2014 INTERNATIONAL ADVANCED PRACTICE NURSING SYMPOSIUM
EXECUTIVE SUMMARY

Access to primary health care - basic preventive health care, health promotion and disease prevention - is a global challenge and one where nursing resources, when maximized to their full potential, can make a difference. The nursing profession, as the world’s largest professional health care provider group, is poised to help solve this crisis in both developing and developed nations by working cooperatively with other health leaders to instill a Culture of Health in communities around the globe.

The role of advanced practice nurses (APNs) is growing worldwide. APNs are Registered Nurses who have acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice. Approximately 70 countries have established or are in the process of establishing APN roles. The current upsurge in international interest in APNs presents a unique window of opportunity for health leaders to maximize APNs’ impact on expanding access to primary care, containing costs, and improving health.

To this end, with the support of the Robert Wood Johnson Foundation, a global group of health leaders gathered in the United States for a two-day symposium in July 2014. The event was jointly convened by the National Nursing Centers Consortium (NNCC), the University of Pennsylvania School of Nursing, the Office of the Chief Nurse in Queensland, Australia, AARP International and the Robert Wood Johnson Foundation. Over 30 individuals representing ten countries and six continents attended the event, which took place at NNCC’s headquarters in Philadelphia.

As a result of the event, an international working group of nurses and health policy leaders created a white paper which includes recommendations for global leaders and policymakers that are flexible enough to be applied in diverse locations and settings. Findings and recommendations from the symposium are summarized herein, and the full white paper and event summary can be found on the NNCC website: www.nncc.us.

Lack of access to primary health care and health care provider shortages are universal problems in developing and developed countries alike. The development of APN-based solutions to these challenges has the potential to positively impact the health of people in all countries. When allowed to practice at the fullest extent of their education and licensure, APNs can catalyze change and improve health among diverse populations worldwide.

KEY FINDINGS AND MESSAGES

- Advanced practice nurses (APNs) have the potential to play a much larger role in improving the health of people worldwide.
- Different nations are in different stages of developing their nursing workforce, and opportunities for advanced nursing practice vary significantly from country to country.
- Countries where APNs have a well-defined role and greater practice authority have increasingly used nurses to improve access to primary and preventive health care.
- APNs have been successfully deployed in both developed and developing countries to improve health.
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- APNs around the globe have worked with governments, consumer groups, funders, investors and business leaders to create innovative programs and interventions that improve people’s health.
- APNs can be a cost-effective solution to existing health care access and quality problems, but additional data must be collected in order to fully evaluate and capture the value of their services.

**Recommendations**

Symposium participants agreed that any recommendations must be flexible enough to accommodate differing cultural, political and geographic contexts within each region. As a result of the symposium, participants identified five key recommendations:

1) **Standardize the definition of the APN role.**
   - The International Council of Nursing’s 2008 definition of advanced practice nursing was identified as a model because it is context-based. It recommends a graduate degree for the role but does not specify this as a requirement.

2) **Improve the educational curriculum for APNs, while respecting each country’s unique cultural and political context.**
   - Offer advanced training opportunities for nurses in all countries around the world.
   - Match APN educational programs’ curriculum to local health needs to ensure relevance and impact.
   - Incorporate nurse residencies and mentorships into APN training programs where possible.
   - Provide ongoing opportunities for nurses to learn about business, leadership, public policy and entrepreneurship concepts throughout their careers.
   - Improve continuing education opportunities to allow for nurses’ ongoing role development.

3) **Increase access to primary and preventive health care services by removing policy barriers that prevent APNs from practicing to the full extent of their education and training.**
   - Work with governments to clearly define APN practice authority.
   - Work with governments to expand prescriptive authority for APNs.
   - Increase the nursing profession’s representation on government committees and advisory boards in order to exert influence and educate policymakers.
   - Convene stakeholders who will benefit from increased use of APNs to share ideas and communicate the potential impact of advanced nursing practice on population health.

4) **Health care funding mechanisms must be reformed to allow for APN-based practice models.**
   - Governments should require third-party payers to directly reimburse APNs for services provided to patients.
   - APN groups and health stakeholders should work with governments to identify sustainable funding for APN-led projects and initiatives.

5) **Collect data and share information on APN quality and outcomes in a variety of countries/settings.**
   - Conduct needs assessments to determine how APNs can address population health issues in a cost-effective manner.
   - Teach APNs how to better capture and work with administrative data and Electronic Health Records so they can communicate their value to policymakers.
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- Update a 2010 OECD working paper on the economic impact of advanced practice nursing.
- Translate advanced practice nursing research articles into other languages to facilitate the transfer of information and evidence across cultures.
- Create “Ambassador” groups to share APN innovations with lawmakers in other countries.
- Increase visibility of the APN role through communications initiatives directed at consumers.
- Convene international APN alliances regularly to share information.
- WHO, OECD and other surveying bodies should develop more informative measurement parameters to gain data that will better explicate the impact of APNs.

Moving forward, event organizers and participants will build an international coalition of stakeholders that will work to disseminate and implement these recommendations. This document will be shared with global nursing organizations, health policy leaders and nurse educators throughout the world and will be presented at upcoming International Council of Nurses (ICN) conferences and meetings.

FOR MORE INFORMATION

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1. Introduction

Access to primary health care - basic preventive health care, health promotion and disease prevention - is a global challenge and one where nursing resources, when maximized to their full potential, can make a difference. The nursing profession, as the world’s largest professional health care provider group, is poised to help solve this crisis in both developing and developed nations by working cooperatively with other health leaders to instill a Culture of Health in communities around the globe.

The role of advanced practice nurses (APNs) is growing worldwide. APNs are Registered Nurses who have acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice.\(^1\) The International Council of Nurses (ICN) estimates that approximately 70 countries have established or are in the process of establishing APN roles.\(^2\)

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\(^1\) ICN Nurse Practitioner/Advanced Practice Nursing Network (n.d.). Definition and Characteristics of the Role. Retrieved from: [http://international.aanp.org/Practice/APNRoles](http://international.aanp.org/Practice/APNRoles)

The current upsurge in international interest in APNs presents a convergence of opportunity for health leaders to maximize APNs’ impact on expanding access to primary health care, containing costs, and improving health.

To this end, with the support of the Robert Wood Johnson Foundation, a global group of health leaders gathered in the United States for a two-day symposium in July 2014. The goal of the symposium was to lay the foundation for a white paper that includes strategies and recommendations for international leaders and policymakers, and that is flexible enough to be applied across diverse cultural locations. The event was jointly convened by the National Nursing Centers Consortium (NNCC), the University of Pennsylvania School of Nursing, the Office of the Chief Nurse in Queensland, Australia, AARP International and the Robert Wood Johnson Foundation. Over 30 individuals representing ten countries and six continents attended the event, which took place at NNCC’s headquarters in Philadelphia.

Prior to the event, symposium participants reviewed a report issued by the United States Institute of Medicine (IOM) with support from the Robert Wood Johnson Foundation entitled *The Future of Nursing: Leading Change, Advancing Health.* This report, which was released in 2010, describes how the nursing profession can engage with a reformed health care system to improve access to care for all people in the United States. The report concluded that nursing can and must play a critical role in ensuring the public’s access to high value, high quality care. Since its release, the report has stimulated discourse and change across the nation and throughout the world. The symposium’s agenda, discussion and outcomes were strongly informed by the *Future of Nursing* report. The symposium offered another opportunity to capitalize on the report’s momentum and carry its message beyond the borders of the United States. It also allowed health leaders to share information about promising innovations that could be replicated internationally.

As a result of the event, an international working group of nurses and health policy leaders convened to create this white paper, which includes recommendations for global leaders and policymakers that are flexible enough to be applied in diverse locations and settings, including the United States. The aim of this white paper is to be the foundation for a global *Future of Nursing* report.

This white paper will summarize the key findings and general recommendations identified as a result of the July 2014 symposium. To provide context for these recommendations, this paper will also provide background information on the state of advanced practice nursing around the globe, as well as a summary of the presentations and discussions that took place at the symposium. This paper will also provide an overview of unifying themes, promising practices and challenges identified by symposium participants.

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Lack of access to primary health care and health care provider shortages are universal problems in developing and developed countries alike. The development of APN-based solutions to these challenges has the potential to positively impact the health of people in all countries. When allowed to practice at the fullest extent of their education and licensure, RNs practicing as APNs can catalyze change and improve health among diverse populations worldwide.

2. The State of Advanced Practice Nursing Around the Globe

Introduction

Nations around the world are struggling to expand health care access, contain costs, and improve quality of care. Although these problems may be more acute in developing countries, these challenges affect all nations. When speaking of the importance of promoting access to care, the World Health Organization (WHO) has said, “the contribution of a health system to improving health depends, firstly, on how easily a person can access appropriate and effective health services in case of medical need.” Unfortunately, health systems throughout the world are struggling to provide cost-effective access to appropriate health services, to the detriment of people’s health. APNs are increasingly being viewed as a possible solution to these challenges.

Definition of Advanced Practice Nursing

Advanced practice nursing developed out of the Registered Nurse (RN) role. The modern concept of advanced practice nursing was first developed in the United States in the 1960s when the first Nurse Practitioner (NP) positions were created. However, difficulties in providing a concise and clear definition of “advanced practice(s)” still persist, stemming from the fact that advanced practice nursing encompasses a wide (and growing) variety of competencies and practices.

Although the worldwide number of APNs has grown significantly in recent years, achieving a global consensus on the definition of “advanced practice nursing” is difficult given the fact that countries are at different stages of implementation and development of the APN role. A recent international review identified at least 14 different titles used to refer to APNs, such as a “nurse practitioner,” “nurse consultant,” “clinical nurse specialist,” and others. To address potential confusion, the International Council of Nursing (ICN) has proposed the following broad definition of advanced practice nursing: “A Nurse Practitioner/Advanced Practice Nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills

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and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A Master’s degree is recommended for entry level.\(^7\)

**Education and Training of APNs**

Many nations, especially in Europe, Australia and the Americas, have adopted the requirement of Master’s-level preparation for advanced nursing practice. At the same time, some nations have taken a competency-based approach to APN training, providing a variety of specialization opportunities that allow APNs to develop skills within a more narrowly-defined clinical context. For example, in many parts of Europe the APN role is not dependent on attainment of a particular degree, but rather the acquisition of specific competencies related to the nurse’s professional role.\(^8\) Meanwhile, in some other highly-developed nations, including the United States, there is a movement towards requiring doctoral-level educational credentials in order to practice as a Nurse Practitioner.\(^9\)

Such variation in educational requirements and training reflects the diversity of cultures and contexts in which nurses practice, and many of these educational frameworks have developed organically in order to create a health workforce that meets the unique needs of local populations. In Brazil, for example, collaboration between educational institutions and health service providers produce a nursing workforce that is able to meet the country’s needs even in remote areas.\(^10\) Meanwhile in sub-Saharan Africa, very few people (only about 6% of the total population) have access to any kind of higher education, and the overall population has vast unmet health needs.\(^11\) There may be continuing education opportunities and requirements for nurses, but they are often not well-developed enough to increase competency.\(^12\) In countries such as these, it is not currently feasible to require extensive graduate-level education for APNs if the goal is to expand the health workforce to meet the needs of the populace. However, such wide variations in APN educational preparation and training around the world make it more difficult to measure the global impact of the APN role and speak broadly with policymakers about nursing’s potential to improve population health.

Different countries and regions have implemented advanced practice nursing education programs at different times; however, in general there has been a vast increase in the past 30 years in the number of APN training programs worldwide. The United States and Canada launched Nurse Practitioner education programs in the 1960s, and Master’s-level nursing

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7 Ibid.
programs began to proliferate in Latin America in the 1980s. In Ireland, there has been a significant increase over the past 10 years in the availability of post-registration education programs designed to train nurses in advanced roles. In Europe, the establishment of a new European Nurse Practitioner Master’s program, coordinated by St. Martin’s College in England, has the potential to create additional NP posts across the European Union (EU). Funded partly by the EU, 13 universities in Ireland, Italy, Slovenia, Sweden and other countries will collaborate to implement the program. Many nations have also taken steps to incorporate nurse internships, professional development and continuing education requirements to further ensure that APNs maintain their qualifications and competencies. In the United States, many universities have also implemented “bridge programs” to facilitate health workers’ transition into the APN role.

As more developed nations generally move towards establishing more rigorous educational requirements, new challenges arise. The United States and Canada, for example, are experiencing nursing faculty shortages. Statistics show that interest in nursing careers in the United States remains high, but the educational system does not have the capacity to meet this demand. In 2008, nearly 50,000 qualified applicants to professional nursing programs (including 7,000 applicants to graduate-level programs) were turned away due to faculty and clinical placement shortages. In Latin America, nurses with Master’s-level training are less likely to provide care directly to patients, due to a limited supply of nurses with these credentials and a high demand for them in administrative roles. Finally, increasing educational standards also raises cost concerns for the health system as a whole, as more highly-educated nurses may demand higher salaries. Faced with the prospect of higher costs, the return on investment associated with APNs may decrease, causing policymakers to consider utilizing lower cost providers such as community health workers instead.

Another issue to consider when discussing the global supply of APNs and educational standards is nurse migration. A survey of health care workers in six African countries found that the leading factors behind migration included better work conditions, additional education opportunities, and better pay. Although international nursing organizations may provide standards and tools for education, conditions such as endemic poverty, natural disasters, and

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17 For an example of one such program, visit the University of San Francisco School of Nursing’s webpage: http://nursing.ucsf.edu/programs/masters-entry-program-nursing-mepn
18 Institute of Medicine, supra note 3 at 179.
19 MacLean et al., supra note 10 at 448.
20 Da Silva Felix, supra note 13.
21 MacLean et al., supra note 10 at 449.
political conflicts may negatively impact nursing education and workforce supply, especially in developing nations.\textsuperscript{22} For example, years of war in Sudan have effectively dismantled the country’s health care and education systems, and severely diminished its nursing resources. It has been difficult to set educational standards and develop the country’s native health workforce, and health care provision remains heavily dependent on entrepreneurs and relief agencies.\textsuperscript{23}

**Factors Contributing to the Expansion of the APN Role**

Throughout the world, increasing disease burdens have led to increased demand for health services. APNs are a cost-effective, patient-centered solution to address these demands. The nursing model of care, with its emphasis on disease prevention and patient education, is well-suited to meet the needs of a world where more people are living with chronic disease. In addition, in many countries where the APN role has expanded, governments and health leaders have looked to APNs as a potential solution to a lack of access to basic health services.\textsuperscript{24}

There are widespread health workforce shortages around the world. In 2006, 57 countries, mostly in Africa and Asia, were identified as having a health care personnel shortage which had reached a crisis level.\textsuperscript{25} However, shortages persist even in highly-developed nations not identified as being in crisis. For example, the United States government estimates that the existing shortage of primary health care providers will grow to over 20,400 by 2020.\textsuperscript{26} Even though the United States has the world’s largest economy and a vast amount of health care resources, approximately 20% of adults do not have a regular source of care.\textsuperscript{27} If APNs and Physician Assistants were better integrated into the health care delivery system, it is estimated that the national primary health care provider shortage could be reduced to 6,400.\textsuperscript{28} Other efforts to expand the reach and impact of APNs have been driven by new regulations that impact the broader health system. For example, the push to expand the APN role in the United Kingdom was given a new impetus in 2004 following the enactment of regulations which reduced the amount of time certain doctors-in-training can work.\textsuperscript{29} In Spain, efforts to increase

\textsuperscript{22} Ibid.

\textsuperscript{23} Ibid.


\textsuperscript{28} U.S. Department of Health and Human Services, supra note 26.

the size of the nursing workforce have coincided with new requirements for children to have ten well visits, five of which must be with a nurse.\textsuperscript{30}

Meanwhile, some countries have a sufficient number of providers on average, but are experiencing shortages in rural areas.\textsuperscript{31} Overall, statistics show that even though approximately one half of the global population lives in rural areas, these areas are served by only 38\% of the total nursing workforce and by less than a quarter of the total physician workforce.\textsuperscript{32} In some nations with significant indigenous populations (such as Canada, New Zealand and Brazil), APNs have been successfully deployed to conduct population health interventions and reduce health disparities in these communities.\textsuperscript{33} In 2013, the Pan American Health Organization (PAHO) issued a resolution calling on nations to increase investment in advanced practice nurse training programs as a way to address “persistent inequalities in access to quality and comprehensive health care services attributable to health personnel shortages in remote and rural areas and among underserved or vulnerable population groups and communities.”\textsuperscript{34}

Advanced practice nursing tends to be more developed in countries where there is a relatively low number of doctors and a relatively high number of nurses.\textsuperscript{35} This is the case in the United States, Canada and the United Kingdom. The table below shows the ratio of nurses to physicians in these countries, as well as nine other selected countries.

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\textsuperscript{30} Jurado Gonzales, \textit{supra} note 8.

\textsuperscript{31} Xu, \textit{supra} note 4.

\textsuperscript{32} World Health Organization, \textit{supra} note 25.


\textsuperscript{34} Pan American Health Organization (4 October 2013). 52\textsuperscript{nd} Directing Council resolution CD52.13, Human resources for health: increasing access to qualified health workers in primary health care-based health systems. Retrieved from: http://www.paho.org/hq/index.php?option=com_docman\&task=doc_download\&gid=25587\&Itemid=

Table 1: Number of doctors and nurses per 1,000 population, and ratio of nurses to doctors, 2008 (or latest year available)\(^{36}\)

<table>
<thead>
<tr>
<th>Country</th>
<th>Data Year</th>
<th>Practicing doctors</th>
<th>Of which: GPs</th>
<th>Practicing nurses</th>
<th>Professional Nurses</th>
<th>Associate prof. nurses</th>
<th>Number of nurses per doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>2007</td>
<td>3.0</td>
<td>1.5</td>
<td>10.1</td>
<td>7.9</td>
<td>2.2</td>
<td>3.4</td>
</tr>
<tr>
<td>Belgium</td>
<td>2008</td>
<td>3.0</td>
<td>1.2</td>
<td>..</td>
<td>..</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>Canada</td>
<td>2008</td>
<td>2.3+</td>
<td>1.1+</td>
<td>9.2</td>
<td>7.1</td>
<td>2.2</td>
<td>4.1</td>
</tr>
<tr>
<td>Cyprus</td>
<td>2008</td>
<td>2.9</td>
<td>..</td>
<td>4.7</td>
<td>..</td>
<td>..</td>
<td>1.6</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>2008</td>
<td>3.6</td>
<td>0.7</td>
<td>8.1</td>
<td>..</td>
<td>..</td>
<td>2.2</td>
</tr>
<tr>
<td>Finland</td>
<td>2007</td>
<td>2.7</td>
<td>1.0+</td>
<td>15.5</td>
<td>9.0</td>
<td>6.5</td>
<td>5.8</td>
</tr>
<tr>
<td>France</td>
<td>2008</td>
<td>3.3+</td>
<td>1.6+</td>
<td>7.9+</td>
<td>7.9</td>
<td>0.0</td>
<td>2.4</td>
</tr>
<tr>
<td>Ireland</td>
<td>2008</td>
<td>3.2</td>
<td>0.6</td>
<td>16.2+</td>
<td>..</td>
<td>..</td>
<td>5.0</td>
</tr>
<tr>
<td>Japan</td>
<td>2008</td>
<td>2.2</td>
<td>..</td>
<td>9.5</td>
<td>6.6</td>
<td>2.9</td>
<td>4.4</td>
</tr>
<tr>
<td>Poland</td>
<td>2008</td>
<td>2.2</td>
<td>0.2</td>
<td>5.2</td>
<td>5.2</td>
<td>0.0</td>
<td>2.4</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>2008</td>
<td>2.6</td>
<td>0.8</td>
<td>9.5</td>
<td>7.4</td>
<td>2.1</td>
<td>3.7</td>
</tr>
<tr>
<td>United States</td>
<td>2008</td>
<td>2.4</td>
<td>0.3</td>
<td>10.8+</td>
<td>8.4</td>
<td>2.4</td>
<td>4.4</td>
</tr>
<tr>
<td>Average (12 countries)</td>
<td></td>
<td>2.8</td>
<td>..</td>
<td>9.7</td>
<td>..</td>
<td>..</td>
<td>3.6</td>
</tr>
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</table>

Source: OECD Health Data 2010. Data for Cyprus are from the Eurostat database.

Most of the countries listed in the above chart are highly-developed nations in the Western hemisphere. These countries are among the most likely to have a well-developed nursing workforce. Research shows that the nurse-to-patient ratio is ten times higher in the United States than in South America and ten times higher in Europe than in Africa or Southeast Asia.\(^{37}\) In Latin America, many countries have a low nurse-to-physician ratio and a low nurse-to-population ratio.\(^{38}\) As a result, physicians provide most frontline primary health care, and nurses are relegated to meeting basic care needs.\(^{39}\) In these countries, as well as in countries where there is an oversupply of physicians, there may be no defined independent role for nurses, and limited practice authority.\(^{40}\)

Given persistent and pervasive health workforce inefficiencies in countries throughout the world, governments are increasingly looking to APNs to increase access to care. At the same time, governments and payers are looking for ways to expand patient-centered models of care to maximize limited resources. For example, many countries rely on nurse midwives to provide health services related to childbirth, based on the understanding that this is the most

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\(^{36}\) Table reproduced from Delamaire and Lafortune, *supra* note 35. Physician data from Ireland include all doctors who are licensed to practice. Data marked with a + include not only doctors/nurses providing direct care to patients, but also doctors/nurses working in the health sector as managers, educators, researchers, etc.

\(^{37}\) MacLean et al., *supra* note 10 at 445.


\(^{39}\) *Ibid.*

\(^{40}\) *Ibid.*
appropriate and cost-effective way to manage the natural processes of labor and delivery. As many countries work to address the increasingly complex chronic health needs of aging populations, they are calling upon APNs to provide more patient education and preventive care, with the goal of containing or reducing long-term health care costs. Thus, by expanding APNs’ role in providing health services, nations are looking to the nursing model of care as a way to reduce costs, improve health outcomes, and improve health system efficiency.

**Governmental Policies and APN Practice Authority**

Governmental recognition of the APN role varies significantly around the world. In addition to international variation in educational requirements for APNs, there is also much variation in the way that governments define, recognize, credential and license APNs. As noted above, countries use many different terms to refer to APNs, including “nurse practitioner”, “advanced practice nurse,” “clinical nurse specialist” and others. The tasks performed by each of these different APN types often overlap, making it difficult to compare the impact of APNs across national borders.

The United States, United Kingdom and Canada have recognized nurses in advanced roles for many decades. Ireland and Australia have developed the APN role more recently, but have made a concerted effort to support the role with policy changes at the national level, which has led to rapid growth in APN education programs and job opportunities. In many other countries (such as Belgium, the Czech Republic, France, Japan, Botswana and Poland), the development of the APN role is still in its infancy and governments have yet to formalize or define the scope of advanced nursing practice.

APNs are authorized to prescribe drugs in most parts of Europe, North America, Australia and New Zealand. It is less common for nurses to have prescriptive authority in Asia and Latin America. In many countries in Africa, nurses have similar prescriptive privileges as doctors regardless of whether they have a baccalaureate or an advanced degree; however, some regulations regarding non-physician prescriptive powers are very restrictive and are not updated when new therapies are introduced. The United States was the first country to extend prescriptive authority to APNs beginning in the mid-1970s. However, as with other areas of nursing practice, each of the 50 U.S. states has the authority to set its own rules regarding prescriptive authority for nurses. Even though APNs can now prescribe in all 50 states, it took a great deal of time and effort to achieve this outcome. The United Kingdom extended prescriptive authority to APNs in the 1990s. Certain provinces in Canada began to allow APNs to prescribe drugs in the 1990s, and this authority has been progressively extended across the country.

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41 Delamaire and Lafortune, *supra* note 35 at 18.
44 Delamaire and Lafortune, *supra* note 35 at 9; Pulcini et al., *supra* note 6.
45 Delamaire and Lafortune, *supra* note 35 at 33.
47 Delamaire and Lafortune, *supra* note 35 at 32.
Most countries that provide prescriptive privileges require that APNs work in collaboration with or under the supervision of a physician. In the United Kingdom and Ireland, however, APNs can prescribe without physician supervision.\(^4\) There are also 19 U.S. states where APNs can prescribe drugs independently.\(^4\) However, it is also common for nations to limit the types of drugs APNs can dispense. For example, in Canada most APNs can prescribe antibiotics, antivirals, anticoagulants, antihypertensive medications, basic analgesics, and basic painkillers, but not certain drugs for palliative care and certain narcotics.\(^4\)

Adding to confusion about APN licensure and scope of practice, in some nations APNs legally perform more tasks in certain areas (usually rural ones where physicians are in short supply), than elsewhere in the country.\(^5\) As the APN role is still evolving, a lack of uniformity and clarity regarding scope of practice (including APNs’ authority to prescribe drugs, interpret diagnostic tests, and work independently without physician oversight) can hinder nurses’ ability to serve patients. By supporting the creation of a regulatory environment where APNs practice to the full extent of their licensure and training, governments can improve population health by deploying resources in the most efficient way possible.

**Evidence and Evaluation in Support of the APN Model**

Evidence indicates that APNs practicing independently provide safe, effective, high-quality care.\(^5\) In addition, they achieve high patient satisfaction scores and are more likely than physicians to provide health education to patients with chronic conditions.\(^5\) Research suggests that APNs are cost-effective as well. Researchers in the United States have found increased utilization of APNs leads to substantially lower health care costs, and increased access to preventive health visits.\(^5\)

A global lack of emphasis on primary and preventive health care contributes to the increasing cost of care. According to WHO, global health resources are currently clustered around more expensive curative services, neglecting the potential of primary health care and health promotion, which can prevent up to 70% of the disease burden.\(^5\) Because APNs are educated to provide holistic care using a nursing model, they are well-suited to meet patients’ primary

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\(^4\) Delamaire and Lafortune, *supra* note 35 at 34.
\(^4\) Delamaire and Lafortune, *supra* note 35 at 32.
\(^5\) Delamaire and Lafortune, *supra* note 35 at 31.
\(^5\) Institute of Medicine, *supra* note 3 at 144.
\(^5\) Institute of Medicine, *supra* note 3 at 98; Ritsema, T.S., Bingenheimer, J.B., Scholting, P., Cawley, J.F. Differences in the Delivery of Health Education to Patients With Chronic Disease by Provider Type, 2005–2009. *Preventing Chronic Disease.* Retrieved from the U.S. Centers for Disease Control website: [http://dx.doi.org/10.5888/pcd11.130175](http://dx.doi.org/10.5888/pcd11.130175)
and preventive health care needs. For example, a recent study that analyzed 5 years of ambulatory care data in the United States found that APNs more regularly provided health education to patients with chronic diseases than physicians. A recent analysis of 29 high-quality Canadian research studies on APN-led chronic disease interventions found that “proactive, targeted nurse led care … [is] either more effective and equally or less costly, or are equally effective and less costly, than the usual model of care.”

Increasing utilization of APNs can result in better health outcomes for people, as well as more cost-effective and efficient deployment of health care resources. Governments worldwide have had success using APNs to conduct targeted interventions to improve population health in a variety of settings. For example, innovative government-backed programs led by APNs in Hong Kong and New Zealand have achieved positive outcomes with regard to reducing tobacco use and improving access to mental health services.

However, nurses must do more to collect data to fully evaluate their impact on health outcomes and cost. Increased utilization of APNs can increase access to health care for people all over the world, but challenges and barriers (including those described in section 5 of this paper) currently prevent APNs from reaching their full potential. Through research, evaluation, and dissemination of best practices, health policy leaders can accelerate the global spread of the APN role, thereby improving the health of people in diverse settings.

3. A Framework to Improve Health Worldwide Through Advanced Practice Nursing

The goal of the July 2014 international symposium in Philadelphia was to share information and create a white paper with strategies and recommendations for global leaders and policymakers that could be the foundation for a global Future of Nursing report. Symposium leaders and attendees recognized that any strategies and recommendations identified by the group must be flexible enough to be applied across diverse locations and cultures as context was considered a critical component for implementation.

As noted above, symposium proceedings were heavily informed by the United States Institute of Medicine (IOM) report entitled The Future of Nursing: Leading Change and Advancing Health. The report was the product of an intense two-year consensus study of the nursing profession in the United States and was funded by the Robert Wood Johnson Foundation, a private philanthropic foundation with a longstanding commitment to ensuring that nurses have

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56 The U.S. Institute of Medicine’s Future of Nursing report summarizes this holistic approach in the following way: “Nurses are taught to treat the patient not only from a disease management perspective but also from psychosocial, spiritual, and family and community perspectives.” Institute of Medicine, supra note 3 at 72.

57 Ritsema et al., supra note 53.


the capacity to meet the current and future health care needs of the American public. The report contains eight recommendations and 42 sub-recommendations to transform American nursing to meet the immense and changing health care needs of the nation.\(^{60}\) A major theme of the report is that all nurses, particularly APNs, should be called upon to fulfill and expand their potential as primary health care providers in order to increase access to care and improve people’s health.

The *Future of Nursing* report made several specific recommendations to support the creation of a health care environment that allows APNs to practice to the full extent of their licensure and training and become leaders in all areas of health care, including primary health care.\(^{61}\) The report also called for reforms in nursing education, including the establishment of APN residency programs and the development of a nursing curriculum that emphasizes policy and entrepreneurial skills, among others.\(^{62}\) Since the report’s release, health industry leaders, nurses, consumer groups and other stakeholders have launched a national effort to ensure that the report’s recommendations are fully implemented.\(^{63}\) This campaign envisions a health care system where all people have access to high-quality care, with nurses contributing to the full extent of their capabilities.

At the July 2014 symposium, participants discussed the development of the APN role in countries throughout the world, and worked to identify a framework that could be applied in a wide variety of settings to improve health through advanced practice nursing.

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\(^{63}\) Some of the architects of this campaign include RWJF, as well as AARP, a nonprofit, nonpartisan membership organization serving people age 50 and over. It is coordinated through the Center to Champion Nursing in America (CCNA), an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation (RWJF).
The July 2014 symposium was convened to address a compelling problem: many people throughout the world are not getting the health care they need and deserve. People are at the very center of this diagram, and participants agreed that the ultimate goal of this framework – and any activities that occur as a result of the symposium – must be to improve people’s health.

Symposium participants agreed that this goal can be achieved through the increased utilization of APNs to provide primary health care worldwide, and that there are significant gains to be made since APNs are not currently practicing to their fullest potential in many countries. The means for achieving this goal are split into two categories: changes related to the nursing profession; and external factors that impact the capacity of the nursing profession to provide services to people. Finally, symposium attendees identified research, evaluation and dissemination as constant threads throughout the model. Attendees agreed that these were absolutely vital, and that they must inform any future activities to expand the role of APNs worldwide.
4. Postcards from Abroad: Global Nursing Leaders Speak About Development of the APN Role and Unifying Themes to Improve Health

The symposium provided the opportunity for nursing and health care leaders to provide brief summaries of the development of the APN role in different regions around the world, and discuss examples of best practices and promising pilot programs. The individual presentations offered at the event provided important context for the recommendations and key findings outlined in this paper. The complete symposium agenda and selected presentations, papers and articles from symposium presenters are included in Appendix C. Following the presentations, symposium participants had numerous opportunities for discussion, both in small working groups, and as a whole. The overarching themes and outcomes of these discussions are summarized in sections 5, 6 and 7 of this paper.

At the symposium, presenters from around the world identified a number of unifying themes to improve health. Some exciting innovations and best practices that were identified and discussed included:

- **APNs partnering with governments to meet specific population health needs.** Presenters from all over the world, including Hong Kong, Canada, Brazil, the United States, New Zealand and Australia shared information about nurse-led initiatives to improve population health that had been launched with government funding and/or support. Many of these successful initiatives focused on isolated or hard-to-reach communities, such as rural indigenous populations or people with mental illness. For example, after an assessment conducted in Australia found huge gaps and unmet needs in the primary mental health system, the government supported the work of the Australian College of Mental Health Nursing to credential APNs in mental health and allow them to have access to Medicare funding for their work. There are now over 1,100 credentialed mental health nurses working across Australia. They work collaboratively with other health professionals in diverse settings, including community health, emergency departments, primary health care settings, and others. In addition to performing mental health evaluations, these APNs are also able to conduct physical exams, thus providing more comprehensive care than the traditional model.  

- **APNs working with multiple private and public sector stakeholders to reach new consumers.** Participants from North America described positive outcomes from the spread of the retail clinic industry, which utilizes APNs and Physician Assistants to provide health care services in non-traditional settings such as grocery stores and pharmacies. These models show promise for increased cost-savings and increased access to primary and preventive health care services. Along the same lines, participants agreed that teaching nurses about entrepreneurship and business concepts as part of their professional development can help facilitate these kinds of private sector partnerships in the future. APNs can maximize their potential by linking their efforts to social enterprises.

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64 Australian College of Mental Health Nurses (n.d.). Credential for Practice Program. Retrieved from: http://www.acmhn.org/credentialing/what-is-credentialing
that aim to improve health, and build a movement for change by working with funders, investors, providers and patients to pursue the common good.

- **APNs using technology to maximize health resources and work more efficiently.** In Africa, nurses and other health professionals are making use of innovative smartphone apps to better manage and provide patient care. In Scotland, an electronic health network platform allows nurses to access patient information in real time and receive alerts for specific patients. It also allows nurses, doctors and pharmacists to collaborate and share information more effectively with one another. In Spain, a universal national health record has allowed nurses to collect data and identify clinical best practices.

- **APNs employing better data management practices.** In order to engage stakeholders and remove barriers to APN practice, symposium participants agreed that it is necessary to collect evidence and analyze data to show the value of APN-led health interventions to improve the public’s health. Data must be transparent, shared and utilized to show efficiencies and value in APN practice models. For example, for the last five years the World Bank has engaged in results-based funding programs that include an evaluation component that helps newly funded models of care (including those that utilize nurses and midwives) collect efficiency and efficacy data in real time. This may be one way to collect better data on the APN role. Additionally, the WHO and the World Bank are collaborating to launch a standardized minimum data set requirement. Improving the metrics used by APNs to capture impact is important to ensure that nursing practice is constantly adjusting and improving to meet patients’ needs in all settings. Participants also discussed the nine-step PEPPA framework as a mechanism for assessing needs and optimizing APN roles to ensure patient-centered, holistic health care. Better data on the capacity of the international health workforce will provide a better understanding of nursing’s current capacity, as well as its potential to positively impact global health. In 2010, the OECD (Organization for Economic Co-operation and Development) published an excellent working paper on nurses in advanced roles that compared and contrasted 12 diverse developed countries. Participants agreed that this study should be updated and expanded to include more sensitive APN parameters and provide a current picture of nursing practice around the world. Better evidence and data on nursing’s impact and cost-effectiveness would help engage stakeholders, including policymakers and consumers, and help convey the value of APN practice.

- **Universities, governments and professional groups offering ongoing learning and role development opportunities for nurses.** Symposium participants agreed that patients are better able to access high-quality primary and preventive care when nurses have ongoing opportunities to learn and develop professionally. For example, in Spain, nurse internships are completely funded by the central government. While receiving training, these nurse interns are subject to same conditions and requirements of fully employed nurses. These

65 For a detailed description of the PEPPA framework, please visit McMaster University’s APN Data Collection Toolkit website: http://apntoolkit.mcmaster.ca/index.php?option=com_content&view=article&id=244&Itemid=29

66 Delamaire and Lafontune, supra note 35.
internships help staff the National Health System while also increasing the capacity of the country’s nursing workforce to provide high-quality care.\(^\text{67}\) Meanwhile in Scotland and Spain, career frameworks have been implemented to help guide the professional development of nurses and describe the knowledge and competencies necessary for advanced practice.\(^\text{68}\)

- **Increasing interdisciplinary collaboration among all health system stakeholders to improve people’s health.** A constant theme throughout all discussions was the need to identify and engage key stakeholders from a variety of backgrounds on the issues of health care access and APN practice. Participants that had successfully worked to change laws and regulations to allow APNs to practice more freely and serve more patients agreed that working with allies in government, health care and the private sector was essential to their success. By working together across disciplines, stakeholders are better able to evaluate health workforce capacity and take action to close resource gaps. In order for APNs to participate in these coalitions in a meaningful way, nurses must develop their leadership skills and knowledge of the policy process so they can negotiate more effectively and help make changes. At the same time, interdisciplinary coalitions are better able to catalyze change than nursing groups operating in isolation. One such example of an interdisciplinary coalition that is making a difference is *The Future of Nursing: Campaign for Action*, which is working in the United States to implement a series of nursing-focused, evidence-based recommendations from the U.S. Institute of Medicine.\(^\text{69}\) Finally, there is a critical need to develop strategic ways of working with the growing number of community health workers (CHWs) across all health sectors. APNs must understand the value and ways to integrate CHWs into their practices.

- **APNs engaging with social enterprise to increase access to care.** Funders and international leaders are building a movement to improve the health of nations. For example, the World Bank has recently launched a multi-stakeholder initiative to promote universal health coverage worldwide by 2030.\(^\text{70}\) In the United States, the Robert Wood Johnson Foundation has convened social enterprise summits with the goal of building a Culture of Health in the United States. APNs must engage with these national and international movements in a meaningful way and work to secure funding from investors to implement APN-led clinical interventions on the ground.

**5. Barriers Preventing the Increased Use of APNs**

In addition to identifying best practices and innovative models to improve health through nursing, symposium participants also discussed barriers that stand in the way of improving the


\(^\text{69}\) Hassmiller, *supra* note 61. The Campaign for Action is led by the Robert Wood Johnson Foundation and AARP. For more information, visit: [http://campaignforaction.org/](http://campaignforaction.org/)

public’s health through the increased utilization of APNs. While some barriers were specific to certain countries and regions, there was remarkable consensus about the largest challenges facing APNs worldwide. The most significant challenges identified by symposium participants are described below.

- **The lack of a defined role for APNs.** This challenge was perhaps best characterized by a participant who noted that, “The risk associated with the introduction of any [new] advanced practice nursing roles in the current health care environment is the [...] over-emphasis on doctor replacement or support roles, rather than true reformative patient-centered, nursing models of care. Without agreed definitions, the role of the advanced practice nurse may be severely eroded and under-valued. The nursing profession must delineate [...] advanced practice from the practice profile of other nursing roles and titles, in order to inform new nurse-led service delivery models.” At the same time, there was consensus among symposium participants that the APN role must be allowed to develop in a way that respects each country’s existing health care infrastructure and cultural context. Because the APN role must evolve out of each nation’s existing nursing workforce, participants agreed there must be some fluidity built into the APN definition.

- **Inconsistent educational and training standards.** A key requirement for the successful expansion of advanced practice nursing is the development of a nursing education system with the capacity to provide the appropriate level of training for the new roles that nurses will assume. As noted above, the standards for nursing education vary greatly from country to country. They may also vary within countries, as is the case in the United States where RNs may be prepared at the baccalaureate-level or through a two-year associate’s degree program. Symposium participants agreed that nursing education should be developed and refined based on the specific needs and cultural contexts of each country; however, significant national and regional variations in scope of practice and educational requirements also make it more difficult for APNs to convey their value to policymakers and replicate best practices across borders. There is a tension between level of education that some advocates want and the role that is the best fit for a country.

- **Inconsistent or unnecessary regulation.** In all countries where nurses have assumed more advanced roles, governments have had to adapt the legislative and regulatory framework to allow nurses to take on new responsibilities. The extent to which health policies are centralized or decentralized can influence the time it takes for new regulations to be adopted, as well as their uniformity. In countries where the policymaking process is more decentralized (such as Canada, Australia, and the United States), many relevant laws and regulations must be implemented at the state or provincial/territorial level. This process often results in inconsistent regulation that varies from one area of the country to another, and makes it more likely that nurses

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have to contend with restrictive practice regulations that do nothing to protect patient safety.

- **Unstable health care funding from government or third party payers.** One of the factors driving the expansion of the APN role is the fact that governments are searching for a more cost-effective means of delivering care. At the same time, governments are seeking new models to address primary care physician shortages and inadequate access to primary and preventive health care. This presents an opportunity for greater investment in APN-managed health care models, which can be less expensive than traditional physician-led models. In 2009, for example, the Australian government committed nearly $60 million to enhance the role of Nurse Practitioners within the Australian health care system. In 2010 the United States government also made a significant investment in APN practice as part of the Affordable Care Act by providing up to $50 million to support ten APN-managed health clinics. Since that time however, partisan infighting has caused much of this funding to be restricted or eliminated and no appropriations have been made in subsequent years. Additionally, United States law allows most third-party insurers to decide whether to directly reimburse APNs for care provided to patients. As a result, approximately one-quarter of the major health insurers in the United States do not directly reimburse APNs acting as primary health care providers.

6. **Summary of Key Findings from July 2014 Global APN Symposium**

The July 2014 symposium was a great success, and organizers anticipate that it will serve as a launching pad for further international collaboration among health care leaders on the issues of health care access, population health and advanced practice nursing. The key findings and messages from the symposium are:

- Advanced practice nurses (APNs) have the potential to play a much larger role in improving the health of people worldwide.
- Different nations are in different stages of developing their nursing workforce, and opportunities for advanced nursing practice vary significantly from country to country.
- Countries where APNs have a well-defined role and greater practice authority have increasingly used nurses to improve access to primary and preventive health care.
- APNs have been successfully deployed in both developed and developing countries to improve health.
- APNs around the globe have worked with governments, consumer groups, funders, investors and business leaders to create innovative programs and interventions that improve people’s health.
• APNs can be a cost-effective solution to existing health care access and quality problems, but additional data must be collected in order to fully evaluate and capture the value of their services.

7. Recommendations and Next Steps

The July 2014 symposium provided the opportunity for nursing leaders, supporters and practitioners from around the world to discuss the contexts in which APNs are currently being utilized. In addition to identifying common challenges to increased utilization of APNs, participants also presented best practices from their home countries related to access, cost, and quality. As a result of the symposium, participants identified five key recommendations that are broadly applicable in a variety of global cultural contexts.

Symposium participants agreed that any recommendations must be flexible enough to accommodate differing cultural, political and geographic contexts within each region. With that in mind, the symposium resulted in the following recommendations:

1) **Standardize the definition of the APN role.**
   • The International Council of Nursing’s 2008 definition of advanced practice nursing\(^{73}\) was identified as a model because it is context-based. It recommends a graduate degree for the role but does not specify this as a requirement.

2) **Improve the educational curriculum for APNs, while respecting each country’s unique cultural and political context.**
   • Offer advanced training opportunities for nurses in all countries around the world.
   • Match APN educational programs’ curriculum to local health needs to ensure relevance and impact.
   • Incorporate nurse residencies and mentorships into APN training programs where possible.
   • Provide ongoing opportunities for nurses to learn about business, leadership, public policy and entrepreneurship concepts throughout their careers.
   • Improve continuing education opportunities to allow for nurses’ ongoing role development.

3) **Increase access to primary and preventive health care services by removing policy barriers that prevent APNs from practicing to the full extent of their education and training.**
   • Work with governments to clearly define APN practice authority.
   • Work with governments to expand prescriptive authority for APNs.
   • Increase the nursing profession’s representation on government committees and advisory boards in order to exert influence and educate policymakers.

\(^{73}\) See Pulcini et al., supra note 8.
• Convene stakeholders who will benefit from increased use of APNs to share ideas and communicate the potential impact of advanced nursing practice on population health.

4) Health care funding mechanisms must be reformed to allow for APN-based practice models.
• Governments should require third-party payers to directly reimburse APNs for services provided to patients.
• APN groups and health stakeholders should work with governments to identify sustainable funding for APN-led projects and initiatives.

5) Collect data and share information on APN quality and outcomes in a variety of countries/settings.
• Conduct needs assessments to determine how APNs can address population health issues in a cost-effective manner.
• Teach APNs how to better capture and work with administrative data and Electronic Health Records so they can communicate their value to policymakers.
• Update 2010 OECD working paper74 on economic impact of advanced practice nursing.
• Translate advanced practice nursing research articles into other languages to facilitate the transfer of information and evidence across cultures.
• Create “Ambassador” groups to share APN innovations with lawmakers in other countries.
• Increase visibility of the APN role through communications initiatives directed at consumers.
• Convene international APN alliances regularly to share information.
• WHO, OECD and other surveying bodies should develop more informative measurement parameters to gain data that will better explicate the impact of APNs.

Moving forward, event organizers and participants will build an international coalition of stakeholders that will work to disseminate and implement these recommendations. This document will be shared with global nursing organizations, health policy leaders and nurse educators throughout the world and will be presented at upcoming International Council of Nurses (ICN) conferences and meetings.

By working with colleagues across disciplines and boundaries to pursue the recommendations identified at the symposium, we seek to build momentum for an international movement that will improve the health of people through the increased utilization of Advanced Practice Nurses.

74 See Delamaire and Lafortune, supra note 35.
8. For More Information

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### Appendix A: Attendee List

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Appendix B: Participant Bios

Global Advanced Practice Nursing Symposium
Participant Bios

July 28-29, 2014
Philadelphia, Pennsylvania, United States

International Attendees

Anita Bamford-Wade
Professor Anita Bamford-Wade commenced at Gold Coast University Hospital Queensland on 24th February 2014. Anita comes from Auckland, New Zealand where she worked at Auckland University of Technology 2005-2014. At AUT University, Anita was appointed Joint Head of Nursing in the School of Health Care Practice 2006 - a position she held until Dec 2012. Anita taught in the Master of Health Science and Doctor of Health Science programs: Leadership and Management, Clinical Governance and Health Policy Applied. Her primary research interests are in action research, leadership and management and organizational change.

Prior to AUT, Anita was Executive Director of Nursing at Capital and Coast District Health Board Wellington 1997-2005 and Executive Director of Nursing at Mercy Hospital and Health Services Auckland 1988-1995. Anita has extensive experience in both nursing leadership and governance. Her governance roles include Lakes District Health Board (Rotorua) 1996-2000, Nursing Advocacy Board 1998-2007 (Baltimore), Carmel College Auckland Board of Trustees 2005-2010 and Carmel College Auckland Proprietors Board 2005-2013. Anita is currently deputy chair of Simulation Australia: Learning and Development and Human Factors Committee.

David C. Benton, RGN, RMN, BSc, MSc, MPhil, PhD, FFNF, FRCN
David Benton took up post as Chief Executive Officer of the International Council of Nurses (ICN) on the 1st of October 2008. Immediately prior to this he worked with ICN for three years where he held the role of consultant nursing and health policy and specialised in regulation, licensing and education.

He qualified as a general and mental health nurse at the then Highland College of Nursing and Midwifery in Inverness, Scotland. Over the past thirty years he has had over 100 articles published in relation to research, practice, education, workforce, regulation, leadership, and a range of policy topics. He has a PhD Summa Cum Laude from the University of Complutense for his work on researching an international comparative analysis of the regulation of nursing practice.

David has held senior roles for twenty-five years across a range of organisations. These roles have included working as Executive Director of Nursing at a health Authority in London; as a senior civil servant in Northern and Yorkshire Region; as Chief Executive of a Nurse Regulatory body in Scotland and as Nurse Director of a University Trust Health System.

David has held several visiting appointments and is currently a visiting professor of nursing policy at the University of Dundee in Scotland.
Denise Bryant-Lukosius
Denise is an Associate Professor in the School of Nursing and the Department of Oncology and the co-Director for The Canadian Centre for Advanced Practice Nursing Research (CCAPNR) at McMaster University. She is also a Scientist at the Escarpment Cancer Research Institute a joint venture between McMaster University and Hamilton Health Sciences. At Hamilton Health Sciences, Denise holds a cross appointment with the Juravinski Hospital and Cancer Centre as a Clinician Scientist and Director of the Canadian Centre of Excellence in Oncology Advanced Practice Nursing (OAPN) – which provides a unique program of research, education, mentorship and knowledge translation activities to support the development of nursing roles in cancer control. As a health services researcher, Denise is involved in provincial, national and international initiatives designed to improve patient outcomes and healthcare delivery through optimization of specialized and advanced nursing roles. In addition to her education and research roles, Denise has national certification in oncology nursing and over 25 years of experience as a Clinical Nurse Specialist in Hematology/Oncology and urological cancers.

Dr. Silvia Cassiani
Dr. Cassiani has been the Regional Advisor for Nursing and Allied Health Technicians at the Pan American Health Organization since April 2013. Prior to her current position she worked as Faculty, Department Head of General and Specialized Nursing, as well as Dean of the College of Nursing at Ribeirao Preto-University of Sao Paulo. She has won a number of awards including the National Patient Safety Foundation (NPSF), Solution Poster - Honorable Mention in 2006, the Research Award: Einstein/Roche/Coopserv for knowledge of auxiliaries in nursing technician the preparation and administration of medication errors in 2003, the Research Award: Wanda de Aguiar Horta for knowledge of patients about the medications prescribed during the hospital and after discharge in 2003, and in 2000 received the Research Award: Zaira Cintra Vidal for child and medication: instructional software about administration of medication in pediatrics. She has also published several books and articles about Nursing, Patient Safety and Medication Errors. She holds a PhD in Nursing from the College of Nursing at Ribeirao Preto-University of Sao Paulo and a Masters Degree in Nursing from the College of Nursing at Ribeirao Preto-University of Sao Paulo.

Inia Eruera
Inia has more than 20 years of experience in the education, social, health and disability sectors in a range of roles including project manager, senior advisor, community advocacy, planning and funding and senior management. He has worked in a variety of settings, including the Department of Social Welfare, Manukau Institute of Technology, Northland District Health Board, Amokura Family Violence Prevention Consortium and currently with the Ministry of Health. He has recently assisted the implementation of Whānau Ora, a family-centred multi-sector strategy to support families to be more empowered and to lead independent lives to realise their full potential.

At a regional level he managed the health contracts for all Māori health service providers as the Portfolio Manager Māori Health for the Northland District Health Board. He has been an integral part of primary health planning and funding and contributed to several regional health plans. Following on from there, he was responsible for community development and community action strategies for the prevention of family violence on behalf of the Amokura Family Violence Prevention Consortium. In his current role as Senior Advisor Māori, within the Disability Support Services team; Inia leads the implementation of ‘Whāia Te Ao Mārama’ – Māori Disability Action Plan 2012-17. This plan focuses on outcomes for Māori people with disabilities and their whānau/families and aims to re-orient services to become more culturally responsive and effective for Māori. Inia aligns his present work with the United Nations Convention on the Rights of Persons with Disabilities. He also has a particular interest in the
United Nations Declaration on the Rights of Indigenous Peoples and is committed to the development of Māori and indigenous people.

Adriana Marie Da Silva Felix
Adriana received her registered nursing license at the School of Nursing- Ribeirão Preto, University of São Paulo, Brazil in 1997. She currently holds her position as a nurse specialist in Infection Prevention at Heart Hospital, São Paulo, since 2004. Adriana studied infection control prevention and practice science among nurses at the School of Nursing - Ribeirão Preto, University of São Paulo, completing her doctorate in 2011. She has recently moved to the United States with her husband for one year. Dr. Felix is a volunteer intern for five months with Dr. Silvia Cassiani at the Pan American Health Organization in Washington, DC.

Máximo A. González Jurado
Máximo is a professor at Madrid’s Complutense University. He also serves as President of the Spanish General Council of Nursing, Vice-President of the European Health Professionals Competent Authorities, Co-Chair of the European Biosafety Network, and President of the Spanish National Commission for the Medical and Surgical Care Nursing Specialty. He is also a member of multiple healthcare councils including the Higher Council for Healthcare of Spain’s Minister of Healthcare - Social Policy and Equity, Higher Council for Healthcare of Madrid’s Autonomous Community, and the National Council of Specialties in Healthcare Sciences.

He has published over 20 scientific interest articles in international journals, over 200 books and monographs on different nursing fields and is the Director of 22 Doctoral Thesis. He has also received a number of awards including: Great Cross of the Civil Order of Healthcare awarded by His Majesty King Juan Carlos I; Quadrennial International “Christiane Reimann” Award, International Council of Nurses; White Cross of the Order of Merit of the National Drug Plan, Ministry of Interior; Military Merit Cross with White Distinctive, Ministry of Defense; Honour Cross of Madrid’s Healthcare, gold category, Autonomous Community of Madrid; SÉNECA Award by the Spanish Healthcare Journalists Association; Honour Academician of Biscay’s Nursing Sciences Academy; and two EDIMSA awards including the Political and Healthcare Personality of Spain.

Máximo holds degrees in Nursing, Pediatric Medicine, and Social and Cultural Anthropology. He also is a Specialist Nurse in Medical and Surgical Care, and has Doctor’s Degree at Madrid’s Complutense University with the Faculty of Medicine and the Faculty of Nursing.

Dr. Kathryn Holloway, RN, DN, FCNA
Dr. Holloway is Dean of Faculty, Whitireia New Zealand, Chair of Nurse Education in the Tertiary Sector (NETS) and author of regular online Webscope column in New Zealand Nursing Review. She is a New Zealand educated registered nurse and completed her doctorate in the development of a Specialist Nursing Framework for New Zealand which has been adopted nationally by a number of specialty nursing groups and informs the Specialty standards credentialing process developed by the National Nursing Consortium.

Frances Hughes, RN DNurs, ONZM
Dr. Frances Hughes commenced in the role of Chief Nursing and Midwifery Officer for the Queensland Department of Health in March 2012. She has extensive knowledge and networks in relation to health policy particularly in the field of nursing and mental health, research, and global health issues.
For 8 years, Dr. Hughes held the position as the Chief Nurse for New Zealand and during this time played a major leadership role in nursing. She was instrumental in the development of government policy around nurse prescribing, primary health care, health line and rural schemes, mental health and Nurse Practitioners.

She was the first nurse to be awarded the Harkness Fellowship in Health Care Policy from the Commonwealth Fund in New York. She spent a year in 2001 studying at the centre for hospital and patient outcomes, University of Pennsylvania with Professor Linda Aiken. During this time she was involved in research relating to Nurse Practitioners, nursing turnover and the effects of nursing on patient outcomes.

For 7 years Dr. Hughes served as the Commandant Colonel for the Royal New Zealand Nursing Corps, providing strategic nursing leadership to the New Zealand Army.

In 2004 Dr. Hughes was appointed as the first Professor of Nursing at Auckland University, Chair of Mental Health Nursing and established the centre for mental health policy, research and service development. From 2005 through to 2011 Frances worked for World Health Organisation (WHO) as the Facilitator for the Pacific Island Mental Health Network (PIMHNet). During this time she worked with 16 governments, supporting them to develop policy and plans to improve mental health. Frances also established her own consultancy firm and worked for Non-Government Organisations (NGOs) in the areas of disability and service evaluation and mental health. She held part time position as Executive Officer in a national disability group and established an NGO providing community residential support to those with complex mental illness. Prior to commencing with the Department of Health, she was the Acting Deputy Director of Mental Health for New Zealand.

Dr. Hughes is an established scholar and has extensive publication record, publishing her first book in 2007 “Have your Say - how to influence public policy”. Her scholarship and research interests are Mental Health, Health Policy and Nursing.

Dr. Hughes has a BA, MA and Doctorate in Nursing and was awarded the New Zealand Order of Merit in 2005 for her Services to Mental Health. In 2011, she received a Fulbright Senior Scholarship followed by a Distinguished Alumni Service Award from Massey University in New Zealand in 2013.

Esther M. Kim

Esther is a graduate intern at the Pan American Health Organization. Commuting from Philadelphia on the weekdays, she started her position with Dr. Silvia Cassiani this summer. She is in the Health Leadership Master’s Program at University of Pennsylvania, expecting to graduate in December 2014. Previously a clinical nurse at the Children’s Hospital of Philadelphia, Esther lost her motor speech ability due to a brain surgery related to a childhood disease. Now, she is developing her research interests and understanding of global health policy with the privilege to be working at PAHO in Washington, DC.

Gaetan LaFortune

Gaetan LaFortune joined the OECD Health Division in 1999, where he is now a Senior Economist. Over the past ten years, Mr. Lafortune has acted as the coordinator and editor of the OECD publication ‘Health at a Glance’, which presents international comparisons of health and health systems across the 34 OECD member countries. He has also carried out a number of studies on health workforce issues, notably the development of more advanced roles for nurses in certain OECD countries and a review of recent developments in health workforce planning models. Before joining the OECD, Mr. Lafortune worked on a range of labour market and health policy issues for the Government of Canada in Ottawa.
Gaétan Lafortune holds a Master’s Degree in Economics from the University of Sherbrooke (Canada).

Susie Shun Sui Lum
Ms. Susie Lum commenced her nursing career in Hong Kong, graduating as a registered nurse from the School of Nursing, Queen Elizabeth Hospital in 1969. Ms. Lum completed a Diploma in Nursing Education at the Lincoln Institute of Health Sciences as well as a Certificate of Advanced Nursing Administration at the Royal College of Nursing in London, and later, also with distinction, a Master of Business Administration from the University of Hull. She was awarded Doctor of Nursing (honoris causa) by the La Trobe University, Australia in September, 2000 and also awarded a scholarship to the “Strategic Perspectives in Nonprofit Management” program at the Harvard Business School in July, 2004 by the Harvard Business School Association of Hong Kong.

Her previous management roles include Senior Nursing Officer for Service and Planning and, later, General Manager (Nursing) and Chief Nursing Officer at Ruttonjee Hospital. Ms. Lum was appointed in 1994 in her position as Senior Nursing Manager (Nursing) then re-titled Chief manager (Nursing)/Chief Nurse Executive of the Hospital Authority where she had responsibility for the overall leadership, strategic planning and policy development in nursing practice, education, and services management. Her leadership covers some 20,000 nurses employed in the 45 hospitals and other health services operated by the Hospital Authority.

Ms. Lum has been instrumental in spreading her mission and values among nurses working in China and facilitated the training of specialty nursing targeted for around 600 experienced Guangdong nurses in ten nursing specialties in the four years starting from 2007 and she was the Director of the specialty programs till she retired from HA. Since 2002, Ms. Lum has championed with the concerted effort of nurse leaders the established of the Hong Kong Academy of Nursing for public and statutory regulation of nursing specialties development to better serve the community. Since 2009, she has practiced as a Health Management Consultant and in April 2014 she opened her own Nurse-managed Wellness Centre – Salubrity Living Wellness Centre in Hong Kong, providing health assessment, education and management to her clients.

In May 2013, she was awarded the 44th Florence Nightingale Medal by the International Committee of Red Cross, which recognizes nurses for exceptional courage and devotion to victims of armed conflict or natural disaster. It also recognizes exemplary service or a pioneering spirit in the areas of public health or nursing education. In the community, she is now serving as Council Member of the Tung Wah College of Hong Kong, Professional Advisor of the School of Continuing Education of the Chinese University of Hong Kong, and Honorary Adviser of the Hong Kong Open University Li Ka Shing Institute of Professional and Continuing Education. She was appointed Member of the Hong Kong Council on Smoking and Health in 2013. In March 2014, she was awarded the prestigious Leader of the Year 2013 Award (Community and Public Affairs Category) by the Headline Daily, Sing Tao Daily and The Standard Media Corporation.

Nyangi Philemon Ngomu
Nyangi is a Registered Nurse and Health Program Manager, currently holding a position of Regional Nursing Advisor at ICAP South Africa providing technical assistance to the General Nursing Capacity Building program in six African countries. Since 2008, he has served as the Executive Director for the Southern African Development Community Network of Nurses and Midwives (SANNAM).

He holds a First Degree in Nursing Sciences from the Bukavu Higher Institute of Medical Technologies in the Democratic Republic of Congo, an Honors Degree in Nursing Sciences and a Masters Degree in
Nursing Sciences in Nursing Research from the University of KwaZulu-Natal in South Africa. He was awarded a Post-graduate Diploma in the Management of HIV/AIDS in the World of Work from the University of Stellenbosch in 2009 and, in 2010 an Advanced Health Management Program co-certified by the University of Yale and the Foundation for Professional Development in South Africa.

He has experience in HIV/AIDS nursing, trauma and emergency nursing, in nursing education, research and leadership and policy development, in program implementation and program management. He is also a certified trainer for the International Council of Nurses (ICN) Leadership for Change (LFC) Programme and works with Dr. Stephanie Ferguson (Director of the LFC) for training in South Africa.

He is fluent in French, Swahili and English. His current interest includes health policies and systems strengthening in Africa.

Keri Zug
Keri graduated from Scripps College in 2009 with her BA in Interdisciplinary Studies in Culture and Politics and International Relations. She received a Fulbright Scholarship and spent 10 months in the Andean region of Peru researching maternal health from 2010 - 2011. She graduated from the University of Pennsylvania with her BSN in December 2012, and currently works on the Solid Organ Transplant Unit at Georgetown University Hospital. She is enrolled in the Women’s Health Nurse Practitioner MSN Program and will return to complete to Philadelphia to complete her degree in May, 2015 with the goal of pursuing a PhD in Nursing. She is currently an intern with Dr. Silvia Cassiani at the Pan American Health Organization in Washington DC.

U.S. Attendees

Dr. Maria Christina Esperat, RN, PhD, FAAN
Dr. Esperat is Professor and Associate Dean for Clinical Services and Community Engagement of the School of Nursing at Texas Tech University Health Sciences Center in Lubbock, Texas. She is the CH Foundation Regents Professor in Rural Health Disparities at the School, and administers the School’s business enterprise, which includes the Larry Combest Community Health and Wellness Center, a nurse-managed primary health care clinic which is a designated federally-qualified health care center. Dr. Esperat has extensive experience in program development, implementation and evaluation; she directed a patient navigator program for chronic disease management which was funded by the Health Resources and Services Administration of the US Department of Health and Human Services, and is providing oversight for a Nurse Family Partnership program funded by the Texas Department of Health and Human Services.

She received a certificate from the Johnson & Johnson/UCLA Health Care Executive Program in August, 2003, was a 2005 Primary Health Care Fellow of the Health Resources and Services Organization Bureau of Primary Health Care, and a 2005 Robert Wood Johnson Executive Nurse Fellow. She was inducted into the American Academy of Nursing in 2004. She served as a member of the National Advisory Council on Nursing Education and Practice, Division of Nursing, Bureau of Health Professions in 2001-2005, Chair of the Board of Directors of the National Nursing Centers Consortium in 2006-2008, and was a member of the Research and Evaluation Committee of the Council of Graduates of Foreign Nursing Schools from 2004-2007. She has served as chair or member for the US DHHS Health Resources and Services Administration and National Institutes of Health review panels.
Dr. Esperat serves as a research consultant for the Silliman University College of Nursing in Dumaguete City, Philippines; she also serves in a leadership role in the development of the Revitalizing Primary Health Care program, a collaborative initiative between the college and Dumaguete City Department of Health.

**Julie Fairman, PhD, RN, FAAN**

Julie is a professor of nursing at the School of Nursing, University of Pennsylvania, where she is also the Director of the Barbara Bates Center for the Study of the History of Nursing. She holds a secondary appointment in the Department of the History and Sociology of Science and is a member of the Women’s Studies Faculty Advisory Board. She is also a Senior Fellow at the Leonard Davis Institute of Health Economics, University of Pennsylvania. Her research on the history of nursing and health care has been funded by an RWJ Investigator in Health Policy fellowship, the RWJ Research Managers Program, the NLM, the NEH, and the American Nurses Foundation. She is the author of two critically acclaimed books, *Critical Care Nursing: A History* (University of Penn Press, 1998), and an analysis of the American Nurse Practitioner movement from 1960-1980, *Making Room in the Clinic*, (Rutgers University Press, 2008), and both books have won awards from the American Association for the History of Nursing. She is a co-editor of *Nurse Practitioners: The Evolution and Future of Practice*, the top selling volume on Nurse Practitioners, and the Routledge Handbook on the Global History of Nursing. She is the senior co-editor of the JHU Press series, *Nursing History: Narratives for the Twenty-first Century*. She has published broadly in multidisciplinary journals from *Nursing Research* and *Nursing History Review* to the *New England Journal of Medicine* and *JAMA*.

Her work examines the historical foundations of contemporary nursing issues, including the Nurse Practitioner movement, the relationship between gender, technology and nursing, and the negotiation of clinical practice boundaries between providers. In 2009-2010 she was the Institute of Medicine Distinguished Nurse Scholar in Residence, where she worked with the RWJF Initiative on the Future of Nursing, at the Institute of Medicine. She is currently co-director of the $20+ million RWJ Future of Nursing Scholars Program which aims to double the number of nurses with PhDs by 2020. Dr. Fairman received her BSN from Albright College, Reading, Pennsylvania, and her MSN and PhD from the University of Pennsylvania. Her clinical practice background includes critical care and renal transplantation.

She has received numerous awards including the Lindback Award for outstanding teaching, election as a fellow to the College of Physicians and a charter inductee of the Sigma Theta Tau Research Hall of Fame. She holds the Nightingale Endowed Chair at the University of Pennsylvania School of Nursing. She serves on several international boards.

**Susan Hassmiller, PhD, RN, FAAN**

Susan, who joined the Robert Wood Johnson Foundation in 1997, is presently the Senior Adviser for Nursing. In this role, she shapes and leads the Foundation’s strategies to address nurse and nurse faculty shortages in an effort to create a higher quality of patient care in the United States. Drawn to the Foundation’s “organizational advocacy for the less fortunate and underserved,” Hassmiller is helping to ensure that RWJF’s commitments in nursing have a broad and lasting national impact. She is also serving as Co-Director of the Future of Nursing Scholars program, an initiative that provides scholarships, mentoring and leadership development activities and postdoctoral research funding to build the leadership capacity of nurse educators and researchers.

In partnership with AARP, Hassmiller directs the Foundation’s Future of Nursing: Campaign for Action, which seeks to increase access to high-quality, patient-centered care in a health care system where
nurses contribute as essential partners in achieving success. This 50-state and District of Columbia effort strives to implement the recommendations of the Institute of Medicine’s report on the Future of Nursing: Leading Change, Advancing Health. Hassmiller serves as the report’s study director.

Previously, she was a member of the National Board of Governors for the American Red Cross, serving as chair of the Disaster and Chapter Services Committee. She is now a member of the national nursing committee, and is the Board Chair for the Central New Jersey Red Cross.

Hassmiller served with the Health Resources and Services Administration as executive director of the US Public Health Service Primary Care Policy Fellowship. In this role, she addressed national and international primary care initiatives. Her work has also included service in public health settings at the local and state level, and she taught public health nursing at the University of Nebraska and George Mason University in Virginia.

Hassmiller is a member of the Institute of Medicine, a fellow in the American Academy of Nursing, a member of the Joint Commission’s National Nurse Advisory Council, the Health Resources and Services Administration National Advisory Committee for Nurse Education and Practice, and the CMS National Nurse Steering Committee. Among the many awards she has received is the Florence Nightingale Medal, the highest international honor given to a nurse by the International Committee of the Red Cross.

Denise Link, PhD, NP, CNE, FAAN, FAANP, FNAP
Denise has extensive experience as a clinician, educator, administrator and health policy expert. A board certified Women’s Health NP since 1979, Dr. Link is a member of the NNCC Board of Directors and is the Governmental Affairs Officer for the Arizona Nurses Association. She has served on the Boards of Nursing in two states. She designed and managed a campus based interdisciplinary healthcare facility that offers integrated mental and physical health care and serves insured and uninsured students, university employees and the public. Dr. Link is a Clinical Associate Professor of Nursing at Arizona State University, Director for ASU’s Women’s Health DNP program, and Clinical Director/Nurse Practitioner at NP Healthcare Grace, an inner city nurse-managed full time family planning clinic that is a partnership among federal, state, non-profit and faith-based agencies. Dr. Link has authored or co-authored numerous publications, presentations and position papers on clinical, education and health policy topics. She is a graduate of the UCLA/Johnson & Johnson Health Care Executive program and a member of the Duke/Johnson & Johnson Nurse Leadership Program Advisory Board.

Logan MacLean
Logan MacLean is a graduate of the University of Pennsylvania currently employed as a nurse at the Children’s Hospital of Philadelphia working in the Pediatric Intensive Care Unit. He received a BS in Nursing from the University of Pennsylvania School of Nursing as well as a BS in Economics from Wharton with a concentration in Finance as well as Health Care Management and Policy. He is currently sub-matriculated into the Nurse Anesthesia Program at UPenn. Logan MacLean has co-authored the paper, “Scale, Causes, and Implications of the Primary Care Nursing Shortage,” focusing on how primary care is defined, the main causes that have led to a deficit of primary care services, and potential strategies to maximize the primary care workforce.

Janice M. Phillips, MS, PhD, FAAN, RN
Janice Phillips is an experienced clinician, researcher, educator and public policy advocate in the health care arena who recently completed service as a 2010-2011 Robert Wood Johnson Foundation Health Policy Fellow, working in the office of Sen. John D. Rockefeller IV (D-WV). With specialties spanning oncology, public health, women’s health, healthcare disparities and research administration, she has
demonstrated her ability to build and maintain strategic relationships and partnerships among academic institutions, scientific investigators, healthcare institutions and advocacy groups.

As part of her RWJ fellowship, Dr. Phillips built support for implementing the Affordable Care Act. She led efforts in support of the Prescription Drug Abuse and Treatment Act of 2011, addressing the nation’s fastest growing drug problem, prescription drug abuse.

Previously, Dr. Phillips was the Manager of Nursing Research at the University of Chicago Medical Center where she strategically positioned the Department of Nursing to achieve its first national recognition for excellence in nursing research and evidence based nursing practice. She also served as a Research Associate/Assistant Professor within the Center for Clinical Cancer Genetics and Global Health, conducting health disparities research and establishing partnerships to enhance community outreach activities targeting faith-based institutions, colleges/schools, and cancer advocacy groups.

As an Executive Board member for the Metropolitan Chicago Breast Cancer Task Force and Chair of Public Policy for the Chicagoland Affiliate of Susan G. Komen for the Cure, Janice collaborated with Illinois lawmakers, numerous professionals and cancer advocates to ensure the successful passage of “The Breast Cancer Reduction Act of 2008.”

Dr. Phillips’ career as a nurse researcher, visiting scholar, academician, clinician, consultant and author includes service as an Assistant Professor at the University of Maryland School of Nursing, where she was the first African American nurse in the country to receive an American Cancer Society Oncology Nursing Professorship to advance understanding of breast cancer disparities among African American women. She has presented her work nationally and on six continents and her research findings continue to inform initiatives targeting minority, and underserved women.

From 1999-2004, Dr. Phillips served as a Program Director at the National Institute of Nursing Research (NIH), where she successfully implemented numerous initiatives to stimulate health disparities research and develop nurse scientists to conduct health disparities research in 20 majority and minority serving institutions.

She is the recipient of numerous awards and honors, including the 2006 Martin Luther King Jr. Humanitarian Award from the University of Chicago Medical Center and the Nursing Spectrum “Advancing and Leading the Profession Award.” Dr. Phillips is the author of more than 75 publications and three edited textbooks. Her 2014 book “Accelerate Your Career in Nursing: A Guide to Professional Advancement and Recognition” received a perfect score of 100 or 5 Stars from Doody’s Book Review Service.

Dr. Phillips holds a BSN from North Park College, an MS in Community Health from St. Xavier College, and a PhD in Nursing from the University of Illinois College Of Nursing. She is active in numerous professional organizations, including the American Public Health Association, American Nurses' Association, American Academy of Nursing, Oncology Nursing Society and Sigma Theta Tau International. She is currently the Director of Governmental and Regulatory Affairs at CGFNS International, Inc. in Philadelphia.

**Bonita Pilon, PhD, RN-BC, FAAN**

Dr. Pilon is Professor and Senior Associate Dean for Clinical and Community Partnerships at the School of Nursing, Vanderbilt University, Nashville, TN. She is responsible for all activities related to faculty practice initiatives that include a large women’s health center with full scope midwifery (over 1200
deliveries at Vanderbilt Hospital in FY 2014) and nurse managed primary care at community sites including a HRSA funded, nurse-led interprofessional collaborative practice serving a vulnerable population in urban Nashville. In addition, Dr. Pilon teaches masters students in the Healthcare Leadership program and she is a senior professor in the management/systems track for the Doctor of Nursing Practice program.

Dr. Pilon holds a BSN from Barry University, Miami, Florida, an MN from the University of Florida, and a PhD in Nursing Administration from the University of Alabama-Birmingham. She is a Fellow in the American Academy of Nursing, a member of Sigma Theta Tau and the ANA, and is certified as a Nurse Executive-Advanced.

**Susan C. Reinhard, PhD, RN, FAAN**

Dr. Reinhard is a Senior Vice President at AARP, directing its Public Policy Institute, the focal point for public policy research and analysis at the state, federal and international levels. She also serves as the Chief Strategist for the Center to Champion Nursing in America, a national resource center created to ensure America has the nurses it needs to provide care in the future. Dr. Reinhard is a nationally recognized expert in health and long-term care policy, with extensive experience in conducting, directing and translating research to promote policy change. Previously, she served as Professor and Co-Director of Rutgers Center for State Health Policy, directing several national initiatives with states to help people with disabilities of all ages live in their communities. As Deputy Commissioner of the New Jersey Department of Health and Senior Services, she led the development of policies and nationally recognized programs for family caregiving, consumer choice and community-based care options. She is a former faculty member at the Rutgers College of Nursing, an American Academy of Nursing fellow and a National Academy of Social Insurance member. She holds a master's degree in nursing from the University of Cincinnati and a Ph.D. in Sociology from Rutgers University.

**Lenore K. Resick, PhD, CRNP, FNP-BC, FAANP**

Dr. Lenore K. Resick, Clinical Professor, received her Diploma from Presbyterian University Hospital School of Nursing, her bachelors and masters degrees in nursing from the University of Pittsburgh, and her post masters certificate in Transcultural Nursing and Doctor of Philosophy Degree from Duquesne University. Dr. Resick continues to maintain an active clinical practice as a Family Nurse Practitioner with a focus on disease prevention, health promotion, wellness and self-care management in the context of chronic disease.

In 1994, Dr. Resick joined the School of Nursing faculty, as the first clinically practicing, nationally board certified FNP faculty member. Her clinical expertise led the development and implementation of the clinical courses in the first Family Nurse Practitioner (FNP) Program at Duquesne University. When the FNP program moved into an online format, Dr. Resick took the lead and developed and implemented the first online clinical courses in the FNP Program at Duquesne University. Currently, Dr. Resick serves as the Director of the FNP Program and the Executive Director of the Community-Based Health and Wellness Center for Older Adults (Health and Wellness Center). In order to meet the growing needs of the Health and Wellness Center, Dr. Resick established the RN+WIN (Retired Nurses Working in Neighborhoods) Program.

Dr. Resick has published and presented on topics related to the community-based wellness model. Her research interests include health and wellness and the meaning of health among vulnerable populations, including African American older adults, Appalachian women, Russian speaking immigrants and Iraqi refugees.
In 2010 Dr. Resick was appointed the Noble J. Dick Endowed Chair in Community Outreach. During her tenure at Duquesne University, Dr. Resick was inducted as a Fellow of the American Academy of Nurse Practitioners. She was honored nationally by being chosen by her peers to receive the Outstanding Service to NONPF (National Organization of Nurse Practitioner Faculty Award). At the state level, she received the Distinguished Nurse Award by the Pennsylvania State Nurses Association (PSNA) in recognition of outstanding contributions to the PSNA members and nursing.

**Sandra Ryan, MSN, RN, CPNP, FCPP, FAANP, FAAN**

Sandy is Chief Clinical Officer for CareCam Health Systems where she oversees all clinical aspects of the company.

Prior to joining CareCam, Ryan was one of six founding officers at Take Care Health Systems and was the first Chief Nurse Practitioner Officer in the convenient care industry. At Take Care Health Systems, Sandy led nearly 1,500 board-certified Nurse Practitioners and physician assistants who practice at over 400 Take Care Clinics at Walgreens drugstores in 35 markets in 19 states. Ryan oversaw clinical and operational leadership for the business while working closely with Walgreens’ chief medical officer in such areas as clinical governance, research, and quality initiatives. Ryan played an integral role in the development and implementation of integrated technology, quality assurance programs, and evidenced-based guidelines to create a consistent and unprecedented patient-focused experience for those who seek treatment at Take Care Clinics. Ryan also led efforts on legislative issues that prevent access to care while promoting the role and visibility of the Nurse Practitioner.

Ryan served as chair of the Clinical Advisory Board of the Convenient Care Association (CCA), the industry’s trade organization, where she was instrumental in developing the CCA’s Quality and Safety Standards and implementing a third-party certification process for these standards. To address the educational needs of nurse Practitioners in the convenient care industry, Ryan helped to orchestrate the first-ever Retail Clinician Education Congress, fostering camaraderie, enhancing education and support within the NP community for the emerging model of healthcare.

Ryan has over 25 years of healthcare and leadership experience in various clinical, management, and leadership settings. She is a highly decorated Air Force Officer and is a nationally certified nurse Practitioner. Ryan’s experiences as an Air Force nurse corps officer include working as a clinician, charge nurse, and director of ambulatory services in inpatient and outpatient settings. Ryan has been recognized for her leadership as the recipient of the Nancy Sharp Cutting Edge Award by the American College of Nurse Practitioners; as the first NP inducted as a Fellow of the Philadelphia College of Physicians; through her inductions as a Fellow of the American Academy of Nurse Practitioners, a Fellow of the American Academy of Nursing, and a 2011 Robert Wood Johnson Executive Nurse Fellow; and by the Convenient Care industry for her contributions to NP practice. Ryan earned a B.S.N. in Nursing from Niagara University, and an M.S.N. from Arizona State University.

**Marla Salmon, ScD, RN, FAAN**

Marla Salmon is Senior Visiting Fellow at the Evans School of Public Affairs, and Professor of Nursing and Public Health at the University of Washington (UW). She has served as dean of nursing at both UW and Emory University, and as a faculty member in nursing and/or public health the University of Pennsylvania, University of North Carolina at Chapel Hill, and the University of Minnesota.

Focusing on global and domestic health policy and workforce development, Salmons career has included a number of governmental and policy leadership roles, including: Director of the Division of Nursing with the US Department of Health and Human Service; Chair of the National Advisory Committee for Nursing
Education and Practice; member of the Clinton administration’s White House Taskforce on Healthcare Reform; member of the US Delegation to the World Health Organization and; member of the National Institute for Nursing Research National Advisory Committee. She was recently appointed to the Special Medical Advisory Committee for the US Department of Veterans Affairs. Salmons international service roles have focused on health workforce capacity building and include: Chair of the Global Advisory Group for Nursing and Midwifery, World Health Organization; Head of the Secretariat for the Global Government Chief Nursing Officers Network; and, founding director of the Lillian Carter Center for International Nursing, Emory University. She has been a consultant/advisor to individual governments and global health bodies, including the World Health Organization, the Pan American Health Organization, the Caribbean Community Secretariat, the Commonwealth Health Ministries Steering Committee for Nursing and Midwifery, the Regional Nursing Body of the Caribbean, and the US Centers for Disease Control and Prevention.

Currently serving on the board of directors for the Institute for Education of Students Abroad (IES) and the Gretta Foundation, Dr. Salmon is a trustee emeritus for the Robert Wood Johnson Foundation. She is a member of the Institute of Medicine, where she has served on a number of committees, including the Institute of Medicines Committee on Envisioning a Strategy to Prepare for the Long-term Burden of HIV/AIDS: African Needs and the US Interests. Salmons publications include the award-winning book, NURSE: a World of Care, which documents the role and impact of nursing around the world. She has been recognized with numerous national awards, including a 2008 Book of the year award from the American Journal of Nursing. She is also the recipient of numerous other national and international awards and recognitions. Salmon received her doctorate in health policy and administration from the Johns Hopkins School of Hygiene and Public Health, where she continues to serve on the Deans Advisory Committee. She also holds degrees in nursing and political science, and studied national health insurance in Germany and Kuwait as a Fulbright Scholar.

**Franklin Shaffer, EdD, RN, FAAN**

Franklin Shaffer was previously executive vice president of Cross Country Healthcare and chief nursing officer for Cross Country Staffing. He was appointed by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO or the Joint Commission) to serve on their Nursing Advisory Council.

Prior to his tenure with Cross Country Staffing, Dr Shaffer served as chief nursing officer at several medical centers, deputy director for the National League for Nursing and adjunct faculty in graduate nursing programs at Teachers College, Columbia University, Adelphi University and Hunter College. Dr Shaffer holds a doctorate of education in nursing administration, a master of education in nursing administration, and a master of arts in nursing administration and adult health from Teachers College, Columbia University. He is a fellow of the American Academy of Nursing and in 2006, he received the distinguished R. Louise McManus Medal for his leadership and contributions to the nursing profession. In 2002, Dr. Shaffer was inducted into the American Academy of Nursing.

**Susan Sherman**

Susan Sherman has served as President and CEO of the Independence Foundation since 1996. The Independence Foundation, a private foundation dedicated to supporting programs in Philadelphia and the surrounding Pennsylvania counties that provide services to people who ordinarily do not have access to them. The four specific areas of funding are: Culture & Arts; Health & Human Services; Health Care and Public Interest Legal Aid.

Susan is a member of the board of directors of the Academy of Vocal Arts, the Public Health Management Corporation, and Project H.O.M.E. She serves on Advisory Committees for the American
Academy of Nursing, the Philadelphia Social Innovations Journal, the Metropolitan Aids Neighborhood Nutrition Alliance Inc., and Students Run Philly Style. Susan also serves on the Eisenhower Fellowships Philadelphia Leadership Initiative Steering Committee and the Pennsylvania Bar Association Judicial Evaluation Commission. She is a Fellow in the American Academy of Nursing, National League for Nursing, and The College of Physicians of Philadelphia. She previously served on the National Advisory Committee of the Robert Wood Johnson Foundation's Colleagues in Caring Project, was chair of the Philadelphia Award Committee, was the chairperson of the Council of Associate Degree Nursing Programs for the National League for Nursing, and was a board member of the Philadelphia Zoological Society.

Susan has been the recipient of Public Health Management Corporation's Carl Moore Leadership Awards, Community College of Philadelphia's Keystone Foundation Award and 40 Leaders Award, MANNA's Outstanding Community Leadership Award, the Women's Way of Philadelphia: Moving Women Forward Award, The Pennsylvania Legal Services Excellence Award, the New York University: School of Nursing Alumni Award, the University of Rhode Island Nursing Alumni Award, the American Academy of Nursing Civitas Award, and the Ross Laboratories Institutional Long Term Care Award. She is a member of the Pennsylvania Womens Forum, the Sunday Breakfast Club, and Delaware Valley Grantmakers.

Julie Sochalski, PhD, FAAN, RN
Dr. Sochalski is Associate Professor of Nursing Senior Fellow at the Leonard Davis Institute of Health Economics, and Affiliated Faculty at the Penn-Wharton Public Policy Initiative at the University of Pennsylvania. She is recognized as a national and international expert in health policy and the health care workforce. Her 3-year tenure at the U.S. Department of Health and Human Services (2010-2013) as Director of the Division of Nursing and Principal Advisor for Health Workforce Policy at the Health Resources and Services Administration involved directing interagency initiatives that promoted program and policy initiatives to build a right-sized, well-skilled, and effectively-deployed health care workforce.

Prior to her recent federal position, Dr. Sochalski directed a series of national and international studies elucidating critical workforce factors influencing the quality of patient care and patient outcomes. She has examined the impact of innovative models of nursing care and nursing staffing on quality outcomes, and has demonstrated the high-value impact of nursing for diverse patient populations including high-risk high-cost chronically ill and terminally ill patients. She has investigated domestic and international trends in the health care workforce, workforce shortages, and migratory patterns of health workers and has collaborated internationally to develop policy recommendations for building an appropriately prepared and effectively deployed international health care workforce. This policy research portfolio and its recommendations have provided policy makers with the tools to build a health care workforce that achieves high value care and improved health outcomes.

Deborah Trautman, PhD, RN
Deborah Trautman, PhD, RN, assumed the role of Chief Executive Officer of the American Association of Colleges of Nursing (AACN) on June 16, 2014. At AACN, she oversees all of the strategic initiatives, signature programming, and advocacy efforts led by the organization known as the national voice for baccalaureate and graduate nursing education.

Formerly the Executive Director of the Center for Health Policy and Healthcare Transformation at Johns Hopkins Hospital, Dr. Trautman has held clinical and administrative leadership positions at the University of Pittsburgh Medical Center and the Johns Hopkins Medical Institutions. She also served as the Vice President of Patient Care Services for Howard County General Hospital, part of the Johns Hopkins Health
Dr. Trautman received a BSN from West Virginia Wesleyan College, an MSN with emphasis on education and administration from the University of Pittsburgh, and a PhD in health policy from the University of Maryland, Baltimore County.

She has authored and coauthored publications on health policy, intimate partner violence, pain management, clinical competency, change management, cardiopulmonary bypass, the use of music in the emergency department, and consolidating emergency services. As a member of the senior leadership at the Johns Hopkins Hospital, she represented the hospital on the Baltimore City Domestic Violence Fatality Review Team.

Dr. Trautman serves as an advisory board member and chair for Academy Health’s Interdisciplinary Research Interest Group on Nursing Issues (IRGNI). She has served as a Magnet Appraiser Fellow for the American Nurses Association Credentialing Center Commission on Accreditation and as an advisory committee member for the navigator and enrollment committee of the Maryland Health Insurance Exchange.

Dr. Trautman is a 2007/2008 Robert Wood Johnson Health Policy Fellow who worked for the Honorable Nancy Pelosi, then Speaker of the House, U.S. House of Representatives.

Staff

Tine Hansen-Turton, MGA, JD, FAAN, FCPP

Tine Hansen-Turton is known as a social entrepreneur who has started several national social and public innovations in the health and human services sector. Ms. Hansen-Turton is currently the Chief Strategy Officer of Public Health Management Corporation, one of the largest nonprofit organizations in Pennsylvania, where she oversees and leads corporate strategy, mergers and acquisitions, development and operations for a nationally leading public health institute and its Public Health Foundation generating annual revenues in excess of $325 million. She has direct budget oversight over $200 million, and manages a direct staff of ten with a total of 500 employees. She has raised over 900 million dollars to date from local, state, and government contracts and grants, appropriations, foundations, corporations, and individual and donor contributions.

In her CSO capacity, Hansen-Turton also serves as the founding Executive Director for the Convenient Care Association (CCA), the national trade association of over 1600 private-sector retail clinic industry, coined by Harvard Professor Clayton Christensen, as a disruptive health innovation, serving 20 million people with basic health care services across the country. Additionally, Hansen-Turton serves as CEO of the National Nursing Centers Consortium (NNCC), a non-profit organization supporting the growth and development of over 500 nurse-managed health centers, serving more than 2.5 million vulnerable people across the country in urban and rural locations. For the past two decades she has also been instrumental in positioning Nurse Practitioners as primary health care providers globally.

Ms. Hansen-Turton is an author of numerous professional books, and she writes and publishes for many peer-review professional healthcare and legal journals and is a regular presenter at local, state and national health care conferences. In 2009 she co-founded Philadelphia Social Innovations Journal, an online publication that brings a public focus to social innovators and their nonprofit organizations, foundations and social sector businesses in the Greater Philadelphia area. In Winter of 2012 she co-
founded the Philadelphia Social Innovations Lab to serve as a hub to test new social models. In 2012, she also helped to co-found Education Plus Academy, which is a public cyber charter school in Pennsylvania serving children with learning disabilities.

**Nick Torres**

Nick Torres serves as CEO of Education Plus Academy Cyber Charter School ([www.edpluscharter.org](http://www.edpluscharter.org)), President of Education-Plus, Inc. ([www.educationplushealth.com](http://www.educationplushealth.com)) where he works on scaling higher education models, school-based health centers and blended learning education models for dyslexic populations, and Founder of the Philadelphia Social Innovations Journal ([www.philasocialinnovations.org](http://www.philasocialinnovations.org)) and Social Innovations Lab ([www.socialinnovationslab.org](http://www.socialinnovationslab.org)). In addition, he serves as faculty at the University of Pennsylvania's Fels Institute of Government ([www.fels.upenn.edu](http://www.fels.upenn.edu)).

Mr. Torres plays a leadership role in Pennsylvania and beyond. In January of 2008, he was 1 of 10 Americans to receive the prestigious Eisenhower Fellowship, which honors emerging leaders from around the world; he was also recognized by Leadership Philadelphia as one of the 101 Philadelphia Connectors. Currently, Mr. Torres serves on the boards of the Free Library of Philadelphia, Children's Scholarship Fund, After School Partnership, and GreenTree Foundation. Previously he served as the Board Chair of Pan American Academy Charter School (Founder). Advisor to Knight Foundation Philadelphia, Chair of the Southeastern Pennsylvania United Way's Professional Advisory Council, Co-Chair of the National Council of La Raza's Northeastern Affiliates, and as a Human Relations Commissioner for the City of Philadelphia.

Mr. Torres served as president of Congreso de Latinos Unidos, Inc., from 2000-2010, one of the nations' premier multi-service organizations. As president of Congreso, he launched a K-college continuum of educational services; launched mental health and primary care as part of its integrative approach; standardized a model of case management across child welfare, welfare to work, health, behavioral health, workforce and education services; and aligned the organization through standardized outcome measurements.
Appendix C: Symposium Agenda and Selected Presentations

PDF versions of selected presentations and papers have been posted to the website of the National Nursing Centers Consortium: www.nncc.us

Global Advanced Practice Nursing Invitation-Only Symposium
Supported by the Robert Wood Johnson Foundation

Location: 1500 Market Street, Philadelphia, Pennsylvania

AGENDA

SYMPOSIUM DAY 1 – JULY 28, 8 AM TO 9 PM:

Day 1 Summary: Participants will share their country’s experience in terms of supporting APNs, how the role has developed and its impact on health. Each participant will develop their own country-specific overview before the symposium that will be summarized and distributed to the participants. The presentation by each country/organization will highlight key points.

8:00-9:00 AM Breakfast

9:00-9:30 AM Welcome and Introductions

- Tine Hansen-Turton, National Nursing Centers Consortium
- Susan Hassmiller, Robert Wood Johnson Foundation
- Julie Fairman, University of Pennsylvania School of Nursing
- Susan Reinhard, AARP
- Frances Hughes, Office of Chief Nurse, Queensland, Australia

9:30-10:00 AM The Symposium in the Context of the Institute Of Medicine (IOM) Future of Nursing Report

- Sue Hassmiller, Robert Wood Johnson Foundation

10:00-11:00 AM Introduction to the APN Learning Symposium

- Nick Torres, Facilitator

11:00-11:15 AM Break

11:15 – 1:00 PM Participant Experiences (20 minute country-led presentation/discussion)

Participants will share their country’s experience in terms of supporting APNs, how the role has developed and its impact on health. The presentation by each country/region will highlight key points, including questions that were emailed previously:
Please describe how far along the APN role has evolved in your country and/or if you are responsible for a larger region/multiple countries. In what areas do APNs work, how has their role been implemented and how is it evolving? What are some of the factors (e.g. leadership, resources, workforce, demographics...) that have supported the role?

What are some of the challenges and opportunities in your country/region with regard to APN education, regulation, payment and practice?

If relevant, give some examples on APN-led best practices in your country. Describe the partnerships that have evolved between APNs and other providers and policy makers. If none, why not?

Presenters/Discussion Leaders:

- David Benton, International Council of Nursing
- Kathryn Holloway and Inia Eruera, New Zealand
- Frances Hughes and Anita Bamford-Wade, Australia
- Adriana Marie Da Silva Felix, Brazil

1:00-2:30 PM  Lunch & Speakers

Panel: How to Think Globally and Change Locally

- Marla Salmon, Global Women’s Health
- Frances Hughes, Global Mental Health (Pan Asian Work)
- Inia Eruera, Indigenous Population Health (New Zealand & Beyond)

2:30-3:00 PM  Break

3:00-5:00 PM  Participant Experiences (20 minute country-led presentation/discussion)

Participants will continue to share their countries’ experiences in terms of supporting APNs, how the role has developed and its impact on health. The presentation by each country/region will highlight key points, including questions that were emailed previously (see above).

Presenters/Discussion Leaders:

- Denise Bryant-Lukosius, Canada
- Silvia Cassiani and Esther M. Kim, Pan American Health Organization
- Susie Shun Sui Lum, Hong Kong
- Nyangi Philemon Ngomu, South Africa
- Maximo Gonzalez-Jurado, Spain
- Gaetan LaFortune, OECD

5:00-6:00 PM  Break
6:00-9:00 PM  Networking Reception and Dinner

1st Day Summary and Reflection:

- Tine Hansen-Turton, National Nursing Centers Consortium
- Julie Fairman, University of Pennsylvania
- Frances Hughes, Office of Chief Nurse Queensland Australia

SYMPOSIUM DAY 2 – JULY 29, 8 AM TO 4 PM:

Day 2 Summary: Participants will generate the best practices inventory as well as key data points each country might want to use to track APN implementation. Symposium participants will also develop benchmarks to capture improvements in access to care through utilization of APNs. A small workgroup will be formed to develop the symposium white paper.

8:00-9:00 AM  Networking Breakfast

9:00-10:00 AM  Facilitated Group Discussion

Reflection on lessons learned/discussion from Day One and how this information can be used to develop best practices.

10:00-12:00 PM  Work Groups & Open Space Session

Participants will help to generate the best practices and policy inventory as well as key data points each country might want to use to track Advance Practice Nursing implementation. In addition to the creation of a best practices and policy inventory, participants will be able to present ideas for projects, initiatives, or general topics of interest around APNs which they would like to engage other participants. The open space sessions will allow others to join together to discuss these initiatives further, offer thoughts and insight, and begin to develop strategies for moving forward.

Workgroups by Region/Countries and Participant Generated Topics:

- Central, North America/US
- Pan Pacific and Africa
- Europe

12:15-1:15 PM  Working Lunch & Facilitated Discussion

What Have We Heard about Best Practices and What is Missing from the Conversation?

- Marla Salmon, University of Washington
- Susan Reinhard, AARP
- All Participants

1:30-3:00 PM  Participant Benchmarks & Envisioning the Future for APNs Globally Open Space Session

Symposium participants will help to develop benchmarks/discuss next steps of what it will take to gain improvements in access to care through utilization of Advanced Practice Nurses. As part of envisioning a
future for APNs globally, participants will be able to present ideas for projects, initiatives, or general topics of interest around the future of APNs which they would like to engage other participants. The open space sessions will allow others to join together to discuss these initiatives further, offer thoughts and insight, and begin to develop strategies for moving forward.

**Workgroups by Region/Countries:**

- Central, North America/US
- Pan Pacific and Africa
- Europe

**3:00-4:00 PM  Symposium Conclusion & Next Steps**

A small workgroup will be formed to develop the symposium white paper.

**SYMPOSIUM DAY 3 (OPTIONAL) – JULY 30, 9 AM TO NOON:**