



Advanced Practice Nursing in the field of wound prevention and treatment in Poland: need, potential, and directions for development. Position Statement of the Polish Wound Treatment Society

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Abstract

Introduction: Dynamic demographic and epidemiological changes, including population aging, the increasing prevalence of chronic diseases, and growing shortages of healthcare professionals, necessitate the implementation of innovative healthcare organisation models that make better use of the potential of nurses.

Aim of the study: To present the position of experts from the Polish Wound Treatment Society (*Polskie Towarzystwo Leczenia Ran* – PTLR) regarding the development and implementation of Advanced Practice Nursing (APN).

Conclusions: The implementation of APN in the field of wound prevention and treatment is essential for improving the functioning of the healthcare system in Poland. Dynamic demographic and epidemiological changes require innovative models of healthcare delivery that maximise the potential of nurses. Advanced Practice Nursing represents a practical response to contemporary health challenges, enabling care that is more efficient, accessible, and patient-centred.

Key words: Advanced Practice Nursing, position statement, PTLR.

Introduction

For years, there has been growing demand for healthcare services, and hence increasing healthcare costs worldwide, due to population aging, rising incidence

of both communicable and non-communicable diseases, and technological advancement [1]. These factors have prompted healthcare stakeholders in many countries to seek new solutions in the hope of

achieving sustainable, accessible, and efficient health-care. One such solution has been the development and implementation of the concept of Advanced Practice Nursing (APN), which originated in the 1970s in the United States and Canada. A few years later, the APN concept was adopted by Australia, New Zealand, Japan, China, South Korea, Singapore, Thailand, and, somewhat later, in the United Kingdom and other European countries [2].

The main drivers for implementing APN in these countries were physician shortages, the demand for and promotion of high-quality care, rising health-care costs, and the alleviation of healthcare system burdens through better utilisation of nurses' potential [3–7].

International institutions such as the Organisation for Economic Co-operation and Development (OECD), the World Health Organisation (WHO), and the International Council of Nurses (ICN), in their published documents and reports, draw attention to the underutilisation of nurses within health-care systems. Meanwhile, nurses, as the largest group of healthcare professionals worldwide, work in diverse settings and across various positions, and are capable of addressing challenges arising from demographic changes and the growing demand for healthcare services [8–10]. This approach is reflected in initiatives aimed at developing APN to utilise the potential of a well-educated nursing workforce that can improve access to healthcare and enhance patient health outcomes. Advanced Practice Nursing refers to a higher level of practice that extends beyond traditional roles and includes specialist care to address complex patient health problems. The provision of healthcare services by an APN requires a level of education that ensures a broad scope of theoretical and practical knowledge, as well as clinical experience [11, 12]. In 2000, on the initiative of the ICN, the ICN Nurse Practitioner/Advanced Practice Nursing Network was established to facilitate knowledge exchange and to create a resource base supporting the development of advanced practitioner and nursing roles, as well as appropriate educational infrastructure. In 2016, the organisation included 78 countries, and by 2022 this number had increased to 141, confirming the growing global interest in APN [13].

Qualifications and competencies

The development of APN frameworks has focused on several key domains that have been progressively implemented across various countries worldwide.

These core domains of APN include:

1. Higher level of education and specialist nursing competencies:
 - master's level education (as a minimum requirement),
 - additional postgraduate qualifications,
 - advanced clinical competencies enabling nurses to make independent clinical decisions.
2. Expanded scope of clinical responsibility within which the nurse may:
 - independently establish nursing diagnoses and selected components of medical diagnoses,
 - issue referrals for selected diagnostic tests and interpret their results,
 - prescribe selected medications and medical devices (in accordance with national regulations),
 - develop individualised therapeutic care plans,
 - monitor treatment outcomes.
3. Decision-making autonomy and expanded professional independence, enabling the nurse to:
 - make independent clinical decisions,
 - coordinate patient care within the healthcare system,
 - provide nurse-led consultations within the healthcare system,
 - deliver healthcare services without the requirement for continuous physician supervision.
4. Practice grounded in evidence-based practice (EBP), including:
 - use of current scientific evidence,
 - conducting or participating in research activities,
 - implementation of innovations and new standards of care,
 - participation in the development of clinical guidelines.
5. A holistic and interdisciplinary approach to patient care, including:
 - comprehensive assessment of health-related problems,
 - collaboration with physicians, physiotherapists, psychologists, and other healthcare professionals,
 - coordination of care from long-term and community-based perspectives.
6. A focus on improving access to healthcare services, including:
 - reducing waiting times for healthcare services,

- improving patient access to primary care,
 - supporting continuity of care in chronic diseases,
 - strengthening prevention and health education.
7. Advanced communication and educational competencies, including the ability to:
 - provide advanced education to patients and their families,
 - serve as a mentor to other nurses,
 - act as a consultant in complex clinical cases.
 8. Ethical and legal responsibility, including:
 - extended professional accountability,
 - making decisions in accordance with the code of ethics,
 - acting within the boundaries of the law,
 - responsibility for the quality and safety of the provided healthcare services.
 9. Development of leadership and system-level competencies through:
 - participation in the management of clinical care,
 - development of standards and procedures,
 - initiating organisational changes,
 - serving as clinical consultants and change leaders.
 10. Focus on innovation and technological development, with key aspects including:
 - utilisation of telemedicine,
 - use of advanced diagnostic tools,
 - operation of systems supporting health data analysis,
 - collaboration with AI-based solutions (e.g. in patient parameter analysis) [2, 13–16].

Currently, Poland has no formal legal regulations allowing for the official recognition of APN, although discussions on this topic have been ongoing for many years. The possibility of implementing APN in Poland emerged after the year 2000, following the adaptation of nursing education to European Union (EU) requirements [17], the introduction of numerous changes in educational standards [18], and the fulfilment of requirements set out in the Act on the Professions of Nurse and Midwife and the regulation on the scope of independent healthcare services without physician orders [19, 20]. Since 1999, nurses have been able to specialize in specific fields of nursing. For over a decade, nurses have been trained within diploma-level education to perform physical examinations, assess patients' health status, prescribe medications, and issue referrals for diagnostic tests. This created the foundation for the development of APN along the

lines of other European countries. The integration of physical examination and health assessment, medication prescription, and enhanced competencies in diagnostics and wound care into the educational system has facilitated broader development and implementation of APN, following the example of Western leaders [21]. In 2016, nurses gained the legal right to prescribe (initiate and continue treatment), which improved the standard of patient care and access to healthcare services while simultaneously strengthening professional status and autonomy. In 2020, new competencies were introduced for nurses working in specialist outpatient care (*ambulatoryjna opieka specjalistyczna – AOS*), which, according to regulations, can be implemented in four areas: general surgery, cardiology, and diabetology for nurses, and gynaecology and obstetrics for midwives. In the same year, the scope of nurse-led advisory services was expanded to include primary healthcare nurses (*podstawowa opieka zdrowotna – POZ*) [22, 23]. The current nursing and midwifery education system in Poland is based on teaching standards, EU directives, and the Bologna Process. In Poland, the nursing profession is regulated by the Act on the Professions of Nurse and Midwife, supported by executive legal acts authorising nurses to perform independent activities without physician orders [18–20]. In 2024, the nursing education standard was revised to increase the number of hours and practical training in wound and fistula care, as well as physical examination. Considering the comprehensive curriculum of second-cycle nursing studies, it can be inferred that it is oriented toward independent clinical development. Within the APN framework, educational outcomes are linked to the performance of independent diagnostic and therapeutic activities in the care of patients with chronic conditions, including wound management. In terms of professional competencies, master's-level nurses are trained to independently deliver healthcare services for patients with intestinal fistulas (colostomy, ileostomy), urinary fistulas, and wounds related to chronic diseases [24]. This innovative change in the transformation of nursing education positions Polish nursing within a clinical educational space, creating opportunities for further systemic solutions and legislative developments.

Actions undertaken in this area by the Polish Nurses' Association (Polskie Towarzystwo Pielęgniarskie – PTP) and the Supreme Chamber of Nurses and Midwives (Naczelna Izba Pielęgniarek i Położnych – NIPiP) have yielded results, including the adoption of definitions for APN, requirements

regarding education, and clear pathways to advanced practice. Further progress requires the adaptation of legal regulations for the formal recognition of APN, establishment of certification procedures, definition of the scope of competencies, and development of legal frameworks for the implementation and reimbursement of healthcare services.

One of the areas of APN identified by the nursing community is care for patients with wounds. The rationale for prioritising this area of care includes the following factors:

- a large number of individuals with hard-to-heal and chronic wounds, estimated to be between 650,000 and 1.2 million [25];
- an increase in chronic diseases leading to complications associated with angiopathy and the occurrence of wounds of various aetiologies, due to population aging, lifestyle factors, and the rising prevalence of lifestyle-related diseases (e.g., diabetes, obesity, metabolic syndrome, vascular insufficiency, atherosclerosis, and cancer) [26];
- a substantial patient population with chronic wounds, resulting in increased demand for continuous and specialised care, as well as its coordination across multiple levels of care (primary health care [POZ], specialist outpatient care [AOS], long-term care, and palliative care);
- significant social and financial burden on the healthcare system related to wound care [27];
- preparation of nurses in the assessment, treatment, and monitoring of wounds, including documented experience gained, among other settings, in primary health care (POZ) and outpatient care [28].

The implementation of APN in Poland requires adaptation of the legal framework to formally recognise this professional pathway with a defined scope of competencies, as well as to establish legal provisions for the implementation and reimbursement of healthcare services. It is recommended that standards be developed for clinical education and APN certification, including requirements for practice and broader authorisations to perform diagnostic and therapeutic tasks. Table I summarises the expected competencies associated with the development of advanced practice.

Discussion

Advanced Practice Nursing represents a desirable career pathway for nurses in Poland and should be developed on a solid foundation within the national healthcare system, drawing on the example of

leading international nursing leaders. Standardisation and the type of certification remain subjects of ongoing discussion, requiring both professional approval and legal and systemic legitimisation. Effective implementation of APN necessitates consensus among nursing leaders, updates to normative legal acts, clear definition of the roles of nurses, specialist nurses, and APN, allocation of funding, reforms in postgraduate education, and the establishment of pilot programs to evaluate and support the professional development trajectory.

Experts from the Polish Wound Treatment Society recommend systemic changes regarding nursing practice and APN, with particular emphasis on wound prevention and treatment. It is recognised that the implementation of APN could successfully begin in the clinical area of wound prevention and management, providing tangible benefits for the growing population of patients with chronic wounds of various aetiologies, across primary care, specialist outpatient care, long-term care, and palliative care settings.

The implementation of APN in wound prevention and management is essential for improving the functioning of the healthcare system in Poland. Dynamic demographic and epidemiological changes necessitate the introduction of innovative healthcare delivery models that make better use of the potential of nurses. Advanced Practice Nursing provides a practical response to contemporary health challenges, enabling more efficient, accessible, and patient-centred care. It expands professional opportunities and allows nurses to perform more advanced clinical functions, contributing to improved accessibility, quality, and effectiveness of care.

It is advocated that every effort be made to strengthen specialist nursing practice and to advance the definition of the taxonomy and legislation for advanced professional practice in Poland. Numerous international studies indicate that services provided by highly qualified nurses are safe for patients and improve patient satisfaction with care. Systemic economic benefits have also been identified, including cost-effectiveness analyses [18, 19]. Ensuring continuity of care without the need to wait for a physician's appointment, as well as increasing nurse accessibility, enhances system functionality. Demonstrated benefits also include a reduction in mortality among patients with chronic diseases and higher levels of patient satisfaction with the care received [30, 31]. Strengthening the healthcare system is supported through autonomous specialist practice,

Table 1. Overview of current and expected competencies for nursing specialists and Advanced Practice Nursings (APN) in the care of wounds and fistulas [18, 29]

Nurse Practitioner (Nursing Specialist)	Expected competencies at APN level
<p>Diagnosics:</p> <ul style="list-style-type: none"> • Assessment of patient condition and physical examination • Issuing referrals and collecting biological material from wounds (swabs, scrapings, biopsies) • Pulse examination • Issuing referrals for selected laboratory diagnostic tests • Performing Doppler studies, ABI, and screening ultrasound assessment of veins and arteries to evaluate wound perfusion • Issuing referrals for chest X-ray • Recognition of wound complications • Identification of skin lesions on the foot and nail disorders in patients with diabetes • Performing diagnostics of pressure ulcers, malignant ulcers, burns, frostbite, superficial traumatic wounds, lower limb ulcers, and diabetic foot disease <p>Wound treatment:</p> <ul style="list-style-type: none"> • Treatment of hard-to-heal wounds using active dressings and other available evidence-based medicine (EBM) methods (e.g. negative pressure wound therapy [NPWT], larval wound therapy [LWT]) • Wound cleansing and treatment using enzymatic methods or sharp debridement • Use of prophylactic compression therapy in primary, secondary, and tertiary prevention, and therapeutic compression therapy in venous and lymphatic disorders • Removal of corns and calluses • Removal of sutures • Application of wound closure strips • Control of external bleeding and haemorrhage • Selection and application of pharmacological treatments for acute and chronic pain, and non-pharmacological pain management methods, based on patient clinical status • Monitoring the effectiveness of pain management and adjusting analgesic dosage within the scope of physician orders • Determining stoma placement sites • Selection of equipment and supplies for care of intestinal and urinary fistulas, and advising patients, families, or caregivers on reimbursement, selection, and social support options • Performing irrigation of intestinal fistulas (colostomy) • Selection and prescription of medications containing specific active ingredients, excluding highly potent drugs, narcotics, and psychotropic substances, including issuing prescriptions where authorized 	<p>Diagnosics:</p> <ul style="list-style-type: none"> • Expanded list of laboratory diagnostic tests • Referrals for cytological and histopathological examinations (e.g., fluid, wound biopsy, peristomal tissue, etc.) within specialist outpatient care (AOS) • Examination of lower limb veins and arteries using Doppler ultrasound for screening (fast-track), as well as qualification for compression therapy and monitoring blood flow after revascularization • Referrals for radiological and ultrasonographic examinations • Referral to AOS clinics, hospital care, or other healthcare providers delivering care within specific healthcare settings • Evaluation of the diagnostic process <p>Wound treatment:</p> <ul style="list-style-type: none"> • Wound management (assessment, diagnosis, therapeutic planning, goal setting with patient, wound evaluation) using recommended methods within the nurse's competency • Sharp wound debridement using basic surgical instruments, negative pressure therapy, sonotherapy, larval wound therapy, enzymatic methods, and others, including local anaesthesia, according to EBM: <ul style="list-style-type: none"> – Approximation of wound edges during healing using available methods (dressings, tapes, tissue adhesives, surgical sutures) – Suturing of wounds – Suturing with haemostatic sutures – Anaesthesia of the wound area – Offloading and immobilization of the limb (e.g. total contact cast [TCC]) – Incision and drainage of subcutaneous abscesses – Aspiration and drainage of lymph fluid under ultrasound guidance – Aspiration/incision and drainage of subcutaneous haematomas • Management of peristomal wounds, removal of proliferative lesions and peristomal polyps, prescription and supervision of compression therapy • Expansion of the list of prescribable medicinal products

Table I. Overview of current and expected competencies for nursing specialists and Advanced Practice Nursings (APN) in the care of wounds and fistulas [18, 29] (cont.)

Nurse Practitioner (Nursing Specialist)	Expected competencies at APN level
<p>System functioning improvement:</p> <ul style="list-style-type: none"> Ordering patient transport 	<p>System functioning improvement:</p> <ul style="list-style-type: none"> Issuing work incapacity certificates and medical certificates (e.g., confirming completed wound treatment) Referring patients for medical transport funded by the National Health Fund (Narodowy Fundusz Zdrowia – NFZ) Independently prescribing medical devices, including issuing orders or prescriptions according to current regulations (e.g. orthopaedic insoles, specialised footwear and orthoses, ready-made and custom-made compression products) Independently providing care for patients within specialist outpatient care (AOS)
<p>Consultation and education:</p> <ul style="list-style-type: none"> Advising members of the interdisciplinary team on wound prevention and treatment Preparing the patient and their family/caregiver for wound prevention, self-care, and ongoing wound management Conducting independent consultations in accordance with applicable law, using all available methods, including teleinformatics systems 	<p>Consultation and education:</p> <ul style="list-style-type: none"> Conducting initial and follow-up post-hospital consultations (appointments, visits) in specialist outpatient care (AOS), including procedural and diabetology clinics Conducting independent consultations in accordance with applicable law, using all available methods, including teleinformatics systems Performing consultations and home visits in primary health care (POZ) Referring patients to other members of the therapeutic team (e.g. specialist physicians, physiotherapists, dietitians, psychologists) for consultation, additional diagnostic evaluation, or continuation/complementation of therapy Conducting interdisciplinary consultations and educational activities as part of patient care Performing interdepartmental consultations within hospital care according to the nurse's competencies Conducting consultations in long-term residential and home care settings Providing services in hospital emergency departments, night and holiday healthcare services, and in inpatient and home hospice care Conducting consultations and visits in social welfare homes
<p>Nursing research development:</p> <ul style="list-style-type: none"> Implementing innovations based on EBM Participation in scientific research projects Personal development in the field of science 	<p>Nursing research development:</p> <ul style="list-style-type: none"> Disseminating and implementing innovations based on EBM Designing and participating in scientific research projects Maintaining records and statistics of own activities Conducting quality assessment of care and evaluation of participants' quality of life

interdisciplinary collaboration, and the consultation and education of patients and their close family members. High-level competencies and clinical skills contribute to cost reduction, increased accessibility of care, and improvement of patient quality of life and well-being across various healthcare settings. By expanding the scope of practice, APN ultimately provides benefits not only to patients but also to the broader healthcare system [32].

Conclusions

The implementation of APN in wound prevention and management is essential for improving the performance of the healthcare system in Poland. Dynamic demographic and epidemiological changes necessitate the introduction of innovative healthcare delivery models that make better use of nurses' potential. Advanced Practice Nursing provides a practical response to contemporary health challenges, enabling more efficient, accessible, and patient-centred care. It expands professional opportunities and allows nurses to assume more advanced clinical roles, contributing to improved accessibility, quality, and effectiveness of care.

Disclosures

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