Finnish Nurses Association

New roles for nurses –

quality to future social welfare and health care services

Content

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Preface

The high-quality care of tomorrow is decided upon today

The evolution of the role of nurses follows the great trends in society. In the future, nurses will work more independently, supporting clients/patients in their self-care and in maintaining their own health. The same trends also affect the job descriptions and division of duties between social welfare and health care professionals. The goal for the near future in Finnish social welfare and health care is to provide higher-quality services through cooperation between the client/patient, nurse, physician, social worker, physiotherapist, practical nurse and other employees.

The board of the Finnish Nurses Association (FNA) set up the advanced practice nursing (APN) expert working group in spring 2013. The Finnish translation used for the term advanced practice nursing in this report is laajavastuinen hoitotyö. The expert working group was tasked with determining what the international term APN means in Finland and describing the roles and job titles under which advanced practice nurses work in Finland. They were also tasked with determining the competence requirements for APN roles and what type of training is required for working in these roles. Another goal was to present visions and recommendations for the job descriptions, training and professional qualification requirements of APN roles and the related regulation.

The expert working group worked closely for two years, comprehensively examining Finnish and international research and literature on APN. Social welfare and health care experts and interest groups were consulted in the different >

This report is intended for politicians, decision-makers in social welfare and health care matters, employers, managers, supervisors, health care teachers, instructors, researchers, nurses and interest groups. It will help us engage in **constructive discussion on multidisciplinary cooperation and job descriptions of the future for the good of the population.**

stages of the production of the report. Representatives of the expert working group attended several events to discuss and share information on the report's topic. The expert working group's report on APN roles was sent out for two separate rounds of consultation and comments: first to key interest groups in October 2015 and then to the members of the FNA and various interest groups in February 2016.

In autumn 2014, the FNA hosted a conference of the International Council of Nurses (ICN) in Helsinki. The APN expert working group conducted a survey among the Finnish participants of the conference. According to the respondents, APN terminology and job descriptions require clarification in Finland. The respondents hoped for clear Finnish titles for APN roles that would correspond to the international titles nurse practitioner (NP) and clinical nurse specialist (CNS). According to the respondents, these two titles and roles differ from each other, and the differences should be able to be described.

This report is intended for social welfare and health care employers, managers, decision-makers and politicians who make decisions related to the division of duties within the social welfare and health care sector or develop its structures, training and job descriptions. For health care teachers and instructors, this report opens up perspectives on skills needed in the future. For researchers, this report sheds light on a phenomenon that is relatively new in Finland and important to examine. The report is also intended for all nurses and extensively for interest groups to help us engage in constructive discussion on multidisciplinary cooperation and job descriptions of the future for the good of the population.

The expert working group was tasked with determining **what the international term APN means in Finland**, and describing the roles and job titles under which advanced practice nurses work in Finland.

Transitioning for the good of the population

The job descriptions of nurses must be renewed in order for all citizens to have access to high-quality and cost-effective services in the future. The integration of social welfare and health care services, client-oriented services and increasing freedom of choice are changing the provision of services and the familiar division of duties. Nurses are a key group of employees when the social welfare and health care sector seeks new ways to provide services to meet client needs.

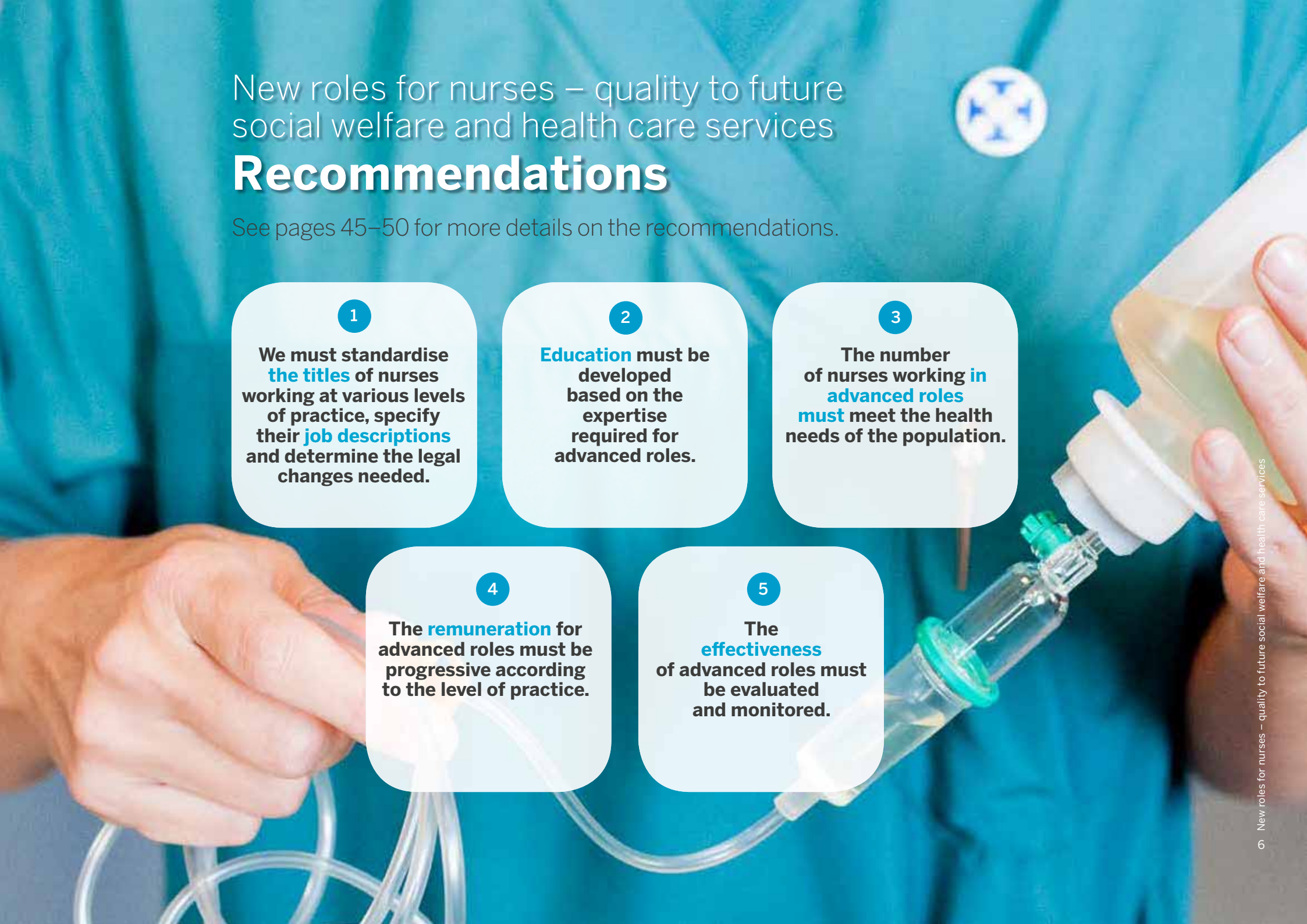
In the future, services will be increasingly provided at places other than social welfare and health care units. Electronic, mobile, outreach and home-based services will be developed in a variety of ways.[1] The population wishes for individual, tailored health services. Furthermore, the significance of self-care will increase, and citizens will need support from professionals in its implementation. In the coming years, aging and increasing chronic illnesses will increase the demand for health care services, while the sustainability gap will make their funding more difficult. Due to the sustainability gap, services must be provided more efficiently and productively than before. Developing the division of duties may curb the increase in social welfare and health care personnel and improve the effectiveness of services, thereby slowing down the increase in the sector's costs[2].

In Finland, socioeconomic and regional health inequalities pose a problem[3]. Compared to other OECD countries, the health care services provided in Finland are high in quality in many respects, but access to treatment is still lacking and in need of improvement[4]. Access to treatment, which is a problem in primary health care in particular, can be expedited with new roles and by utilising digital technology. Timely access to treatment will decrease health inequalities and increase patient satisfaction[5].

The new job descriptions of nurses will meet the health and care related needs of the population near the patient. They will be needed in the development of cost-effective and high-quality health care services. The attractiveness of organisations and nursing will simultaneously be improved [6–11]. The lengths of stay have shortened in specialised health care,[12] which requires a new type of in-depth expertise from nurses. According to the broad, international RN4CAST study, increasing nurses' education level is linked to better care results[13].

The new job descriptions of nurses will meet the health and care related needs of the population near the patient.

Now is the time to determine, on a national level, the education and expertise required of APN roles and the titles used as well as progressive remuneration according to the level of practice. The report describes the types of work involved in various APN roles, provides reasons why they are needed, describes their introduction and provides recommendations for next steps.



New roles for nurses – quality to future social welfare and health care services

Recommendations

See pages 45–50 for more details on the recommendations.

1

We must standardise the titles of nurses working at various levels of practice, specify their job descriptions and determine the legal changes needed.

2

Education must be developed based on the expertise required for advanced roles.

3

The number of nurses working in advanced roles must meet the health needs of the population.

4

The remuneration for advanced roles must be progressive according to the level of practice.

5

The effectiveness of advanced roles must be evaluated and monitored.

A nurse practitioner/advanced practice nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level.' **ICN 2002**

Advanced practice nursing

Finnish Nurses Association

Key terminology

The term ***advanced practice nursing*** (APN) is translated in Finnish as **'laajavastuinen hoitotyö'.** The term first appeared in international and national literature on nursing in the 1980s[14–16]. The ***advanced practice nurse*** (APN) as a practitioner is referred to with the Finnish term **'laajavastuisen hoitotyön asiantuntija'.** The key terminology is described in more detail on page 10.

The International Council of Nurses defines an advanced practice nurse as follows: 'A nurse practitioner/advanced practice nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level.' [17]. This definition is used in a number of countries to develop APN roles.

The use of the terms related to APN and the work content vary internationally [7, 14, 18–20]. For example, four job titles are used in the USA: *Certified nurse anesthetist, certified nurse midwife, clinical nurse specialist* (CNS) and *nurse practitioner* (NP) [21–23]. Several different titles are also currently used in Finland, such as hoitotyön asiantuntija, asiantuntijasairaanhoitaja, kliinisen hoitotyön asiantuntija, kliininen asiantuntijasairaanhoitaja and hoitotyön kliininen asiantuntija 9. Swedish titles used include *klinisk expertsjukskötare, avancerad klinisk skjukskötare* and *klinisk specialiserad sjukskötare* [24, 25].

The two international advanced practice nursing roles that are the most developed are *NP* and *CNS* [7, 15]. The title *NP* is translated as **asiantuntijasairaanhoitaja** in this report. In turn, the title *CNS* is translated as **kliinisen hoitotyön asiantuntija.** In this report, 'clinical' refers to things related to the practical care of patients [26].

Advanced practice nursing

laajavastuinen hoitotyö

At the advanced level, independent clinical nursing and health promotion as well as the related ethical decision-making, teaching and instruction, consultation, evidence-based practices, management, cooperation, research and development.

Nurse practitioner

Asiantuntija-sairaanhoitaja

Job description:
Broad-based and comprehensive nursing, independent examination of patients and assessment of their need for care as well as starting treatment based on symptoms and monitoring with regard to both acute and chronic health issues.

Based on their level of expertise, NPs may in several countries independently diagnose, examine and treat patients with acute or chronic health issues or illnesses [27]. NPs often see patients independently, and some of their duties have traditionally been performed by physicians. This has enhanced the effectiveness of health care and access to treatment [28]. NPs have medical knowledge that expands their range of duties in nursing.

The area of advanced practice nursing and two different job descriptions.

Clinical nurse specialist

Kliinisen hoitotyön asiantuntija

Job description:
Broad-based work aimed to ensure and develop the quality of nursing, foster the implementation of evidence-based nursing and support the organisation's strategic work.

The duties of a CNS include the development and implementation of high-quality, evidence-based nursing. CNSs provide nursing care as part of multidisciplinary teams, comprehensively develop nursing and organisations as well as conduct research [9, 29]. CNSs produce new types of services, improve their quality and supplement the service structure [28].

Terms and abbreviations

APN
In literature, this abbreviation may refer to *advanced practice nursing* as a profession or, in some instances, an *advanced practice nurse* as a professional. The Finnish term used in this report for APN is laajavastuinen hoitotyö, while the term laajavastuisen hoitotyön asiantuntija is used to refer to a professional in this field. APN is an umbrella term that covers a variety of job descriptions in different countries. In this report, it covers the job descriptions of a CNS and NP.

CNS
An abbreviation of *clinical nurse specialist*, translated into Finnish as kliinisen hoitotyön asiantuntija in this report. One of the job descriptions under APN.

NP
An abbreviation of *nurse practitioner,* translated into Finnish as asiantuntijasairaanhoitaja in this report. One of the job descriptions under APN.

Clinical
In this report, 'clinical' refers to things related to the practical care of patients.[26]

EQF
The European Qualifications Framework, which comprises eight levels covering all qualifications ranging from basic to advanced.

EQF levels are determined based on a description of the learning outcomes. EQF provides a common language for describing qualifications, which helps the Member States of the European Union as well as employees and individuals compare qualifications completed in different educational systems or expertise gained by other means. This helps clarify the correlations between qualifications and different educational systems.

Sote
Social welfare and health care.

AHOT (Aikaisemmin hankitun osaamisen tunnistaminen ja tunnustaminen)
Recognition of previously acquired competence.

ICN
The International Council of Nurses. The Finnish Nurses Association is a member.

ICN INP/APNN
The International Council of Nurses, International Nurse Practitioner, Advanced Practice Nursing Network. Global network of advanced practice nursing that operates under the International Council of Nurses (see ICN).

EFN
The European Federation of Nurses Associations. The Finnish Nurses Association is a member.

ESNO
The European Specialist Nurses Organisations.

OECD
The Organization for Economic Cooperation and Development. The organisation has 34 member states, including Finland.

WHO
The World Health Organization. Operates under the United Nations (UN).

Review of international literature

The development of advanced practice nursing roles started in the USA in the 1960s, spreading thereafter to Canada, Australia, the United Kingdom, among other places. At the turn of the century, the development of APN roles expanded globally, also reaching the Nordic countries.[7, 15, 20, 30] The job descriptions vary, which makes it difficult to assess how many countries use APN roles. The estimate ranges from 33 to 60 countries[15, 17, 20]. In Finland, the first CNS roles were established at university hospitals in the early 2000s[31].

On an international level, the duties of advanced practice nurses differ with regard to the training they require as well as regulation, rights and legalisation. The development process is at different stages in different countries. In the USA, approximately nine per cent of nurses work in APN roles, but this figure is less than one per cent in many other countries[7]. International APN roles are described on the next page.

Other advanced roles for nurses include teacher, manager and researcher. Clinical nursing separates APN from these other roles.[30, 32] An advanced practice nurse specialises in some area of clinical nursing. Other characteristics distinguishing advanced practice nurses are advancement, a wider range of duties and autonomy. The APN role actualises through the activities of advanced clinical practice, education, research, consultation and leadership.

Advanced practice nurses are required to possess the skill and ability to recognise areas for development, utilise research data, act as change agents in multidisciplinary cooperation and develop evidence-based nursing. The work extends beyond the nurse's own unit.[22, 29, 30, 33–36] Advanced practice nurses' central focus of practice is advanced clinical nursing. However, it is not enough for advanced practice nurses to master an individual technique or task[17]. Instead, their knowledge should be used to develop nursing broadly. The independent nature of the work does not mean working alone. The opportunity to consult with other professionals and engage in effective collaboration with a multidisciplinary team is of paramount importance[37].

On an international level, APN roles have been developed to improve access to care, increase the division of duties between physicians and nurses, improve the quality of care and save on costs. The utilisation of nurses' expertise has also been fully enabled, and the attractiveness of nursing has been increased with clinical career advancement opportunities. APN roles offer a career path for nurses who want to continue working in clinical nursing.[7] In light of its decades of experience, the Institute of Medicine (now the National Academy of Medicine) has recommended that the independence and scope of the work of NPs within the USA be as broad as possible in each state and regulatory barriers be dismantled to the lowest level they are at among the states[38].

WHO's European strategic directions for strengthening nursing and midwifery highlight the significance of APN to the development of population-oriented services of the future. There is evidence that new job descriptions will alleviate many critical challenges in health care, such as unclear or interrupted patient treatment paths, fragmented job descriptions, difficulties in access to care or the continuity of care and insufficient cooperation between sectors. New APN roles will help produce cost-effective, customer-oriented services and good care results.[39]

Advanced practice nursing roles around the world[40]

USA

- APN roles have been developed since the 1950s/1960s.
- Approximately 9% of nurses work in APN roles (NP 6.5%, CNS 2.5%).
- *Advanced practice registered nurses (APRN):*
  - *Nurse practitioners (NP),*
  - *Clinical nurse specialists (CNS),*
  - *Nurse anesthetists,*
  - *Nurse midwives.*
- Education: master's or doctoral level education.
- Large organisations may employ up to 500 nurses working in NP and CNS roles

Canada

- APN roles have been developed since the 1960s.
- *Advanced practice nurses:*
  - Primary health care *nurse practitioners* (PHCNP),
  - Acute care *nurse practitioners* (ACNP)
  - Clinical nurse specialists (CNS).
- In most provinces of Canada, the legislation pertaining to the work of 'nurse practitioners' (NP) gives them the right to diagnose, conduct examinations and prescribe medication.
- There is no legislation pertaining to CNS roles; instead, these roles are regulated by general legislation on nursing.

Ireland

- '*Advanced nurse/midwife'* is a protected title.
- It requires master's level training and no less than seven years of work experience.
- Advanced practice nurses are registered in the national NMBI register.
- In 2014, the national NMBI register listed 6 advanced midwife practitioners and 140 advanced nurse practitioners.

Sweden

- Public health nurses with advanced training have had a limited right to prescribe medication since 1994 and registered nurses since 2001.
- Master's training that provides the qualification for APN has been provided in Sweden since 2005.
- Case management work has likewise been launched.
- APN roles have not been defined on a national level.
- The titles are not protected by law.
- There is still a limited number of positions available for nurses with advanced training.

Norway

- Master's level APN programmes have been launched since 2012.
- New APN roles are continuously being developed in primary health care in particular. NP roles have been proposed as a new opportunity to solve challenges in primary health care.
- The Norwegian Ministry of Education and Research regulates APN roles. It also supports the development of the roles and has proposed a new type of division of duties among health care professionals.
- Master's or doctoral level degree.

Improving the population's health with advanced nursing expertise

The Finnish legislation enables the development of an appropriate division of duties between health care professionals. There is cultural preparedness for the development of APN in Finland: the job descriptions of registered nurses, public health nurses and midwives are independent at an international level. Primary health care in particular has long-standing traditions for the development of the division of duties between nurses and physicians in a way that promotes patient safety[41].

New types of customer-oriented labour division models, such as nurse-led health stations, have been developed in Finland. However, the development of the division of duties has been slow and is still in its early stages in many respects [42]. The development must be controlled. With respect to both patient safety and the legal protection of health care professionals, we must ensure sufficient continuing education and opportunities to consult other professionals. Wages must also be proportional to the demands of the work. Reforming social welfare and health care structures now offers a unique opportunity to develop a new type of appropriate division of duties and roles. Reform is necessary for changing the operating environment, which can be examined through megatrends (next page).

Megatrends

Megatrends of the future[43–47]

TEM 2015

- Increase in the population's median lifespan
- Technological advancement
- Networking
- Internationalisation and multiculturalism
- Social exclusion
- Growth of the role of environmental factors

Tehy 2013

- Aging of the world population
- Technological advancement
- Globalisation
- Change in people's relationship with information
- Ubiquitous society
- Health and well-being
- Sociocultural change
- Ethical and ecological change

Sitra 2016

- Technology will change everything
- Return of humanity and ethics
- Technology as an enabler of sustainable well-being

THL 2012

- Increasing diversity among the population
- Technological change
- Globalisation
- Impacts of economic fluctuations on the population and its well-being
- Increase of environmental risks
- Continuous change in the service structure

Demos Helsinki 2015

- Individualisation (the desire and ability to demand individualised, tailored health care services), cooperation, participation
- Commodification (growth of the health-related market)
- Digitalisation
- Cost efficiency
- Health promotion
- Adapting environments and cultures to support health

Legislation

Legislation related to social welfare and health care professionals

Up-to-date legislation: www.finlex.fi

Act on Health Care Professionals
(559/1994)

Health Care Act
(1326/2010)

Mental Health Act
(1990/1116)

Social Welfare Act
(L 1301/2014)

Act on Social Welfare Professionals
(817/2015)

Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons
(2012/980)

Decree by the Ministry of Social Affairs and Health on the Grounds for Urgent Care and Specialty-specific Prerequisites for Emergency Services
(782/2014)

Decree of the Ministry of Social Affairs and Health on Emergency Care Services
(340/2011)

Government Decree on Maternity and Child Health Clinic Services, School and Student Health Services and Preventive Oral Health Services for Children and Youth
(338/2011)

Government Decree on the Implementation of Access to Treatment and Regional Cooperation
(1019/2004)

overnment Decree on the Execution of the Health Insurance Act
(1335/2004)

Decree of the Ministry of Social Affairs and Health on the Medical Use of Radiation
(423/2000)

Why are new roles for nurses needed?

Finnish Nurses Association

The **changing health needs** of the population must be met

Citizens expect individualised social welfare and health care services that are tailored to them. This sets new requirements for the expertise and interaction skills of health care professionals, in addition to requiring a new attitude towards work: the client is the owner of their own health. Care-related consultations will increase as clients and patients take more responsibility for their own health and medical care, choose the most suitable place of treatment or utilise new technological tools and applications.

The aging of the population and increasing number of long-term illnesses and people with multiple illnesses is a growing challenge. New types of skills and services are required for care and rehabilitation as well as prevention, the coordination of services and informal and family care. Nurses will increasingly be responsible for monitoring the condition of patients with long-term illnesses and bear the primary responsibility for contacting them. Among other things, the shortening of lengths of stay and advancement of treatment methods will increase the requirements for advanced and in-depth nursing expertise in specialised health care.[12, 44, 48–50]

The **access** to care and health **equality** must be improved

Under the Constitution of Finland, citizens have an equal right to sufficient social welfare and health care services. However, citizens are still in unequal positions with regard to access to care, depending on their socioeconomic background, life situation and place of residence [3, 51].

With regard to morbidity, the needs vary across Finland: the regional differences are significant between Eastern Finland, which has the highest morbidity rate, and the healthier Western Finland [12]. In 2013, more than four per cent of Finns felt that they have health needs which they had not received care for due to the price of the service, distances or a long waiting period. This figure is significantly higher than in Denmark, Norway or Sweden.[4]

Nurses' limited right to prescribe medication is a nationally important operating model that has made it possible to expedite access to care, free up time for physicians to perform more demanding tasks and improve the coordination of care for people with long-term illnesses [52, 53]. A sufficient number of new APN roles is needed to reduce the inequalities in health and well-being among the population, ensure timely access to care and implement population-oriented social welfare and health care services.

Social welfare and health care services must be **high quality** and **cost-efficient**

The division of duties in health care has often been implemented in order to enhance efficiency and reduce costs. Due to sparse resources, the skills of the nursing personnel have been utilised significantly more than previously in primary health care in particular[48]. This is understandable in light of wage costs: the wage differences between health care professionals are great, for example approximately EUR 53,200 per year between physicians and nurses[42].

A functional division of duties between nurses and physicians allows both occupational groups to appropriately utilise their skills. It also contributes to cost efficiency to utilise the full expertise of nurses who have advanced training.

The impact of APN roles on costs can vary, from decreasing the costs to having no effect, or sometimes even increasing them, depending on the perspective. In the short term, costs may be increased by the provision of APN education or new services, for example. However, savings can be ultimately achieved through an appropriate division of duties, improved quality of care, timely access to care and reduction of complications.[7,42]

According to an estimate by a working group of the Ministry of Social Affairs and Health, increasing nurse appointments in primary health care from the current 47% to 55% of the total number of health care appointments would bring significant cost savings: the potential cost savings would be approximately a hundred million euros per year[53]. Increasing the number of APN roles would make it possible for nurses to increasingly examine and comprehensively treat patients who would otherwise be referred to a physician.

In Finland, the quality of care differs between different units and organisations in how well they implement evidence-based recommendations for nursing[54]. APN promotes the implementation of evidence-based practice, as required by the Health Care Act. It is important that enough of these positions be established at different units to secure coherent, high-quality, evidence-based practices across different settings.

The **attractiveness** of nursing must be safeguarded

According to short-term forecasts, the social welfare and health care sector will not suffer from a labour shortage. However, supply and demand will not meet in every profession. There are approximately 83,000 registered nurses of working age in Finland[55]. Less than ten per cent worked in sectors other than social welfare and health care services[56]. According to some estimates, 283,000 new jobs will become available in the sector by 2030[57]. New employees will be needed to meet the labour demand resulting from retirement and the increasing need for care that will be caused by aging[42, 57, 58]. It is difficult to assess all impacts of the digitalisation of social welfare and health care services at this stage.

The availability, recruitment and retention of nursing personnel will be among the greatest challenges for the sector. Merely increasing the provision of education in the field will not be enough to secure the number of personnel if an increasing number of nurses considers changing professions or moving on to other health care positions.[57, 59–61] Clinical career advancement opportunities for nurses will increase well-being at work and the attractiveness of the sector[7].

In the Working Life Barometer of the FNA, over half (59%) of respondents (n = 2,463) believed that nurses' career advancement opportunities in clinical nursing would increase the sector's attractiveness. Almost as many (60%) stated that they were interested in nurses' advanced job descriptions.[10] Furthermore, nurses' limited right to prescribe medication has increased job satisfaction. Nurses are satisfied with their career advancement opportunities in clinical nursing[53].

Globally, the proportion of nurses who work in APN roles is rather low in all countries, ranging from less than 1% to 9%[7]. However, APN roles offer an innovative means to increase the attractiveness of health care services. Advanced practice nurses advocate the visibility and quality of patient care and the nursing profession beyond their own unit.

Statistical data

In 2013, the number of visits to health centres was approximately

23.6 million,

made by approximately **3.6 million** clients.[62]

The number of visits to a physician was approximately **6.8 million.**[62]

Visits to other health care professionals totalled approximately **16.8 million.**[62]

Almost 50% of the nonurgent outpatient physician's appointments in health centres took place within a week of contact in October 2015. In two per cent of cases, the patient waited over three months for an appointment. Waiting times that lasted over three months were the most numerous in the area of the Regional State Administrative Agency for Northern Finland.[64]

Approximately **70%** of nonurgent outpatient nurse's appointments took place within three days of contact. **In less than a per cent** of the appointments, the waiting time was prolonged to over three months.[64]

In 2014, specialised health care provided 997,400 care periods, with approximately 4.4 million care days. The length of care periods shortened from 5.6 to 4.5 days between 2003 and 2014. Outpatient visits totalled approximately 8.8 million. This is approximately 320,000 outpatient visits more than in 2013 and approximately 3 million more than in 2000.[12]

Clinical nursing career model

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Current situation and vision

A career in clinical nursing is a continuum that is built on further education after a basic qualification and work experience. After a bachelor's degree in nursing, nurses can advance in a clinical career by completing specialist training, a master's degree (from a university or university of applied sciences) or doctoral degree and seeking a job in an APN position.

The clinical nursing career model is described on page 32. Different nursing positions should be arranged within organisations in accordance with this model to ensure consistent development of the role on a national level. Post-bachelor's degree education and competence requirements in nursing are described on page 33.

In the future, in addition to registered nurses, the need for advanced practice nurses must be evaluated on a national level. Regardless of the position, every professional is obligated to maintain their competence with sufficient continuing education (Act on Health Care Professionals 559/1994, Section 18).

Sairaanhoitaja
Registered nurse

Registered nurses are licensed health care professionals. An individual who completes a degree in midwifery is licensed as a registered nurse and midwife. Similarly, an individual who completes a degree in public health nursing is licensed as a registered nurse and public health nurse. Paramedics are licensed as registered nurses. In addition to national legislation, the job descriptions of both a registered nurse and midwife are also affected by Directive 2005/36/EC of the European Parliament and of the Council, amended by Directive 2013/55/EU.

The degrees in nursing (210 credits), midwifery (270 credits), public health nursing (240 credits) and emergency care (240 credits) are currently (2016) classified as bachelor's level degrees at EQF level 6. A little less than half of the registered nurses who work in social welfare and health care services currently have a degree from a university of applied sciences, while a little over half have a college-level degree [63]. Clinical career paths and the full utilisation of expertise must be enabled in all the occupational groups mentioned above for the social welfare and health care services of the future.

Registered nurses are tasked with caring for patients. They carry out and develop nursing, which simultaneously promotes and maintains health, prevents illnesses and rehabilitates. Nurses support the resources of people and communities at different stages of their lives. They help people face their illness, injury and death. Registered nurses bring nursing expertise to societal decision-making. [1, 65]

Clients are coached to promote their own health. Motivation and guidance are increasingly emphasised in nursing. Health technology and electric operating systems will change the work and facilitate interaction with clients. [44, 58] In the future, the integration of social welfare and health care will result in nurses working in an increasingly broad social welfare and health care field.

Vision

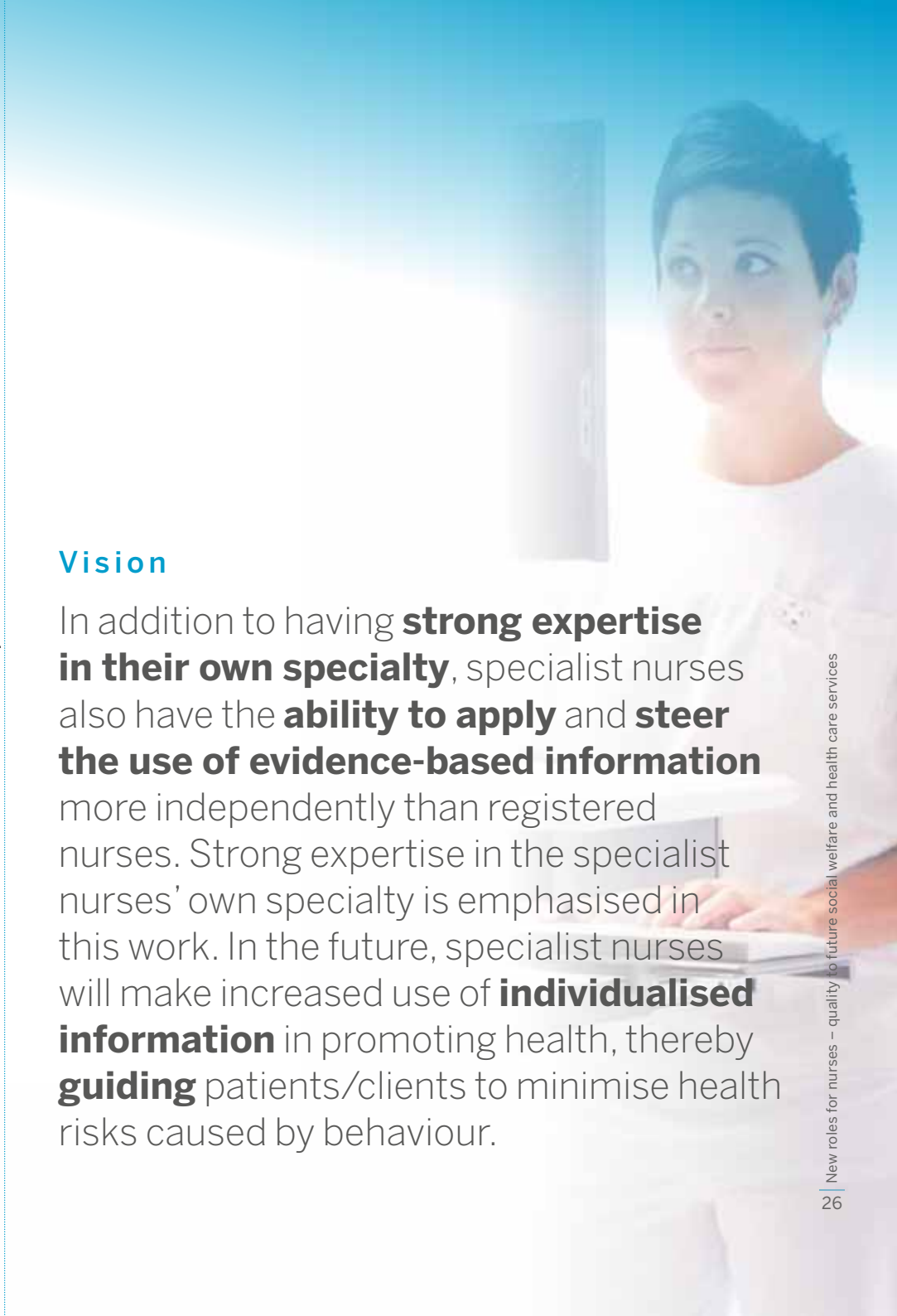
Changing environments will require registered nurses to have the **ability to make decisions more independently**, while the rapid evolution and digitalisation of health care technology will change work methods. In the future, the responsibility for social services will be transferred more clearly to citizens themselves. The work of registered nurses will become more **consultative**, as the **remote care** and **self-care** of patients/clients increases.

Erikoistunut sairaanhoitaja
Specialist nurse

The expertise of a specialist nurse is based on the integration of theoretical knowledge produced by specialist training (30–60 credits) and work experience. The work emphasises strong clinical expertise in a specialty, good patient education readiness, a developmental approach to work and keeping up to date with the nurse's own field. A specialist nurse may provide nurse appointments.[58] They have a good understanding of the operating unit and are committed to deepening their own expertise and disseminating information within their own unit[66].

According to the Ministry of Social Affairs and Health (2016), new specialist training programmes will be launched in 2017 alongside degree and continuing education at universities of applied sciences[67]. Different specialist areas in nursing are planned for the specialist training programmes, to be coordinated on national and regional levels. In the future, it should be possible to recognise them as part of a master's level degree with the AHOT procedure (previously 'recognition of previously acquired competence'). This will speed up the transition from education to working life and eliminate some of the overlap between training programmes (cf. Ratkaisujen Suomi 2015[68]). Nurses' limited right to prescribe medication can already be recognised as part of a master's level degree with the AHOT procedure.

The scope and method of organising specialist training varies across Europe, and a variety of investigation, development and advocacy projects is currently (2016) underway. Driving forces include the European Federation of Nurses Associations (EFN) and the European Specialist Nurses Organisations (ESNO), among others. The FNA is strongly involved in these efforts.



Vision

In addition to having **strong expertise in their own specialty**, specialist nurses also have the **ability to apply** and **steer the use of evidence-based information** more independently than registered nurses. Strong expertise in the specialist nurses' own specialty is emphasised in this work. In the future, specialist nurses will make increased use of **individualised information** in promoting health, thereby **guiding** patients/clients to minimise health risks caused by behaviour.

Clinical nursing career model

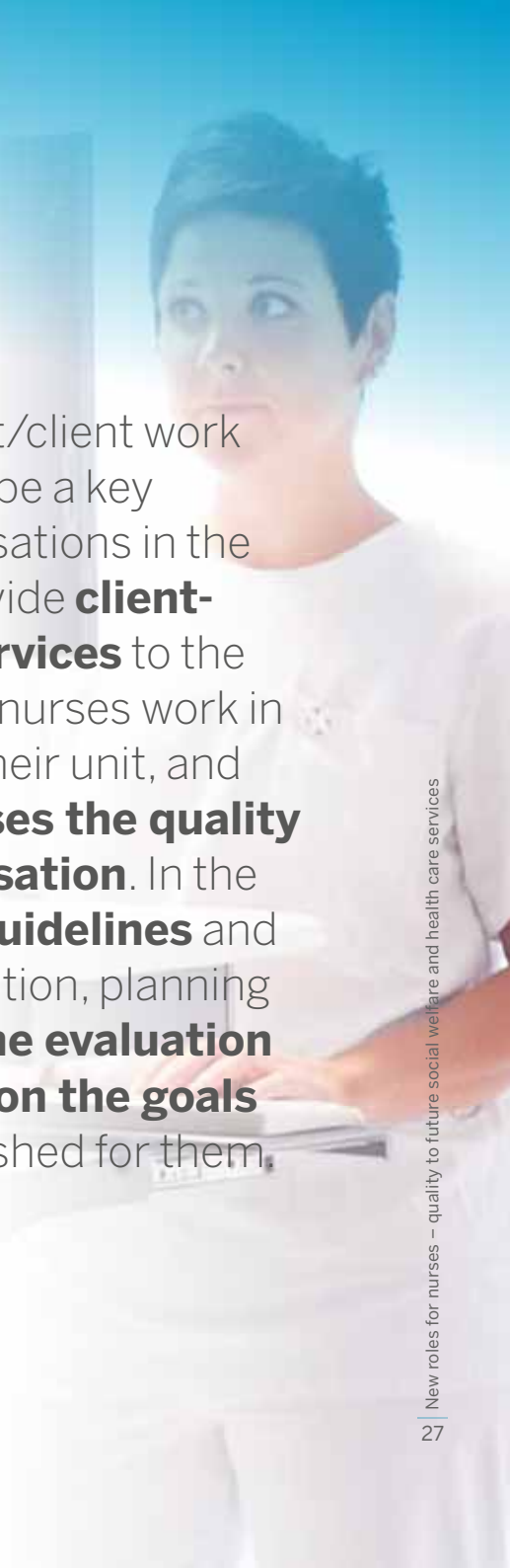
Laajavastuinen hoitotyö

Advanced practice nursing

Advanced practice nurses (nurse practitioners or clinical nurse specialists) must have sufficient clinical work experience gained after a bachelor's level degree as well as a master's level degree. The degree must be no less than EQF level 7, which corresponds to the recommendation of the International Council of Nurses (ICN)[17]. The job description is based on a need analysis conducted in the organisation and used as a basis for setting organisation-specific and individual goals and assessing their realisation.

Vision

Roles that can influence patient/client work both directly and indirectly will be a key resource for health care organisations in the future. They will be used to provide **client-oriented, evidence-based services** to the population. Advanced practice nurses work in positions that extend beyond their unit, and their work contribution **increases the quality of nursing across the organisation**. In the future, nationally **consistent guidelines** and **legislation** will steer the education, planning and implementation of APN. **The evaluation of APN roles must be based on the goals** that organisations have established for them.



Asiantuntijasairaanhoitaja
Nurse practitioner

According to international literature, NPs may independently and systematically examine and assess the patient's need for care, treat common, acute health problems and illnesses based on such assessments and take care of the treatment of chronic health problems and treatment follow-ups. NPs must have the knowledge, skills and readiness for advanced, systematic and clinical assessment, symptom-based treatment and decision-making. The work emphasises a comprehensive, patient-oriented and independent approach, clinical expertise and multidisciplinary cooperation with physicians in particular. NPs also have research and development skills and the capability to promote evidence-based nursing.[17, 21, 37]

Nurse practitioners can work extensively in a variety of units within the field of social welfare and health care. Internationally, NPs work in primary health care, at health stations, clinics led by NPs, physicians' practices, nursing homes, hospitals and home care services[69]. The work includes consultations, referrals to other health care professionals, independent patient care, certain surgical procedures and the right to prescribe medication[20].

Vision

NPs work **independently, systematically assess** patients' need for care as well as treat and monitor certain common health problems and illnesses. Key elements in the work of NPs include **comprehensive clinical patient work** and duties related to **ethical decision-making, teaching, consultation, case management, research, development** and **situation management**. They may also prescribe medication, order examinations, admit and discharge patients and refer them to further examinations, i.e. take care of patients' **comprehensive care**. They are responsible for **promoting health** and they **lead evidence-based nursing** while engaging in multidisciplinary cooperation.

Kliinisen hoitotyön asiantuntija
Clinical nurse specialist

A CNS supports other professionals in providing high-quality health care services, ensures and develops the quality of the services, supports the organisation in implementing nursing strategies and strengthens evidence-based practice methods. The work focuses on clinical nursing. CNSs are also required to have an understanding of the research process and the ability to assess and apply research data, strategies and care recommendations.[9] This definition corresponds to the recommendations of the ICN and the international range of the duties[17], but the job descriptions and focus areas of the work vary between organisations.

The first CNSs began working at the Helsinki University Hospital in 2001. The impacts of the CNS roles were assessed closely during the two-year launch project.[31,70] As a result of the project, an operating model was implemented for CNSs, and job titles were established to cover not only nursing but also the work of physiotherapists, laboratory technicians and radiographers. At the beginning of 2016, there were already over 50 CNSs working in Finland, with almost half of them working in the Hospital District of Helsinki and Uusimaa. There are CNSs in all the university hospitals, central hospitals and primary health care.

The work of CNSs is future-oriented, which is visible in their use of multidisciplinary information and a developmental approach to work. CNSs participate in research projects with different occupational groups and apply research to practice. They are also able to work in national and international networks beyond their area of responsibility.[71] The training is based on national and international competence requirements for CNSs. These include strong clinical expertise as well as knowledge in training, consultation, management, research and development[9,66].

Vision

The work of a CNS includes **advanced clinical nursing, training, development, research, consultation** and **management work.** The key is to ensure high-quality **evidence-based nursing** and develop **teaching** and **research** in multidisciplinary networks. In the future, knowledge-based management will be facilitated by the utilisation of information management, **smart technology** and robotics, which will set new requirements for competence.

Clinical nursing career model

Advanced practice nurse with an academic postgraduate degree

There are already individuals working in APN roles who have completed an academic postgraduate degree in Finland. Their expertise must be utilised in clinical nursing as well as research and development tasks. In the future, it will be important to continue developing the job content of advanced practice nurses who have an academic postgraduate degree to correspond to the needs of social welfare and social care and its clients. It is worth noting that individuals with a doctoral degree also participate in clinical care in other fields, such as medicine, pharmacology and psychology.

In the future, academic expertise will be visible as expertise in nursing phenomena and APN, combining dialogue between science and practice. It is essential to develop patient-oriented services and programmes as well as the related research. The work of advance practice nurses with a doctoral degree should be focused on clinical nursing.

Furthermore, individuals with the title of adjunct professor have thorough knowledge of their own field of science, good teaching skills and the ability to conduct independent research. Scientific qualification allows them to work as research team leaders in health science. Doctors and adjunct professors will develop nursing through national and international APN roles and take responsibility for research and development of clinical nursing in university cooperation.

Vision

The work of advanced practice nurses with an academic postgraduate degree focuses on **research and development of clinical nursing** and **the service system**. The work is implemented in close **cooperation** with care personnel, managers and a multidisciplinary team. The scientific expertise of nurses with a doctoral degree and adjunct professors is visible in their broad knowledge of the theoretical phenomena in nursing, clinical nursing and the field of science, leading to **cooperation between science** and **practice** and strengthening innovativeness.

National characteristics

In Finland, there are nurses who are experts in health promotion and independent clinical nursing, including experienced public health nurses and midwives or registered nurses who have a limited right to prescribe medication. With regard to the clinical job description, this expertise often corresponds to the level required of NPs internationally, with the exception of expertise in research and development, for example, which is provided by a master's degree.

The education for a limited right to prescribe medication (45 credits) is not a master's degree but provides expertise which is at the same level (7) in the Finnish and European qualification framework as master's degrees [72].

The qualification is registered by Valvira in the national Terhikki register. Clinical training is an essential part of the education to prescribe medication.

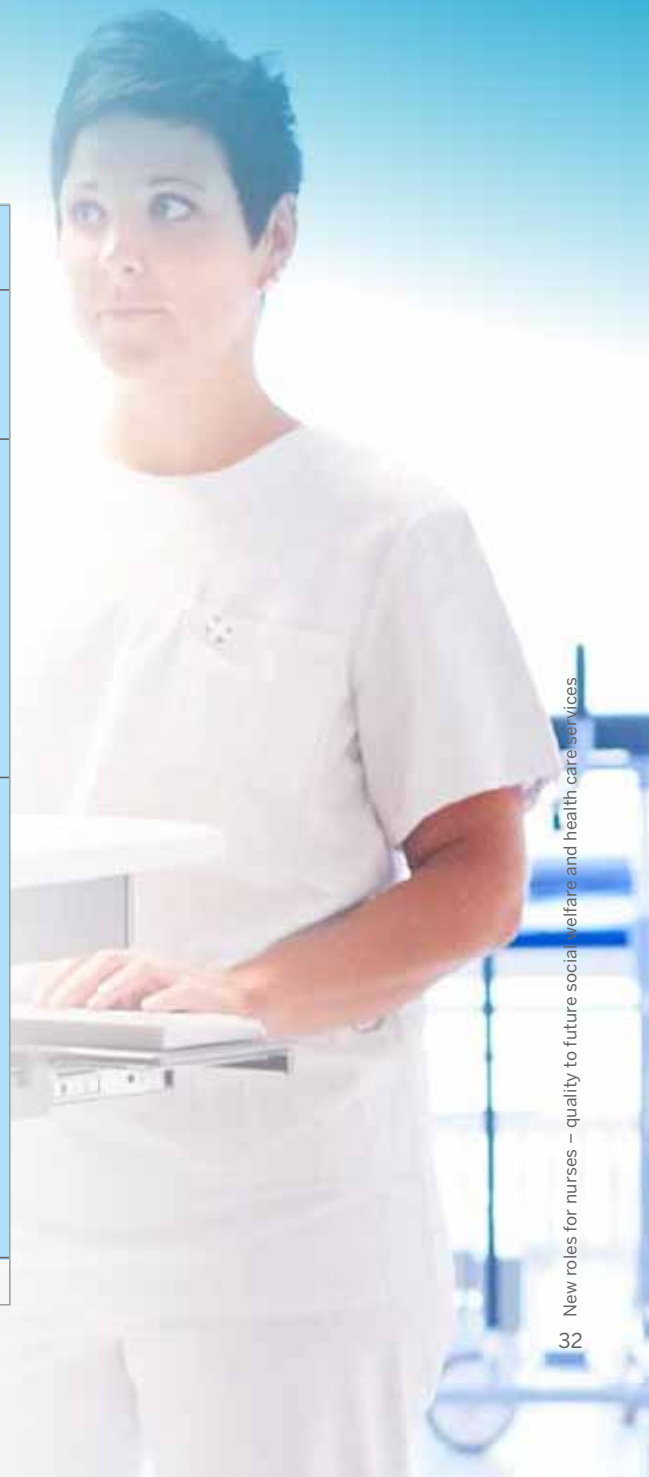
On a national level, the status of clinical training as part of master's degrees must be examined in the future to ensure the sufficient clinical expertise required for APN. It should also be assessed what type of and how extensive work experience is required for applying to APN training programmes.

The FNA's Clinical Practice Nursing Certification system was established to recognise the special clinical expertise of nurses and as a step towards the national regulation of clinical nursing expertise, which did not previously exist. Gaining the title requires no less than 200 credits' worth of demonstrations of work experience, continuing education, publications, teaching, instruction and development work. Often, the expertise of those who have been granted the title is, as a whole, at least close to being equal to the expertise required of advanced practice nurses, although a master's degree is not a requirement for getting the title.

The career model for clinical nursing is presented on the next page. According to the international recommendation (ICN 2002), APN roles require a master's degree. There are also grounds in Finland for including nurses with a limited right to prescribe medication and the Clinical Practice Nursing Certification in the area of APN. As this does not fully meet the international recommendation, these have been placed between the levels of specialist nurse and advanced practice nurse.

Table 1. Clinical nursing career model (adapted from: STM 2009, Arene ry 2006[64, 71]).

Title	Registered nurse	Specialist nurse	Advanced practice nursing, APN (laajavastuinen hoitotyö)	
			Nurse practitioner, NP (asiantuntija-sairaanhoitaja)	Clinical nurse specialist, CNS (kliinisen hoitotyön asiantuntija)
Education	**Bachelor's degree** 210 credits	**Specialist training, continuing education** 30–60 credits	**Master's degree** (from a university or university of applied sciences) **Academic postgraduate degree** (doctoral degree) Limited right to prescribe medication (45 credits) Clinical Practice Nursing Certification	
Job description	Implementation and development of evidence based nursing that promotes and maintains health, prevents illnesses, heals, rehabilitates and alleviates suffering. Supporting the resources of people and communities at different stages of their lives. Helping people face their illness, injury and death.	Applying the specialist expertise provided by specialist education in nursing. Applying evidence-based information in the nurse's own specialty and steering and supporting evidence-based practices in the work unit.	At the advanced level, independent clinical nursing and health promotion as well as the related ethical decision-making, teaching and instruction, consultation, evidence-based practices, management, cooperation, research and development. Broad-based and comprehensive nursing, independent examination of patients and assessment of their need for care as well as starting treatment based on symptoms and monitoring both acute and chronic health issues.	Broad-based work aimed to ensure and develop the quality of nursing, foster the implementation of evidence-based nursing and support the organisation's strategic work.
EQF	6	6–7	7–8	7–8



Description of nurses' post-bachelor's degree education

The Finnish higher education system consists of universities and universities of applied sciences

Education and scope	1) Specialist nurse 30–60 credits 2) Education for a limited right to prescribe medication 45 credits. 3) Clinical Practice Nursing Certification: 200 credits' worth of demonstrations in three areas: work experience and training as well as educational, instruction, development and publication activities	**University of Applied Sciences** Clinical specialist, master's degree 90 credits	**University** Master of Health Sciences MHSc, 120 credits Bachelor of Health Sciences BHSc, 180 credits Total 300 credits	**University** Doctor of Health Sciences DHSc 1) completes postgraduate studies 2) demonstrates independent and critical thinking in their research field 3) writes a dissertation and defends it publicly.
Leads to a degree (title) / other, what	1) Does not lead to a degree 2) Extended job description. Valvira registers the competence. EQF level 7 education. 3) Clinical Practice Nursing Certification granted by the FNA	Leads to a degree (master's degree in nursing / emergency care / public health nursing / midwifery)	Leads to a degree. Master of Health Sciences, MHSc The degree is organised in two stages, with the student studying two separate degrees: 1) Bachelor of Health Sciences degree 2) Master of Health Sciences degree	Leads to a degree. Doctor of Health Sciences, DHSc
Applicable legislation and the qualification provided by the degree	2) Decree of the Ministry of Social Affairs and Health on the prescription of medication 1088/2010. After completing their education, nurses may apply to Valvira for the right to prescribe medication. 3) Controlled by the set of criteria of the FNA. Provides the Clinical Practice Nursing Certification. The FNA keeps a register. The title must be renewed every five years. Provides grounds for new types of job descriptions and competence-based wage development (General Collective Agreement for Municipal Personnel, Appendix 3).	The degree provides the qualification for public office or a position that requires a master's degree. A master's degree from a university of applied sciences provides the knowledge, skills and capabilities for demanding development and specialist work: 1) the broad and in-depth knowledge of the field that is required for developing working life and the theoretical knowledge necessary for working in demanding specialist and management roles 2) an in-depth picture of the field, its status in working life and social significance as well as the capability to analyse research data in the field and the trends in occupational practices 3) the capabilities for life-long learning and continuous development of the individual's own professional skills 4) the communication and language skills required in working life 5) the capabilities required for international interaction and professional operations. (Act on Amending the Universities of Applied Sciences Act (411/2005), Government Decree on Amending the Decree on the University Degrees System (426/2005), Government Decree on Amending the Government Decree on Universities of Applied Sciences (423/2005), Universities of Applied Sciences Act (932/2014))	The degree provides the qualification for public office or a position that requires a master's degree. The education must provide the student with: 1) a good understanding of the major and a basic understanding of the minors or a good understanding of the advanced studies included in the degree programme 2) the capabilities to apply scientific information and methods 3) the capabilities to work as a specialist in and developer of their own field 4) the capabilities for scientific postgraduate education 5) good communication and language skills. (Universities Act (558/2009), Government Decree on Amending the Government Decree on Universities of Applied Sciences (423/2005), Government Decree on University Degrees (794/2004), amendment 1439/2014)	The goal of postgraduate education is for the student to: 1) gain an in-depth understanding of their research field and its social significance and achieve the capabilities to independently and critically apply scientific research methods and create new scientific information within their research field 2) familiarise themselves well with the development, basic problems and research methods of their own field 3) achieve a level of understanding of general scientific theory and other scientific fields related to their research area that enables the student to monitor the trends in them. (Universities Act (558/2009), Government Decree on University Degrees (794/2004))
EQF	EQF 6-7	EQF 7	EQF 7	EQF 8

Adoption of new roles, step by step

Finnish Nurses Association

Stages of the practical implementation

The reform and development of APN roles must be systematic in health care organisations. The execution requires systematic operations, cooperation, continuous assessment and operations management across the entire care chain and its interfaces in primary health care, specialised health care and social services [14, 37, 74, 75]. In order to commit the nurses to development work and support APN roles, the planning of the roles should involve a wide range of stakeholders, such as patients, nurses, members of a multidisciplinary team, trade unions and political decision-makers. The key principles can be considered to be appreciation for the knowledge of different stakeholders, the production of new information together and the cyclical development and assessment of operations. In order for the implementation of the roles to succeed, it is important to ensure that the health care environments are suitable for APN and that the education in the field provides the capabilities for these roles. It is important for organisations to recognise that the planning and implementation of these roles requires time and strategic management.

Despite the long-standing international history of APN, there is little information on successful establishment of job descriptions and their optimal utilisation [14]. In her dissertation [9], Jokiniemi has described a successful implementation process for APN roles, which actualises through the phases of need analysis, design, implementation and evaluation. Essential in the implementation process is close cooperation between central stakeholders, such as clinic managers, nursing managers, trade unions, health care team members and patient representatives. The organisation should carefully choose the participants of a balanced planning group and a leader for the group.

Stages of the practical implementation

Phase 1.
Need analysis

The need analysis phase lays the foundation for the APN roles within the organisation. This phase includes describing the current model of care within the organisation and consideration of whether an APN role can meet the needs of the patient population and organisation.

- Describe the organisation's current model of care.
- Determine whether there are deficiencies or needs for development related to the nursing processes and whether they can be met with APN roles.

Set preliminary goals and establish a working group to prepare more detailed plans based on the need analysis.

Stages of the practical implementation

Stage 2.
Design

In order to ensure uniform development of APN roles, the role and its goals must be clearly and organisation-specifically defined, taking national policies into account. The emphasis in the work duties may vary. The design phase also includes considering factors related to the evaluation and challenges of the role.

- Define the role and its goals clearly.
- Based on the need analysis, set the role's goals, areas of responsibility and rights and specify the special characteristics of the role, such as the skills and education required and the emphasis in the work duties and core competences.
  - Consider what the emphasis is in different roles: clinical nursing, development of nursing, training, consultation, management and research.
  - Consider how working time is divided between the different areas of work: patient, nursing, organisation and scientific.
- Define the strategy for the implementation and evaluation of APN roles and collect baseline data before implementing the roles.
- Try to recognise the challenges and factors that influence the role as early as possible. This allows you to intervene in challenges in time and strengthen potential resources.

When the division of duties is developed, remuneration must also be agreed upon. Remuneration must be proportional to the demands of the role.
It is important to obtain comparable and reliable information about APN remuneration. However, this requires the titles and job descriptions to be nationally consistent.

Define the role and its goals clearly. Take the organisation's needs and national policies into consideration.

Stages of the practical implementation

Phase 3.
Implementation

When the roles are implemented, it is essential to disseminate information on the role, commit stakeholders and support the implementation of the role.

- Disseminate information on the role.
- Ensure that the organisation is committed to implementing the roles.
- Remember that giving the roles visibility and creating cooperation networks will strengthen the implementation of the roles and their extensive utilisation.
- Ensure sufficient resources, such as working areas, mentoring, administrative structures, remuneration, competence of the advanced practice nurses and support networks.
- Remember that preceptorship programmes, mentoring, the recognition and management of challenges and support from the supervisor are significant factors for the successful implementation of the role.

Disseminate information on the role, commit the central stakeholders and support the implementation of the role.

Stages of the practical implementation

Phase 4. **Evaluation**

The effectiveness of the APN role is evaluated in the evaluation phase. The evaluation includes a comprehensive evaluation of the structure, process and results. The evaluation can be carried out from the perspectives of the patient, nursing, the organisation and science.

- Evaluate the effectiveness of the APN role in accordance with the evaluation strategy prepared in the design phase.
- Re-evaluate the goals set for the work and specify them based on the evaluation information.
- Inform the organisation of the results of the role and its adapted goals.

Re-evaluate the goals set for the work and specify them based on the evaluation information.

Evaluation of APN roles

The impacts and effectiveness of APN roles must be based on the goals which organisations are trying to reach through the new roles. The goal may, for example, be to strengthen evidence-based practice, thereby improving the results of patient care. These goals must be opened up into concrete and measurable subgoals that take the patient group being cared for and the context into consideration. The evaluation is used to produce information on the achievement of the goals as well as the processes with which they were achieved [76, 77].

The results of the work of different types of advanced practice nurses have been studied widely with regard to the care, patients and the specialist's performance. Individual studies have described their many positive impacts [78]. According to these studies, APN roles are linked to improved quality of care, better access, patient satisfaction, cost-effectiveness and the organisation's attractiveness [7, 15, 79–85]. The roles have also been found to have strengthened employees' job satisfaction and career advancement opportunities [80, 86, 87].

According to systematic reviews, proving the impacts of APN roles is problematic. The reviews indicate that there is at present a lack of evidence of the effectiveness of the work of different types of APN roles [85, 87–89]. Drawing conclusions related to effectiveness is made more difficult by the poor quality of individual studies, their small sample sizes, single-centre studies (such as one ward or hospital) and difficulties in differentiating the advanced practice nurse's work from the work of the rest of the team. Heterogenous job descriptions and deficient descriptions of advanced practice nurses' educational background also pose challenges.

A causal relationship should be able to be proven between an advanced practice nurse's work and the observed change in the care results of the patient or client [14, 76]. The evaluation of effectiveness must therefore include a review of the advanced practice nurse's work structure, process and results [90, 91]. The review of the results provides information on how the structures, such as the advanced practice nurse's skills, create the capabilities for the work processes, which produce the end results [88, 90]. Page 44 shows an example of the overall evaluation of advanced practice nurses' work in the area of pain management.

Questions in the evaluation of APN roles in Finland

Evaluation of the structural prerequisites required for the advanced practice nurse role

The evaluation of the structural factors required in the work of different types of APN roles focuses on the basic things that should be realised in order for the roles to be achievable in the first place. These include operating conditions such as working hours, the autonomy of the work, collaboration and skills, for example. Other factors evaluated may include the organisation's structures and culture as well as the legislation regulating advanced practice nurses' work [25].

Structural factors have been examined mainly through advanced practice nurses' competencies. For example, they have been defined in relation to the spheres of impact of advanced practice nurses' work[92]and the perspective of clinical competence [93].

Despite many indicators, there is no generally accepted rule of thumb for evaluating advanced practice nurses' competence. However, it is possible and also necessary to develop national evaluation indicators for the competence of advanced practice nurses based on various competence definitions.

Questions in the evaluation of APN roles in Finland

Process evaluation of advanced practice nurses' work

Process evaluation is based on defining the mechanism with which advanced practice nurses are thought to produce the expected results [76, 77]. The premise is that being an advanced practice nurse (structural factor) does not alone guarantee results; instead, their work must also be examined.

The description of the work of advanced practice nurses is sparse and generalised in literature. In the process evaluation, a description enables the recognition and strengthening of the affecting elements and helps focus resources in the efficient elements identified by the evaluation. It also enables the application of the processes used in other operating environments, which makes it possible to compile information on the impacts of advanced practice nurses' work nationally and draw conclusions on the role's effectiveness on the results of patient care. Information is needed, for example, on how the work of specialists differs from the work of generalist nurses in terms of content and quantity and how the work ties in to the overall care of a patient or client. Without a detailed description of the work it is not possible to draw conclusions on the impacts and effectiveness of advanced practice nurses' work [94].

Questions in the evaluation of APN roles in Finland

Evaluation of the outcomes of APN roles

The evaluation of the outcomes of advanced practice nurses' work is based on the existence of a causal relationship between their work and the outcome following this work. The evaluation of outcomes provides information on the impacts of the work on patient care and lays the foundation for the development of the work as well as for decision-making at the organisational level for the establishment of APN roles. As the number of advanced practice nurses working in Finland is still relatively small, national cooperation is necessary for the completion of the evaluation and presenting the results.

National evaluation also enables sample sizes larger than an organisation-specific evaluation and therefore provides stronger information on the work's impacts. A national evaluation requires more methodologically high-quality, multidisciplinary research that describes, in a way that enables comparison, the mechanisms with which the different APN roles produce the intended impacts.
(See the next page)

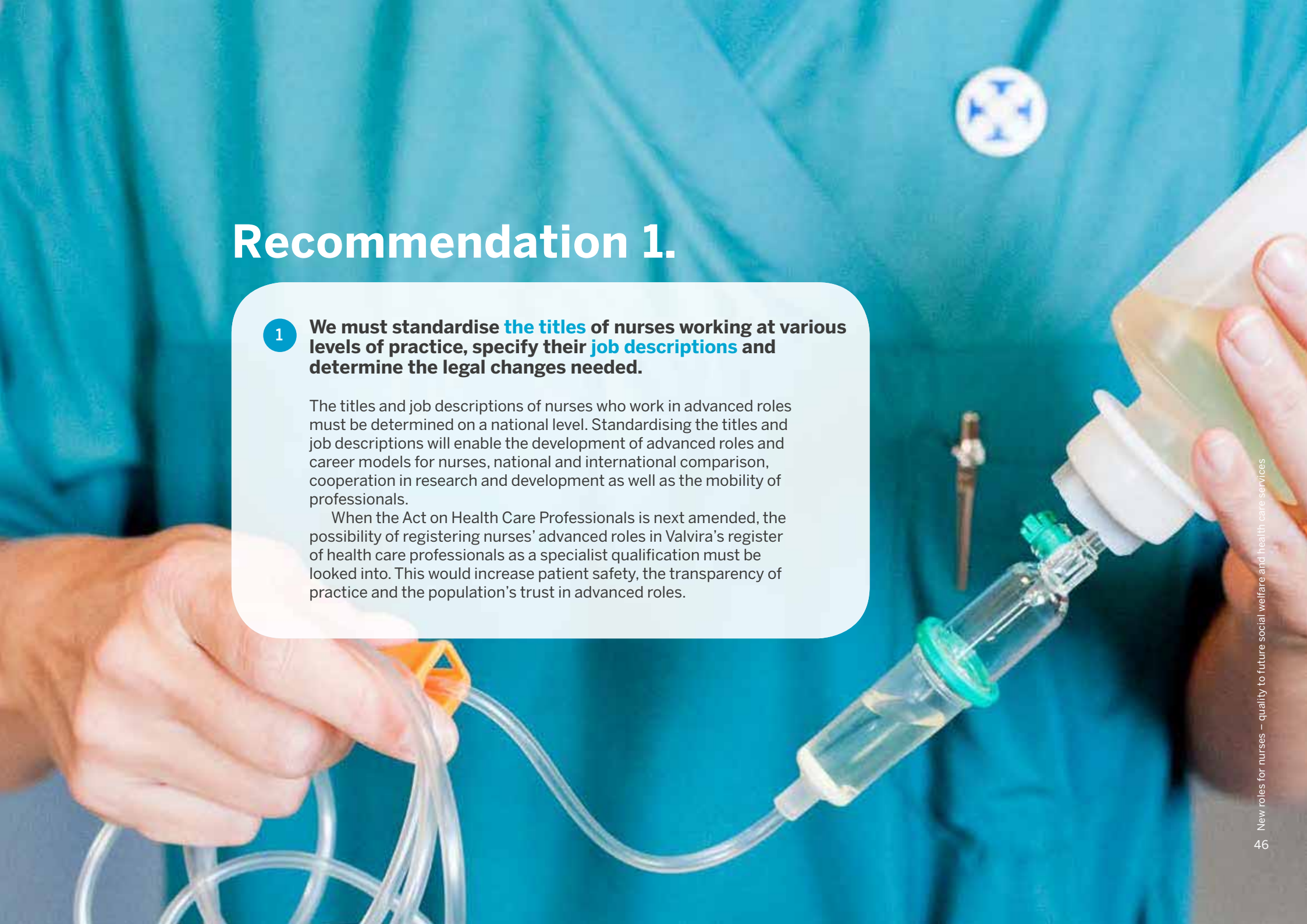
Evaluation of the impacts and effectiveness of the work of advanced practice nurses, with pain management as an example

Subject of evaluation	Examples of subjects of evaluation	Examples of concrete evaluation areas
Structural factors	Opportunities provided by the operating environment Skills Cooperation	Work resources (such as the working time and its division between different tasks) Evaluation of different competence areas (case management competence, training competence, etc.)
Process factors	Contribution to different tasks (such as pain management, training)	Development of the pain management process, the integration of evidence in the care work, pain management training for the personnel
Results	Impacts: Changes in the personnel's pain management competence. Patient satisfaction with pain management Effectiveness: Realisation of pain management (narrowing down the evaluation according to the patient group or context, for example)	Occurrence of pain complications The personnel's pain management competence Document-based evaluation of the realisation of pain management (how well it was realised, whether there are any standardised indicators in use, how it was recorded)

Recommendations

This chapter is a compilation of the working group's recommendations for the development of new roles for nurses in Finland. The key stakeholders are the Ministry of Social Affairs and Health, the Ministry of Education and Culture, Valvira, universities of applied sciences, universities, trade unions, employers' organisations and other labour market players and social welfare and health care organisations. In order to advance decisions and strategies related to social welfare and health care resources, comprehensive examination is always required instead of a one-policy tactic: it requires cooperation between social welfare, health, educational, financial, regulatory and labour policies [95].

Finnish Nurses Association

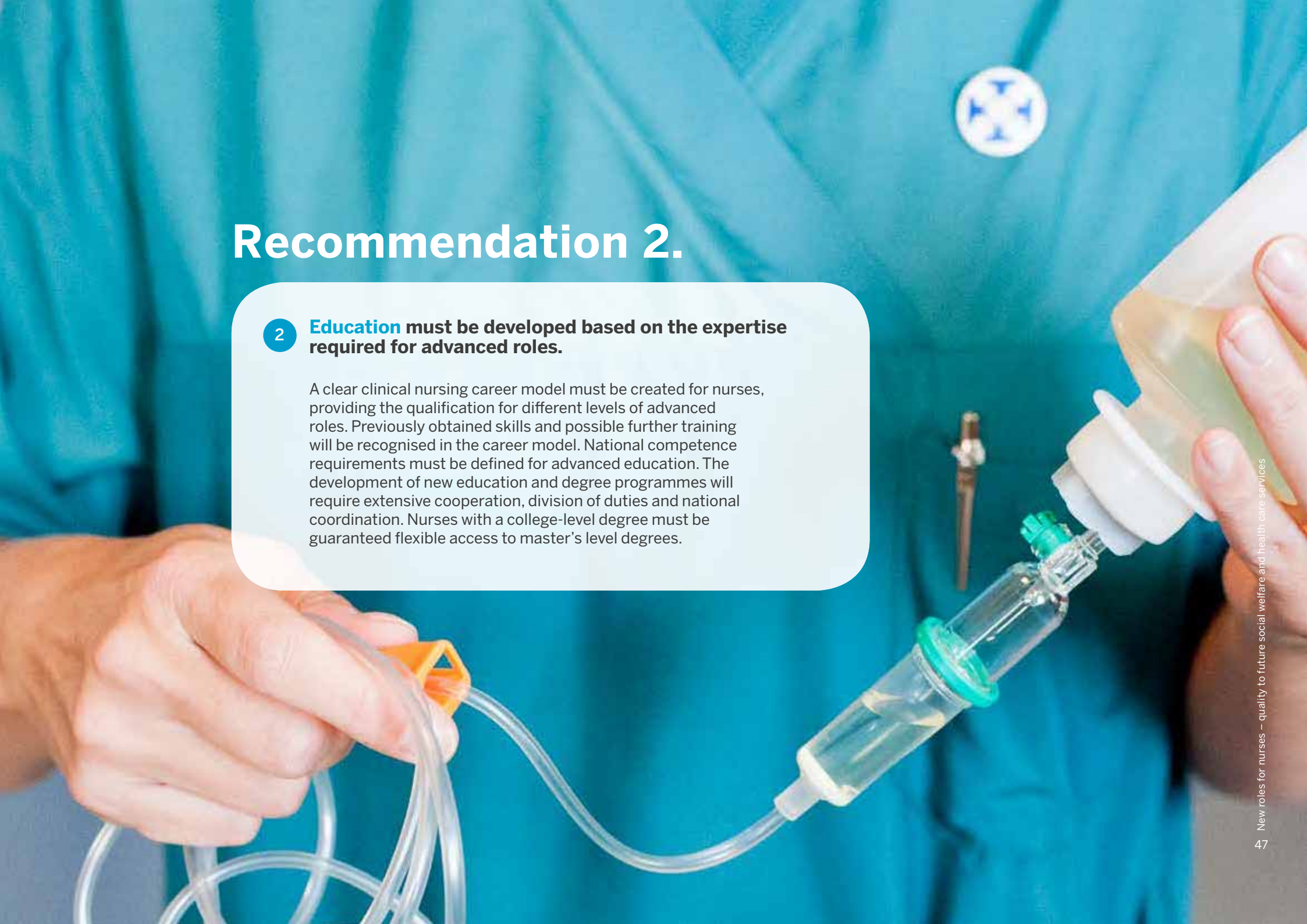


Recommendation 1.

1 **We must standardise the titles of nurses working at various levels of practice, specify their job descriptions and determine the legal changes needed.**

The titles and job descriptions of nurses who work in advanced roles must be determined on a national level. Standardising the titles and job descriptions will enable the development of advanced roles and career models for nurses, national and international comparison, cooperation in research and development as well as the mobility of professionals.

When the Act on Health Care Professionals is next amended, the possibility of registering nurses' advanced roles in Valvira's register of health care professionals as a specialist qualification must be looked into. This would increase patient safety, the transparency of practice and the population's trust in advanced roles.



Recommendation 2.

2 **Education must be developed based on the expertise required for advanced roles.**

A clear clinical nursing career model must be created for nurses, providing the qualification for different levels of advanced roles. Previously obtained skills and possible further training will be recognised in the career model. National competence requirements must be defined for advanced education. The development of new education and degree programmes will require extensive cooperation, division of duties and national coordination. Nurses with a college-level degree must be guaranteed flexible access to master's level degrees.

Recommendation 3.

3 **The number of nurses working in advanced roles must meet the health needs of the population.**

Sufficient nursing resources must be ensured in the reform of the social welfare and health care service structure and organisations' decision-making in order to ensure high-quality and timely services. Nursing managers play a key role when planning a change in the division of duties and ensuring the organisation's structural and attitudinal prerequisites for the establishment and evaluation of advanced roles. Trade unions and patient organisations must be involved in the development of new roles and services.

Recommendation 4.

4 **The remuneration for advanced roles must be progressive according to the level of practice.**

In the future, the remuneration and relative wage level of nurses working in advanced roles must correspond to the demands and responsibility of the role and its competence requirements. When the duties become more demanding, the added responsibility and expertise must be visible in the remuneration.

Recommendation 5.

5 **The effectiveness of advanced roles must be evaluated and monitored.**

National research evidence is required on the impacts and effectiveness of advanced roles. Advanced roles must be evaluated from the perspectives of the outcomes of patient care, patient satisfaction, the added value created by the roles and cost-effectiveness. The research evidence obtained must be utilised in the development of advanced roles and education.

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