REVIEWS

Advances and challenges for the advanced Nursing practices in Brazil: a scoping review

Avances y desafíos para las prácticas avanzadas de Enfermería en Brasil: una revisión del alcance

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ABSTRACT:
Objective: To map the implementation gaps and recommendations for the development of policies and professional training for advanced practice nursing (APN) in Brazil.
Materials and Methods: This was a scoping review following the Joanna Briggs Institute and PRISMA-ScR guidelines, with studies published up to February 2025 in the sources of information CINAHL, EMBASE, Lilacs, PubMed/Medline, SciELO, ScienceDirect, Scopus, Web of Science, Wiley, the Brazilian Digital Library of Theses and Dissertations, and Google Scholar. Content description was performed via the PAGER method.
Results: Twenty-eight studies were included, with 50.0% of the publications concentrated in primary

health care and 82.1% published after 2020. The following patterns were identified: foundations for advanced practices; advances: discussions guided by the Pan American Health Organization, the Brazilian Nursing Association, and the Federal Nursing Council; gaps: absence of regulation, weaknesses in training, difficulty in understanding, and cultural barriers; evidence for practice: positive care and care management outcomes; and recommendations: need for specific regulation and training at the professional master's and doctoral levels.

Conclusions: in its initial implementation phase in Brazil, APN faces significant challenges such as regulatory urgencies and a lack of specialized training. The main recommendations for policy development and professional training are based, firstly, on legal consolidation, as well as on the creation of stricto sensu postgraduate programs with a pedagogical structure geared towards developing competencies and skills compatible with advanced practices in various care settings.

Keywords: Advanced Practice Nursing; Professional Training; Professional Competence.

RESUMEN:
Objetivo: Mapear las lagunas de implementación y recomendaciones para el desarrollo de políticas y formación profesional para la práctica avanzada de enfermería (PAE) en Brasil.
Material y Métodos: revisión de alcance según el Instituto Joanna Briggs y PRISMA-ScR, con estudios publicados hasta febrero de 2025 en las fuentes de información CINAHL, EMBASE, Lilacs, PubMed/Medline, SciELO, ScienceDirect, Scopus, Web of Science, Wiley, Biblioteca Digital Brasileña de Tesis y Disertaciones y Google Académico, con descripción de contenido mediante el método PAGER.
Resultados: se incluyeron 28 estudios, con un 50,0% de las publicaciones concentradas en la atención primaria de salud y un 82,1% publicados después de 2020. Se identificaron como patrones: bases para las prácticas avanzadas; avances: debates guiados por la Organización Panamericana de la Salud, la Asociación Brasileña de Enfermería y el Consejo Federal de Enfermería; lagunas: ausencia de regulación, debilidad en la formación, dificultad de comprensión sobre la PAE y barreras culturales; evidencias para la práctica: buenos resultados asistenciales y en la gestión de los cuidados; recomendaciones: necesidad de regulación específica y formación a nivel de máster y doctorado profesional.
Conclusiones: en su fase inicial de implementación en Brasil, la PAE enfrenta importantes desafíos (urgencias regulatorias y falta de capacitación especializada). Las principales recomendaciones para el desarrollo de políticas y la capacitación profesional se basan, en la consolidación legal, así como en la creación de programas de posgrado stricto sensu con una estructura pedagógica orientada al desarrollo de competencias y habilidades compatibles con las prácticas avanzadas en diversos entornos asistenciales.

Palabras clave: Enfermería de Práctica Avanzada; Formación Profesional; Competencia Profesional.

INTRODUCTION

Advanced practice nursing (APN) expands the boundaries of a nurse's scope of practice, strengthens their clinical practice, and contributes to improved health outcomes, thereby advancing the profession. Furthermore, the APN exercises professional leadership with autonomy, both in clinical practice and in educational and research settings. Their work is structured around specialized knowledge, critical thinking, decision-making, and autonomous practice[1]. However, in Latin America, APNs are not yet recognized, which hinders their integration into the labor market[2]. Nevertheless, from a future perspective, this professional has the potential to address the shortage and uneven distribution of specialists worldwide[3].

According to the World Health Organization (WHO), an APN is a postgraduate professional who integrates into interprofessional teams in health services, contributing to patient care management[3]. Since the 1960s, nurses with specialized training and expanded practices have developed a model of care, initially implemented in developed countries such as the United States, the United Kingdom, and Canada, with the aim of guaranteeing and expanding access to healthcare for vulnerable populations. However, its regulation in Brazil only began in 2016. Unlike countries, Brazil does not yet train

advanced practice nurses, mainly because there are no specific master's-level postgraduate programs in the country. Furthermore, it is estimated that in the Brazilian context, unlike the American, British, and Canadian contexts, APNs face difficulties, especially with respect to their regulation, considering the characteristics of the system that still perpetuates medical hegemony[4].

In 2022, the Pan American Health Organization (PAHO) highlighted the development of the Nursing Process as a strategy to expand coverage and promote universal access, especially in primary health care (PHC) in Latin American and Caribbean countries, as is already the case in countries such as the United States[5]. The proposed roles for Nursing Processors in the region include the diagnosis of acute and chronic diseases, case management, the integration of health networks, and specialization in specific groups on the basis of a minimum master's degree. To promote the dissemination of Nursing Processors in Latin America, the PAHO adopted various strategies, such as holding events, publishing guidance documents and articles, and fostering activities in collaborating centers. For nursing professionals, governments, civil society, and other health professionals in Latin American countries, the role of Nursing Processors remains relatively unknown, raising questions about their job market and practice; however, a deeper understanding of the debate and initial results are being observed in countries such as Chile and Mexico[2].

In Brazil, the Federal Council of Nursing (COFEN) is responsible for regulating and overseeing the professional practices of nurses, nursing technicians, and nursing assistants, ensuring the quality of services and compliance with the Professional Practice Law. Thus, in 2016, the Advanced Practice Nursing Commission was established on the basis of a document that addresses the possibility of structuring a national policy proposal to train advanced practice nurses, increasing their autonomy in healthcare[4].

However, the implementation of the Nursing Process in Brazil, although ongoing, remains a sensitive issue, despite its relevance and necessity for government policies that promote the expansion of the nurse role[1]. Furthermore, the lack of consensus, coupled with the absence of clarity regarding roles and a regulatory framework, are factors that limit the advancement of the Nursing Process[2]. Nevertheless, Brazil presents positive prospects for its implementation, as it has foundations that value the autonomy and importance of nursing in the healthcare field, such as the Professional Practice Law. However, studies that synthesize evidence on the nursing process in the country are lacking, especially in medium- and high-complexity settings[5-6].

An exploratory review was conducted to identify gaps in implementation and formulate recommendations for policy development and professional training in advanced practice nursing in Brazil. The research question was as follows: What is the current state of advanced practice nursing implementation in Brazil?

MATERIAL AND METHODS

This study is a guided and structured scoping review conducted according to the methodological recommendations of the Joanna Briggs Institute (JBI)[7], ensuring rigor and transparency through adherence to the PRISMA-ScR checklist, specifically for scoping reviews. We chose the scoping review method because it allows for the

synthesis of knowledge in each area through systematic rigor in mapping the evidence on a topic and, from this, identifying the main concepts and knowledge gaps[8]. Since this study did not involve human subjects directly or experimentally, as it was a documentary analysis, an ethical review by an institutional committee was not needed. The review was registered in the Open Science Framework, which is publicly accessible at https://doi.org/10.17605/OSF.IO/VYEH8 .

Data collection was organized via the population, concept, and context (PCC) framework, where the population of interest was nurses, the concept addressed was the implementation of advanced nursing practices (ANPs), and the context was limited to the Brazilian context. This allowed for the formulation of the central question: *What is the state of the implementation of advanced nursing practices in Brazil?*
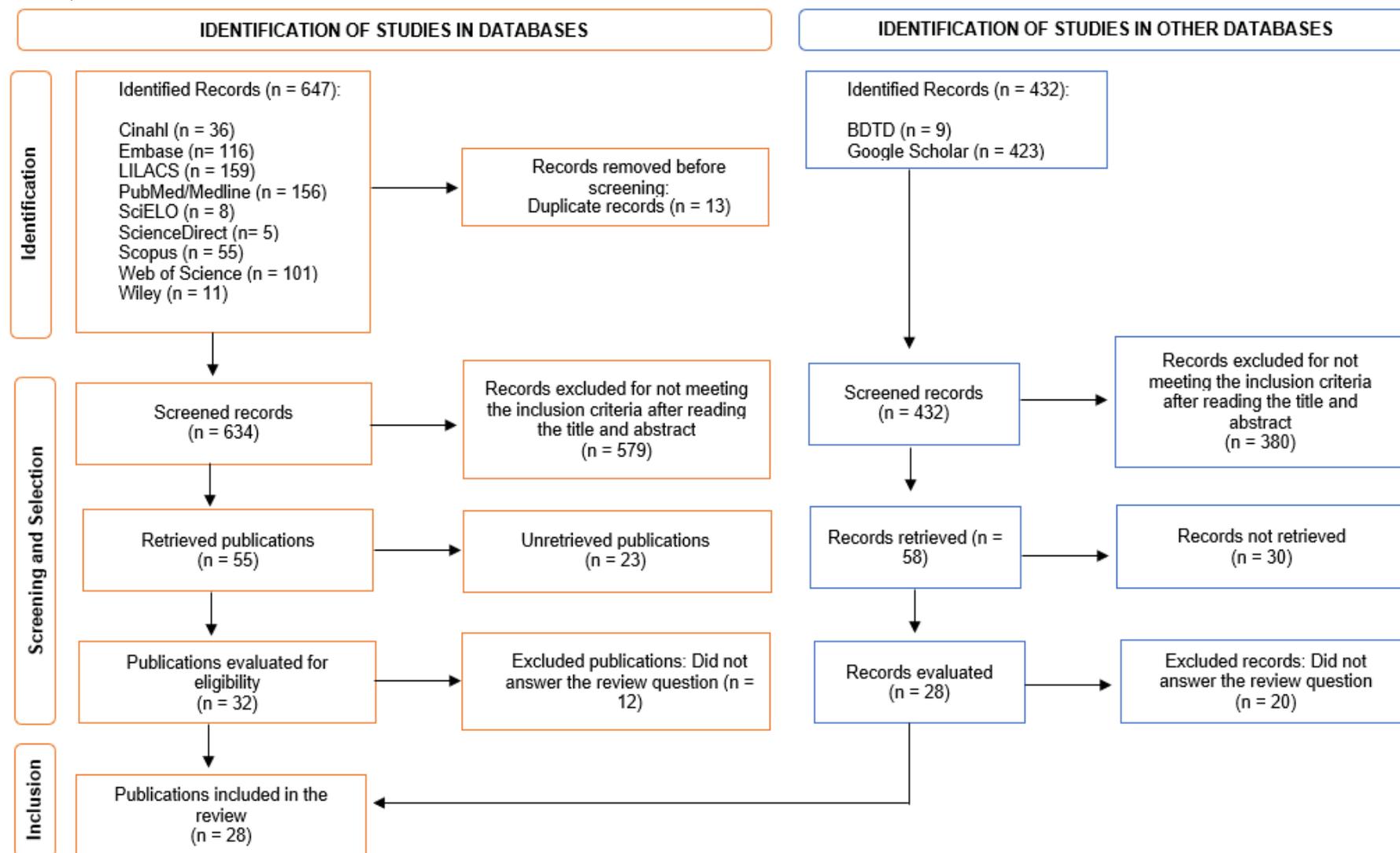
To answer this question, information sources such as CINAHL, EMBASE, PubMed/Medline, Scopus, Web of Science, ScienceDirect, Wiley Online Library, and SciELO were consulted, along with regional sources such as LILACS. The Brazilian Digital Library of Theses and Dissertations (BDTD) and Google Scholar were included as gray literature. The search terms used were "Advanced Practice Nursing," "Advanced Practice Nursing," and "Advanced Practice Nurse," supplemented with the descriptor "Brazil" to filter results geographically. The combinations were optimized via Boolean operators ("AND" and "OR"), as detailed in Table 1, ensuring a systematic and reproducible search strategy.

Table 1. Search strategy by database. João Pessoa, Paraíba, Brazil, 2025.

Database	Search strategy
Filter: No language or year restrictions applied	
PubMed/ MedLine **Date**: 12/12/2025	" advanced practice nursing "[Title/ Abstract] AND " advanced practice nurse"[Title/ Abstract] AND "Brazil"[Title/ Abstract]
SciELO **Date**: 12/12/2025	((Advanced Practice Nursing OR Advanced Practice Nurse) AND Brazil))
ScienceDirect **Date**: 12/12/2025	(Advanced Practice Nursing OR Advanced Practice Nurse) AND Brazil
Wiley Online Library **Date**: 12/12/2025	"Advanced Practice Nursing" anywhere and "Advanced Practice Nurse" anywhere and "Brazil" anywhere
LILACS **Date**: 12/02/2025	Practice Advanced Nursing OR Practical Nursing Avançada AND Brasil
WoS **Date**: 12/02/2025	("Advanced Practice Nursing") OR ("Advanced Practice Nurse") AND ("Brazil")
Scopus **Date**: 12/02/2025	(TITLE-ABS-KEY ('Advanced Practice Nursing' OR 'Advanced Practice Nurse' AND 'Brazil'))
Cinahl **Date**: 12/02/2025	" Practice Advanced Nursing " OR " Practical Nursing Avançada " AND "Brazil"
EMBASE **Date**: 12/02/2025	(' advanced practice nursing ')/ br AND ((' advanced practice nurse'): ti,ab,kw) AND (('Brazil'): ti,ab,kw)
BDTD **Date**: 12/02/2025	(Title:(Practice Advanced Nursing) OR (Practical Nursing Advanced) E Summary:(Practical Advanced Nursing) OR (Practical Nursing Advanced))
Google Scholar **Date**: 1 2/02/2025	Prático - Avançada -de- Enfermagem OR Enfermagem -de- Prático - Avançada AND Enfermeiro de Prático Avançada AND Brasil

The search was conducted in February 2025. The inclusion criteria were based on the PCC strategy, including studies whose population consisted of nursing professionals and whose concept and context were framed within the Nursing Care Processes (NCPs) in Brazil. Studies published in Portuguese, English, and Spanish, with diverse methodological designs, were also included. Given the scarcity of primary studies on the topic, systematic reviews were included. No time limit was established. The titles and abstracts of the articles were independently analyzed by two researchers to identify potentially eligible studies. The shortlisted articles were read in full, and any discrepancies were resolved by consensus between the researchers. Editorials, abstracts published in conference proceedings, research projects and protocols, expert opinions, and any text unrelated to the objective of the review were excluded. These documents were excluded to ensure that the mapped recommendations were supported by empirical data or official institutional documents, seeking greater rigor in the justification of public policies. Exclusion was based on reading the title and abstract. Texts not available in full and those repeated on information websites were also excluded. The full text was subsequently evaluated to confirm its eligibility and proceed with its inclusion (Figure 1).

Figure 1. Flowchart of the study selection process for scoping review according to the PRISMA-ScR (2020) [8]. João Pessoa, Paraíba, Brazil, 2025.

Source: Own elaboration.

After the sample was defined, the extracted data were organized and synthesized in a table composed of the following variables: authors, year of publication, objective, and method, which were described via absolute and percentage frequencies. For a more detailed analysis, the PAGER framework [9] was used, which organizes the results into the following categories: Patterns, Advances, Gaps, Evidence of Practice, and Recommendations for the implementation of the ANP in Brazil. The application of the PAGER strategy was based on the analysis and response to reflective questions about each letter of the acronym, namely, P - What are the main groupings/themes that emerged from the analysis? ; A - What types of discoveries or advances were achieved in this set of works? ; G - What aspects of the research carried out thus far have been omitted and that truly need to be addressed? ; E - What are the implications for my discipline or area of knowledge? ; R - How can the conclusions of the review guide future research? The analysis was performed by two researchers and, in case of discrepancy, was submitted to the evaluation of a third reviewer.

RESULTS

A total of 1,069 studies were identified, 13 of which were excluded because of duplication, 1,001 because they did not meet the inclusion criteria, and 27 because they did not address the research question, resulting in a final sample of 28 studies (Figure 1). Regarding the categorization of the studies, 82.1% (n = 23) were published in the last five years, 42.8% (n = 12) used the theoretical-reflective essay as their methodological approach, and another 42.8% (n = 12) reflected on the implementation of primary health care in the Brazilian context without specifying a sector or area of intervention. However, primary health care accounted for 50% (n = 14) of the publications on the implementation of PHC in the country (Table 2).

Table 2. Categorization of studies according to objective, method and year of publication (n=28). João Pessoa, Paraíba, Brazil, 2025.

Aim	Method and Year of Publication
Reflect on the role of ABEn and Cofen in the development, recognition and regulation necessary for the implementation of the APN in Brazil.	Theoretical-reflective, 2022 [3]
Analyze the implementation of the APN and the performance prospects of this professional in the Americas region, with a focus on Brazil.	Theoretical-reflective, 2022 [2]
To present on the ANP and analyze the possibilities of advanced practice for the management of nursing care in Brazil.	Theoretical-reflective, 2017 [10]
Analyze how the country's current focus on good practices in the care process, as a central element of nursing, supports discussions about expanding the nurse's role through advanced practices.	Theoretical-reflective, 2019 [11]
Describe the elements of the practice of *certified nurse- midwives* and *women's health nurse practitioners* in the US context, with the aim of supporting the implementation of the ANP in Brazil.	Case Study, 2020 [12]
Describe the implementation of the ANP in Latin America.	Integrative review, 2021 [13]

Aim	Method and Year of Publication
Review the state of the art on ANP in national and international scientific literature, to characterize the production, analyze the implementation panorama in the world, Latin America and Brazil.	Scope review, 2022 [14]
Describe the current state of doctoral nursing education, advanced-practice, and research in selected countries within the six WHO regions.	Theoretical-reflective, 2022 [15]
To describe the experience of the United States and the first steps of Brazil in the process of training advanced practice nurses.	Theoretical-reflective, 2022 [16]
Explore possibilities for advances in the cost-effectiveness evaluation of ANP.	Theoretical-reflective, 2022 [17]
Mapping the actions implemented by ANP in the Brazilian context.	Scope review, 2023 [18]
To present the pillars that support what has been called APN and to discuss the training necessary for its implementation.	Theoretical-reflective, 2023 [19]
Reflect on the implementation of the *Nurse Practitioner role* in Brazil, taking as a basis experience from Canada.	Theoretical-reflective, 2024 [20]
Reflecting on the role of ANP in the context of Brazilian PHC.	Theoretical-reflective, 2018 [21]
Building a competency profile for ANP in the context of Brazilian APS.	Cross-sectional study, 2018 [22]
Identify the ANP in Brazil and in the world, as well as their impacts and advances in health.	Integrative review, 2020 [23]
Mapping ANP actions implemented in the context of PHC.	Cross-sectional study, 2021 [24]
Analyze the skills needed for the ANP in the APS.	Cross-sectional study, 2021 [25]
Analyze the ANP, focusing on the role of *Family Nurse Practitioners,* to support its implementation in Brazilian primary healthcare.	Cross-sectional study, 2021 [26]
Reflecting on advanced practice nursing in primary health care considering the complexity of the Brazilian health system.	Theoretical-reflective, 2021 [27]
Describe the operationalization of the stages of the model proposed by PAHO for the implementation of ANP in primary health care services.	Methodological Study, 2022 [28]
Mapping the contributions and strategies for implementing ANP in PHC.	Scope review, 2023 [29]
Analyze the strengths and weaknesses for the implementation of the ANP in the APS.	Cross-sectional study, 2023 [30]
Understanding the perception of nurses, doctors and key people on the implementation of the ANP in PHC in Brazil.	Cross-sectional study, 2024 [31]
Describe how nurses working in primary care identify their professional autonomy in the development of nursing practices.	Cross-sectional study, 2024 [32]
Situational analysis of the practices of Brazilian nurses based on the following components: regulation, practice and education.	Mixed methods, 2021 [33]
Analyzing the implementation scenario of the APN in prehospital care as a tool for access to care in Brazil	Narrative review, 2019 [34]
Reflecting on 24-hour Urgent Care Units as a scenario for action for the ANP in emergency and urgent care services.	Theoretical-reflective, 2023 [35]

With respect to the description of the results according to the PAGER structure[9], the patterns, advances, gaps, evidence and recommendations for the implementation of the ANP in Brazil were extracted from the studies (Table 3).

Table 3. PAGER structure of the results of the implementation of the ANP in Brazil (n=28). João Pessoa, Paraíba, Brazil, 2025.

Patterns	Progress	Lagoons	Evidence for Practice	Recommendations
Bases for ANP in Brazil.	**Initial Regulatory Promotion:** Technical Note No. 01/2023 as a milestone that encourages professional qualification for the ANP, aligning with global demands. **Commitment of the Entities:** COFEN, Brazilian Nursing Association (ABEn) and PAHO led the discussion on the ANP, consolidating it as a priority on the agenda of Brazilian nursing, through the organization of events, studies and promotion of research. **The APN's role:** The APN acts as a health management agent, contributing to the sustainability of	**Lack of Regulation:** The ANP is not yet regulated in Brazil, with resolutions or laws, with undefined criteria for accreditation, training monitoring and certification exams. **Fragmentation of the Debate:** The discussion on ANP is limited to entities such as ABEn and COFEN, without broad participation from government, educational and civil society sectors. **Questionable Quality:** The expansion of distance education and the commodification of teaching compromise the technical and ethical training necessary for	**Improved Clinical Outcomes:** The APNs performance is associated with reduced mortality, shorter hospital stays, greater therapeutic adherence, and agile responses to emergencies, especially in contexts such as obstetrics and case management. **Specific Harm Reduction:** ANP contributes to reducing the incidence of depression, urinary incontinence and pressure ulcers, demonstrating its role in prevention and comprehensive care. **Universal Coverage:** The APN is strategic to fill gaps in PHC, acting as a	**Strengthening Professional Training:** Implement professional master's and doctoral programs with a focus on ANP, integrating applied research into clinical practice. To train teachers in ANP to guarantee pedagogical quality and alignment with the SUS. Create certification, accreditation, and registration systems for advanced practice nurses, with clear eligibility criteria. **Regulation and Standardization:** Creation of an official APN title by COFEN. Regulate the ANP through specific legislation, defining guidelines for clinical practice, competencies and ethical limits. Establish national standards for training programs, including ongoing follow-up of graduates. Base regulatory decisions on solid academic production and validated good practices, with the

Patterns	Progress	Lagoons	Evidence for Practice	Recommendations
	health systems and the improvement of critical indicators. **Impact on Care:** The ANP is associated with the improvement in the quality of care, with emphasis on comprehensiveness, longitudinality and harm reduction, in accordance with the principles of the SUS. **Solid Scientific Basis:** There has been a growing trend of scientific publications in the last decade, reflecting the updating of the field and the diversification of the areas of action. **International Alignment:** The global expansion of ANP in different contexts inspires local adaptations, although there is still dependence on	advanced practice. **Curriculum Misalignment:** There are gaps in the definition of national guidelines for postgraduate programs, resulting in training that is disconnected from the real demands of the SUS (National Health System). **Terminological Confusion:** The conceptual ambiguity of ANP hinders policy implementation and public understanding. **Cultural Resistance:** Historical barriers in the hierarchy of health professions and difficulties in obtaining funding perpetuate traditional models of care. **Variable Effects:** The impacts of ANP on cost reduction and system efficiency depend on the context, requiring	case manager and guaranteeing access to vulnerable populations, in line with the principles of the SUS. **Holistic Vision:** Professionals with advanced training apply a broad approach to the health-disease process, integrating biopsychosocial aspects into the health-disease. **Scientific Autonomy:** Doctoral programs in nursing in Brazil train professionals capable of generating and transferring technologies to solve complex problems, aligning theory and practice. **Economic Efficiency:** The ANP optimizes resources to reduce hospital remissions and improve efficiency of care.	participation of entities such as ABEn and COFEN. **Evidence-Based Research and Practice:** Integrating scientific research into management, education, and care, positioning the ANP as an agent of technological innovation and care management. Promote studies on the cost-effectiveness of emergency contraception in different contexts. **Financing and Sustainability:** Guarantee public and private funding for professional master's and doctoral programs in ANP. Create specific calls for applied research and training of leaders in advanced practices. **Visibility and Professional Leadership:** Expand the debate on ANP beyond the academic sphere, highlighting its impact on public health. To position nurses with doctorates as leaders in management,

Patterns	Progress	Lagoons	Evidence for Practice	Recommendations
	external guidelines.

Health Indicators: Expanding the scope of nursing practice can improve indicators such as therapeutic adherence, efficiency in the use of resources, and clinical problem-solving ability.

Economic Sustainability: The APNs performance demonstrates potential for cost optimization in health systems, especially in highly complex contexts. | local adaptations that have not yet been explored.

Underutilization of Potential: The possibilities of the ANP in areas such as research, management and technological innovation are underdeveloped, which limits its strategic scope.

Lack of Coordination: There is a disconnect between educational institutions, regulatory bodies, and the government, which hinders the creation of integrated policies for ANP. | **Regulatory Innovation:** Implementing ANP requires specific public policies, such as changes in labor legislation and the creation of guidelines.

Leading role in the SUS: Brazilian nurses already demonstrate significant autonomy in the implementation of health policies, reinforcing the ANP forecast as a management model. | education and health policies, strengthening their influence on strategic decisions. |

DISCUSSION

The Nursing Process in Brazil is in an initial stage of discussion, study, and regulation, despite the extensive international models that demonstrate its effectiveness in countries where it has already been implemented. Globally, the nursing process has been established in more than 50 countries, resulting in an efficient cost–benefit ratio for the quality of healthcare compared with other care models and traditional nursing roles[29]. In the United States and Canada, for example, nurses can choose to train as Nursing Processors after completing their nursing degree, which requires a national certification exam and at least two years of professional experience, one of which must be in a specialty[16,20]. In these countries, their role includes activities such as ordering diagnostic tests, conducting clinical assessments, prescribing treatments, and acting as the first point of contact for healthcare, reflecting variability in their professional development[2].

With the aim of adapting the ANP implementation process from the international context to the needs and particularities of Latin America, the PAHO published a document in 2018 outlining the actions and strategies that nursing should follow in the various countries of the continent [20]. In the Brazilian national context, professional organizations such as ABEn and COFEN have worked on the discussion, development, and elaboration of scientific and legal foundations for the implementation of the ANP in the country [3]. However, due to the absence of a specific legal framework, only Technical Note No. 01/2023 [1] provides one, nursing faces limitations in advancing its field of practice [2]. Adding to this significant factor is the resistance from the medical profession, as well as the lack of knowledge about the ANP, both among the general population and within the profession itself [29].

It is observed that the topic is the subject of intense discussion, especially in primary health care, where the ANP expands access to health and, above all, strengthens the quality and effectiveness of nursing care [18]. In Brazil, although primary health care is an important field of nursing practice, there is extensive debate about the autonomy of nursing staff, which is both anchored in and limited by protocols, thus reducing their capacity to comprehensively manage the health problems of individuals, families, and communities [13]. Protocols are essential tools; however, it is urgent to move toward models of greater clinical autonomy.

Regarding other care settings, urgent and emergency care are cited in only two studies [34-35] as an effective application of ANP, which contrasts with the results from countries such as Ireland, Australia, and Canada. In Brazil, emergency departments face additional challenges, such as overcrowding, excessive workload, and resource scarcity, which further hinder the implementation of ANP in these settings. In any case, the limited research in areas other than primary health care suggests a need to expand the debate and agenda on emergency care (EC) in the country, so that strategies can also be designed for medium- and high-complexity care, since integrating EC in these settings reduces waiting times, hospital stays, and improves patient safety. Therefore, its greatest effectiveness would be as a strategy for managing service overload [34-35].

As the results indicate, another critical point is specific training in APN in the country. Currently, Brazil is experiencing a significant expansion in training and the opening of new professional master's programs, which translates into a fruitful opportunity for the implementation and consolidation of the APN career, since master's-level training is a basic and fundamental element for the legal consolidation of APN [13, 30, 36]. However, despite the growing expansion, there are still no specific master's programs in the country for APN training, a crucial point that the category, especially through its representative entities, should strive to discuss and make viable.

It is worth remembering that, unlike most academic programs, nursing education is based on developing the nurse's knowledge, attitudes, and skills directly related to the management of patient clinical care, with careful alignment to the APN established by the CIN, which focus on diagnostic, prescriptive, and complex case management autonomy.

Finally, the need for a clear regulatory framework, with duties, rights, and precise definitions of the nursing role, is the most important step for the implementation of the APN in Brazil. It is recommended, above all, that COFEN regulate the APN, going beyond the already published technical note, establishing ethical and legal limits for its practice, as well as determining the necessary criteria for training, certification, and professional

registration. Rethinking current professional master's degree models represents a wide field of opportunities for the advancement of the APN in Brazil. Adapting to Brazil what is already being done internationally is both possible and necessary. However, we emphasize that, due to territorial dimensions, sociocultural variations, and established healthcare models, adaptation is a standard that must be respected. Sociocultural and organizational factors, such as resistance from some medical sectors, variability in practices across states, and inequalities between urban and rural areas, must be identified and addressed through interprofessional engagement strategies, communication of local evidence, and pilot projects with learning objectives [2, 3, 10].

Incorrectly, due to gaps in definition and regulation, the APN in Brazil can be viewed as a professional who contributes to reducing the workload of physicians in primary healthcare or other healthcare settings. However, we argue that discussions based on the "replacement" of one professional by another should be avoided and vigorously resolved, as this is not one of the objectives of the APN, which recognizes and values the importance of interdisciplinarity and the unique role of each healthcare professional.

This study has limitations that should be considered, such as the scarcity of studies on APN in Brazil, especially beyond primary care. The concentration of theoretical-reflective trials highlights the need for more robust studies that can identify the outcomes of early intervention in diverse care settings.

CONCLUSIONS

This exploratory review identified the main deficiencies for the implementation of the APN in Brazil as the lack of legal regulation that clearly defines the competencies and scope of APN practice, as well as the absence of specific training programs focused on advanced practices. The main recommendations for the development of policies and professional training are based, in the first place, on the legal consolidation of the APN, in line with the recommendations of the PAHO and the WHO, as well as in the creation of stricto sensu postgraduate programs, whose pedagogical structure is oriented towards the development of skills and abilities compatible with the practices advanced in various assistance environments.

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