

National Nursing Organisations

GLOSSARY OF TERMS

Criteria for Specialties
in Nursing | Principles
of Credentialling for
Nurses

Criteria for Specialties in Nursing | Principles of Credentialling for Nurses

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1st edition printed in 1999
2nd edition printed in 2004

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ISBN 0-909599-50-5

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National Nursing Organisations

Glossary of Terms

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Foreword

The first edition of this booklet was published in 1999. In its introduction, it was described as a working document and this edition can be similarly described. Nursing, like other professions, is ever evolving and its publications will reflect this dynamism and alter according to demands of both society and the profession itself.

I would like to acknowledge the subcommittee members who developed the original booklet: Jean Anderson (Australian Council of Community Nursing Services); Sue Bailey Confederation of Australian Critical Care Nurses); Robyn Coulthard (Australian Nursing Federation); and Helen Hamilton (Royal College of Nursing Australia).

Since 1999, there have been some changes which are reflected in this publication. For example, reference is made to the third edition of the National Competency Standards for the Registered Nurse published in 2000. Enrolled nurses also are included in the glossary. However, some of the definitions from the first edition remain unchanged.

The National Nursing Organisations are also an evolving group and have in recent times developed Terms of Reference with revised membership criteria. In 2000, they issued a national consensus statement on the nurse practitioner, which has proved valuable when lobbying for the development of this role. The statement was revised for this publication. Both the Terms of Reference document and the consensus statement are contained in this publication.

I commend this booklet to you to assist in the development of specialties in nursing.

Rosemary Bryant
Chair
National Nursing Organisations

Introduction

This is a working document which describes and defines terms generally adopted for nursing practice in Australia. The definition of terms has been collated in this publication to assist nurses continue the development of specialty practice in an organised manner. A review of this publication by the National Nursing Organisations (NNOs) will occur by 2005.

Membership of the NNOs is diverse and some organisations represent nurses working in generalist and specialist contexts of practice across Australia.

Generalist nursing practice is defined by the Queensland Nursing Council as, *(encompassing) a comprehensive spectrum of activities. It is directed towards a diversity of people with different health needs, it takes place in a wide range of health care settings and it is reflective of a broad range of knowledge and skills. Generalist practice may occur at any point on a continuum from beginning to advanced*'.

Specialist practice is defined in the same document as, *(following and building) on a base of generalist preparation. Specialist practice focuses on a specific area of nursing. It is directed towards a defined population or a defined area of activity and it is reflective of depth of knowledge and relevant skills. Specialist practice may occur at any point on a continuum from beginning to advanced*'.

Background to the development of the National Nursing Organisations

The Australian Nursing Federation (ANF) was actively involved in the International Council of Nurses (ICN) project on nursing regulation during the period 1988-1991. As a result of this involvement, the ANF invited Dr Margretta Styles to Australia in November 1991 to meet with national specialty nursing groups. Dr Styles expressed the importance of an orderly development of specialisations in nursing to the twenty-four specialty groups in attendance³. This meeting was to be the genesis of the NNOs and since November 1991 these groups (now numbering more than fifty) have met six-monthly to discuss national issues for Australian nurses. This publication is the result of the work of the NNOs over the last decade.

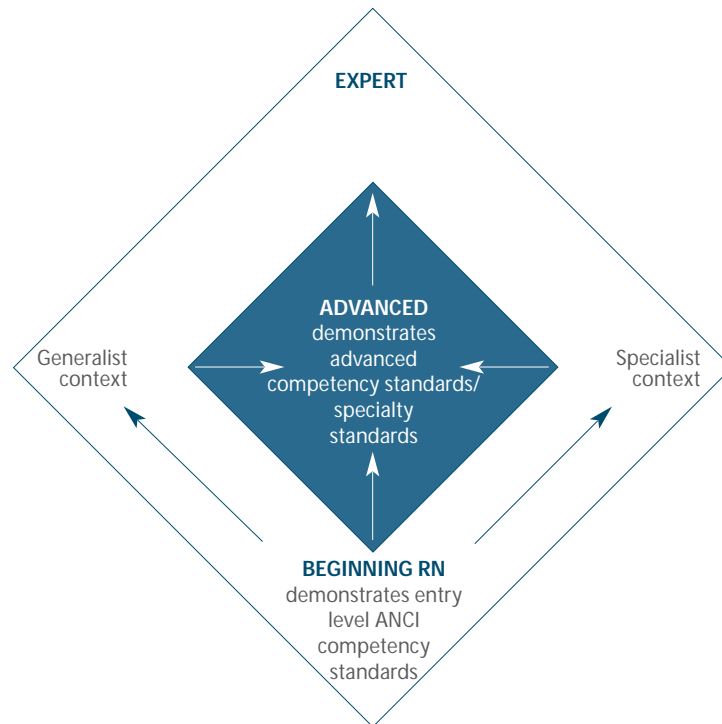
Background to the development of the ANF Competency Standards for the Advanced Nurse (1997)^{4,5}

As the NNOs discussed issues such as the designation of nursing specialties and credentialling of specialty practice, it became apparent that there was potential conflict in what each organisation considered advanced practice. Some member groups of the NNOs had already developed advanced practice standards/competency standards for their specialty groups, others were in the process of developing them and the remaining organisations were waiting to review the outcomes of the NNO advanced competency standards development in order to prevent reinventing the wheel. Whilst there was some postulating between groups as to whether some specialty practice was more advanced than other specialty practice, those NNOs representing nurses practicing as advanced generalists were arguing the need for the NNOs to recognise that advanced nursing practice also took place outside of specialist nursing environments. In early 1995 the NNOs agreed to circulate those advanced competency standards already developed by some member organisations. Ensuing discussions began to uncover a great similarity in how advanced nursing practice was described by various groups and that it was the context in which this practice occurred that defined the practice as being specific to that specialty/generalist group.

At the NNO meeting held on 7 November 1995 it was agreed that there should be three categories of registered nurse defined in Australia: the beginning RN, the experienced /advanced RN and the expert RN. It was also agreed to proceed with the development of generic competency standards for the nurse working beyond the beginner level ie the advanced nurse. These standards could then be adapted and used by specialty nursing groups. From this meeting the ANF successfully sought funding from the then Commonwealth Department of Employment, Education and Training to commence the development of the competency standards for the advanced nurse. These competency standards were developed by the following group of consultants, lead by Professor Margaret McMillan: Dr Diana Keatinge, Associate Professor Penelope Little, Professor Irena Madjar, Ms Elizabeth Bujack, Ms Jan Andrews, and Emeritus Professor Richard Johnson . As part of this project, the team further refined a model developed by the NNOs at their November 1995 meeting to identify the contexts through which Australian registered nurses developed from beginning practice to advanced practice to expert practice.

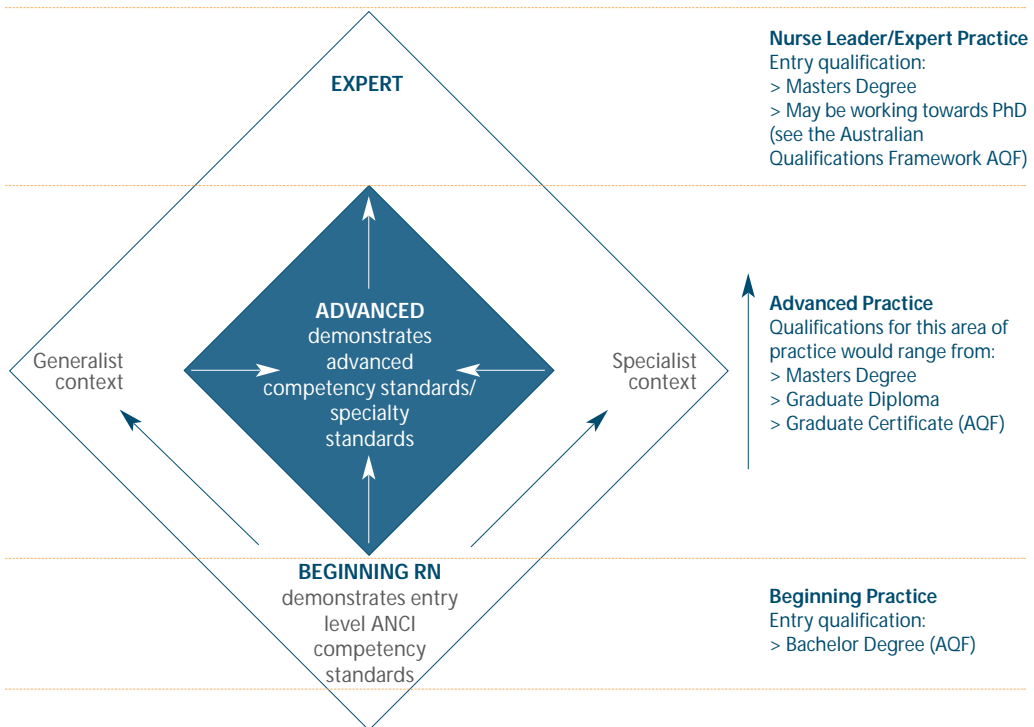
It should be noted that this work commissioned by the NNOs did not include the further development of competency standards for enrolled nurses working beyond beginning practice. Many NNOs have enrolled nurse members but it was only in 2002 that the NNO membership criteria was modified to include an organisation representing the interests of enrolled nurses only ie the National Enrolled Nurse Association.

Figure 1 Nursing competence and nursing context⁶



In 1997 when the ANF Competency Standards for the Advanced Nurse were published the NNOs recognised there was a level of nursing practice beyond that defined by the advanced competencies but were reticent to further define the term expert nurse at that time. Expert nurse is defined later in this publication and the development of nurse practitioners has resulted in this role also being considered to reflect the expert nurse. In order to recognise this level of nurse in the Australian health care context, the New South Wales College of Nursing⁷ adapted the McMillan et al diagram in its submission to the National Review of Nursing Education⁸ as follows:

Figure 2⁹



The National Review of Nursing Education acknowledged that *(a) nurse practicing at an advanced level does not necessarily require a post graduate qualification. Conversely, a post graduate qualification does not ensure that a nurse will be able to practise at an advanced level. The distinction is based on the level of competency at which the individual nurse performs based on knowledge and expertise¹⁰.*

Glossary of Terms

Accreditation

The regulatory mechanism by which a course is deemed to be able to meet the standards for nurse education. These standards are designed to facilitate the nursing competence of the graduates and thereby support standards for nursing practice¹¹. Accreditation of nursing courses should include representatives of the nursing profession and if relevant the nursing specialty.

Advanced Registered Nurse

The QNC says that *as practice becomes more advanced nurses demonstrate more effective integration of theory, practice and experiences along with increasing degrees of autonomy in judgements and interventions*¹². They add that advanced practice occurs with continued competency development, further education, and experience¹³.

Advanced registered nurses practice beyond that found at entry to practice following completion of pre registration education programmes. The minimum standards for practice, prepared in 1997, are:

- Uses multiple approaches to decision making;
- Manages the care of individuals and groups;
- Engages in collaborative practices to achieve client outcomes;
- Provides a supportive environment for colleagues;
- Manages the utilisation of staff and physical resources;
- Engages in ethically justifiable nursing practice;
- Protects the rights of individuals/groups;
- Engages in activities to improve nursing practice;
- Develops therapeutic and caring relationships;
- Fulfills the conduct requirements of the profession;
- Acts to enhance the professional development of self;
- Functions in accordance with legislation and common law affecting nursing practice¹⁴.

McMillan et al state that *these standards are meant to reflect the total practice of the advanced nurse. Within the practice of the advanced nurse both core and advanced nursing behaviours are evident*¹⁵.

Beginning Registered Nurse (RN Division 1 in Victoria)

A person licensed to practice, under State or Territory nurses legislation, as a registered nurse making their initial transition to employment as a nurse. The beginning registered nurse must demonstrate the ANC national core competency standards for registered nurses, endorsed

by the nurse regulatory authorities. The regulatory authorities expect that the beginning registered nurse however *will have access to more experienced nurses ... and (would not be expected) ... to take in-charge positions or function alone in areas where clinical decisions involve unpredictable outcomes or where the patient/client presents with multiple problems*¹⁶.

This definition does not relate to the experienced nurse commencing practice in an unfamiliar nursing context or specialty. This reduction in performance is related to context specific competence (knowledge, skills and attitudes) and the experienced nurse generally maintains more advanced competence in those domains common to all nursing practice contexts.

Beginning Enrolled Nurse (RN Division 2 in Victoria)

A person licensed to practice, under State or Territory nurses legislation, as an enrolled nurse (or RN Division 2 in Victoria) making their initial transition to employment as a nurse. The beginning enrolled nurse must demonstrate the ANC national core competency standards for enrolled nurses, endorsed by the nurse regulatory authorities. All enrolled nurses comply with the State/Territory legislation and/or guidelines on supervision by a registered nurse.

Competence

ANC defines competence as *the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance in a profession/occupational area*¹⁷.

Competency Standards

Competency standards are core standards that describe the current practice of nurses. These standards can be developed at the standard expected of those completing their education (ie ANC National Competency Standards for the Registered Nurse and the Enrolled Nurse) or they can reflect standards beyond that minimum level (ie Competency Standards for the Advanced Nurse).

ANC says that *(the) standards take account of the contemporary role of the registered nurse which covers clinical practice, management of care, counselling, health promotion, client advocacy, facilitation of change, clinical teaching, supervising, mentoring and research. They provide a benchmark for nurses in daily practice.*

*They may be used for academic assessment, workplace performance review and for measuring continuing fitness to practice. The competency standards reflect the unique characteristics of nursing as well as broader attributes nurses have in common with other professions and occupations. In addition, they identify the knowledge, skills and attitudes required by nurses and reflect the complex nature of nursing activities*¹⁸.

The State and Territory nurse regulatory authorities establish and maintain minimum standards and the processes for the regulation of nursing within Australia.

ANC add that (nurse) regulatory authorities apply the competency standards in order to:

- communicate to consumers the competency standards that they can expect of nurses;
- determine the eligibility for registration of people who have undertaken nursing courses in Australia;
- determine the eligibility for registration of nurses who wish to practise in Australia but have undertaken courses elsewhere;
- assess nurses who wish to return to work after being out of the work force for a defined period; and,
- assess qualified nurses who are required to show they are fit to continue working.

Nurses who are registered are required to demonstrate competence. They are accountable for their actions and they take responsibility for the supervision of enrolled nurses. In addition, they have a professional responsibility to maintain the standards in order to renew their license¹⁹.

Credential

A predetermined set of standards establishing that a person has achieved professional recognition in a specific field of health care²⁰.

Credentialling

The process by which an individual nurse is designated as having met established professional competency standards, at a specified time, by an agent or body generally recognised as qualified to do so. In Australia this is a voluntary process for nurses and credentialling is organised by the professional organisation and not nurse regulatory authorities.

The purpose of credentialling or certification is to assure other professionals and the public that the person has mastered the skills necessary to practise a particular specialty and has acquired the standard body of knowledge common to that specialty²¹.

Credentialling Principles

- 1 That credentialling apply to the individual nurse.
- 2 That the ICN position statement on regulation which places prime responsibility for standard setting for education and practice in the hands of the profession be adopted for credentialling.
- 3 That credentialling be voluntary.
- 4 That a person may not use the titles relating to credentials without evidence of holding the relevant nationally recognised credential.
- 5 That educational components of credentialling involve combinations of formal, informal, on the job and experiential components in acknowledgement of the variety of ways in which professional education may be acquired.

- 6 That credentialling processes include demonstration of appropriate competencies (see definition of competence).
- 7 That credentialling processes be equitable and accessible to registered nurses regardless of their geographical location or the nature of their employment.
- 8 That, as a demonstration of professional accountability, information about specific credentialling content and processes be available to the profession broadly and to consumers.
- 9 That consistent, equitable and defensible assessment procedures apply to all credentialling processes. Such procedures may include written assessment standards, adequate training for assessors, mechanisms to assure inter-rater reliability of assessors, meeting equal opportunity legislative requirements and providing appropriate appeal mechanisms.
- 10 That all principles above apply to recredentialling.
- 11 With agreed nationally consistent frameworks, credentialling content and process be determined by the relevant national organisation(s).
- 12 That where a credential may regularly be sought across one or more related areas of practice the relevant national organisation(s) collaborate to discuss means of pursuing appropriate combinations for such credentials.

Enrolled Nurse (RN Division 2 in Victoria)

A person licensed to practise, under State or Territory nurses legislation, as an enrolled nurse (registered nurse division 2 in Victoria). ANC defines the enrolled nurse as, an associate to the registered nurse who demonstrates competence in the provision of patient-centred care as specified by the registering authority's license to practice, educational preparation and context of care²².

Expanded Practice for the Enrolled Nurse

The scope of practice of the enrolled nurse encompasses functions appropriate to their knowledge, skill, education and experience, consistent with the ANC National Competency Standards for the Enrolled Nurse²³. Restrictions on the scope of practice only occur as a result of Nurses Acts, regulatory authority guidelines, and local policies.

Enrolled nurses work under the direction and supervision of registered nurses except where legislation or regulations have been amended²⁴. That supervision may be direct or indirect according to the nature of the work delegated to the enrolled nurse. The registered nurse is responsible for delegating appropriately to the enrolled nurse within the framework of the enrolled nurses knowledge, skill, education and experience and the context of the nursing care to be provided. At all times the enrolled nurse retains responsibility for their own actions and remains accountable to the registered nurse for all delegated functions.

Enrolled nurse practice is determined by:

- the extent of educational preparation,
- the clinical competence of the enrolled nurse,
- the acuity of the person requiring nursing care,
- the amount of clinical judgment required,
- the level of technical skill required, and
- the degree of registered nurse direction available,
- the legislation in the State/Territory in which the enrolled nurse is registered²⁵.

Expert Registered Nurse

The expert registered nurse is a person with specialised skills and knowledge, who is an authority in their chosen field of practice. In addition to the standards describing advanced nursing practice, the expert registered nurse would also demonstrate the following features:

- Lateral thinking;
- Challenging;
- Autonomous;
- Research focused;
- Extensive knowledge;
- Consultant;
- Views situations globally;
- Leader;
- Visionary; and
- Innovative²⁶.

National Nursing Organisations (NNOs)

The purpose of the NNOs is:

- a) to provide a forum for discussion, consultation, and development of future directions in nursing, and
- b) to act as a lobby group at a national level.

The terms of reference are:

- To identify areas of common interest or concern to the national nursing organisations;
- To provide a forum for discussion and consultation on matters of importance to the nursing profession;

- To achieve consensus between the nursing organisations on identified issues or concerns;
- To effectively contribute to public discussion on matters of importance to the nursing profession;
- To plan steps for united action in areas of interest or concern;
- To lobby key stakeholders ensuring that they are aware of the views and priorities of the national nursing organisations.

The principles are:

The NNOs are a coalition of organisations that represent the nursing profession. They aim to include all member organisations in the processes leading to decisions and have a consensus process for achieving outcomes.

Members are a national nursing organisation that has members in four or more states/territories and that are either:

- all enrolled and/or registered nurses;
- the nursing section of a multidisciplinary group; or
- a clear network of nurses within such groups who can ensure a nurse representative and feedback to nurses in the practice area.

(NNO Terms of Reference endorsed at the May 2002 meeting)

Nurse

See the definitions for the following:

- Nurse Practitioner
- Expert registered nurse
- Advanced registered nurse
- Registered nurse (RN Division 1 in Victoria)
- Beginning registered nurse (RN Division 1 in Victoria)
- Enrolled nurse (RN Division 2 in Victoria)
- Beginning enrolled nurse (RN Division 2 in Victoria)

Nurse Practitioner²⁷

The nurse practitioner role is a new role in the Australian health care context and implementation of the role is at a State and Territory level. The nurse practitioner role is complementary to that of other health care providers and an integral part of multidisciplinary health care provision. There are benefits to both the community and the nursing profession for the recognition of nurse practitioners in Australia to be standardised and every effort should be made to ensure consistency between States and Territories. The National Nursing Organisations have developed the following criteria for the recognition of nurse practitioners:

1 Definition

A nurse practitioner is a registered nurse who has been authorised by the State or Territory regulatory authority to use the title. The authorisation process should ensure that the registered nurse applying has:

- a) undertaken appropriate post graduate education or equivalent to support their practice; and
- b) provided evidence of their ability to consistently practise autonomously and at an advanced level within an extended role.

2 Role and Scope of Practice

The role of the nurse practitioner is characterised by clinical assessment and therapeutic management of health and illness presentations within their scope of practice. This may include the initiation of diagnostic investigations, the prescription of medicines, and referral to other health care providers. Nurse practitioners practice in metropolitan, rural and remote areas of Australia, in both the public and private sectors, and in all clinical areas.

3 Educational Preparation

The minimum educational level for nurse practitioner practice is preparation at Masters level or equivalent for the clinical area of practice, supported by relevant clinical experience.

4 Career Structure

The career structure for nurse practitioners is part of the nursing clinical career stream.

5 Remuneration

The classification of nurse practitioner is included in nursing awards and agreements linked to specific remuneration which recognises the advanced level of practice and the additional responsibilities, and be aligned to the highest level in the clinical career stream.

6 Protection of the Title

The title of nurse practitioner is protected in State and Territory Nurses Acts and similar legislation, making it an offence for use of the title by any other than those authorised to do so by the legislation.

7 Authorisation to Practice

Authorisation to practice as a nurse practitioner is vested in the State and Territory nurse regulatory authorities in collaboration with the nursing profession.

8 Legislative Support

Nurse practitioner practice is supported by changes to all relevant legislation.

9 Review

The National Nursing Organisations will review this document at least every two years.

Registered Nurse (RN Division 1 in Victoria)

A person licensed to practice, under State or Territory nurses legislation, as a registered nurse.

Scope of Nursing Practice

QNC defines the scope of nursing practice *as that which nurses are educated, competent and authorised to perform*²⁸.

Specialisation

Implies a level of knowledge and skill in a particular aspect of nursing which is greater than that acquired during basic nursing education²⁹.

Specialty in Nursing³⁰

The following are the ten criteria agreed by the National Nursing Organisations as defining a specialty in nursing in Australia:

Criterion 1

The specialty defines itself as nursing and subscribes to the overall purposes, functions and ethical standards of nursing.

Criterion 2

The specialty is a defined area of nursing practice which requires application of specially focused knowledge and skills.

Criterion 3

There is both a need and a demand for the specialty area.

Criterion 4

The focus of a specialty is a defined population or a defined area of activity which provides a major support service within the discipline and practice of nursing.

Criterion 5

The specialty is based on a core body of nursing knowledge which is being continually expanded and refined by research. Mechanisms exist for supporting, reviewing and disseminating research.

Criterion 6

The specialty subscribes to, or has established practice standards commensurate with those of the nursing profession.

Criterion 7

The specialty adheres to the Australian requirements for nurse registration.

Criterion 8

Specialty expertise is gained through various combinations of formal education programmes, experience in the practice area and continuing education. Educational programme preparation and administration must include appropriate nursing representation.

Criterion 9

Where a specialty is developing a credentialling process then it is consistent with the Australian credentialling framework for nurses (see credentialling principles). Human and financial resources are available to support this process.

Criterion 10

Specialty nurses are organised and represented within a specialty association.

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