科護理師相關法規，專師定義及其執業範疇無規範界定；專師培育以大學為訓練單位，目前全英國有 40 多個學校在訓練專師，是 Part Time 的方式訓練，訓練期間為 3 年，實習單位標準由各自學校認定，以實務為導向，強調臨床能力，碩士畢業即是專科護理師。

專師培育學校是透過教育協會發展專師訓練標準，並定期檢

視課程內容的適當性，雖然英國護理師學會有受理申請專科護理師培訓學校認證，但因無相關法規要求學校需通過認證且通過認證的學校亦無相關誘因，所以只有 6 所學校加入認證。

KatrinaMaclaine 表示為了讓大家更了解專科護理師，在每年的專科護理師週，倡議專科護理師的角色任務。另外她也提到自 1994 年政府修定相關法規，英國的一般護理人員（RN），只要接受相關課程並通過考試，就能正式取得開立「藥物處方」權。在英國衛福部(健康照護 execute 執行的部門)是負責專師相關計畫，近期推出補助專科護理師訓練，訓練模式以一天在學校，一天在醫院，計有 40%專師訓練學習量的方式，以協助解決在醫院實習全部要專師業務的困難。

進階臨床實習的碩士課程設計

<table>
<tr><th>課程設計</th><th>第一年</th><th>第二年</th><th>第三年</th></tr>
<tr><td rowspan="2">✓ 3 年課程
✓ 每週一天兼職
✓ 在合適的臨床環境中工作
✓ 大學指定的工作場域學習
✓ 在課程中發展臨床範圍
✓ 共有 7 個 20 個學分
✓ 設置學分順序</td><td>✓ 第 1 年
✓ 進階臨床實習生理學
✓ 進階臨床評估技巧
✓ 非醫療處方</td><td>✓ 臨床推理和診斷技巧
✓ 進階臨床實習的領導，研究和教育</td><td>✓ 進階臨床實習的專業發展
✓ 選擇組別（學生自選）</td></tr>
<tr><td colspan="3">■ 進階臨床實習組別：
✓ 初級和緊急護理
✓ 急性照護
✓ 急性和重症照護</td></tr>
</table>

圖：Katrina 理事長分享英國專師制度


圖：與 KatrinaMaclaine 理事長合影

（二）赴英國訪問國際護理協會專科/進階護理主席 Melanie Rogers 交流英國專科護理師之角色功能及訓練制度

1.國際護理協會（International Council of Nurses, ICN)：

成立於 1899 年，總會設於瑞士日內瓦，為一獨立、無黨派之非政府組織，由各國家護理學會/協會所組成，是全世界第一個與最具規模之健康專業人員國際組織。其成立宗旨乃確保全民獲得優質的健康照護服務、提昇護理專業新知、健全全球衛生政策並向世界展現受尊重的護理專業及優質與符合民眾需求之護理人力。協會下建立多個網絡，以促進共同專業的關注與溝通。這些網絡超越了組織、專業和國界，ICN 專科護理師/進階臨床護理師網絡（Nurse Practitioner/Advanced Practice Network,NP/APNN）就是其中之一，主要目標是為：

(1) 提供相連且即時性的資訊

(2) 發展新策略和指

(3) 進行跨領域合作研究

(4) 支持專業角色發展

(5) 提供專業討論平台

ICN 登記有 4,000 餘個會員，實際上活動有 2,000 餘個會員；二年開一次大會，各網絡下設分組，包括政策組、教育組、學生組...等等，每一組有一個主席，6 個委員會，第 11 屆 ICN 專科護理師/進階臨床護理師國際研討會將於 2020 年 8 月 30 日至 9 月 2 日假加拿大哈利法克斯辦理。

2.國際護理協會專科/進階護理主席 Melanie Rogers：

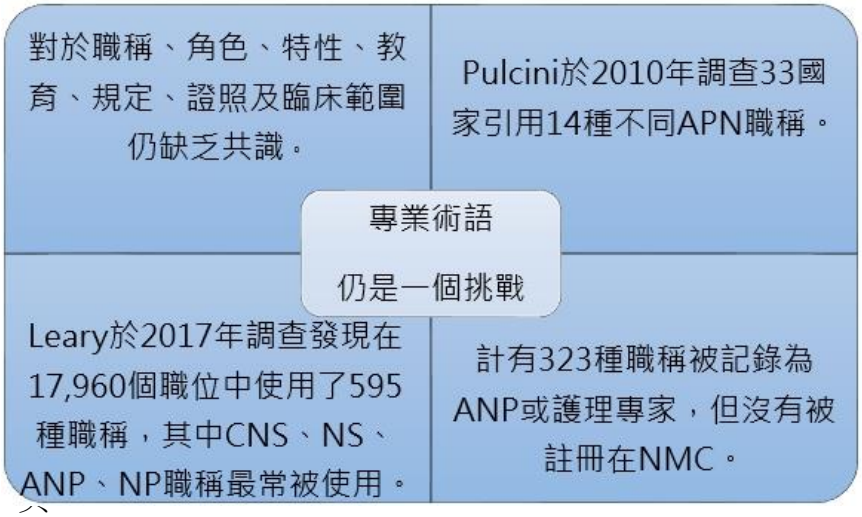
是現任專科護理師/進階臨床護理師網絡主席，她來自英國北部約克郡拉斯（YorkshireLass），是赫德斯菲爾德大學（University of Huddersfield）進階護理課程的負責人，教授臨床評估、診斷和管理歷史上由 GP 處理的所有病症條件。開設了許多課程，包括臨床科學和技能、初級醫療中的心理健康問題、靈性（spirituality）和醫療保

健、臨床檢查和評估 技能，諮詢和溝通..等。對於初級保健，心理健康，教育和靈性方面擁豐富臨床專業知識，並執行進階臨床護理師基層醫療的工作。她對 NP/APN 的角色充滿熱情，並在區域、國家和國際間發展和促進護理角色功能。

3.歐盟專師制度：

國際護理協會（ICN）界定專科護理師(NursePractitioner, NP)為進階護理師，其執業範疇包含進階身體評估、診斷、疾病處置、健康教育、健康促進、轉介能力、開立治療措施、藥物和處治計畫、收置入院及出院權限、病人個案管理、合作性照護、評值健康照護服務與研究等。

APN 定義「APN」已發展為一個專有名詞，並且有越來越多的護理團體已發展臨床或教育方面的護理臨床實習。目前超過 70 個國家 APN 角色已經被發展或正在發展中。NP/APN 是一名 RN，擁有專業知識，複雜的決策能力和擴展實習的臨床能力。NP/APN 的特性是與護理人員臨床執業所在國家決定。



美國的 APN 模式發展最早，包含四種不同角色：

(1) 麻醉護理師(nurse anesthetist,NA)

(2) 助產護理師(nurse midwife, NM)

(3) 臨床護理專家(clinical nurse specialist, CNS)

(4) 專科護理師(nurse practitioner,NP)

然而歐盟並沒有照此模式發展，ICN/APN/NP 任務是幫助世界各國依各國的需求發展「進階臨床照護的護理人員」，解決護理人力不足最重要的是賦能，強調進階臨床實務 Clinical Practice。Dr.Melanie 表示，APN 強調進階臨床照護，她們認為臨床照護有二個特色 CNS.NP：Nurse Practitioner 提供直接照護，是執業的角色。CNS 則具有 Specialist consult(教育角色)，但 CNS 的核心仍具有臨床照護。有關 CNS 與 NP 比較如下：

	CNS	NP
教育	至少碩士學歷 CNS 認可合格計畫 訂定 CNS 臨床專業	至少碩士學歷 NP 認可合格計畫 訂定 NP 臨床於社區基礎照護或急性照護
定義	進階臨床專家提供直接複雜專業照護以及提供系統性醫療服務	能夠根據實證指導診斷和治療病症的自主臨床人員
實習範圍	專科實習的目的是確保和提升護理品質，完成實證基礎護理，並藉由直接或間接照護提供醫療照護服務，來支持醫院或組織相關臨床計畫	全面性醫療照護實習，自主檢查和患者評估，包括初步治療和發展管理計劃。管理通常包括開立藥物和治療的權力，開立 X 光檢查以及監測急性和慢性健康問題。 主要直接照護服務包含將教育、研究和領導直接地與臨床護理相結合。
工作環境	通常在專科醫院或健康照護組織工作	通常以 PHC 和其他醫療機構以外執業或急性護理
規定	受法律保障名稱	受法律保障名稱
認證	由政府或非政府機構來認證、授權 CNS 實習(practice)，並由核可的護理學校提交 CNS 計畫完訓證明。	由政府或非政府機構來認證、授權 NP 實習(practice) ，並由核可的護理學校提交 NP 計畫完訓證明。
政策	明確的專業標準和政策來支持 CNS 實習需求	明確的專業標準政策來支持 NP 實習需求

CNS	NP
已明確定義臨床能力範圍	NP 的具體臨床範圍(專業和非專業臨床，包括處方，診斷和治療)
提供直接/間接照護予不同徵狀病人	通常臨提供直接照護給未評估和未診斷病症的患者
擔任臨床領域專家	通常在各種臨床領域中工作
臨床個案明確(如：腫瘤科、疼痛管理科)	多元臨床個案
使用系統性方法與護理人員、其他醫療人員及醫療組織/系統進行團隊合作	獨立作業並與其他醫療人員者團隊合作
常與其他醫療人員分享臨床業務	對病人照護承擔全部臨床責任和管理
擔任護理師及其他醫療人員管理複雜病人照護問題諮詢角色	進行全面性高級健康評估和調查，以便進行鑑別診斷
提供臨床照護連結不同症狀	根據鑑別診斷啟動和評估治療
透過領導、教育及研究影響臨床專家及NP	在臨床實務中從事更廣泛的領導，教育和研究
支持護理人員及醫療人員提出實證照護	提供實證基礎照護
評估病人報告來確認病人改善程度	有權利轉介病人和自主接案
可能有或沒有處方權	通常有開處方的權力給病人

NP 能力示意圖

此外 Melanie 分享其專長於靈性照護能力，開設靈性（spirituality）課程，重點教授 ANP 先探索自己了解自己，對人整體性有體驗，將靈性概念化融入護理的背景。針對專科護理師靈性照護能力發展出評估工具應用指引，質性研究分析 ANP 精神層面諮詢的

有效性（Availability）及弱點（Vulnerability）。透過教育和培訓促進心理健康素養的 ANP 有助於他們掌握技能和信心，讓被診斷患有精神健康問題的人有希望。

圖：Melanie 主席分享 ICN NP/APN 發展

圖：與英國進階護理師培訓學生合影

4.各國專師制度發展情形綜整表

瑞士： ■ APN-CNS 始於 2005 年 ■ 於 1994 年可開處方 ■ 碩士訓練	澳洲： ■ APN-CNS 始於 1990 年 ■ NP 始於 2000 年 ■ 碩士訓練	博茨瓦納(非洲)： ■ 家庭專科護理師始於 1986 年 ■ 在醫療環境中護理人員是首個接觸點	泰國： ■ APC-CNS 始於 2003 年 ■ NP 始於 2010 年 ■ 碩士訓練
德國： ■ APN-CNS 始於 2012 年 ■ APN-重症護理 ■ APN-心理健康	中國&香港： ■ APN-CNS 始於 2000 年 ■ APN-護理顧問	美國： ■ APN-CNS 始於 1940 年 ■ NP 始於 1960 年 ■ 碩士及博士學歷	愛爾蘭： ■ APN-CNS 始於 2001 年 ■ ANP 始於 2007 年 ■ 碩士學程
匈牙利： ■ APN-NP 始於 2018 年 ■ 碩士學程	加拿大： ■ APN-CNS 始於 1960 年 ■ NP 始於 1990 年 ■ 碩士學程	斐濟： ■ NP 始於 2009 年 ■ 碩士學程	印度： 於 2015 年印度政府開始反對 NP：「這裡密護(密醫)已經是一個很大的威脅」，但於 2016 年，印度政府/印度護理協調會核准 NP 在重症照護職位及訓練計劃內容。

四、參訪南丁格爾博物館，再憶護理初衷：

弗羅倫絲．南丁格爾（Florence Nightingale），她出生在富裕家庭，因為她與她姊姊是在德比郡(Derbyshir)受家庭教育，學習數學、文法、音樂、古希臘文..等，她聽到神的呼召，決定奉獻她的一生，因為她對慈善工作感興趣，而有了從事護理的念頭。

克里米亞戰爭(1854)發生時，她率領 32 名護士前往戰地軍醫院服務，擔任護士長的她三年後載譽歸國，成了這場戰役中唯一的英雄人物。除了克里米亞戰爭這段歷史的豐富展出外，南丁格爾於 1860 年在聖湯瑪士醫院(St. Thomas' Hospital)創辦護理學校，推動軍隊的醫療改革，著手設計理想的醫院建築，對駐紮印度英軍的健康關切而延伸至印度的公衛問題、統計學等，館內在這幾個主題都有很詳細的說明與展出資料。

1989 年開幕的博物館便設立於護理學校的舊址，透過資料展出看到她生活的時代氛圍及當時的社會文化。對南丁格爾而言，護理教育並不是一種事業教育，而是一種「道德教育」與「品德養成」，所以若護士需要知識，是透過紀律與實作經驗而來，她認為護士是志業(Calling)，而不是職業，上課是無法培養品格的，而考照制度會敗壞護士紀律。因此後來當「英國護士協會」要求將護士資格標準化，要求三年標準課程訓練、考試檢定、執照登記時，南丁格爾大力反對阻撓，擔心妨礙護理專業化。

綜觀南丁格爾一生的改革工作，我們必須以她的時代來看，她是維多利亞時代，出身上層富裕家庭，一個有很深宗教情操與道德信念的溫和改革者，如此我們才能理解在時代脈絡中她的「重要性」與其「侷限」。

圖：參訪南丁格爾博物館


圖：南丁格爾女士提燈

五、拜訪第二十一屆醫療奉獻獎何華珍（Hilda van Hoolst）修女，臺灣比利時護理史交流

比利時 Hilda Van Hoolst(何華珍)修女為 1934 年生，1960 年自比利時魯汶聖伊麗莎白護士學校護理科畢業，1961 年隨天主教聖母聖心傳教修女會修女來台於萬華區診所擔任護士。1962 年天主教聖若瑟醫院成立，擔任嬰兒室、早產兒中心護士。萬華居民多為社會中下階層，貧、病、苦是他們的生活寫照，也因此常有棄嬰或早產兒被放置於醫院門口，為照顧早產兒，修女們到國外募款，不但募到了全臺第一臺保溫箱，隨著聖若瑟醫院收容的早產兒越來越多，更逐漸發展為全臺最大的早產兒中心。

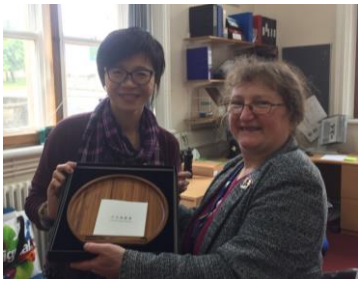
1980 年代，因聖若瑟醫院空間不敷使用，修女會捐出永和土地，與耕莘醫院合作籌建耕莘醫院永和分院，並於 1983 年落成。院區啟用後，何修女擔任內兒科病房、檢查室護士，直至 2004 年退休。退休後至 2001 年正式啟用的聖若瑟失智老人養護中心擔任志工。2013 年因身體狀況不佳，反回比利時天主教聖母聖心傳教修女會（ZustersMissionarissen De Jacht, Cultes）安養。該修女會目前約有 150 位修女，年齡介於 79 至 99 歲，其中約 30%需要被照顧，何修女目前負責 42 位，每天幫忙巡視修女們的健康狀況，協助協調解決她們的需求，何修女說她很思念臺灣，臺灣很美麗，希望大家都快樂！

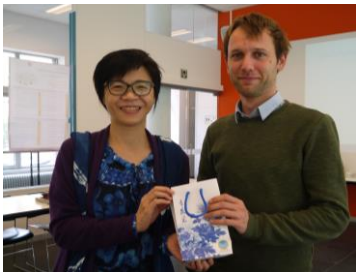
從比利時到臺灣約 9,585 公里，（何華珍）修女護士自 26 歲來臺灣從事護理工作，見證台灣 53 年醫療照護發展與快速改變，她說如果比利時需要花 50 年做改變，臺灣僅需要 5 年，臺灣醫療健康照護很進步，臺灣可以幫助世界各國。

圖：向何修女轉達臺灣的思念與感謝

圖：與何修女及修女會住民合影

六、新護理夥伴連結與交流議題

關鍵人物	交流議題	照片
Paul De Raeve 歐洲護理聯盟執行長	■ 分享歐盟護理政策、政治與網絡 ■ 建立網絡	
Melanie Rogers Chair of ICN NP/APNN	■ 分享 ICN 專科護理師/進階臨床護理師網絡之角色功能與發展方向。 ■ 邀請明年來台交流並建立合作機制。	
Katrina Maclaine Chair of Association of Advanced Practice Educators	■ 交流英國專科護理師培訓、認證、照護、制度。	
Ann-Louise Caress Professor of Health Services Research, University of Huddersfield	■ 交流英國專科護理師執業範疇與照護機制。	
Hilda Van Hoolst 何華珍修女護士, ZustersMissionarissen De Jacht, Cultes	■ 感謝修女為臺灣的奉獻。 ■ 分享在台見證 53 年醫療與社會照護發展歷程及回鄉安養繼續提供關懷照顧服務。	

關鍵人物	交流議題	照片
Caroline Verlinde Vice Head of Cabinet,Minister of Welfare, Public Health and Family	■恭賀將榮昇為Deputy Director of Health at the Flemish Department of Welfare, Public Health and Family ■分享荷語區健康照護體系翻轉計畫。	
Lon Holtzer 比利時衛福部護理大使	■分享如何協助政府跨域整合照護系統(Integrated System)，推動Care is society thing，引領民眾政策參與。	
Geert Van Hootegem head of the Division HIVA	■分享如何以社會科技理論進行工作場所創新研究。 ■邀請來台交流職場環境改善與創新方法。	
EzraDessers Assistant Professor, Center for Sociological Research	■交流臺灣比利時職場環境現況。 ■分享創新改善職場環境策略。	
Lander Vermeerbergen 研究員	■分享護理留任職場環境設計研究成果。	

關鍵人物	交流議題	照片
共同創辦人 Chris Sels 及 Prepared Mind 團隊	■ 分享全面工作場所創新策略與思維。 ■ 邀請來台交流職場環境創新與勞工信任建立機制。	
JeroenBaeten 理事長, ZorgbedrijfRivierenland	■ 分享比利時非營利組織經營模式。 ■ 交流台灣比利時多元照護政策。	
Peter Mackenzie 執行長, ZorgbedrijfRivierenland	■ 分享機構組織現況與經營模式。 ■ 分享多元照護體系及由下而上設計職場環境及教育訓練。	
Maddy Van de Bergh 比利時聖伊莉莎白居民照顧中心主任	■ 分享 23+1 照顧理念，透過全員參與，共識照顧模式。	

肆、 心得

一、 護理是世界重要資產

世界衛生組織(World Health Organization， WHO)於 2019 年 1 月 30 日發布為紀念南丁格爾女士 200 歲冥誕，將 2020 年訂為「護理助產年(Year of the Nurse and Midwife)」，並提案至今(2019)年 5 月的世界衛生大會(WHA)進行表決;國際護理協會(International Council of Nurses，ICN)及 Nursing Now 理事會也共同響應支持，倡議護理人員是達成全民健康覆蓋(Universalheath coverage)的重要關鍵；WHO 亦針對促進全民健康提出投資衛生人力之建議，包含創造合理就業機會及執業環境、提升專業

品質量能與進階教育訓練、促進國際間跨域合作夥伴關係等。因台灣之國際地位處境特殊，往年出席國際會議常無法代表台灣發言，爰建立歐盟護理之新國際社群，增加台灣在國際間的可見度，是必要且需持續努力。

二、 改善職業環境，以照顧者角度出發是關鍵

目前台灣 17 萬執業護理人員中，有高達 70%是在醫院服務。本部持續推動職業環境改善計畫：護病比納入醫院評鑑、護病比連動健保支付、護病比每月公開、護病比入法等，107 年 2 月建置之「護理職場爭議通報平台」，作為基層護理人員通報職場爭議案件之管道。惟職場環境改善，更重要的是考驗醫院護理主管的思維，翻轉以往只以健康照護需求面角度，強化以照顧者的角度出發，倡議以員工為中心的角度，讓組織中的員工參與決策，提升員工自主性，讓員工快樂是提供有品質照護的關鍵。

三、 健康照護人力不足是普遍問題，能力的發揮是解方

因應人口老化、需求的改變，健康照護人力不足的狀況是各國共同面臨的問題。歐盟各國提出了相關的人力發展計畫，如 Workforce Matrix 3+1、整合醫療照護系統(Integrated System)，推動 Care is society thing 的觀念及健康照護體系翻轉計畫及提供其他產業工作者轉職照護系統計畫..等均在讓拓展各類健康照護人員的能力，導入 Health Care Assistant(care giver)，透過團隊合作、實證及科技應用，提升照護人員能力來緩解人力不足相關的精神及概念均與我國推動方向相同，衛福部呼應 WHO 倡議全民健康覆蓋及健康照護人力等議題，所推動之護理政策亦需接軌國際，護理人力是健康照護領域中最重要資產之一，也是解決護理執業環境的核心議題，2018-2020 提出台灣護理三大投資，具體倡議全球 Nursing Now 運動，三大投資分別是：(1)投資居家護理：因應人口老化新增長照護理給付及繼續教育經費編列、(2)投資有效護理：強化有效護理照護能力，拓展護理在健康照護體系的量能、(3)投資護理人力：建置國家級護理人力決策監測系統，完成 2030 國家護理人力政策白皮書，以達到提升護理執業率目標。我們相信，台灣護理典範模式發展，不但有助於台灣護

理人力問題解決，未來也可以分享國際參考。

四、 專科護理師培訓與轉銜相關工作任務重大

盤點各國專科護理師皆經過幾十年發展與調整，我國專科護理師制度走過 10 餘年，我國專科護理師的培訓亦與英、美各國不同，我們主要以專師訓練醫院訓練為主(學科訓練 184 小時、臨床訓練 504 小時)，108 年 9 月住院醫師納入勞基法及人口快速老化及長照需求極需積極佈健社區照護資源，對專科護理師是挑戰亦是機會，如何與醫院及學校合作，提升專師人力、能力及學歷等，有效培訓與轉銜，是政府努力方向。

另外經查台灣目前有 21 個學會進行 9 個區域、31 項個人護理專業能力認證，造成臨床護理人員疲於奔命取得相關證照，如何引領護理人員依其專業需求，發展進階護理展現護理專業能力，也是下階段工作重點。

伍、 建議

一、邀請歐洲護理聯盟執行長 Paul De Raeve 來台交流，持續深化臺灣與歐盟護理連結。

二、為提升護理人員有能力發展更進階的能力提升量能，解決護理人力不足問題，提升護理人員能夠自主創造存在價值，本部目前規劃專師轉銜教育，建議邀請國外專科護理相關專家來台進行諮詢，以接軌國際教育訓練制度。

三、持續建立與相關國際護理網絡的連結（Connection），如與關鍵人物的電子郵件溝通、出席國內外護理研討會議分享臺灣經驗。

陸、 附件

附件 1

21/05/2019

KU LEUVEN

Delegation Taiwan 21/5

Lander Vermeerbergen

Challenges

Challenges in the nursing home sector

KU LEUVEN

Challenges

Challenges in the nursing home sector

Challenge 1: Labour shortages

We posted job openings for nurses and care assistants one year ago. We do not find sufficient candidates to fulfill these jobs.

Challenge 2: Increasing personal care demands

We [Western societies] 've created an environment that breeds loneliness, isolation and depression. This is harsh language, but it reflects the truth. (Brune et al., 2011)

I will ask more questions and make more demands than the residents which I take care of.

Projections (Pacolet et al., 2014; STATBEL, 2017)

- 2015-2060: +129.000 residents
- 2015-2060: +66.879 care workers
- 2018-2060: 7% less employees at working age

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Challenges

Solution for challenges

Solution challenge 1: increase QWL (Hussain et al., 2012)

- Retain experienced employees
- Convince the ones who left the sector to come back
- Attract new employees to the sector

Solution challenge 2: increase QWL (Burns et al., 2016)

- QWL as a necessary condition for a higher quality of care and life for residents

- 51% of us have too high time pressure
- 47% of us have too high emotional demands (Werkbaarheidsmonitor – 2016)

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21/05/2019

Challenges

Normalised small-scale living (NSSL)

NSSL nursing homes create opportunities for seniors to live a normal and homelike life, as far as health conditions allow.

Research aim
Examine whether and how the concept of normalised small-scale living improves the quality of working life of care workers.

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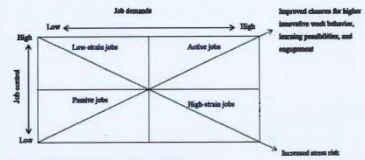
Study contribution

Quality of working life



Source: own illustration, based on Karasek & Theorell (1990).

Job demands
- Repetitiveness
- Complexity
- Predictability
- Completeness
- Time pressure
- Emotional demands
- Variability

Job control
- Autonomy
- Organising tasks
- Social support from peers
- Social support from supervisors
- Supply of information

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Methods

Methods

- Mixed methods
  - Multiple sources
    - (Systematic) review of studies
    - Interviews with managers and care workers (93 interviews, 38 used)
    - Observations (255 hours, 180 used)
    - Focus groups with managers and care workers (n=3)
    - Pedometer data (20 care workers, one week)
    - Employee surveys (1150, 54 used)
    - Administrative data
  - Follow-up sequential design

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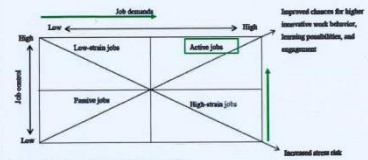
Study contribution

Quality of working life in NSSL



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- Organising tasks
- Social support from peers
- Social support from supervisors
- Supply of information

!

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Study contribution

Quality of working life in NSSL

Issue 3: Time pressure

Issue 1: Social support

When something rankles you, you cannot ask-someone to take over. (...) At a regular ward you can ask another, [nursing staff] could you assist that resident today. (Verbeek et al., 2012, p. 27)

Issue 2: Emotional demands

I get attached to a lot of the residents. (...) I used to spend so much time with this one woman. That was tough when she died; real tough. (Loe and Moore, 2012, p. 760)

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Study contribution

Organisational embedding

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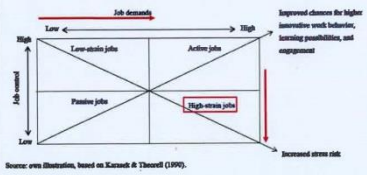
Study contribution

Quality of working life in NSSL



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- Supply of information

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Study contribution

Organisational embedding: organisation structures

	Living units	Work unit	Service units
A			/

KU LEUVEN

Study contribution

Organisational embedding: organisation structures

We have a central kitchen. Meals are transported from there to the living units. Everything is heated in the living units. (...) We did this because (....) care workers have a limited number of hands with which to feed [cook, serve and support] all the residents. Their work load was just too high.

	Living units	Work unit	Service units
A			/
B			

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Thank you for your attention

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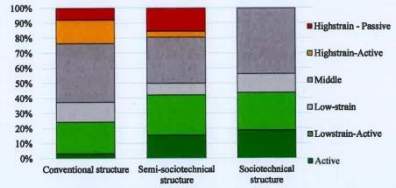
Question on QWL in sociotechnical designs



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附件 2

Current developments in Advanced Clinical Practice in the UK

Katrina Maclaine
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Chair of Association of Advanced Practice Educators (AAPE) UK
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Become what you want to be

London South Bank University

UK: NB four countries

- Scotland
- Wales
- Northern Ireland
- England

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Leary et al (2017) Variation in job titles

- 595 job titles in 17,960 specialist posts. Large array of titles with little relationship to other factors like education
- **323 posts were recorded as holding titles such as "Advanced Nurse Practitioner" or "Specialist Nurse" were not registered with the NMC!**

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What about regulation of Advanced Clinical Practice?

Considered by Nursing & Midwifery Council (2004-2005)

Review of all regulation following "Shipman" case

Government said first level Registered Nurse status sufficient for public protection

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England context: Funding for education

- Previously mixed sources of funding for students for part-time studies
  - NHS funding for modules (decreasing)
  - Private organisations
  - Self-funding
- Specific funding for Advanced Clinical Practice course fees
- New Apprenticeship funding

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SCOTLAND

- 2007 NHS Education for Scotland Toolkit
- 2016 Government 3 million to support development of 500 ANP's
- 3 Academies
- ANP Database
- Separate Paramedic and AHP development

Become what you want to be

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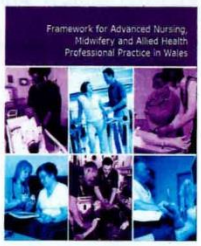
WALES

- Launched 2010
- For nurses, midwives & AHPs
- Organisational Governance
- MSc course & Portfolio
- Dedicated funding



Become what you want to be

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NORTHERN IRELAND

DHSSPS
Department of Health, Social Services and Public Safety
www.dhsspsni.gov.uk

Advanced Nursing Practice Framework (2014)

- Approved MSc for ANP's
- Focus Primary Care, Children's, Older people, Emergency Care
- Evaluation underway

Advanced practice for AHP review underway

Become what you want to be

London South Bank University

Health Education England

Become what you want to be

London South Bank University

And not forgetting …

PHARMACISTS

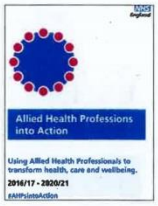
MIDWIVERY

Become what you want to be

London South Bank University

Not just Nurses: Allied Health Professionals

- Physiotherapists
- Dieticians
- Orthoptists
- Paramedics
- Diagnostic and Therapeutic Radiographers
- Occupational Therapists
- Speech and Language Therapists
- Podiatrists
- Clinical Scientists
- Operating Department Practitioners



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HEE Advanced Clinical Practice

- Definition 2016
- Framework 2017
- Toolkit 2018 ….
- Emphasis on level
- Implementation phase 2019 ++++++

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HEE ACP Definition (2016)

Advanced Clinical Practice is delivered by experienced registered healthcare practitioners. It is a level of practice characterised by a high level of autonomy and complex decision-making. This is underpinned by a masters level award or equivalent that encompasses the four pillars of clinical practice, management and leadership, education and research, with demonstration of core and area specific clinical competence.

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HEE ACP Definition (continued)

Advanced Clinical Practice embodies the ability to manage complete clinical care in partnership with patients/carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance patient experience and improve outcomes.

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HEE ACP FRAMEWORK (Nov 17)

- Key principles for implementation of Advanced Clinical Practice
  - Planning the workforce and governance
  - Accountability
  - Education and development

Separate Consultant Framework in development

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"Area specific" standards for ACP

- Emergency
- Opthalmology
- Musculoskeletal
- Sexual Health
- Surgery
- Older people
- Medicine
- Learning Disability
- Mental Health
- Children
- Diagnostics – reporting, sonography
- General Practice (Nursing)
- Considering Cancer, Rehab, Stroke, MW, Respiratory, Cardiac

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"Academy of Advancing Practice" (working title)

- Set and maintain standards for Advanced and Consultant Practice
- Standards for Education and Training
- Standards for Equivalence Route
- ePortfolio
- Directory
- Support Supervision and Assessment in practice quality assurance
- Support "Area Specific" and Credentialing agenda
- Support CPPD
- Leadership synergy
- Research synergy

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Royal College of Nursing
RCN ACCREDITED

Advanced Level Nursing Practice

The Royal College of Emergency Medicine

The Faculty of Intensive Care Medicine

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Medical Associate Professions in the UK

- Physician Associates
- Physicians' Assistants (Anaesthesia)
- Surgical Care Practitioners

Become what you want to be

London South Bank University

MSc Advanced Clinical Practice (Adult)

- 3 year course
- Part-time one day a week
- Working in suitable clinical setting
- Specified work-based learning by university
- Developing scope of practice during course
- Level 7 20 credit modules
- Set sequence of modules

Become what you want to be

London South Bank University

MSc Advanced Clinical Practice (Adult)

YEAR 1	YEAR 2
Physiology for Advanced Clinical Practice	Clinical Reasoning and Diagnostic Skills
Advanced Clinical Assessment Skills	Leadership, Research and Education for Advanced Clinical Practice
Non Medical Prescribing	

Become what you want to be

London South Bank University

MSc Advanced Clinical Practice (Adult)

YEAR 3 – Taught

Professional Development for Advanced Clinical Practice

Clinical Complexity in Advanced Practice module – choice from:

Option module (student choice)

- Primary and Urgent Care
- Emergency Care
- Acute and Critical Care

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10th – 16th NOV 2019: NATIONAL ADVANCED PRACTICE WEEK IN UK

Aim: To raise awareness of Advanced Practitioners in the health service.

Conferences, Health Debate, Local events

#AdvPracWeek19 @AAPEUK

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Thank you ….

Become what you want to be

London South Bank University

ICN Nurse Practitioner/Advanced Practice Nursing Network

Global Perspectives of Advanced Practice

Dr. Melanie Rogers
m.rogers@hud.ac.uk

The ICN NP/APN Network:

Who am I?

- An Advanced Nurse Practitioner in Primary Care for 19 years.
- I was the Course Leader for the MSc ANP course at the University of Huddersfield in the UK for 15 years.
- A Queens Nurse.
- A Teaching Fellow for Advanced Practice.
- Founder of the Yorkshire Nurse Practitioner Forum.
- Member of Association of Advanced Practice Educators (AAPE).
- Chair of the ICN NP/APN Network.
- And a sausage dog owner!

The ICN NP/APN Network Our Objectives Include:

- Being a resource
- Providing relevant and timely information
- Developing new strategies and guidelines
- Undertaking collaborative research
- Supporting role development
- Providing a discussion forum

INP-APNN Countries Currently Represented:

Members in 103 countries

A Few Country Examples:

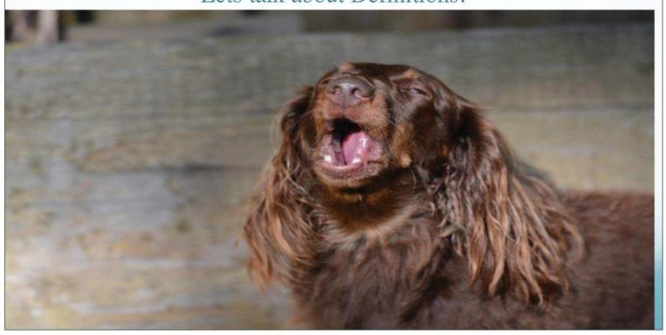
Sweden: APN- CNS started in 2005 Prescribing started in 1994 MSc Training	Australia: APN- CNS since 1990 NP since 2000 MSc training	Botswana: Family NP since 1986 Nurses first point of contact in many settings	Thailand: APN CNS since 2003 NPs since 2010 MSc Training
[illegible]	China and Hong Kong: APN- CNS since 2000 APN- Nurse Consultant	USA: APN- CNS since 1940's NP since 1960's MSc and DNP	Ireland: APN: CNS since 2001 ANP since 2007 MSc
Hungary: APN- NP since 2018 MSc Training	Canada: APN:CNS since 1960s NP since 1990's MSc Training	Fiji: NP since 2009 MSc training	India: In 2015 Government decide against NP stating "Here already quackery is a big menace" but in 2016 Government/ Indian Nursing Council approved a Nurse Practitioner in Critical Care Post graduate Program

ICN Nurse Practitioner/Advanced Practice Nursing Network

New for 2019:

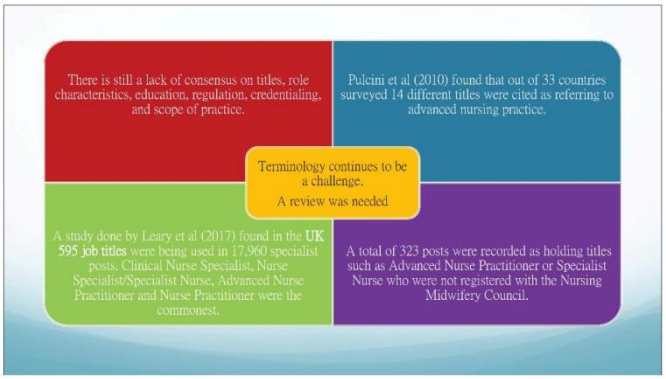
- Students
- Education
- Health Policy
- Practice
- Core Steering Group
- Research
- Conference
- Comms

Lets talk about Definitions!



Advanced Practice Nursing Definition:

- 'Advanced Practice Nurse' has evolved as an umbrella term to encompass a growing and diverse group of nurses who had moved beyond core clinical nursing practice, either in practice and/or education.
- APN roles have been developed or are being developed at the moment in over 70 countries world wide.



The Current ICN APN/NP Definition:

- "A Nurse Practitioner/Advanced Practice Nurse is a registered 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" (ICN 2002).

ICN NP/APN Definition Working Party:

- ICN coordinated committee, chaired by myself.
- APN/NP papers have been reviewed by the group over the past few years.
- Basic assumptions underlying global APN roles and practice has been developed.
- Definitions have been written for the NP and CNS (APN) roles – including differentiation of roles.
- Proposed recommendations were presented to the ICN board May 2018.
- Following review and discussion by the ICN board the proposal is going out for review to all NNA members of ICN.

The updated definition:

- Likely to keep APN as umbrella term.
- Assumptions and core competency of APN defined.
- Two identified and defined roles only: CNS/NP.
- MSc mandatory.
- Not for public dissemination as present draft and under consultation.

Distinguishing Characteristics:

Clinical Nurse Specialists**	Nurse Practitioners***
Defined scope of practice in an identified specialty	Comprehensive scope of practice specific to the NP (specialty & non specialty practice with activities that include prescribing, diagnosis & treatment)
Provides direct and indirect care usually to patients with a differentiated diagnosis	Commonly provides direct clinical care to patients with un-differentiated and un-diagnosed conditions
Works within a specialist field of practice	Works generically within a variety of fields of practice
Works in defined practice populations (e.g. Oncology, Pain Management)	Works with multiple practice populations
Works collaboratively within a team using a systems approach in working with nursing personnel or other healthcare providers and healthcare organizations/systems	Works autonomously and in collaboration with other health care practitioners
Often has shared clinical responsibility with other health care practitioners	Assumes full clinical responsibility and management for patients in their care
Works as a consultant to nurses and other health care practitioners in managing complex patient care problems	Conducts comprehensive advanced health assessments and investigations in order to make differential diagnoses
Provides clinical care related to the differentiated diagnosis	Initiates and evaluates treatment based on differential diagnoses
Influences specialist clinical and nursing practice through leadership, education and research	Engaged in wider leadership, education and research within clinical practice
Supports nurses and other health care practitioners to provide evidence based care	Provides evidence based care
Evaluates patient outcomes to identify practice improvements	Has the authority to refer and admit patients
May or may not have prescribing authority	Usually has prescribing authority to be able to practice

Assumptions- APNs:

- Are practitioners of nursing; providing safe and competent patient care.
- Have a nurse education foundation.
- Have roles which require formal education beyond the preparation of the qualified nurse (minimum standard master's level education).
- Have roles with increased levels of competency that is measurable.
- Have acquired the ability to explain and apply the theoretical, empirical, ethical, legal, care giving and professional development of advanced practice nursing.
- Have defined competencies and standards which are periodically reviewed for maintaining currency in practice
- Are influenced by the global, social, political, economic and technological milieu.

Advanced Practice Nursing		
	Clinical Nurse Specialist	Nurse Practitioner
Education	Minimum standard master's degree Accredited program specific to the CNS Identified specialty explicit to CNS practice (Refer to Section 2.4)	Minimum standard master's degree Accredited program specific to the NP Generalist-commonly PHC or acute care explicit to NP practice (Refer to Section 3.4)
Definition	Expert advanced practice clinicians providing direct complex specialty care along with a systems approach to the provision of healthcare services (Refer to Section 2.2)	Autonomous clinicians who are able to diagnose and treat conditions based on evidence informed guidelines. (Refer to Section 3.2)
Scope of Practice	Specialty practice aimed to ensure and develop the quality of nursing, foster the implementation of evidence- based nursing and support the hospital or organization's strategic plan for provision of healthcare services by providing direct and indirect healthcare services. The CNS provides leadership in advancing nursing practice including research and interdisciplinary education. (Refer to Section 2.3)	Comprehensive healthcare practice, autonomous examination and assessment of patients that includes initiating treatment and developing a management plan. Management commonly includes authority to prescribe medications and therapeutics, ordering laboratory screening/x-rays along with monitoring acute and chronic health issues. Primarily Direct Healthcare services. Practice includes integration of education, research and leadership in conjunction with the emphasis on direct clinical care. (Refer to Section 3.3)
Work settings	Commonly based in hospital or healthcare organization settings with a specialty focus.	Commonly based in PHC and other out of hospital settings or acute care.
Regulation	Legally protected title	Legally protected title
Credentialing	Licensure, certification or authorization by a national governmental or nongovernmental agency specific to practice as a CNS. Submission of evidence of completion of a CNS program from an accredited school of nursing.	Licensure, certification or authorization by a national governmental or nongovernmental agency specific to practice as an NP. Submission of evidence of completion of an NP program from an accredited school of nursing.
Policy	An explicit professional standard including specific criteria and policies to support the full practice potential of the CNS.	An explicit professional standard including specific criteria and policies to support the full practice potential of the NP.

Draft Definitions:

ICN Advanced Practice Nurse Definition:
An Advanced Practice Nurse (APN) is a qualified nurse who has acquired, through a master's degree, the expert knowledge base, complex decision-making skills and clinical competencies for advanced nursing practice, the characteristics of which are shaped by the context of which they are credentialed to practice.

The two most commonly identified advanced practice roles are Clinical Nurse Specialist and Nurse Practitioner.

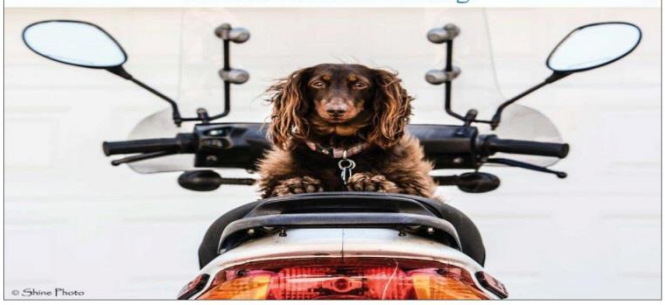
ICN Clinical Nurse Specialist Definition:
A Clinical Nurse Specialist (CNS) is an advanced practice nurse who provides expert clinical advice and care related to differentiated diagnoses in specialized fields of practice along with a systems approach in practicing as a member of the healthcare team.

ICN Nurse Practitioner Definition:
A Nurse Practitioner (NP) is an advanced practice nurse who integrates nursing and medical skills in order to assess, diagnose and manage patients with undifferentiated and undiagnosed conditions in primary care and acute care populations

Research- NP Competency Mapping of 19 Countries

- Autonomy
  - Accountability
  - Advocacy
  - Collaboration
- Prescribing
  - Quality Care
  - Competency
  - Leadership
- Evidence based practice
  - Referral Rights
  - Critical Thinking

Current Research Findings



Other Sub Group Work:

Practice	• Country Profiles • Video snapshots • NP Job Satisfaction • Mentoring Hungary NP faculty
Health Policy	• Swot analysis of education, practice, policy and regulation
Communication	• Bi Annual Bulletins • Social Media • Facebook - ICN Nurse Practitioner / Advanced Practice Nurse Network • Twitter- #ICNGlobalAPN

Other Sub Group Research:

Education	• Provided a brief historical overview of APN education clinical experiences. • Illustrated the current differences and similarities of APN clinical experiences globally • Explored factors that influence the structure of APN clinical experiences globally. • Conclusion: Sharing lessons learned and education pearls can serve to ensure quality, maintain standards, and establish best practices worldwide
Health	• Have completed a Global SWOT Analysis on APN Regulation, Education, Licensure, and Practice of 60 countries which aimed to: • Articulated the strengths, weaknesses, opportunities and threats related to APN regulation, education, licensure and title protection, and scope of practice from an international perspective
Policy	• Summarized findings into a policy paper to guide future policy directives for APN role implementation, development and advancement • Described the current global status of NP and APN practice regarding scope of practice, education, regulation, certification and political climate • Identified knowledge gaps related to NP/APN roles, regulation, education, policy and practice globally

Any Questions?

More Collaborative Research is Needed!

附件 4

ICN Nurse Practitioner/Advanced Practice Nursing Network

Orientation Manual

Core Steering Group and Subgroup Members

Developed by Lorna Schumann, Madrean Schober and Daniela Lehwaldt on behalf of ICN NP/ APNN CSG

'18

About the editors

Lorna Schumann, PhD, FNP-C, ACNP-BC, ACNS-BC, ENP-C, CCRN-C, FAAN, FAANP has been the Co-Chair of the Research Subgroup. Lorna has been involved with the International Council of Nurses since 1989 and with the ICN Advanced Practice Network since 2000. Dr. Schumann is an advocate for advanced practice nursing globally, assisting in curriculum development, teaching and clinical practice. She has provided health care in numerous countries with low medical resources since 1990. She is a Champion for the Shot@Life cmpaing that works under the UN foundation to provide vaccines to children under the age of five in low resource countries

Madrean Schober, PhD, MSN, ANP, FAANP, Inaugural Chair and Alumni of the network. Madrean consistently advocates for an increased presence of nurse practitioners and advanced practice nurses in healthcare systems worldwide. For the past 17 years she has provided international consultancies to over 40 countries seeking to develop advanced practice nursing roles. Dr. Schober has held academic positions at Aga Khan University in Karachi, Pakistan; Hong Kong Polytechnic University and National University of Singapore in Singapore. She is President of Schober Consulting, International Healthcare Consultants. As an adult nurse practitioner, she practiced for over 20 years in community settings in the United States and is a member of the American Association of Nurse Practitioners.

Daniela Lehwaldt, PhD MSc PGDipEd BNS RGN RNT FESC former Nurse Practitioner in Cardiothoracic Surgery is the Secretary of CSG and past Co-Chair of the Subgroup 'Practice'. Daniela is Assistant Professor and International Officer at the School of Nursing and Human Sciences at Dublin City University, Republic of Ireland. As native German currently residing in Ireland, she represents Germany / Ireland within the ICN NP / APN Network. She currently serves on the Board of the German Network Deutsches Netzwerk APN & ANP g.e.V. where she also coordinates international contacts and where she chairs the International Subgroup. Daniela is a member of the Irish Association for Advanced Nurse and Midwife Practitioners and a member of the Network European Ways of Nursing Education and Training.

Contents

Introduction

This Orientation manual is for the International Council of Nurses (ICN) Nurse Practitioner (NP) / Advanced Practice Nursing (APN) Network Core Steering Group and Subgroup members. It will serve as a guide and as a reference point for new members. The manual provides an overview of the current network structures, processes and members including the expectations to be fulfilled. We hope that you will find this orientation manual helpful.

Chair's Welcome from the ICN NP / APN Network

I am delighted to welcome you to the ICN NP/APN Network and want to thank you for offering your time, energy, experience and commitment to the Network. We are proud to have a Network which is active in research, education, health policy, clinical practice, communications and conference planning. I am sure you will enjoy working within the Sub Group with members from across the globe. I served in several sub groups for 8 years and made some wonderful connections, as well as working on many projects within each group. Sub groups in the Network normally meet virtually throughout the year and face to face at the Network Conference, so you will get to know your colleagues well. I am always happy to hear from sub group members so please do feel free to contact me with any questions or ideas about how we can develop the Network further. Thank you again and I look forward to meeting you in person.

About the Chair

Dr. Melanie Rogers, PhD, Queens Nurse, MSc ANP, BSc N, RGN, Dip A&E, Dip Counselling, Dip Women's Health, Dip HPE, PGCE, FHEA is the Chair of the CSG, past Co-Chair of the Subgroup 'Practice' and member of the Subgroup 'Fundraising'. Melanie is from the United Kingdom and is a true "Yorkshire Lass" from a wonderful county in the North of England. She is the course leader of the Advanced Nurse Practitioner program at the University of Huddersfield and works as an Advanced Nurse Practitioner in Primary Care. She is passionate about the NP/APN role and has worked regionally, nationally and internationally to develop and promote this role for nurses. She was awarded the Queens Nurse title for her work in advanced practice. When she is not working she loves spending time with her long-haired miniature Daschund, Minnie.

Network History

The following chronological list of events portrays the evolving nature and history of the ICN Nurse Practitioner/Advanced Practice Nursing Network.

1992

The first group of Nurse Practitioners (NPs) qualified in the United Kingdom in 1991. They attended a nurse practitioner conference in Colorado. At this conference they met with representatives of the American Academy of Nurse Practitioners (AANP) and the University of Colorado. It was agreed that NP's in the United States and the United Kingdom would work together to improve communication and share their knowledge and experiences.

1993

In San Antonio, Texas, USA the same group of NPs from the UK presented their experiences at the 1993 annual conference for AANP. Enthusiasm grew in the UK and the first International NP conference was held in London in August sponsored by the Royal College of Nursing (RCN) UK including colleagues from the USA.

1996

At the 4th international NP conference in Edinburgh, Scotland formal discussions began with an emphasis on developing a committee to improve international NP communication. The presence of Advanced Practice type roles was now noted beyond the UK, USA and Australia. The idea emerged to develop an international network to represent all countries where advanced practice nursing exists.

1997

During the annual AANP conference in New Orleans, USA, the RCN and AANP hosted a meeting of NP representative organizations with a view to planning a joint conference to be held in the United States in 2000. During this meeting it was noted that the concept of an organized network might possibly be a way forward for structured communication among NPs internationally. Discussions were productive and indicated that a forum for nurse practitioners and advanced practice nurses could be beneficial to share educational development along with practice and policy strategies.

1998

Various international partners including a representative of ICN met in Melbourne at the RCN Australia/RCN UK 6th International NP Conference in February. The discussions continued regarding the development of an NP Network. An attempt was made to develop an international definition of this role. This proved problematic given that the terminology used is inconsistently and diversely in countries where the roles exist. As a result, the decision was made to move more toward a definition of advanced nursing practice, encompassing the nurse practitioner theme. Consensus was also to investigate the possibility of establishing an international nurse practitioner network in association with the International Council of Nurses (ICN).

1999

At the ICN Centennial Congress in London in June a pre-congress advanced practice nursing forum was held. The purpose was to:

- Achieve a consensus on the key attributes

of what advanced practice might be.
- Formulate a questionnaire concerning advanced practice roles.
- Describe the philosophy of the proposed network.
- Give advanced practice nurses/nurse practitioners present at the conference a network opportunity.

Panel members from Scotland, USA, Bahrain, Canada, Ireland, Republic of South Africa, England and Australia provided information on the status of advanced practice in their respective countries. Information from this session was used to develop a questionnaire/survey distributed through ICN to determine areas of the world where these advanced practice roles exist.

At the International NP Conference in Cardiff, Wales in August a network steering group met & agreed that representatives would meet with ICN in Geneva to set about the formal development and expected launch of the network. It was agreed that the launch would take place at the 8th international NP Conference in San Diego, CA, USA.

2000

The ICN international network was launched at the 8th International Conference of Nurse Practitioners in San Diego, CA, USA on October 1, 2000. Given the diversity in defining advanced nursing roles the title International Nurse Practitioner/Advanced Practice Nursing Network (NP/APNN) was agreed on. The Network identified the following objectives:

- To serve as a forum for exchange of knowledge
- To serve as a resource base for the development of advanced practice/nurse practitioner roles and the appropriate educational underpinning
- To serve as a vehicle for ICN to harness specialist expertise
- To help ICN more effectively meet its mandate as the global voice of the profession
- To provide a mechanism to promote and disseminate information from any of the network members and ICN
- To act as the base for future international collaboration around advanced practice and the nurse practitioner role, including international conferences beyond 2000.

2002

The 2nd NP/APNN conference was held in Adelaide, Australia. A proposal for a definition and characteristics of advanced nursing practice had been introduced in 2001 in Copenhagen at the ICN conference, when the Network group convened a group of interested APNs. Open discussion led by Madrean Schober, Chair of NP/APN Network, took place and suggestions were offered by those attending. The current ICN definition and characteristics was drafted by NP/APN Core Steering Group and sent to the ICN Board of Directors where it was approved in 2002 following a review by ICN National Nursing Associations.

2004

The 3rd NP/APNN conference was held in Groningen, the Netherlands.

A Network logo was developed and approved by ICN.

2005

The NP/APN Network logo pin was developed and approved by ICN for sale in Taipei at the ICN conference. It was also possible to buy a pin and donate one for a NP/APN who could not afford to purchase the pin.

2006

The 4th NP/APNN conference was held in Sandton, South Africa.

Launch of the "Logo Award Pin" program provided 20 donated pins to APN members during the conference in Sandton, South Africa. This was the first time APNs were recognized with a Logo Pin by the Network.

2007

A scope of practice document for advanced nursing practice was started by the Policy Subgroup of NP/APN Network in 2001. After research into the international community's understanding of APNs, the level and extent of practice and education, the first draft was completed in 2004, revised in 2005 and again in 2007. The first "Pre-publication copy" was circulated at the ICN meeting held in Yokohama, Japan. The final document was published by ICN in May 2008.

In the fall of 2007, the pilot survey addressing education, practice and regulation of NP/APNs was circulated to Network members by the Education and Practice Subgroups. Revisions were made because the pilot survey and the full survey was implemented in Spring 2008.

2008

The 5th NP/APNN conference was held in Toronto, Canada.

Survey results were reported at the of NP/APN Network conference in Toronto, Canada by Dr. J. Pulcini, Chair of Education and Practice Subgroup.

The Fundraising Subgroup proposed the development of a Grant to support funding of a member to attend the next NP/APNN.

The Scope of Practice document was published and available through ICN in May 2008.

2010

The 6th NP/APNN conference was held in Brisbane, Australia.

The first Advanced Practice Nurse grant recipient was awarded at the Brisbane conference – Mrs. Januna Tamrakar Sayami from Kathmandu, Nepal. The first fund raising 'silent' auction was conducted at the Brisbane conference. Fundraising was aimed at continuing the grant program.

The NP/APN Network offered stuffed dolls to NPs who worked with children in their practice. The dolls had been donated by a colleague in Seattle, Washington and shipped to the conference to be distributed to meeting participants and were distributed to NPs attending the meeting in Brisbane.

2011

The Network established a centrally located bank account through ICN at a Swiss bank account. Prior to this the bank account was located in the country of origin of the CSG treasurer.

2012

The 7th NP/APNN conference was held in London, United Kingdom.

The second grant recipient was awarded at the London conference – Ossama Abed Zaqout, Amman, Jordan.

2013

Research request guidelines were developed

due to the increased requests to conduct research utilizing NP/APNN members.

2014
The 8th NP/APNN conference was held in Helsinki, Finland.

2015
A Network session was held at the ICN conference in Seoul, Korea.

2016
The 9th NP/APNN conference was held in Hong Kong with over 900 delegates from 24 countries attending.

2017
At the ICN Congress in Barcelona, Spain a Global Alliance initiative was announced with the Network identified as the inaugural member of the Alliance. The Network was now called the ICN Nurse Practitioner/Advanced Practice Nursing Network (NP/APNN).

Core Steering Group (CSG)

The CSG engages with Subgroups (SG) though their Liaisons, who facilitate communication, meet regularly with SGs and support them to develop their aims and objectives which need to align to the Network and ICN. Their responsibilities are summarized in Appendix 3. The Core Steering Group consists of the following members:


Mary Steinke, Liaison SG Practice.


Melanie Rogers, Chair.


Josette Roussel, Membership Liaison and Liaison SG Health Policy.


Daniela Lehwaldt, Secretary.


Kim Lamarche, Liaison SG Education.


Andrea Boyle, Treasurer.


Beverley Bird, Liaison SG Research, Webpage Liaison.


Mathew Sidebottom, Liaison Student Stream.

Network objectives

The KEY GOAL of the network is to become an international resource for nurses working in Nurse Practitioners (NP) or Advanced Practice nursing (APN) roles, and interested others (e.g. policymakers, educators, regulators, health planners) by:

- Making relevant and timely information about practice, education, role development, research, policy and regulatory developments, and appropriate events widely available;
- Providing a forum for sharing and exchange of knowledge expertise and experience;
- Supporting nurses and countries who are in the process of introducing or developing NP or APN roles and practice;
- Accessing international resources that are pertinent to this field.

The network is an evolving and continually updated forum that aims to:

- Identify issues early and monitor how they develop. Follow trends. Offer special expertise through creating a resource pool from network members. Disseminate ICN's and others' work in the field. Organize meetings and conferences.

Core Steering Group Guidelines

1. There is a maximum of 10 members on CSG (10 members and the ICN representative).

2. Core Steering Group (CSG) Membership should retain a representation of broad geographical distribution with no more than two members from one country serving in a group.

3. CSG members will elect a Chair every 4 years. The term can be extended for the period of one year for a maximum term of 5 years served as Chair.

4. Representatives of the host country of network conferences will be invited to serve as members on the CSG, 2 years prior to the network conference and a further period after the conference.

5. Newly elected CSG members will complete a 6-month probation period and then serve another 3.5 years (full period of 4 years) on CSG regardless of the time served in any of the network Subgroups.

6. A CSG member may be invited to serve as Alumni (see Alumni section below) at the discretion of the CSG Chair and CSG members.

7. Vacancies for the CSG will be announced at the biennial conference, posted on the network's website, emailed out to sub groups and announced in the News Bulletin.

8. Only Subgroup members may apply for membership to the CSG when a vacancy occurs.

9. Rotation should avoid depleting all leadership positions in the same year, e.g. the Chair and Past Chair should not rotate off the CSG at the same time. When a vacancy on the CSG occurs, the CSG Chair will circulate the notice to the Subgroup Chairs, who will subsequently circulate to their Subgroup Members and invite qualified applicants to submit their names for consideration.

10. The process of election into the CSG involves writing a letter of application, including a CV and motivational letter which is sent through the Chair or Secretary to CSG for review and vote.

11. Individuals being considered for participation in CSG will have their credentials reviewed by the Chair and members of CSG. Education, current and past work experience, and demonstration of commitment to fulfilling / expanding the Advance Practice Nursing Network's objectives will be taken into consideration.

12. An election slate of potential members is developed by the Secretary and circulated to the existing members of the CSG for voting.

13. New CSG members are announced by the Chair, or Chair-elect of the CSG.

14. CSG members will discuss an expedited replacement of a member when the vacancy poses a hardship on the existing members.

15. A letter of welcome and preparation of orientation and mentoring into the group is to be conducted by the membership secretary.

ICN NP / APN Network Subgroups

There are five Network Subgroups, these are:

- **Practice**
- **Education**
- **Health Policy**
- **Communication**
- **Research**
- **Fundraising / Conferences**

Each Subgroup has their specific focus, which is outlined below.

Subgroup 'Practice'

The focus of the Subgroup 'Practice' is to keep abreast of practice developments in nations and regions around the globe through the posting of papers on these issues on the website and add new country profiles of NP/APN role development and practice advancements.

Specifically, the NP/APN subgroup 'Practice':

- Develops country specific practice profiles
- Shares country guidelines related to NP/APN
- Shares links to standards and competencies for practice
- Shares barriers encountered to NP/APN practice
- Identifies routes to registration for practice worldwide
- Initiates and undertakes NP/APN role and practice related research projects

Chair: Debbie Leach (New Zealand)

CSG Liaison: Mary Steinke (USA)

Information on Subgroup Members can be found on our website http://icn-apnetwork.org/

Subgroup 'Education'

The focus of the Subgroup 'Education' is to keep abreast of the educational and practice developments in nations and regions around the globe through the posting of papers on these issues on the website and to add new country profiles of the APN educational development and resources.

Chair: Michelle Beauchesne (USA)

CSG Liaison: Kim Lamarche (Canada)

Information on Subgroup Members can be found on our website http://icn-apnetwork.org/

Subgroup 'Health Policy'

The focus of the Subgroup 'Health Policy' is to explore methods and means for developing successful models for NP/APN program and role development. Define the barriers and identify strategies to address these during NP/APN role development globally.

Co-Chairs: Minna Miller (Canada), Elissa Ladd (USA)

CSG Liaison: Josette Roussel (Canada)

Information on Subgroup Members can be found on our website http://icn-apnetwork.org/

Subgroup 'Communication'

The Subgroup 'Communication' collects and publishes information on the trends of NP/APN roles as they emerge in countries around the globe. They seek out stories and confirm

information for news items that are published in News Bulletin and on the website.

They post information on social media including Facebook and twitter.

Chair: Laura Jurasek (Canada), Marie-Lyne Bournival (New Zealand)

CSG Liaison: Andrea Boyle (USA)

Information on Subgroup Members can be found on our website http://icn-apnetwork.org/

Subgroup 'Research'

The focus of the Subgroup 'Research' is to gather, analyze and report data on the development of the APN role worldwide. In line with the International Council of Nurses Nursing Research Position Statement, the Nurse Practitioner/Advanced Practice Network Research Subgroup embraces the ICN Position that:

Research–based practice is a hallmark of professional nursing. Nursing research, both qualitative and quantitative, is critical for quality, cost effective care. (Nursing Research ICN).

Aims:

The aims of the NP/APN Subgroup are to support Nurse Practitioners and Advanced Practice Nurses in practice and policy related research; and to facilitate the provision of resources, tools and advice to NPs/APNs seeking to undertake research in their practice settings.

Objectives:

To support and facilitate research by NPs/ APNs the Nurse Practitioner/Advanced Practice Network will provide via the Subgroup website:

- Access to up to date research resources and tools
- Research reports from national and international NP/APN studies and conferences
- Information about funding sources for potential NP/APN projects
- Provide guidance and support to NP/APN faculty to incorporate active research into the NP/APN curriculum.

Co-Chairs: Noriyo Colley (Japan), Deborah Gray (USA)

CSG Liaison: Beverly Bird (USA)

Subgroup 'Fundraising / Conferences'

The Subgroup 'Fundraising / Conferences' plays a crucial role in assisting the network with the grant programme and with raising funds through the Silent Auction (see more details in one of the later sections on Fundraising / Silent Auction). The SG also assists the network with the organization and execution of biennial network conferences.

SG Chair: Li Gao (USA)

Conferences Chair: Melanie Rogers (UK)

Information on Subgroup Members can be found on our website http://icn-apnetwork.org/

The responsibilities of Subgroup Chairs are outlined in Appendix 4.

Alumni Group

The CSG have recently formed an Alumni designation, which contains members of the ICN NP/APN Network who have made a significant contribution to the network and NP/APN developments and practice.

- The Alumni honors past members and ensures that they can continue their contribution to the network.
- Invitation to join the Alumni is made by nominations, which are reviewed and agreed by the Core Steering Group.
- Alumnis i.e. past CSG, Subgroup Chairs or members can be elected to contribute to designated projects or to provide advice relating to specific topics.
- Country representation in Alumni is unlimited.

Subgroup Guidelines

1. There is a maximum of 12 members in each Subgroup.

2. Membership in a Subgroup should retain a representation of broad geographical distribution with no more than two members from one country serving in a group.

3. There is a maximum term of 8 years' participation in a Subgroup or combination of Subgroups (4 years' maximum in a one sub group).

4. Rotation of members will be staggered with a maximum of three members rotating off the group at one time. This rotation of members may occur through attrition, voluntary or involuntary withdrawal or the election processes.

5. Members of the Subgroups will elect a Chair every 4 years.

6. There is the possibility of two Co-Chairs leading one Subgroup, both Co-Chairs serve a 4-year period in their role. The Chair term can be extended for the period of one year for a maximum term of 5 years served as Chair/Co-Chair.

7. Vacancies for Subgroups will be announced at the biennial conference, posted on the network's website, and announced in the News Update.

8. The process of election into Subgroups involves that a letter of application with CV is sent through the Subgroup liaison or Chair to CSG. The criteria for selection include prior ICN membership. Individuals being considered for participation in a group will have their credentials reviewed by the Chair and members of the specific Subgroup. Education, current and past work experience, and demonstration of commitment to fulfilling / expanding the Advance Practice Nursing Network's objectives will be taken into consideration.

9. Members in each Subgroup will review the list of potential candidates' relevant CVs and identify, in priority order, their selection for extending an invitation to the candidates. Selected members will be reviewed by the CSG for final agreement.

10. The Chair of the Subgroup may send an informal email to selected applicants so that a response can be received, and the vacancies filled.

11. The network website will be updated twice yearly (Dec./Jan. and June/July) to reflect changes in Subgroup membership.

12. Notification of the candidate(s) acceptance and a full roster of the Subgroup and their contact details are to be forwarded to the Chair of the CSG, with a copy to the Secretary.

13. The membership secretary of the CSG sends a letter of welcome to the individual, copying the Chair of the CSG and the Chair of the Subgroup (Appendix A).

14. The Chair of the Subgroup is responsible for welcoming new members, for providing new members with the Orientation manual and for mentoring into the Subgroup.

Expectations and Commitments

All CSG and Subgroup members must fulfill the expectations and commitments as outlined below.

Virtual meetings and Communication

It is vital for this global network that Subgroups and the CSG are communicating effectively and continuously. Communication occurs via email, virtual and conference meetings.

Subgroup / CSG members are expected to reply to emails, as soon as possible or to liaise with their Chair, if they are unable to respond.

Subgroups / CSG members must attend a minimum of 4 meetings per year, these are normally held via electronic means. New members are advised to familiarize themselves with the technologies used for communication. Meetings may also be held at ICN and ICN NP/APNN conferences, and all members are invited to attend when possible.

Subgroups with members from a broad range of geographical areas are advised to agree on a suitable time for virtual meetings. Example: CSG meets via Zoom, generally at 20.00 hours UK time.

All Subgroup members are expected to attend Subgroup meetings.

All CSG members are expected to attend CSG meetings.

Subgroup Chairs are expected to attend CSG/SG Chair meetings.

Voluntary

1. The member initiates voluntary withdrawal when they find they are unable to fulfill the service requirements and expectations of the group.

2. The member electronically submits a letter to the Chair of the Subgroup.

3. The Subgroup Chair notifies the Liaison, Secretary, and Chair of the CSG of the vacancy.

4. In the case of the member being the Chair of the Subgroup, the letter of withdrawal is submitted to the Chair of the CSG.

5. The vacancy is advertised following review.

Involuntary

Where a member has failed on three (or more) occasions to respond, or participate in fulfilling NP/APNN group activities, without liaising with the Chair of the CSG or Subgroup:

1. The Chair of the CSG or Subgroup may initiate involuntary withdrawal, which can be

due to an inability of the member to fulfill the service requirements of the group.

2. The member is electronically notified in a letter of the exclusion process. The Chair of the Subgroup sends the member the letter. If the Chair of a Subgroup is to be notified, the CSG Chair will send the letter.

3. The member is given 30 days to respond to the electronic notification.

4. An electronic return letter either affirms or negates the individuals desire to remain as a resource person to the group and/or network.

5. Vacancies are filled during the normal rotation process (as outlined above).

Fundraising and Silent Auction

Since 2010 the fundraising has been conducted via "Silent" auctions at ICN NP/APNN conferences and has been very successful in generating funds to support our "Grant" program.

The Silent auction has taken place at Melbourne, London, Helsinki and Hong Kong conferences and provides a wonderful opportunity for members to support fellow APN/NPs from developing countries in attending our conferences.

How It Works

We invite all conference delegates to donate an item from your home country (state/ province) to the ICN NP/APNN conference.

What should I bring?

Items donated at past conferences may include pieces of art, jewelry, text books, handmade purses, sweatshirts, and other wonderful different items!

The Auction

The donated items are displayed and are available for sale throughout the network conference. Attendees place a "bid" price and other attendees may raise the price. When the auction closes, the final and highest "bid"- WINS the item! The winner pays for the item and the money goes to support our Grant program.

Grant programme

The Nurse Practitioner/Advanced Practice Nursing Network (NP/APNN) is committed to developing and assisting nurses from countries who are developing the Nurse Practitioner/Advanced Practice Nursing role. This grant recognizes an Advanced Practice Nurse who embodies the spirit of innovation and creativity that promotes nursing science and practice.

The Grant program assists Nurse Practitioners and Advanced Practice Nurses from a developing country to attend the next international conference!

Past Grant Winners

Jamuna Tamrakar Sayami from Kathamandu, Nepal commented "it was a great surprise for me to see nurses working as self-employed independent care providers across the health systems of different countries. It was eye opening, as well as insightful."

Ossama Abed Zaqqout from Amman, Jordan commented "another major benefit of conference attendance was the opportunity to build relationships and develop friendships with colleagues around the world."

Ossama became the Chair of the Health Policy Subgroup and is now an Alumni.

Grant recipients 2016:

- Mmule Magama, Botswana
- Louie Martinez Fernandez, Philippines

Donations

Purchasing logo pins helps to donating to the network.

Network Logo Pins

The NP/APN Network established a Logo Pin program to promote visibility of the Network and to raise funds to assist Advanced Practice Nurses (APN)/Nurse Practitioners (NP) from developing countries in attending our conferences. It is envisioned that this support would encourage involvement in the international nursing community.

The aims and goals of the network can be reviewed by going to www.icn-apnetwork.org website. Advanced Nursing Practice is emerging rapidly throughout the world. The membership of the Network has grown to over 2,000, representing over 70 countries.

The Network consists of multiple subgroups which members can apply to join. You can find out the objectives for each subgroup on our website and in this manual. The Network holds a conference every second year and conducts a Network session during the International Council of Nurses (ICN) Congress/Conference on the alternate years.

Logo Pin Program

The "Logo Pin" program is straightforward. Each pin is $10 USD and the person purchasing the pin must be a member of the NP/APN Network. Network membership currently is free. Go to the website www.icn-apnetwork.org and click on "Membership" to complete the application.

Logo Award Pin Program

The "Logo Award Pin" program cost is $30 USD. You receive one pin and the second pin is assigned for donation to APNs/NPs in developing countries. This inaugural Logo Award Pin program provided 20 donated pins to APN members during our conference in Sandton, South Africa.

Questions?

Email: Li Gao at ligao@med.umich.edu

Selecting the Logo Award Pin purchase will recognize our colleagues and further ensure active international participation. The proceeds from the sale of the pins will assist members to attend the Network conference via our 'grant' program. Applications for Network conference grant assistance are placed on our website home page 12 months preceding the Network conferences.

Melanie Rogers, Chair

ICN NP/APN Network

February 2017

Publications

If you are considering any type of publication as outlined below including internal, external, website or press release, please be aware of the following procedures as per the networks' Operational Guidelines (full document provided in Appendix).

Internal Document Development

Documents developed for operation or facilitation of the Network aims and goals are to adhere to the following process:

1. Working groups are assigned by self-selection or Chair

2. Communication of project process is to be circulated to entire group including the ICN liaison.

3. The final draft is circulated first to the CSG with a time line for feedback.

4. With the feedback from the CSG and alterations made if needed, the document and timeline is then circulated to all Subgroup Chairs for additional input and comment.

5. With all input considered the document is then finalized by the group and sent to the CSG for final approval and circulation.

Document Development for External Dissemination

Documents developed by members / groups of the Network to be published or posted on the website or elsewhere, are to adhere to the following process:

1. Follow steps 1-3 in Internal Document Development. Additional experts and resource persons can be invited to assist in the document development in this phase.

2. Use the publication template as provided (see Appendix). When the document is ready for circulation for feedback/input from members of other groups it is to be sent to the CSG, SG Chairs and ICN liaison for feedback with a time line.

3. Following the feedback from CSG and ICN representative, edits are made as required.

4. If required, the document is sent to all Subgroups Chairs for feedback with a time line.

5. After finalizing the document with all the input, the document is sent to the CSG Chair.

6. The Chairperson of the Subgroup and CSG are to send this to the ICN liaison with a time line of 7-10 working days for communication and when possible for a status report on the document.

7. The ICN liaison will provide the time line and steps for document approval by ICN. These time lines will differ depending on whether approval will be by the Chief Executive Officer or the Board of Directors.

8. Following approval by the CSG and the ICN representative, the document is posted on the website and/or published in soft or hard copy.

Website Publication and Posting

Publication and Posting of materials on the NP/APN Network website are as follows:

1. Materials developed by members of the Network are to follow the Document Development for External Dissemination described above.

2. The document is then to be forwarded to the Chair of the CSG for posting on the website.

3. The process of posting documents on the website is the responsibility of the representative of the website host (AANP) and serves as an Ad hoc member of the Communication Subgroup.

Bulletin Publication

A Bulletin is published twice a year and is the responsibility of the Communication Subgroup and follows these steps:

1. News items are requested from members with an assigned deadline for submission.

2. The Communication Subgroup develops the news and establishes the themes for the bulletin within a specific time frame.

3. The material for the Bulletin is edited and reviewed for timeliness and accuracy of information by Chair(s) of the Communication Subgroup and Chair of the CSG.

4. The Bulletin is submitted as a Word document to ICN staff, with the Chair and Secretary of the CSG copied on any communication, for approval and editing.

5. The final document, of no more than 2,000 words, is approved by the Chair of the CSG prior to being sent to ICN for finalization, publication and dissemination in Spanish, English and French.

6. The final electronic version of the Bulletin is forwarded by ICN to the website master for posting on the website and an email with the link to the Bulletin is sent to all Network members informing them of the publication.

Press Releases

Press releases about the activities or directives developed by the NP/APN Network are a function of the Communication Subgroup and / or Chair of the CSG.

1. Development of a Press release is implemented in conjunction with an activity or release of an external document directive developed by the members of the NP/APN Network (e.g. definition of NP/APN).

2. The draft of the press release is forwarded to the Director of Communications and External Relations at ICN for editing, publication and dissemination within an agreed time line.

3. The website publication is sent to the Chair of the CSG for placement on the Network website.

4. The Communication Subgroup and ICN staff determines paper publication sites.

APPENDICES

Appendix 1 – Operational Guidelines in full

International Council of Nurses

Nurse Practitioner/Advanced Practice Nursing Network (NP/APNN)

Operational Guidelines for: Core Steering Group and Subgroups

A. GROUP MEMBERSHIP AND ROTATION PROCEDURES

Core Steering Group

1. There is a maximum of 10 members on the CSG (10 members and the ICN representative).
2. Core Steering Group (CSG) Membership should retain a representation of broad geographical distribution with no more than two members from one country serving in a group.
3. CSG members will elect a Chair every 4 years. The term can be extended for the period of one year for a maximum term of 5 years served as Chair.
4. The host country of network conferences will be invited to serve as member on the CSG, 2 years prior to the network conference and a further period after the conference.
5. Newly elected CSG members will complete a 6-month probation period and then serve another 3.5 years (full period of 4 years) on CSG regardless of the time served in any of the network Subgroups.
6. A CSG member may be invited to serve as Alumni (see Alumni section below) at the discretion of the CSG Chair and CSG members.
7. Vacancies for the CSG will be announced at the biennial conference, posted on the network's website, and announced in the News Update.
8. Only Subgroup members may apply for membership to the CSG when a vacancy occurs.
9. Rotation should avoid depleting all leadership positions in the same year, e.g. the Chair and Past Chair should not rotate off the CSG at the same time. When a vacancy on the CSG occurs, the CSG Chair will circulate the notice to the Subgroup Chairs, who will subsequently circulate to their Subgroup Members and invite qualified applicants to submit their names for consideration.
10. The process of election into CSG involves that a letter of application including a CV and motivational letter which is sent through the Chair or Secretary to CSG for review and vote.
11. Individuals being considered for participation in CSG will have their credentials reviewed by the Chair and members of CSG. Education, current and past work experience, and demonstration of commitment to fulfilling / expanding the Advance Practice Nursing Network's objectives will be taken into consideration.
12. An election slate of potential members is developed by the Secretary and circulated to the existing members of the CSG for voting.
13. New CSG members are announced by the Chair, or Chair-elect of the CSG.
14. CSG members will discuss an expedited replacement of a member, when the vacancy poses a hardship on the existing members.
15. A letter of welcome and preparation of orientation and mentoring into the group is to be conducted by the Chair or Chair-elect.

Subgroups

1. There is a maximum of 12 members in each Subgroup.
2. Membership in a Subgroup should retain a representation of broad geographical distribution with no more than two members from one country serving in a group.
3. There is a maximum term of 8 years participation in a Subgroup or combination of Subgroups (4 years per group only).
4. Rotation of members will be staggered with a maximum of three members rotating off the group at one time. This rotation of members may occur through attrition, voluntary or involuntary withdrawal or the election processes.
5. Members of the Subgroups will elect a Chair every 4 years.
6. There is the possibility of two Co-Chairs leading one Subgroup, both Co-Chairs serve a 4-year period in their role. The Chair term can be extended for the period of one year for a maximum term of 5 years served as Chair/Co-Chair.
7. Vacancies for Subgroups will be announced at the biennial conference, posted on the network's website, and announced in the News Update.
8. The process of election into Subgroups involves that a letter of application with CV is sent through the Subgroup liaison or Chair to CSG. The criteria for election include prior ICN membership. Individuals being considered for participation in a group will have their credentials reviewed by the Chair and members of the specific Subgroup. Education, current and past work experience, and demonstration of commitment to fulfilling / expanding the Advance Practice Nursing Network's objectives will be taken into consideration.
9. Members in each Subgroup will review the list of potential candidates' relevant CVs and identify, in priority order, their selection for extending an invitation to the candidates.
10. Letters of invitation will be sent from the Chair of the Subgroup to the selected applicants, so that a response can be received, and the vacancies filled.
11. The network website will be updated twice yearly (Dec./Jan. and June/July) to reflect changes in Subgroup membership.
12. Notification of the candidate(s) acceptance and a full roster of the Subgroup and their contact details are to be forwarded to the Chair of the CSG, with a copy to the Secretary.
13. The Chair of the CSG sends a letter of welcome to the individual, copying the Secretary of the CSG and the Chair of the Subgroup (Appendix A).
14. The Chair of the Subgroup is responsible for welcoming new members, for providing new members with the Orientation manual and for mentoring into the Subgroup.

Alumni

The CSG formed Alumni, which contains members of the ICN NP/APN Network who have made a significant contribution to the network and NP/APN developments and practice.

1. The Alumni designation is to honor these members and to ensure that they can continue their contribution to the network.
2. Invitation to join the Alumni is made by nominations, which are reviewed and agreed by the Core Steering Group.
3. Alumni (i.e. past CSG, Subgroup Chairs or members) can be elected to contribute to designated projects or to provide advice relating to specific topics.
4. Country representation in Alumni is unlimited.

B. WITHDRAWAL

Voluntary

1. The member initiates voluntary withdrawal when they find they are unable to fulfill the service requirements and expectations of the group.
2. The member electronically submits a letter to the Chair of the Subgroup.
3. The Subgroup Chair notifies the Liaison, Secretary, and Chair of the CSG of the vacancy.
4. In the case of the member being the Chair of the Subgroup, the letter of withdrawal is submitted to the Chair of the CSG.
5. The vacancy is advertised following review.

Involuntary

When a member has failed on three (or more) occasions to respond, or participate in fulfilling NP/APNN group activities, without liaising with the Chair of the CSG or Subgroup:

1. The Chair of the CSG or Subgroup may initiate involuntary withdrawal (see email template Appendix C), which can be due to an inability of the member to fulfill the service requirements of the group.
2. The member is electronically notified in a letter of the exclusion process. The Chair of the Subgroup sends the member the letter. If the Chair of a Subgroup is to be notified, the CSG Chair will send the letter.
3. The member is given 30 days to respond to the electronic notification.
4. An electronic return letter either affirms or negates the individuals desire to remain as a resource person to the group and/or network.
5. Vacancies are filled during the normal rotation process (as outlined above).

C. DOCUMENT DEVELOPMENT & APPROVAL by NETWORK MEMBERS & ICN

Internal Document Development

Documents developed for operation or facilitation of the Network aims and goals are to adhere to the following process:

1. Working groups are assigned by self-selection or Chair.
2. Communication of project process is to be circulated to entire group including the ICN liaison.
3. If the document affects the larger Network membership, the final draft is circulated first to the CSG with a time line for feedback.
4. With the feedback from the CSG and alterations made if needed, the document and timeline is then circulated to all Subgroup Chairs for additional input and comment.
5. With all input considered the document is then finalized by the group and sent to the CSG for final approval and circulation.

Document Development for External Dissemination

Documents developed by members / groups of the Network to be published or posted on the website or elsewhere, are to adhere to the following process:

1. Follow steps 1-3 in Internal Document Development. Additional experts and resource persons can be invited to assist in the document development in this phase.
2. Use the publication template as provided by CSG. When the document is ready for circulation for feedback/input from members of other groups, it is to be sent to the CSG, SG Chairs and ICN liaison for feedback with a time line.
3. Following the feedback from CSG and ICN representative, edits are made as required.
4. If required, the document is sent to all Subgroups for feedback with a time line.
5. After finalizing the document with all the input, the document is sent to the CSG Chair.
6. The Chairperson of the Subgroup and CSG are to send this to the ICN liaison with a time line of 7-10 working days for communication and when possible for a status report on the document.
7. The ICN liaison will provide the time line and steps for document approval by ICN. These time lines will differ depending on whether approval will be by the Chief Executive Officer or the Board of Directors.
8. Following approval by the CSG and the ICN representative, the document is posted on the website and/or published in soft or hard copy.

Website Publication and Posting

Publication and Posting of materials on the NP/APN Network website are as follows:

1. Materials developed by members of the Network are to follow the Document Development for External Dissemination described above
2. The document is then to be forwarded to the Chair of the CSG for posting on the website.
3. The process of posting documents on the website is the responsibility of the representative of the website host (AANP) and serves as an Ad hoc member of the Communication Subgroup.

Bulletin Publication

A Bulletin is published twice a year and is the responsibility of the Communication Subgroup and follows these steps:

1. News items are requested from members with an assigned deadline for submission.
2. The Communication Subgroup develops the news and establishes the themes for the bulletin within a specific time frame.
3. The material for the Bulletin is edited and reviewed for timeliness and accuracy of information by Chair(s) of the Communication Subgroup and Chair of the CSG.
4. The Bulletin is submitted as a Word document to ICN staff, with the Chair and Secretary of the CSG copied on any communication, for approval and editing.
5. The final document, of no more than 1,500 words, is approved by the Chair of the CSG prior to being sent to ICN for finalization, publication and dissemination in Spanish, English and French.
6. The final electronic version of the Bulletin is forwarded by ICN to the website master for posting on the website and an email with the link to the Bulletin is sent to all Network members informing them of the publication.

Press Releases

Press releases about the activities or directives developed by the NP/APN Network are a function of the Communication Subgroup and / or Chair of the CSG.

1. Development of a Press release is implemented in conjunction with an activity or release of an external document directive developed by the members of the NP/APN Network (e.g. definition of NP/APN).
2. The draft of the press release is forwarded to the Director of Communications and External Relations at ICN for editing, publication and dissemination within an agreed time line.
3. The website publication is sent to the Chair of the CSG for placement on the Network website.
4. The Communication Subgroup and ICN staff determines paper publication sites.

APPENDICES

A. Welcome letter SG Member
B. Welcome letter CSG Member
C. Template for External Communication/Publication requests

Appendix 1A: Welcome letter SG Member

Dear .....,
We would like to thank you for your interest in the ICN Nurse Practitioner/Advanced Practice Nursing Network (NP/APNN), ... Subgroup. The Subgroup and Core Steering Group of the APNN have reviewed the documents you submitted, and I am pleased to extend an invitation to you to join the ..... Subgroup as a member.

Please review the attached Operational Guidelines/Orientation Manual and let us know if you have any questions. In addition to the guidelines in order to join the Subgroup, please email your agreement to accept the following:

1) New SG members will serve a trial period of 6 months to ensure they are able to commit to the Network in full. After this period, if the SG Chairs & CSG agree and if the individual meets the SG criteria and has been an active member, the individual will become a full member of the Subgroup.

2) SG members must attend a minimum of 4 meetings per year. New SG members are requested to familiarize themselves with the technologies used for meetings and communications.

3) All SG members will be responsible for ensuring professional and respectful communication throughout the Network recognising cultural differences. They also agree to follow the Network's guidelines related to external communication and publications. No external communication should occur on behalf of the Network without prior Subgroup Chair and CSG approval and proposals need to be submitted and approved. The template for requests for external communication and publications on behalf of the network can be found in the Orientation Manual.

4) SG members will offer their time and support to the Network and ICN as able in a variety of capacities. They commit to attend the Network Conference biennially and, if possible, the ICN Congress and support the aim and objectives of the Network and the ICN.

Please confirm your acceptance by responding to this email, ensuring the CSG Chair and Secretary are copied.

Experience and knowledge of the APN as carried out in the international nursing community is important and will be a focus of the work of the Subgroup.

Thank you again for your interest and we look forward to working with you in future.

Kind regards,

On behalf of CSG

.....
Membership Liaison

- CC to CSG Chair and SG Chair

Appendix 1B: Welcome letter CSG Member

Dear .....,
We would like to thank you for your interest in the International Council of Nurses (ICN) Nurse Practitioner (NP) /Advanced Practice Nursing (APN) Network, Core Steering Group (CSG). We have reviewed the documents you submitted, and I am pleased to extend an invitation to you to join CSG as a .....

Please review the attached Operational Guidelines/ Orientation Manual and let us know if you have any questions. In addition to the guidelines in order to join the CSG, please email your agreement to accept the following:

1) New CSG members will serve a trial period of 6 months to ensure they are able to commit to the Network in full. After this period if the CSG agree, and the individual meets the CSG criteria and has been an active CSG member the individual will become a full member of the CSG for a further 3 and a half years.

2) CSG members must attend a minimum of 4 meetings per year, these are normally held at 2000 UK time on an evening via Zoom. New CSG members are requested to familiarize themselves with the technologies used for meetings and communications.

3) CSG members will act as liaison for a Subgroup or any other role assigned to them by CSG Chair. Being a SG liaison includes meeting regularly with the Subgroup to support them to develop their aims and objectives which need to align to the Network and ICN.

4) All CSG members will be responsible for ensuring professional and respectful communication throughout the Network recognising cultural differences. No external communication should occur on behalf of the Network without prior CSG approval and proposals need to be submitted and approved. The template for requests for external communication and publications on behalf of the network can be found in the Orientation Manual.

5) CSG members will offer their time and support to the Network and ICN as able in a variety of capacities. They commit to attend the Network Conference biennially and the ICN Congress and support the aim and objectives of the Network.

Please confirm your acceptance by responding to this email, ensuring the CSG Chair and Secretary are copied.

Thank you again for your interest and I look forward to working with you in future.

Kind regards,

CSG Secretary

- CC CSG Chair

Appendix 1C: Template 'Involuntary Withdrawal from ICN NP/APNN CSG and SG'

Example of email notification of CSG/SG member inactivity (30 days' notice)

Dear .....,

The ICN Nurse Practitioner / Advanced Practice Nurses Network's objective is to function as an international resource for clinicians, policymakers, educators, researchers and regulators. This requires ongoing commitment from members to actively participate in network activities. You are a member of the ..... CSG/SG (delete as appropriate).

Please be advised that you are currently not fulfilling NP/APNN Subgroup/CSG (delete as appropriate) expectations.

We would be obliged, if you could let the Chair of the CSG / SG ..... know by ..... (30 days' notice), if you will be available to actively participate in CSG / SG activities in the future.

Please reply to this email and advise us of your plans.

Failure to reply will result in automatic withdraw from the CSG / SG after the notification period (see date provided in the section above) has lapsed.

Kind regards

_____

CSG / SG Chair

- CC CSG Chair / Secretary

Follow-up – involuntary withdrawal letter

Dear .....,

Unfortunately, we did not receive a response from you with regards to our notification letter sent on ..... (insert date), where we asked you to inform us about your availability to actively participate in the ICN NP/APN Network's activities, as required.

With this email, we wish to inform you of the cancellation of membership for the ..... CSG / SG (delete as appropriate).

We appreciate your efforts and we wish you the very best for future endeavors.

Please do get in touch, if there has been a misunderstanding or if this email has crossed over with your reply.

Kind regards

_____

CSG / SG Chair

- CC CSG Chair / Secretary

Appendix 2 – Template 'External Communication & Publication requests'

ICN Nurse Practitioner/ Advanced Practice Nursing Network (NP/APNN)

Template 'External Communication & Publication requests

The following is a template to be used for the development of external documents/communications within the NP/APN Network. Please complete all parts of the form and submit, as per Operational Guidelines (please refer to point 'D' on the guidelines 'Document Development for External Dissemination'). The proposal should be comprehensive and must be developed in conjunction with relevant Subgroup members. Please submit the completed template to CSG and the ICN liaison for review and feedback. Edits, if required, have to be made based on CSG/ICN feedback and documents have to be re-approved.

Document/Communication (working) title:

_____

Background information (Please provide background information relevant to the proposed document/communication)

Document/Communication type (Please specify what kind of document/external communication is proposed e.g. project, study, white paper, etc., and provide a brief rationale)

Target population: (Please specify the group of people that you are intending to reach with this document/communication, and which Subgroup your proposal relates to e.g. Subgroup 'Practice', 'Education', etc.)

Aims and objectives (Please specify the aims and objectives of the proposed document/communication):

Methodology (e.g. How will data be collected, by whom and what tools will be used):

Results (Please specify what your anticipated results are):

Dissemination plan (please circle the relevant answer):
Is the document/communication to be circulated externally e.g. posted on the ICN NP/APN website or similar, or is it to be published in peer-reviewed journals, etc.?
Yes / No

Please briefly describe how the document/communications will be in line with ICN NP/APNN goals and objectives (see http://international.aanp.org/About/Aims):

Signature: **Date:**

_____ _____

Applicant

Appendix 3 – Responsibilities of the Subgroup Liaison

The Subgroup Liaison is a member of the Core Steering Group. The Liaison provides support to a designated Subgroup Chair and Subgroup members. The liaison communicates and coordinates activities and information sharing between the Core Steering Group (CSG) and the Subgroups. The Liaison

1. Works together with SG members and Chair in achieving agreed SG short-term and long-term goals, and contribute towards achieving the ICN, Network and SG objectives and mission.
2. Attends CSG and relevant SG meetings.
3. Facilitates communication and project development in collaboration with the Chair(s) of the Subgroup.
4. Reports Subgroup activities to the Core Steering Group.
5. Guides new Subgroup Chairs, provides support and advice, if applicable.
6. Takes part in international networking at conferences, meetings and other events.

Appendix 4 – Responsibilities of the Subgroup Chairs

The Subgroup Chair leads his/her SG and coordinates activities. Responsibilities include:

1. Working together with SG members and CSG Liaison in achieving agreed short-term and long-term goals, and contribute towards achieving the ICN, Network and SG objectives and mission.
2. Providing leadership including motivating and encouraging SG members and assisting in recruitment of new SG members.
3. Announcing and conducting SG business in accordance with Operational Guidelines including meetings.
4. Attending shared CSG / SG Chairs meetings.
5. Delegation of assignments and projects to SG members, as required.
6. Responding to, facilitating and referring SG network inquiries.
7. Takes part in international networking at conferences, meetings and other events.

欢迎参观弗洛伦斯．南丁格尔博物馆

弗洛伦斯．南丁格尔被称为“提灯女郎”，一位活生生的传奇人物。她带领护士在克时米亚战争中为成千上万的士兵提供护理，并从医学灾难中挽救了英国军队。同时，她也是一位具有远见的健康改革者，一位才华横溢的战斗者，对维多利亚时代的妇女和她的帝国带来了极大的影响，同时也对维多利亚女王本人带来了极大的影响。弗洛伦斯．南丁格尔于1910年逝世，享年90岁，是一位在全世界具有影响力的知名人士。

弗洛伦斯．南丁格尔博物馆通过“提灯女郎”的生活和她生活的时代为人们带来了一次了解南丁格尔的旅行。南丁格尔的故事将通过三个部分向大家展示：她如度金笨笼般的家庭；她在克时米亚战争中和改革中的工作；她在健康改革中的精神。博物馆展现了一副体现护士及护理形象的全景画。

弗洛伦斯的父母是来自中上阶级的，具有良好血统的富人。他们最初的财富来自于采矿。他们有文化，对艺术和科学具有浓厚的兴趣，信仰宗教并愿意帮助穷人。由于她奢华的生活和社会责任，或者说是上流社会的专横，让弗洛伦斯感到的困惑逐渐增加，正如她日记中写到，她的家庭因为她痴迷于护理和拒绝结婚而陷入混乱和失望。她的家人拒绝让弗洛伦斯到Salisbury的医院进行培训，哪怕仅仅是几个月的时间。那时的医院是肮脏和危险的地方，护士以醉酒而闻名。

最终，弗洛伦斯被允许到距离德国Dusseldorf很近的宗教社区Kaiserswerth接受护理培训。那是一家由一位新教牧师和她的妻子经营的医院，孤儿院和院校。弗洛伦斯在那里学习关于医学的知识，学习如何包扎伤口，观摩截肢手术，学习如何进行疾病护理和临终护理。她感到从未有过的开心。她在日记中写道“现在我知道应该怎么去热爱生命了”。

1854年夏天，英法联合支持土耳其宣布与俄国开战。数以百计被派往克时米亚与法国和土耳其军队一起与俄国军队作战的士兵死于疾病。Sidney Herbert，国家战争委员会秘书，写信给佛罗伦萨请求她带领由妇女组成的护理团队前往战场，这是一个新的并且冒险的想法。她和她的团队，由38名勇敢的妇女组成的护理团队，立即出发前往斯库台湖。当她们到达医院的时候发现医院的环境比她们想象的还要差很多。供应短缺，缺少食物、毛毯和床。伤员在经过长途旅行后到达医院，处于肮脏的环境中还经常有一半的人处于饥饿状态。

弗洛伦斯认为医院需要适当的管理。她无休止的工作，组织护士和伤员的妻子们清洗对衫和床单，并且让男人们清空厕所。她不断地给Sidney Herbert写信要求他提供支持，并且动用自己的钱和由泰晤士报向公众募集的资金购买清洁用的刷子和水桶，以及毛毯、便盆甚至手术台。每天晚上她都要在躲着

数以千计的伤员的医院走廊中进行巡视。人们都很崇敬她。然而，在1855年春天，她因为“克时米亚热症”而病倒，还险些死去。尽管她的病没有完全康复，她还是坚持返回工作直到战争结束。

不知道的是由于旧有的营房排污管道被堵塞，斯库台湖已经被建立在一个巨大的化粪池上面。苏格兰工程师John Sutherland博士和他的团队在1855年3月到达斯库台湖疏通排污管道，修复建筑并提供干净的水。那时的死亡率已经开始下降。卫生委员会写信给弗洛伦斯称她“挽救了英国的军队”。

弗洛伦斯在斯库台湖的工作远远超出了护理的范畴。她平等的对待每一个士兵，无论他们的职位高低，同时她还在思考这些士兵家庭的福利问题。她给这些士兵的家人写慰问信，寄钱给死亡士兵的遗孀，回答家属对失踪或疾病的询问。她还建立了阅览室，这使那些认为自己士兵都是目不识丁的高级军官们感到震惊。作为放弃饮酒的选择，“英克曼咖啡”开张，为士兵提供非酒精饮料。她还建立了银行系统，让普通士兵也能给家里寄钱，而不是让他们花钱去饮酒或者赌博。

战争结束后，弗洛伦斯于1856年8月返回英国。在旅途中，她使用化名斯夫人的名字来躲避公众的视线。过度的疲劳和疾病，让她感到一种失败的感觉，同时，她也为那些不能返回家乡的死去的士兵感到伤心。她在日记中写到“那些可冷的人们躺在了克时米亚的坟墓中”。弗洛伦斯决定奉献她的余生，她和她的朋友们经过短暂的思考认为她们不能这样碌碌无为的死去。

在伦敦生活期间，因为疾病和健康的原因，弗洛伦斯经常处于卧床状态。但是她和她的支持者们仍然孜孜不倦的工作。弗洛伦斯好像从公众的视线中消失了。但是，她却很有技巧的利用她的声望以及她家族的权威来说服当权者相信需要进行健康改革，同时，她也与维多利亚女王进行联系。在克时米亚战争结束后不久，弗洛伦斯受到维多利亚女王的邀见，并获得女王的支持要求皇家委员会对卫生体系存在的问题和改革方法进行研究。

弗洛伦斯写有200多本书，大量的小册子和文章，还有超过14000封信件，其中有数以百计的文章在全球发布。同时，在护理方面，她写了关于宗教和哲学，卫生体系设备和军队卫生保健，医院，统计学和印度的著作。作为一位年轻的女士，她写了关于她的旅行和人生的挫折来教育那些中产阶级的女性。

弗洛伦斯的观点彻底改变了社会对护理的认知，她的精神遗产至今都保持着强大的力量。她提倡的对个人健康，包括精神和身体的健康幸福的全面看护，以及她确信敏感的了解病人的需求是其康复的关键都成为领先于那个时代的观点。

弗洛伦斯．南丁格尔开创了一个护理的世界。她的观点和声望激励着许多男人和女人成为护士，并将她的观点运用到实践当中。全世界的人们对传病人的护理拥有问同的本能、目的和承诺，很多人从一个国家到另一个国家将他们的技能运用到实践中去，同时也学习他们所需要的技能。

Welcome to the Florence Nightingale Museum

Florence Nightingale became a living legend as the 'Lady with the Lamp'. She led the nurses caring for thousands of soldiers during the Crimean War and helped save the British army from medical disaster. She was also a visionary health reformer, a brilliant campaigner, the most influential woman in Victorian Britain and its Empire, second only to Queen Victoria herself. When she died in 1910, aged 90, she was famous around the world.

The Florence Nightingale Museum is a journey through the life and times of the “Lady with the Lamp”. Florence’s story is told in three pavilions: the Gilded Cage about her family life, the Calling about her work during the Crimean War and Reform and Inspire covering her campaigns for health reform. The museum is surrounded by a panorama of images of nurses and nursing.

Florence's parents were well-off, well-connected and from the upper-middle class. Their money originally came from lead mining. They were cultured, interested in the arts and the sciences, and believed in religious toleration and helping the poor. Florence felt increasingly trapped by her life of luxury and social duties - or the "tyranny" of the drawing room, as she wrote. Her family were upset and disappointed by her obsession with nursing, and her refusal to marry and refused to let Florence train at a hospital in Salisbury, even for a few months. Hospitals were dirty and dangerous, and nurses had a reputation for drunkenness.

Florence was finally allowed nursing training at Kaiserswerth, a religious community near Dusseldorf in Germany, where a Protestant pastor and his wife ran a hospital, orphanage and college. Florence learned about medicines, how to dress wounds, observed amputations and cared for the sick and dying. She had never felt happier. "Now I know what it is to love life," she wrote.

In the summer of 1854, Britain and France joined its ally Turkey and declared war against Russia. Hundreds of soldiers sent to fight with the French and Ottoman Turks against the Tzar's Russian army in the Crimea, were dying of disease. Sidney Herbert, the secretary of state at war, wrote to Florence asking her to help by leading a group of women nurses - a new and risky idea. She and her team of 38 brave women set sail for Scutari right away, leaving in a blaze of publicity. They arrived at the hospitals to find the crisis much worse than they imagined. Everything was in short supply - food, blankets and beds. Casualties arrived after a long journey, dirty and often half starved.

Florence realised the hospitals needed to be properly managed. She worked without rest,

organizing the nurses and soldiers’ wives to clean shirts and sheets, and men to empty the toilets. She bombarded Sidney Herbert with letters asking for supplies and used her own money, and funds sent by the public via The Times, to buy scrubbing brushes and buckets, blankets, bedpans and even operating tables. Every night she walked miles of hospital corridors where thousands of casualties lay. The men worshipped her. But in the spring of 1855 she collapsed with “Crimean Fever” and almost died. Although she never fully recovered she returned to work until the end of the war.

Unknown to Florence Scutari was built on top of a huge cesspool because the old barrack building's sewers were blocked. A Scottish engineer, Dr John Sutherland, and his team arrived in March 1855 to flush out the sewers, repair the building and supply clean water. Only then did the death rate begin to fall. Sutherland's Sanitary Commission "saved the British army" wrote Florence.

Florence’s work in Scutari went beyond nursing care. She cared for soldiers equally, whatever their rank, and also thought of their family's welfare. She wrote letters of condolence to relatives, sent money to widows, and answered inquiries about the missing or ill. Florence organised reading rooms - surprising senior officers who thought that their men were illiterate. As an alternative to alcohol, the "Inkerman cafe" was opened, serving non alcoholic drinks. She set up a banking system so ordinary soldiers could send their pay home, rather than drink or gamble it away.

After the Crimean War, Florence returned to Britain in August of 1856, travelling under the name "Miss Smith" to avoid publicity. Thin, exhausted and ill, she felt a sense of failure and grieved over the soldier who did not return."My poor men", she wrote, "lying in your Crimean graves". Florence devoted the rest of her life, which she and her friends thought would be short, to ensuring they did not die in vain.

Living in London she was often confined to her bed due to ill health. She worked herself and her supporters tirelessly. Florence shrank from public appearances, but she skilfully used her reputation and the authority of her name to convince those in power, starting with Queen Victoria, of the need for health reform. Invited to meet Queen Victoria soon after the Crimean War, Florence enlisted the monarch's support for a Royal Commission to investigate what had gone wrong, and learn from the mistakes.

Florence wrote some 200 books, pamphlets and articles, and over 14,000 letters. There are hundreds of archives around the world containing her writings. As well as nursing, she wrote about religion and philosophy, sanitation and army hygiene, hospitals, statistics, and India. As a young woman she wrote about her travels, and the frustrations of life for an educated woman of the middle classes.

Florence’s ideas completely changed society's approach to nursing and her legacy remains strong today. Her holistic approach, to looking after a person’s health, mental and physical

wellbeing, and her conviction that a sensitivity to patient needs was key to recovery, were ideas well ahead of their time.

Florence Nightingale opened up a world of nursing. Her ideas and fame inspired many men and women to become nurses and to put her ideas into practice. People all over the world have the same instincts and motives and the same commitment to patient care, many moving from country to country to put their skills into practice or get the training they need.

参观者信息：

弗洛伦斯. 南丁格尔博物馆

兰贝斯宫路2号, 伦敦 SE1 7EW

电话：020 7620 0374

网址: www.florence-nightingale.co.uk

商店：

您可以选择到各式各样的这个品牌的礼品.

空间租用：

对于重要事件及会议, 我们的博物馆和教育空间可供租用。

营业时间：

每天，10:00 - 17:00（耶稣受难日，圣诞节及圣诞节翌日休息）

参观：

博物馆全方位地为轮椅使用者提供了通道, 包括卫生间等设施. 我们位于圣托马斯医院停车层, 同时, 为聋人和听力受损者提供了一个闭环系统以及电影字幕。

如何到达博物馆

南丁格尔博物馆位于伦敦的南岸，靠近伦敦眼，在国会大厦对面

支持博物馆：

通过成为我们的会员，您将成为令人振奋的未来南丁格尔博物馆发展的一部分。优惠包括免费入场，并邀请参加私人见解和重要会议。您的支持对我们很重要, 将帮助发展我们的合作，改善及更好地保护博物馆长远的存在。欲知详情，请联系会员管理员：02076200374。

Visitor Information:

Florence Nightingale Museum

2 Lambeth Palace Road

London SE1 7EW

T: 020 7620 0374

www.florence-nightingale.co.uk

Shop

Choose from a fantastic range of gifts in our brand new gift shop.

Space hire

For a unique event or meeting, our museum and education spaces are available for hire.

Opening hours

Daily, 10am – 5pm (Closed on Good Friday, Christmas Day and Boxing Day)

Access

The museum is fully accessible for wheelchair users, including toilet facilities. We are located on the site of St Thomas' Hospital at parking level. For the deaf and hearing impaired there is a loop system as well as subtitles on all the films.

Getting here

The Florence Nightingale Museum is located on London's South Bank, close to the London Eye and opposite the Houses of Parliament.

Support the museum

Become part of the exciting future of the Florence Nightingale Museum by becoming a member. Benefits include free admission and invitations to private views and events. Your support makes a huge difference and will also help us to develop our collections, improve their care through conservation and enable us to extend our lively programme of exhibitions. For further details, contact the membership officer on 020 7620 0374.

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