swiss medical weekly

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Building Advanced Practice Nursing in Swiss community care: key messages from a national symposium

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Summary

Advanced Practice Nursing is emerging as one of Switzerland's most promising levers to keep community care accessible and coordinated despite physician shortages, rising multimorbidity and an ageing population. While international evidence supports the contribution of Advanced Practice Nurses to access, continuity and quality of care, their integration within the Swiss healthcare system remains heterogeneous. In this context, the symposium "Advanced Practice Nursing: Building future care by integrating Advanced Practice Nursing into community settings" was held in December 2025 and organised by Unisanté and the Institute of Higher Education and Research in Healthcare (IUFRS) of Lausanne University, in partnership with Lausanne University Hospital (CHUV), the Institute of Nursing Science (Institut für Pflegewissenschaft) of the University of Basel, the University of Applied Sciences and Arts Western Switzerland (HES-SO), the Swiss School of Public Health (SSPH+) and the Swiss Academy of Medical Sciences (SAMW/ASSM).

Published
22 September 2026

doi
https://doi.org/10.57187/5381

Cite this as
Swiss Med Wkly. 2026;156:5381

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Introduction

Advanced Practice Nursing has emerged as a strategic response to growing pressures on healthcare systems worldwide, including workforce shortages, increasing care complexity and the need for improved continuity of care. In Switzerland, these challenges are particularly salient in primary care, long-term care and community-based services, where demographic ageing and fragmentation of care models intensify demand [1]. The term Advanced Practice Nursing nevertheless encompasses a heterogeneous set of roles and practice models, including nurse practitioners, clinical nurse specialists and hybrid academic-clinical functions, which vary across settings and cantons [2]. In this context, the symposium "Advanced Practice Nursing: Building future care by integrating Advanced Practice Nursing into community settings", jointly organised by Unisanté and the Institute of Higher Education and Research in Healthcare (IUFRS), brought together national and international experts to reflect on the current state and future development of Advanced Practice Nursing roles.

The symposium aimed to bridge empirical evidence, international experience and Swiss policy realities. Contributions highlighted both the growing maturity of Advanced Practice Nursing practice and the persistent structural barriers limiting its full integration. This article synthesises the key messages and insights from the symposium, with a particular focus on implications for the Swiss healthcare system.

Professional trajectories and wellbeing of Advanced Practice Nurses in Switzerland

Drawing on data from over 7000 healthcare professionals, results from the Swiss Cohort of Healthcare Professionals and Informal Caregivers (SCOHPICA; https://scohpica.ch/) were presented to contextualise workforce experiences of Advanced Practice Nurses in Switzerland [3]. Nurses in advanced practice roles reported more favourable professional experiences than regis-

tered and specialised nurses, including higher wellbeing, greater influence at work and better perceived opportunities for professional development. At the same time, Advanced Practice Nurses more frequently reported being unable to fully use their scope of practice. Across nursing roles, indicators of wellbeing, recognition and workload remained comparatively unfavourable relative to other health professions, underscoring that Advanced Practice Nursing integration must be embedded within broader workforce and organisational strategies rather than pursued in isolation.

International perspectives: lessons from the United Kingdom and Ireland

International keynote presentations offered comparative perspectives, notably from the United Kingdom, where advanced practice nursing is well established across community, primary care and hospital-at-home models. Advanced Practice Nurses were highlighted as key contributors to shifting care away from hospital settings, improving access, continuity and chronic disease management. Importantly, the UK experience underscored that advanced practice is not to be framed as medical substitution, but as a complementary role within interprofessional teams, strengthening clinical capacity, continuity and complexity management without diluting medical responsibility.

The Irish experience illustrated the importance of national governance, regulation and credentialing. Since the early 2000s, Ireland has developed a structured pathway for Advanced Practice Nurses, including protected titles, defined scopes of practice and national standards. Evidence from integrated care settings shows that Advanced Practice Nurses contribute to reduced waiting times, improved access to specialist expertise and enhanced continuity across care pathways. However, even in this comparatively mature system, challenges persist, particularly regarding research time, administrative support and long-term career sustainability.

The Swiss context: innovation within a fragmented system

A key contribution of the symposium focused on the specificities of the Swiss federal system, characterised by cantonal autonomy and regulatory heterogeneity. While the Canton of Vaud has pioneered a legal framework for nurse practitioners, including autonomous clinical responsibilities under defined conditions, other cantons are at varying stages of legislative development [4]. This fragmented context creates uneven opportunities for Advanced Practice Nursing integration and complicates workforce planning and evaluation. Variation in cantonal regulatory and financing frameworks also directly affects how Advanced Practice Nursing activities are recognised and reimbursed. Empirical data from a national survey of MSc Nursing graduates show that more than half report that their services are not explicitly billable, and many are uncertain how their activities are reimbursed [5]. These findings point to a critical misalignment between role expectations, legal frameworks and financing mechanisms.

Several concrete models of care integrating Advanced Practice Nurses in community care in Switzerland were presented, spanning home-based and long-term care, community health centres and interdisciplinary primary care settings. These examples illustrated how Advanced Practice Nursing roles are adapted to local population needs and organisational contexts, while also revealing shared structural challenges related to governance, reimbursement and interprofessional collaboration. These initiatives can be interpreted in relation to broader models of Advanced Practice Nursing integration described in the international literature, which differ in terms of professional autonomy, task distribution and collaboration with physicians.

A key highlight of the symposium was the use of forum theatre, an innovative participatory approach that deliberately challenged conventional formats of academic and professional exchange. Developed through a co-constructed artistic process in close collaboration with several Advanced Practice Nurses, the scenarios depicted realistic situations reflecting everyday professional tensions, including role ambiguity, interprofessional boundaries and organisational constraints. By inviting audience members to intervene on stage, test alternative responses and collectively reflect on possible courses of action, the forum theatre created a space for experiential learning and dialogue that complemented scientific presentations.

This approach enabled participants to articulate implicit assumptions and power dynamics that are often difficult to address through conventional academic formats. As audience engagement increased over the course of the session, the discussions that emerged reinforced several cross-cutting messages of the symposium, notably the central importance of clear governance arrangements, shared understanding of roles and interprofessional collaboration framed as partner-

ship rather than delegation. Finally, participants emphasised the need for Advanced Practice Nursing-sensitive evaluation frameworks, moving beyond activity-based indicators to capture quality of care, patient outcomes and system-level effects.

Conclusion: from recognition to consolidation

The symposium suggested that discussions on advanced practice nursing in Switzerland are increasingly shifting from questions of legitimacy towards issues of implementation and consolidation. Evidence from national data and international experience clearly demonstrates the added value of Advanced Practice Nursing roles for patients, professionals and health systems. However, realising this potential requires coherent policy action, sustainable financing models and robust governance structures.

For Switzerland, the next phase will involve aligning cantonal innovations with national frameworks, investing in evaluation and research capacity, and ensuring that Advanced Practice Nurses are enabled to practise to the full extent of their competencies. In this perspective, coherent reimbursement mechanisms for Advanced Practice Nursing activities will be essential not only to support the use of advanced competencies, but also to ensure transparent role delineation and sustainable interprofessional collaboration, particularly with physicians. Advanced practice nursing is positioned to transform Switzerland's response to growing system complexity and workforce constraints, enabling more-integrated, patient-centred and sustainable care.

Models of Advanced Practice Nurse integration in community care

The international literature describes several models for integrating Advanced Practice Nurses, particularly Nurse Practitioners (NPs), into community and primary care settings. These models differ in terms of professional autonomy, task distribution and collaboration with physicians.

- **Substitution model**: Advanced Practice Nursing replaces the physician for defined tasks or patient groups within their scope of practice, with comparable clinical outcomes [6, 7].
- **Supplementary model**: Advanced Practice Nursing provides additional services that complement medical care, such as prevention, education or enhanced follow-up, without replacing physician activities [7].
- **Collaborative model**: Advanced Practice Nurses and physicians work in partnership with structured communication and shared responsibility, each contributing distinct professional expertise [8].
- **Independent model**: Advanced Practice Nursing practises autonomously within their legal scope, consulting physicians only when required, typically in contexts with limited physician availability [9].
- **Shared care model**: Advanced Practice Nurses and physicians jointly manage patient care with planned co-management and clearly defined roles [9].
- **Consultative model**: Advanced Practice Nursing manages a defined patient panel and consults physicians for complex cases or threshold decisions [10].

In French-speaking Switzerland, current legal frameworks and practice norms tend to favour collaborative, shared-care and consultative models. Pure substitution or fully independent practice remains limited, although recent cantonal legislation has created pathways for greater Advanced Practice Nursing autonomy.

Financial disclosure

The authors did not receive any financial support for the preparation of this manuscript.

Potential competing interests

All authors have completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. No potential conflict of interest related to the content of this manuscript was disclosed. Outside the submitted work, IPB and ME report institutional research funding from public and non-profit organisations. ME reports consulting and advisory roles with Roche. FZ reports institutional honoraria for conference and educational activities. All payments were made to their institutions.

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