# Ashley Ryan and Associates

Health and Education Consultants

Principals: Denise Ryan PhD, BA (Hons), GCTE, Christine Ashley B.Hlth Sc, M.Nursing FRCNA


## Literature Review

## Project To Develop the Coalition of National Nursing Organisations' National Nurse Credentialling Framework

**January 2011**

# Contents

## Acronyms

Australian Association of Consultant Pharmacy (AACP)

Australian Health Practitioner Regulation Agency (AHPRA)

American Nurses Association (ANA)

American Nurses Credentialling Center (ANCC)

Australian Nursing Federation (ANF)

Australian Physiotherapy Association (APA)

Canadian Nurses Association (CNA)

Coalition of National Nursing Organisations (CoNNO)

International Council of Nurses (ICN)

*Ministry of Health (MOH)

**National Council for the Development of Nursing and Midwifery (NCNM)

National Nursing and Nursing Education Taskforce (N3ET)

New Zealand Nurses Organisation (NZNO)

Nursing Council of New Zealand (NCNZ)

Nursing and Midwifery Board of Australia (NMBA)

Nursing and Midwifery Council – United Kingdom (NMC-UK)

Royal College of Nursing (RCN)

Royal College of Nursing Australia (RCNA)

*New Zealand
** Ireland

## Introduction and Background to Project

Credentialling (also credentialing or certification) has attracted considerable debate amongst nurses and other health professionals over the last 15 – 20 years, with some groups emphasising the potential benefits of introducing a credentialling process, and others expressing concerns and a lack of enthusiasm. The lack of consensus reflects widely differing views on what credentialling means, or should mean, the nature of what credentialling can achieve and for whom, and the costs or benefits it might deliver.

With health reforms demanding greater accountability of health professionals, and Commonwealth funding incentives in certain specialities linked to credentialed health professionals, as well as increasing expectations of consumers to identify specialist professionals, credentialling of specialist nurses in Australia has become increasingly recognised as a means to meet the evolving health environment.

Historically the credentialling debate within the nursing profession in Australia began soon after the introduction of national competency standards for registered nurses in the early 1990s (RCNA 1996, p.11). The need to differentiate advanced or specialist nursing practice from entry level practice led to examination of credentialling processes for specialist nursing groups. Despite landmark work undertaken by RCNA (2001) to explore the feasibility of establishing a national approach to credentialling advance practice nurses, there are limited examples of credentialling programmes in Australia at this time. Whilst the discussion amongst specialist nursing organisations has continued, few organisations have had the resources and support to implement their own credentialling programs and for those who have, there is a lack of consistency or a national standardised process for individuals seeking to be credentialed (CoNNO, 2010). This lack of consistency has been recognised by the Coalition of National Nursing Organisations (CoNNO) members as barriers to achieving the aims of credentialling. For this reason, CoNNO has sought funding to review the existing Principles of Credentialling (1999, revised 2004) and undertake the development of a nationally consistent approach to nurse credentialling in Australia.

## Scope of Literature Review

The literature on credentialling is considerable and growing. This Literature Review conducts a review of recent policies, models and reports on the subject in selected English speaking countries in the context of nurse specialisation. It draws also on selected material from other health professions and on the selected critical literature. It does not include an examination of credentialling processes in other professions such as accounting, engineering and law. It also excludes extended coverage of advanced practice nursing, which would be a review in its own right, except where it is considered directly relevant to the issue of credentialling of nurse specialists.

The review is organised under the following headings:

- Definitions and purpose of credentialling
- Benefits and Limitations
- Nursing and Midwifery Regulation in Australia
- Nurse Credentialling in Australia
- International nurse credentialling
- Credentialling in other health professions in Australia

Accompanying the Literature Review is a Consultation Paper in which an account of some of the salient findings of the Literature Review is provided, together with a discussion of the

scope of the project, the draft revised Principles of Credentialling for Nurses, and some issues for further discussion.

## Methodology

The literature review was undertaken by using:
Pubmed database search
Proquest database search
National Library of Australia Catalogue
Google database search

These databases were searched using the following terms and combinations of terms: Credential, credentialling, credentialing, certification, certify, specialist, specialisation, accreditation, advanced nursing, advanced practice, advanced midwifery.

Over 150 abstracts and papers were reviewed, with approximately 65 selected and utilised in this Review.

In addition, a survey was sent out to members of CoNNO seeking feedback about the level of activity in relation to standard setting and credentialling within each member organisation. Where possible, the websites were also visited and information obtained where relevant to the literature review.

## Definitions and purpose of credentialling.

The health literature is rich with varying definitions and descriptors of credentialling, reflecting the lack of consensus in the use of the term, and the variety of different activities of health professionals and clinical settings utilising the term. For example, at one end of the scale many employing organisations (as opposed to professional bodies) use the term credentialling to refer to competence in procedural activities such as CPR, medication administration, manual handling and fire training. Employees (including medical practitioners, nurses and other allied health professionals) are expected to be 'credentialled' in these activities as part of their employment and as part of quality and safety requirements.

At a macro level however, professional bodies in Australia and overseas generally have a broader interpretation for the term credentialling, with some using it interchangeably with the term certification, which may be linked to regulatory requirements or mandatory qualifications for practising in specialist fields of health (PMETB 2010, p.21). In New Zealand, credentialling of all health professionals is described as being the responsibility delegated to professional peer groups in co-operation with professional bodies. It is viewed as a proactive process commencing with the appointment of an individual and continuing for the duration of their employment (MOH 2010, p.2). Generally, the literature identifies an implied link between credentialling, competent practice, continuing professional development and improvements in the provision of safe and high quality health care (ACSQHC 2004, p 8). Although this link is frequently cited when promoting credentialling and other components used to demonstrate professional competence, it is not well supported with evidence (Grealish 1998, p18.).

Perhaps a reason for the varying definitions and descriptions of credentialling which exist relate to the differences expressed in the literature about the purpose of credentialling. Whilst the benefits will be discussed in the next section, it is noteworthy that the recent New Zealand Credentialling Framework emphasises that the prime focus of credentialling is patient safety (MOH, 2010), whereas elsewhere there is more emphasis on the benefits to

the individual practitioner – perhaps reflecting the paucity of empirical research providing objective evidence of improved patient outcomes.

In the nursing arena, landmark work undertaken by The International Council of Nurses in 1997 led to the development of a broad credentialling definition and a framework which detailed the scope of credentialling from entry to practice through to specialist and advanced practice (NZNO, 2008b). The work explores the relationship between credentialling and regulation, and details the elements of credentialling which are applicable across the regulatory, advanced and specialist environments.

**ICN Definition of Credentialling 1997**

*Credentialling is a term applied to processes used to designate that an individual, programme, institution or product have met established standards set by an agent (government or non-governmental) recognised as qualified to carry out this task. The standards may be minimal and mandatory or above the minimum and voluntary. Licensure, registration, accreditation, approval, certification, recognition or endorsement may be used to describe different credentialling processes but this terminology is not applied consistently across different settings and countries. Credentials are marks or 'stamps' of quality and achievement communicating to employers, payers, and consumers what to expect from a 'credentialled' nurse, specialist, course or programme of study, institution of higher education, hospital or health service, or healthcare product, technology or device. Credentials may be periodically renewed as a means of assuring continued quality and they may be withdrawn when standards of competence or behaviours are no longer met.*
(ICN, 1997, cited in NZNO 2008b)

In Australia, nurse credentialling at a national level is closely linked with demonstrating specialist or advanced expertise, and has been embraced by some specialist nursing and midwifery organisations as a means of providing evidence of this expertise. Definitions of credentialling in this context may have a focus on the individual, on the profession, on consumers – or some combination of these. For example, the Australian Infection Control Association's (AICA) description of credentialling provides an all-encompassing description of credentialling as a process which:

> designates specialist or advanced expertise; informs consumers; establishes a national standard; promotes career advancement; identifies a community of experts; contributes to qualifications for independent practice; enhances the quality of care provided; and assists employers to manage risk. (AICA, 2010)

Whilst the AICA is a multidisciplinary organisation, its description closely mirrors the definition of credentialling widely accepted by the Australian nursing profession and originally adopted by CoNNO (then identified as the NNOs) in their *Glossary of Terms - Criteria for Specialties in Nursing, Principles of Credentialling for Nurses*, 2nd edition, 2004.

**CoNNO definition**

**Credentialling is:**
*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 specialty.* (NNO, 2004)

Whilst there are similarities and differences between the descriptors and definitions of credentialling, close examination identifies some key commonalities which will be considered for the purposes of this project. These may be summarised as:

- Demonstration of meeting agreed professional standards including attainment of competence in a defined area of practice at a level that provides confidence that the individual is fit to practice in that area in the context of effective clinical governance;
- A requirement for re-credentialling over time;
- Individual demonstration of accountability and responsibility for practice;
- An assumption that the credentialled health professional may have an increased sense of job satisfaction and professional confidence;
- An assumption that credentialled professionals will achieve improved outcomes for clients.

## Benefits and limitations of credentialling

Internationally, credentialling has been described as having a range of benefits for health professionals, with these benefits varying depending on the context of the credential.

In Royal College of Nursing, Australia's Discussion Paper no. 4 (RCNA,1996) which explores the issues and perspectives of credentialling, it is postulated that credentialling may provide benefits to the client, to the individual, to the employer and to the profession (p 12). In a system which closely mirrors the Australian nursing system, the Canadian Nurses Association, which operates the only national credentialling program in that country, provides an extensive list of the benefits of nurse credentialling (called 'certification' in Canada) which includes:

- Indicating to patients, employers, the public and professional licensing bodies that the certified nurse is qualified, competent and current in a nursing specialty/area of nursing practice
- Preparation for the rigorous certification exam ensures specialized knowledge and skills are current and comprehensive
- Renewing certification (credentialling) through continuous learning ensures nurses stay current in their area of specialty
- Having a trademarked certification credential provides tangible evidence of the nurse's competency in his or her area of nursing practice
- Greater job opportunities, as some employers list certification (credentialling) as a preferred qualification
- Career advancement and increased responsibilities
- Increases credibility, marketability and recognition with peers and other health professionals
- Potential for salary differentials and reimbursement of certification (credentialling) exam costs
- Formal recognition in the workplace
- University credit toward obtaining a nursing degree
- Opportunity to participate in exam development activities and act as a certification (credentialling) mentor to share knowledge with the next generation of certified nurses
- Increased personal confidence and empowerment
- An assumption of better health outcomes for clients cared for by credentialed nurses

(CNA, 2010)

RCNA (1996) also identifies that credentialling demonstrates commitment to the profession and to the specialty (RCNA 1996, p. 12).

Whilst the benefits seem to present a positive case for promoting credentialling, concerns have also been raised (RCNA 1996, p.13; Heath 2002, 7.1.7).

Commonly expressed concerns around credentialling include:

- Potential to restrict practice and scope of services, primarily benefiting the credentialed health professional;
- If credentialling is voluntary it may not be appropriate to support position classifications, promotional opportunities and career paths;
- Access and equity issues relating to the cost and availability of opportunities to become credentialed;
- Role overlap with other closely linked specialty groups resulting in issues relating to determining who sets and maintains the standards;
- Concerns that nurses are already over-regulated;
- Lack of research supporting the notion that credentialling leads to better outcomes for clients;
- There is a lack of evidence that credentialed nurses are financially rewarded (ie. they do not receive an additional allowance for their credential) other than through promotion.

Other concerns include that credentialling may be used to exert control over professional practice (Smith 2009, p.6)

Grealish (1998 p.18) argues that whilst some of the benefits described in the credentialling literature may be valid in other health systems there are a range of other directions which the profession could take. At the time of writing her critique, Australia was unique in having a baccalaureate degree as entry to practice as a registered nurse and thereby having a minimum standard for safe practice not replicated in other systems. Interestingly, since the publication of Grealish's article, some of these other directions have now become established in nursing in Australia – for example the formalisation of CoNNO as a specialist organisation representing national specialist nursing groups and colleges, and promotion of methods to demonstrate continuing competence.

In 2010, the Journal of Nursing Administration (JONA) published a Supplement on Certification to its October issue which presents previously published research on certification and assesses the case for credentialling based on this research. Introducing the Supplement, Karen Drenkard of the American Nurses Credentialling Center cogently addresses the issue of how well established, and where lies, the value of certification. She acknowledges that the research done in this area is almost completely limited to nurses' attitudes to certification and that 'few researchers have used multivariate analyses to investigate relationships between specialty certification and patient, workforce, or organizational outcomes.' (Drenkard 2010, p. S1). She points out, though, that this sort of research faces significant obstacles – one of which is that nurses work in teams so that isolating the impact of one nurse among team effort is complicated (Drenkard 2010, p. S1). She points to the value of the research that has been done on the value of certification based on nurses' attitudes – 'perceptions of empowerment, enhanced collaboration, and clinical competence and expertise' (Drenkard 2010, p. S1). She points to the research in the certification supplement that finds 'higher knowledge scores among specialty-certified nurses' and the links that these articles find between certification and 'professional practice behaviours such as familiarity with clinical practice guidelines, continuing education and association membership, and individual development of the nurse, professional role

development, and development of the patient advocate role.' (Drenkard 2010, p. S1-S2). Drenkard concludes that 'there is a continued need for research in this area' but that 'certification plays an important role as a measure of clinical excellence, ongoing ability, and evidence of advanced knowledge and skill ...[it] is one measure of high-quality care ...an important indicator of nursing expertise that contributes to positive patient outcomes' (Drenkard 2010, p. S1-S2).

## Nursing and Midwifery regulation in Australia

Australia moved from a federal to a national system of health professional regulation in July 2010 under national legislation adopted by state and territory governments (AHPRA, 2010b). Nurses and midwives, part of a group of ten regulated health professions under this scheme, now have a single national regulatory board, the Nursing and Midwifery Board of Australia (NMBA). A number of regulatory changes came into effect as a result of the introduction of national regulation including its concomitant standardisation of the professional practice standards and frameworks for nurses and midwives under the aegis of the new NMBA (NMBA, 2010).

One of these changes relates to the recognition of specialist practice in the regulated health professions. Under the new national regulatory arrangements, only three professions have approved specialist status for some specialty areas: medicine, dentistry and podiatry (AHPRA, 2010a). In the past, some jurisdictions recognised nurse specialist practice through practices such as an 'endorsement' of a particular specialty recorded on their licence to practise. Under the new arrangements this does not occur.

The move to national regulation also introduced a new, national, commitment to demonstrating continuing professional development (CPD) for the regulated health professions. Under the new national scheme, demonstration of CPD became a national, legislative requirement. (AHPRA, 2010b).

The relevance of developing a National Nurse Credentialling Framework lies with the perceived need for credentialling in terms of the new regulatory context. Credentialling could provide a means for recognition of specialist practice not provided by regulatory arrangements. It is also one way, among others, of meeting the obligation to demonstrate nurses' continuing professional development.

## Nurse Credentialling in Australia

### The role of CoNNO and project genesis: Past and present views of credentialling

CoNNO (formerly NNO) formed following a 1991 conference held to explore the orderly development of nursing specialties in Australia. A leading advocate for raising the profile of advanced nursing practice and the specialisation of nursing, Dr Margretta Madden-Styles from the USA was invited to address the conference and stimulate the nursing debate on specialisation in Australia.

Since its formation, CoNNO has held meetings bi-annually, receiving financial support for these meetings from the Australian Government Department of Health and Ageing. Whilst in its early days it was largely seen as a forum for specialist nurses to share information, following the recommendations of the National Review of Nursing Education (Heath 2002, p.168) and the work of the National Nursing and Nursing Education Taskforce on nurse specialisation, (N3ET, 2006), the importance of a national approach toward specialisation has led to increased recognition of opportunities for CoNNO to expand its role.

Currently, the Coalition of National Nursing Organisations (CoNNO) has a membership of 51 organisations working collectively to advance the nursing profession to improve health care. The members of CoNNO represent the national interests of specialist nurses practising in all sectors of the health profession. A further 6 organisations are also listed on the CoNNO website as actively involved in the work of the Coalition.

Member organisations of CoNNO vary in their purpose and objectives as well as their size. Some are principally networks for dissemination of information; whilst others have a broader range of functions and purposes including promotion and provision of education, scholarship research, mentoring and collegiality, promotion of nursing and specifically a specialty; and maintenance and improvement of professional standards.

In order to become a member of CoNNO, organisations must have members in four or more states/territories in Australia, and their members must meet one or more of the following criteria:

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

(CoNNO, ND)

Over the last 5 years CoNNO has developed a constitution, appointed a Board, developed a range of position statements, a glossary of terms relating to specialist practice and a Governance framework for its membership. It is currently undertaking work to review its Principles of Credentialling for Nurses, and to develop a national framework for credentialling of which project this Literature Review is part (CoNNO, 2010).

## Historical development of credentialling

*Note: The nurse credentialling literature in Australia up to 2004 included reference to midwives as well. However, following the introduction of the National Competency Standards for the Midwife (ANMC, 2006) midwifery has been viewed as a separate profession. Whilst recognising this distinction, for the purposes of this review, reference to credentialling within the midwifery profession prior to 2006 is included in this discussion.*

The history of credentialling in Australia follows the evolution of the competency movement in the late 1980s and 1990s, and the move from a hospital based training to the acquisition of a tertiary qualification for entry to practice. Whilst the then Australian Nursing Council Inc. Competency Standards targeted newly qualified nurses at entry level to practice and provided the requirements expected of nurses seeking registration in Australia after training overseas, there was a growing recognition of the need to recognise specialist and advanced practice. Prior to the move to the tertiary sector, registered nurses would undertake hospital based certificates in their area of specialty such as a renal certificate, intensive care certificate, paediatric certificate, or for those seeking promotion away from the clinical setting, their path would entail undertaking a 'management certificate'. Many of these were endorsed by the then state regulatory bodies, and nurses were entitled to receive a 'certificate allowance' providing financial as well as personal and professional incentives to undertake the study. Interest in credentialling in Australia in the 1990s has been linked with the demise of these 'double and triple' certificate RNs (Grealish 1998, p18).

The move to establish credentialling for advanced or specialist practitioners in Australia in the 1990s was driven by the development of nursing as a profession, and the recognition that many nurses were practising in specialist or advanced roles which were not formally

recognised. Whilst the debate raged within the professional nursing organisations about whether credentialling should be introduced and whether a national credentialling centre should be established, the Australian Nursing Federation, (which had opposed the introduction of credentialling based on the belief that as nursing was already highly regulated (Coulthard 1998, p. 24) and an additional level of professional regulation was unnecessary) developed competency standards for the advanced nurse in 1997. These have since been revised and there is now, in addition to standards for registered nurses, one for advanced practice enrolled nurses (ANF, ND). These standards provided a basis for specialty groups to describe the activities of specialist and advanced generalist nurses, and were used by some organisations to provide a framework for the introduction of credentialling programs (Grealish 1998, p.19). In 1999, the NNOs also introduced agreed principles of credentialling for those organisations wishing to develop their own credentialling processes (NNO, 1998). The Principles were affirmed by the RCNA Feasibility Study (RCNA 2001, p. 46ff). They were published in their second edition in 2004 (CoNNO, 2004).

The RCNA (2001) report included key elements required in a credentialling framework which had been identified by stakeholders during the data gathering component of the study. These elements were categorised into education requirements, level of experience, level of practice, involvement in research and leadership, and were further separated into initial credentialling requirements and re-credentialling requirements. (RCNA 2001, pp 49 – 50)

### Current status of NNOs with credentialling programs

Since the establishment of the first credentialling programs in Australia, there has been a growing number of specialist organisations developing their own competency standards and exploring the introduction of their own credentialling programs. The growing interest in credentialling and the lack of a standardised process has led to CoNNO undertaking this project. As part of the project, all members of CoNNO were emailed and invited to respond to some basic questions relating to the existence of credentialling or any similar processes requiring demonstration of advanced practice within their speciality. Details of information documents, guidelines, templates used in this process, where applicable, were asked to be forwarded to the researchers. Information obtained from this survey and, where required, from the organisations' websites, is displayed in Table 1.

Several member organisations responded and indicated that they have specialist competency standards either in place or under development, and where possible details of these were obtained. Those organisations which did not respond to the survey but have websites indicating the existence of competency standards were not included in the Table, as most sites limited access to the standards to members only.

Of the organisations listed on the CoNNO website, those with existing credentialling programs are:

- Australian College of Mental Health Nurses (ACMHN)
- Australian College of Critical Care Nurses (ACCN) (currently under review).
- Australian Diabetes Educators Association (ADEA)
- Australian Infection Control Association (AICA)
- Gastroenterological Nurses College of Australia (GENCA).
- Australian Association of Stomal Therapy Nursing (AASTN)

The following professional groups who are **not** members of CoNNO also have credentialling processes in place:

- Australian College of Midwives,
- Nurse Pap Test Providers in Victoria and Western Australia

- The Australian Lactation Consultants' Association.

Table 2 summarises the processes used by these groups to credential nurses and midwives, based on the information available on their websites:

## Table 1. Survey Responses from CoNNO members relating to existence of current credentialling processes. December 2010

| No. | Name | Existing Peer Review/Credentialling process Y/N | Credentialling Process |
|---|---|---|---|
| 1 | Nursing Informatics Australia (NIA) | No | |
| 2 | Flight Nurses Australia Incorporated | No | |
| **3** | CATSIN | No | |
| **4** | Australian Wound Management Association | Just commencing | |
| 5 | Palliative Care Nurses Australia | No – but specialist competencies about to be implemented | |
| 6 | Australian Infection Control Association | **Credentialling Process** – yes | **Criteria**<br>• Applicants must be a member of AICA<br>• Applicants must be a Registered Nurse in Australia<br>• Applicants must be currently employed (full or part-time) or self-employed in infection control<br>**Process**<br>• Applicants must demonstrate to the satisfaction of the Credentialling Committee that they have achieved competency in prescribed areas of practice. A points system is used in order to assess compliance with the areas of competence.<br>• Evidence is verified by the committee and may include seeking feedback from employers.<br>• Successful applicants and can use the post-nominals CICP<br>**Recredentialling**<br>• A recredentialling process is required after three years.<br>(AICA, 2007) |
| 7 | The Australian Womens' Health Nurse Association Inc. (AWHNA) | No credentialling process but have developed specialist standards | Advanced Practice Standards (APS) launched in 2010 replacing the Competency Standards for Women's Health Nurses.<br><br>The Standards contain a progressive level of achievement of competence |

| | | | |
|---|---|---|---|
| | | | for a<br>• Trainee nurse,<br>• Refresher Women's Health Nurse (WHN),<br>• WHN (Standards 1, 2 & 3),<br>• Clincial Nurse Specialist (CNS) 1 and 2<br>• Clinical Nurse Consultant (CNC 1) Standards 1,2,3, & 4,<br>• CNC 2 (Standards 1,2,3,4,5,6),<br>• CNC 3 (Standards 1,2,3,4,5,6) , and a<br>• Nurse Practitioner (Standards 1-6).<br><br>The Advanced Practice Standards incorporate the women's health role in clinical, health education, health promotion and community development and acts to advance women's health nursing through evidence based research. |
| 8 | CRANAplus | **Credentialling -** Under development<br><br>**Competency Standards** – Yes | The following are currently underway or planned for 2011:<br>1. Creation of a new position - National Coordinator of Professional Services. Responsible for:<br>• promotion of remote area nursing as a specialist area of practice that requires specific skills, education and professional endorsement.<br>• to advise the board on the process of remote credentialling following a review of literature and workforce need / acceptance.<br>2. Board sub-committee solely dedicated to the development of a credentialling process for the remote nursing workforce.<br>3. A framework for RAN practice has been developed and endorsed as the platform for future credentialling.<br>4. Development of a CRANAplus professional portfolio for members<br>5. The RAN Competencies are available as a checklist of skills or a series of specific performance indicators. The competencies are grounded in the complexity and variety of the remote area context and will assist with the development of credentialling criteria and performance indicators appropriate to the many roles performed by Remote Area Nurses. |
| 9 | Australian Nurses for Continence | *Competency Standards for Continence Nurse Advisors* | |
| 10 | Australian Ophthalmic Nurses Association | **Standards under development** | |
| 11 | College of Emergency Nursing Australasia | **Credentialling – no.**<br>Peer review. Awards offered by CENA are | |

| | | | |
|---|---|---|---|
| | | independently peer reviewed to achieve objectivity as much as possible | |
| 12 | Australian College of Children and Young People's Nurses | **Credentialling** - No.<br><br>ACPCHN Competencies were developed by the organisation that preceded ACCYPN. ACCYPN has copyright of these competencies and is planning a review in 2011.The Competencies are used in some states for curriculum development and clinical assessment. | |
| 13 | Australian Association of Maternal, Child and Family Health Nurses. | **Credentialling** – No | |
| 14 | Australian Association of Stomal Therapy Nurses | **Credentialling – yes**<br>in place for many years.<br>Title:Credentialed Stomal Therapy Nurse.<br><br>Also – standards in place for the Stomal Therapy Nurse. | **Criteria**<br>• AASTN full member, Certified STN<br>• Have 2 years full time experience or equivalent.<br>• Complete Application Form and submit supporting documentation<br>• Provide copy of current practicing certificate<br>• Reference or statement of support from employer<br>**Process**<br>• Undertake the National AASTN Inc. Credentialling Examination. An 80% pass rate is required.<br>• Submission of completed portfolio, with copies of supporting documents each year.<br>**Re-credentialling**<br>Undertaken every 5 years. Process requires the submission of a reflective journal and self assessment utilising the **Competency Evaluation Tool for Re-credentialling**. |
| 15 | Australian Diabetes Educators Association | Yes – ADEA Credentialling Program | The Credentialled Diabetes Educator (r) (CDE) is a certification trademark registered to the Australian Diabetes Educators Association (ADEA). This allows ADEA to determine the criteria for achieving recognition as a CDE.<br><br>**Criteria**<br>• Complete a graduate certificate in diabetes education and management accredited by the ADEA in the six (6) years prior to applying<br>• Complete 1800 hours of practice in the specialty field of |

| | | | |
|---|---|---|---|
| | | | diabetes education over a maximum period of four (4) years prior to applying<br>**Process**<br>• Submit evidence of participating in professional development relevant to the specialty field of diabetes education in the 12 months prior to applying.<br>• Submit a Referee's Report completed by a CDE of at least 12 months standing that addresses the National Core Competencies for CDEs<br>• Participate as a mentee in a mentoring relationship registered with the ADEA Mentoring Program<br>• Undertake to practice in accordance to the ADEA Code of Conduct and other ADEA standards of practice<br><br>**Re-credentialling:**<br>Successful candidates are granted ADEA recognition as a CDE for three (3) years. |
| 16 | Australian College of Mental Health Nurses | Yes. The Mental Health Nurse Credential**.** Credentialling introduced in 1999. Review currently underway. Almost 1000 nurses credentialed. | The Mental Health Nurse Credential recognises the skills, expertise and experience of nurses who are practising as specialist Mental Health Nurses.<br>**Criteria**<br>Applicants must demonstrate that they:<br>• Hold a current licence to practice as a registered nurse within Australia<br>• Hold a recognised specialist / post graduate mental health nursing qualification or equivalent<br>• Have had at least 12 months experience since completing specialist / postgraduate qualification OR have three years experience as a registered nurse working in mental health<br>• Have been practising within the last three years<br>• Have acquired minimum continuing professional development points for education and practice<br>• Are supported by two professional referees<br>• Have completed a professional declaration agreeing to uphold the standards of the profession.<br>**Process**<br>Application is reviewed by the ACMHN, and peer reviewed.<br>• The award means the nurse is formally recognised by the ACMHN as a specialist mental health nurse and is entitled to use the title Mental Health Nurse (MHN).<br>**Recredentialling**<br>Credential is valid for 3 years. |
| 17 | Australian College of Critical Care Nurses | Competency standards for specialist level critical care nurses. | **Criteria**<br>Not known<br>**Process** |

| | | | |
|---|---|---|---|
| | | Credentialling program originally launched in 1998. Currently under review. No current information available. | Previously included:<br>• provision of evidence via a curriculum vitae, professional journal<br>• evidence provided by peer reviewers and referees.<br>• Applications were assessed by a panel who considered the evidence against the competency standards for specialist level critical care nurses.<br>• Credentialled nurses were awarded the Australia Credentialled Critical Care Nurse (ACCN)<br>**Recredentialling**<br>Valid for 3 years.<br>(Kendrick et. al (2000), p115.) |
| 18 | Australian Nursing Federation | ANF have developed competency standards for the advanced RN and EN, and worked with other organisations to develop specialist standards for practice nurses. | The Australian Nursing Federation recognises that there is significant variation in the use of the term 'credentialling' and recognises the importance of the use of the term in the practice setting in relation to competence to complete a specified task. It has, in the past, stated its opposition to specialist credentialling as there has been insufficient evidence to support views that specialist credentialling improves patient outcomes. The ANF believes credentialling should not be mandatory and nurses and midwives should be aware that there is no industrial outcome that will flow as a result of the process. However, it recognises that some nurses and midwives may choose to pursue credentialling for their own self gain and professional development, and support those individuals who do so. (ANF, 2011). |
| 19 | Gastroenterological Nurses College of Australia | Advanced competency standards for Gastroenterological nurses have been developed.<br><br>Credentialling program in place since late 1990s. Previously administered by external organisation, but since 2009, administered by GENCA.<br>Examination process is currently under review. | The Credentialling Organisation of Gastroenterology Nurses Ltd (COGEN) credentialling process is intended to set the minimum standard for the practice of specialty gastroenterology nursing. Registered nurses in Australia and New Zealand, who are employed in the field of gastroenterology and/or assist with endoscopic procedures, are eligible to apply. Non-members of GENCA are also eligible to sit for the credentialling examination.<br><br>**Criteria**<br>Candidates must have:<br>• a minimum employment experience in the field of GE nursing of two years full-time or, if working part-time, have spent 3500 hours over a five year period in a hospital or private practice setting.<br>**Process**<br>• submission of 3 'peer review of practice' forms to assess clinical performance<br>• sit an examination.<br>• Successful candidates entitled to use the post nominal, ACGEN. (Australian Credentialled Gastroenterology Nurse). |

| | | | |
|---|---|---|---|
| | | | • To maintain credential ACGEN nurse must accumulate a minimum of 30 Continuing Professional Development Points (CPD) per 12 month period<br>**Re-credentialling** required every 3 years.<br>(GENCA, 2011) |
| 20 | Australian Practice Nurses Association | Information received from Website. APNA will be the Credentialling organisation for the Credentialling of Chronic Disease Self-Management (CDSM) Advisors in Australia. | No further information available. |

## Table 2 – Other nursing and midwifery peer review/credentialling programs in Australia

| No. | Name | Title | Process | Re-Credentialling |
|---|---|---|---|---|
| 1 | Australian College of Midwives | **Midwifery Practice Review** | Midwifery Practice Review is a formal, voluntary, peer review mechanism that supports currently practising midwives to regularly reflect on their portfolio, their own midwifery practice and future professional development plans or identified needs.<br><br>Midwifery Practice Review involves three (3) components:<br>1. Self-assessment, self-reflection and preparation of a synopsis,<br>2. A face to face Review Discussion with a specially trained midwife and consumer reviewer.<br>3. Ongoing assistance, guidance and support to in relation to midwives' personal Professional Development Plans<br>(ACM, 2010)<br>. | Midwives are encouraged to undertake Midwifery Practice Review on a three yearly basis. |
| 2 | Nurse Pap Test Providers in Victoria | Credentialling for Nurse Pap Test Providers/Certification of Competence | National competency based standards of practice for registered nurses who provide Pap tests have been introduced within the National Cervical Screening Program (NCSP, 1997). To ensure these standards are maintained, credentialling or 'certification of competence' has been established. In Victoria nurses who require access to the Victorian Cytology Service (VCS) for the processing of Pap tests, credentialling is essential. Following approval of their credentialling application, the Victorian Cytology Service (VCS)provides the nurse with a practice number.<br>Having a practice number is beneficial for nurses as it means they can practice independently under their own name. Results of the pap tests they perform can be recorded against their name, and this record will provide the nurse with information about the quality of | Required every 3 years. Nurses submit documentation to Secretariat for review by 3 members of review panel. This must include the full 3 years clinical statistics of the nurses' cervical screening practice provided by VCS or through personal records of the nurse. |

| | | | | |
|---|---|---|---|---|
| | | | their screening.<br>Eligibility for credentialling consists of:<br>• Successful completion of an accredited course for nurse Pap test provider training in Victoria, or completion of an equivalent course from interstate or overseas.<br>• Evidence of previous clinical practice. (This may include examination of the nurse's statistical summaries prepared by VCS).<br>(PSV, 2010) | |
| 3 | Nurse Pap Test Providers in Western Australia | Nurses as Pap Smear Providers | The program enables nurses and midwives who are registered with the NMBWA and prepared in an accredited educational program to provide a cervical screening service for women in metropolitan, rural and remote health care settings.<br><br>Applications are assessed by a review panel. Subject to all components of the application meeting the stated criteria, a unique identification number (ID) is issued to the applicant.<br><br>Each credentialled nurse or midwife is issued with his/her own pad of cytology request forms bearing his/her details, ID number and the name of the support General Practitioner's name. The unique ID number means credentialled providers need not use a doctor's Health Insurance Commission Medicare Provider Number on PathWest laboratory requests. Use of the ID number not only means that providers remain accountable for their own practice but also enables:<br><br>1. the PathWest to provide credentialled nurses and midwives with direct feedback on the number, quality and results of their smears.<br>2. the Credentialling Committee to confirm the provider's competence using laboratory reports based on the NPSP ID number.<br><br>In order to become credentialed the following documentation is required:<br><br>1. Completed application form<br>2. Copy of a statement of proficiency from a nurse Pap smear educational program that has been approved by the NPSP Credentialling Committee. (the Committee) or a completed assessment of practice against the national competencies deemed acceptable by the Committee.<br>3. If an educational program was completed more than two years | Newly credentialled NPSPs are required to undergo two full re-credentialling approvals:<br>i. within 15 months and<br>ii. within three years of the initial credentialling date.<br><br>Required documentation on both these occasions comprises:<br>1. Completed application form.<br>2. Authorised copy of current RN practising certificate<br>3. Personal log of client services which includes information regarding follow up of women with abnormal findings.<br>4. Cytology laboratory statistics from PathWest or other laboratories processing the nurse's Pap smears.<br>5. Completed self assessment form.<br>6. Summaries of feedback from clients, or satisfaction surveys for a designated period including copy of survey or other data collection methods.<br>7. Evidence of continuing professional education since initial credentialling.<br><br>Subsequent re-credentialling application (after two successful re-credentialling applications) comprises:<br>1. A completed application form. |

| | | | | |
|---|---|---|---|---|
| | | | previously, a statement from the supporting Medical Officer declaring that the nurse has been providing Pap smear services within the last two years and meets the national competencies<br>4. Copy of current RN practising certificate<br>5. Signed statement from the Health Service Manager confirming the nurse is required to provide cervical screening services as part of their employment<br>6. Signed statement from a medical practitioner with whom the nurse has a mutually supportive relationship confirming his/her willingness to clarify clinical issues with the applicant.<br>(GoWA, 2009) | 2. An authorised copy of current RN practising certificate<br>3. The personal log of client services which includes information regarding referral (as required and follow up.<br>4. Statistics from PathWest or other laboratories processing the Pap smears as to number and adequacy of smears taken.<br>(GoWA, 2009) |
| 4 | The Australian Lactation Consultants' Association. | Australian International Board Certified Lactation Consultant (IBCLCs). | The title International Board Certified Lactation Consultant (IBCLC) identifies a specialist in lactation management.who possesses the necessary skills, knowledge and attitudes to provide substantive breastfeeding assistance and skilled technical management of lactation-related problems.<br><br>The IBCLC credential is cross-disciplinary. Current IBCLCs include Midwives, Nurses, Health Visitors, Child Health Nurses, General Practitioners, Paediatricians, Obstetricians, Educators, Dieticians, Occupational Therapists and Physiotherapists. Typically, they have spent at least four years acquiring the experience and education which are the necessary pre-requisites for certification.<br><br>There are 3 pathways to gain the IBCLC credential. **Pathway 1. Health Professionals**<br>The candidate must practice as a health professional or certified mother support counsellor to lactating women, must be working or volunteering within an organization that ensures supervision of his/her clinical practice and complete the following requirements:<br>• Minimum of 45 hours of lactation specific education within the **5 years immediately** prior to exam application.<br>• 1000 lactation specific clinical practice hours within **the 5 years immediately** prior to exam application.<br>• Mother support counsellors are advised to complete at least one course in each of the six health background disciplines recommended by IBLCE<br><br>*Pathway 2. Lactation Specific Academic Program*<br>With a vision toward the future, eligibility criteria have been established for individuals who graduate from lactation specific academic programs. IBCLE has established these criteria as the | IBCLCs need to recertify every five years. This is by exam at least every 10 years. Recertification by continuing education recognition points (CERPS) can be used five years after taking the exam. Each IBCLC requires 75 CERPs to recertify. This is made up of at least 50 L (lactation related) CERPs and 5 E(ethics) CERPs. The remainder can be made up of L, E or R (related) CERPs.<br><br>(ACLA, 2010) |

| | | | | |
|---|---|---|---|---|
| | | | preferred method for IBCLC exam eligibility to encourage the development of more lactation specific academic programs. This option is very limited at present in the Asia Pacific Region.<br><br>*Pathway 3. Pre Approved Programs*<br>Pre approved program inclusive of a minimum of 500 direct hours of clinical supervision.<br><br>(ACLA, 2010) | |
| 5 | NSW Health | Midwives – NSW Health Credentialling Framework – administered by the NSW Midwives Association.*<br><br>Endorsed by the Ministerial Maternal and Perinatal Committee.<br><br>* It is understood that the ACM MPR program will replace this framework as indicated on the website. | Introduction of a 4 step credentialling process for midwives working in midwifery continuity of care models. The four steps consist of:<br>Self assessment<br>Panel Review<br>Workstation assessment<br>Scenario based assessment.<br><br>Credentialling has been funded by the Area Health Services (AHS) up to 2010. No information is currently available about how this cost will be met in 2011 following the introduction of local health networks in place of AHS.<br>(DoH, NSW, 2005) | Credential is awarded for 3 years. An appeal process is available through the NSWMA.<br>(DoH, NSW, 2005) |

## International nurse credentialling

This phase of the Literature Review identifies policies and processes concerned with mechanisms to standardise or regulate specialist nursing practice in international nursing circles. Relevant policies and reports from professional associations, regulators and/or Departments of Health from the US, Canada, Republic of Ireland, New Zealand and the UK were consulted and a table produced (Table 3) to aid comparison of common/disparate features, trends and ideologies in different countries.

As noted earlier, other reports on the subject of standardising or credentialling specialist practice in the health professions have discovered a lack of uniformity of approach and a lack of consensus even on the meaning and use of key identifying terms. What, in the Australian context, we refer to as credentialling is referred to in Canada as certification. Despite this difference in terminology, the Canadian model of certifying specialist practice is perhaps closest of the models consulted to the model that currently exists in Australia, in terms of focus on the individual practitioner and involvement of specialty professional associations.

A recurring idea in the literature consulted is a concern that specialist practice does need to develop in an orderly fashion or have some form of regulatory control applied to it to avoid title confusion, to uphold standards of professional practice and thereby protect the public. While pre-registration practice is subject to mandatory regulation to uphold minimum standards of practice, credentialling of post-registration higher-level practice where it exists is voluntary for the most part, with the exception in many countries of a regulated level of advanced nursing practice – the nurse practitioner. The driver for voluntary credentialling, as Schober & Affara (2006) identify, is 'to demonstrate [that] the quality of the service or expertise offered is above that required by statutory regulation' (p. 86).

There is fairly general agreement that, though empirical evidence is difficult to find, as is also noted earlier in this report, some form of credentialling of specialist practice is in the interests of the consumer and better health outcomes. There is also acceptance around the need for this in terms of assisting optimal resource allocation and/or providing incentives for career development to individual practitioners. In some countries, like Ireland, recognised specialist practice is linked to employment opportunity and service need. In others, like Canada and the current situation in Australia, credentialling of specialist practice is focused on the individual practitioner and promoted as a career development mechanism.

## Table 3: International nurse credentialling models

| Country | Co-ordinating organisation | Standardised national credentialling /certification of specialist nurses | Participation | Eligibility | Method - initial | Method - recredentialling | Mandatory membership of professional association of specialty | Title |
|---|---|---|---|---|---|---|---|---|
| **Australia** | National Nursing Organisations utilising Standards set by CoNNO | Proposed | Voluntary | To be determined | To be determined | To be determined | To be determined | To be determined |
| **Canada** | CNA | Yes (19 designated specialty areas of practice) | Voluntary | Application to sit exam if meeting following criteria:<br><br>RN with current licence in Canada<br><br>Minimum hours as an RN in nursing specialty in last 5 years<br><br>Experience verified | Exam-based | Every 5 yrs<br><br>Either by exam + minimum practice hours<br><br>Or by continuous learning hours + minimum practice hours | | Yes - use of specified title for specialty area |
| **New Zealand** | | Proposed:<br><br>• credentialling process congruent with Ministry of Health 2010 Credentialling Framework for NZ Health Professionals and<br>• professionally recognised specialty standards | | | | | | |

| Country | Co-ordinating organisation | Standardised national credentialling /certification of specialist nurses | Participation | Eligibility | Method - initial | Method - recredentialling | Mandatory membership of professional association of specialty | Title |
|---|---|---|---|---|---|---|---|---|
| | | – see p. 41 and pp.46-7 NZNO (2010)<br><br>Note: NZNO previously had a process for Certification of Nurse Clinicians, but this ceased in 2006. See NZNO 2008b. | | | | | | |
| **US** | ANCC Subsidiary of ANA (union) | Yes | Voluntary | Application to sit exam if meeting eligibility criteria:<br><br>Typical Criteria, though some variation between specialty types:<br><br>RN with current licence in the US or equivalent in another country<br>Minimum hours as an RN<br><br>Min hours in nursing specialty in last 3 years<br><br>30 hrs CPD in specialty in last 3 yrs | Exam-based | Every 5 yrs<br><br>Either meet professional development requirements of specialty + minimum practice hours<br><br>Or professional development requirements of specialty + exam where available | | Use of RN-BC or as specified |
| **UK** | Nmc-uk (regulator) | Specialist Community Public Health Nursing | regulated | RN or RM<br><br>Verified portfolio<br><br>Min 2 yrs practice | Application satisfying eligibility criteria | Maintenance of initial registration<br><br>Evidence of min practice hours | | SCPHN registration |

| Country | Co-ordinating organisation | Standardised national credentialling /certification of specialist nurses | Participation | Eligibility | Method - initial | Method - recredentialling | Mandatory membership of professional association of specialty | Title |
|---|---|---|---|---|---|---|---|---|
| | | | | before submission of application | | | | |
| **UK** | Nmc-uk | Can record 'Specialist Practice' on register | Voluntary | Meeting Standards for recording qualification of specialist practice:<br><br>Entry on relevant part of register Enough experience to provide evidence of consolidated pre-registration outcomes<br><br>Evidence of need<br><br>Completion of preparation program that meets requirements of the Standards | | | | |
| **Republic of Ireland** | National Council for the Development of Nursing and Midwifery | Framework for the Establishment of Clinical Nurse /Midwife Specialist Posts 4th edition 2008 | Linked to employment | Conform with 6 specified criteria including:<br><br>Registered nurse/midwife<br><br>Minimum years experience post-registration and in specialty<br><br>CPD | Need for post must first be established at service level Application made with evidence of meeting eligibility criteria | | | |

| Country | Co-ordinating organisation | Standardised national credentialling /certification of specialist nurses | Participation | Eligibility | Method - initial | Method - recredentialling | Mandatory membership of professional association of specialty | Title |
|---|---|---|---|---|---|---|---|---|
| | | | | Qualification in specialty at level 8 of NQAI Framework | | | | |

**Canada**
The Canadian Nurses Association (CNA) describes certification as 'a voluntary, recognized credential for registered nurses who meet specific nursing practice criteria, continuous learning and exam-based testing requirements. The credential ...confirms that an RN has demonstrated competence in a nursing specialty/area of nursing practice by having met predetermined standards' (CNA, 2010).

The CNA coordinates the certification of 19 specialty areas and provides links to resources, competencies and relevant professional associations for each specialty on its website as well as designating the title that each specialty certification carries. It stipulates the eligibility criteria and application procedure for admission to the relevant certification examination. It details processes for renewal on a 5-year cycle. It has an employer recognition program which provides recognition of/incentives for employers who support the program and CNA-certified staff (CNA, 2010).

Some variations exist in requirements for certification between specialty areas, but broadly, as detailed in Table 3, initial certification is achieved by meeting eligibility criteria (including current registration status and minimum levels of experience) and being admitted to sit the examination in the relevant specialty area. Recredentialling can be by means either of exam or continuous learning together with, in each case, demonstration of minimum levels of practice.

The similarities to the Australian system lie in the fact that there are specialist nursing areas of practice identified for which certification can be sought and links to identified professional associations for these specialties. A number of Australian specialty nursing associations already provide some form of credentialling, as described above.

**United States (US)**
The American Nurse Credentialling Centre (ANCC) which, like CNA, coordinates credentialling of identified specialty areas of nursing practice, makes use of the term 'certified' in designating nurses who meet the credentialling criteria as 'Board Certified' and entitled to use the post-nominal 'RN-BC' to indicate this. It lays claim on its website to being 'the world's largest and most prestigious nurse credentialling organization' (ANCC, 2011). It is a subsidiary of the American Nurses Association (ANA). As detailed in Table 3, like Canada, participation is voluntary and linked to the individual practitioner. Eligibility criteria and an exam-based mechanism are evident in both systems and each stipulates a 5 year renewal cycle. Like the Canadian system, there is an employer-focused dimension to its operations – The ANCC Magnet Recognition Program.

**New Zealand**
New Zealand, until 2006, had a certification process for Nurse Clinicians that has now ceased (NZNO 2008, p. 4). The New Zealand Nurses Organisation (NZNO, 2010) has a draft policy *2020 and Beyond: A Vision for Nursing* that details a plan to develop a credentialling process 'congruent with' the Ministry of Health's *The Credentialling Framework for New Zealand Health Professionals* (MOH 2010) and professionally recognised specialty standards (NZNO 2010, p. 41 and pp.46-47).

*The Credentialling Framework for New Zealand Health Professionals* (MOH, 2010) takes the view that 'the prime focus of credentialling is patient safety' (p. 2), while contending that '[i]t is also beneficial in terms of practitioner protection, provider accountability and consumer confidence in the health system' (p.2). It sets out principles rather than processes for credentialling, noting that while the principles would be universal, the processes would vary between professional groups and practice settings (p. iii). Notwithstanding, it advocates a 'shared effort to standardise credentialling processes for each professional group in New Zealand' (p. 15). It sees the focus of credentialling as being on the practitioner (p. 7) but that

ensuring appropriate members of staff are credentialed as being part of organisational governance mechanisms to ensure quality of care (p. 15). In relation to the credentialling of nurses, the report notes the activities that are already undertaken that can fall within a broad definition of the term: from the scrutiny of the nurse's experience and qualifications on appointment, to induction processes, to formal authorisation of particular types of activities by the Nursing Council of New Zealand, such as performing colposcopies or supply of the emergency contraceptive pill (p.39). It notes in relation to future directions of credentialling in nursing that in 2009 the Nursing Council and national nursing groups were, among other activities, establishing a group of representative professional associations to advise on specialty standards (p. 40). This is corroborated, as noted above, by the NZNO 2010 draft report.

**United Kingdom (UK) and Republic of Ireland**

In the UK, the NMC-UK has a specific register for Specialist Community Public Health Nursing. For other specialty areas of practice, there is the option of practitioners voluntarily undertaking a process to have their specialist practice recorded on the register. As detailed in Table 3, the NMC-UK (2001) *Standards for Specialist Education and Practice* provide details of criteria for having specialist practice recorded on the register, including being entered on the relevant part of register; having enough experience to provide evidence of having consolidated pre-registration outcomes; evidence of the need of the specialist qualification; and of completion of a preparation program that meets the requirements of these Standards.

The NMC-UK (2007) *Nursing: Towards 2015* document notes the increasing trend to specialisation in nursing, as in medicine (p. 32) and the blurring of the distinction between specialisation and advanced practice (p. 37). It contrasts the situation in the Republic of Ireland where the National Council for the Development of Nursing and Midwifery (NCNM) have developed a Framework for the Establishment of Clinical Nurse / Midwife Specialist posts so that there is a clear progression from Foundation (Novice) to Experienced (Disease Specific) to Advanced Practice (p.40). In Ireland, the NCNM monitor the development and growth of CNS/CMS posts and postholders (NCNM, 2008). Specialisation is linked to the position and to service need. This is different to the concept of credentialling being considered in this project.

In 2005, the Royal College of Nursing (RCN) in the UK commissioned a report surveying their members in specialty roles. The findings of the survey indicated high levels of practitioner job satisfaction (pp. 54-55). Participants were asked about outcomes for consumers. Some detailed results from patient satisfaction surveys which supported the value of specialist nurses (RCN, 2005, pp. 51-52). Given that the report is focussing on the value of specialisation in a context that does not have a credentialling system, it is interesting to note that, among frustrations attached to the role of nurse specialist identified by respondents, there are some to do with role boundaries and recognition of or understanding of the role (RCN, 2005, p. 56).

**ICN policy**

ICN has developed a range of policies that bear on the issue of specialty practice over the past three decades in response to an increasing interest and perceived need in this area. The ICN (1992) *Guidelines on Nursing Specialisation*, for instance, note that in the early 1980s member organisations were signalling that more guidance was needed on specialisation (p. 4). This document speaks of the need to provide this guidance to ensure the 'orderly development' of specialisation in the interest both of quality care and of the profession (p. 7). The *Guidelines on Nursing Specialisation* proposes four essentials for the orderly development of specialisation in nursing (p. 8). These are:

1. The adoption of a systematic means of determining and designating nursing specialties;
2. The setting of minimum standards (education, experience, performance, maintenance of competence) for nurse specialists;
3. The establishment of a regulatory mechanism for nurse specialists;
4. Deliberate resource planning.

The document also posits 10 criteria for designating a specialty. These criteria have been replicated in a subsequent document – the ICN (2009) Framework of Competencies for the Nurse Specialist (Appendix 1).

The ICN position on the regulation of nurse specialists is articulated in the *Guidelines on Nursing Specialisation* (p. 13):

> The regulation of nurse specialists should be conducted:
>
> a. By the professional association and its practice branches;
> b. Through such voluntary means as certification or registration, unless specialists are governmentally regulated in other professions;
> c. For the purpose of recognising nurses with preparation and expertise in an area of specialisation.

The ICN designates 11 components for credentialling frameworks (as cited in ICN, 2006, p. 87). They have been used by nursing organisations internationally in developing policies related to credentialling. These components are:

> Credentialee
> Credentialer
> Mechanism
> Duration
> Purpose
> Processes
> Powers
> Funding/cost
> Standards/Competencies
> Effectiveness
> Mutual Recognition Agreements

These are noted and will be further considered in the development of the standards. The ICN makes ongoing contributions to credentialling specialist practice through an international credentialling forum.

## Credentialling in other health professions in Australia

In Australia, under the new arrangements for regulating health professionals introduced in 2010, only three health professions have approved specialty areas. They are medicine, dentistry and podiatry (AHPRA, 2010).

Credentialling of specialty practice does occur in other health professions on a voluntary basis, including nursing, in Australia. Some selected examples are detailed below and in Table 4, together with details on credentialling of specialty practice in medicine in the subsequent discussion.

**Pharmacy**
The Australian Association of Consultant Pharmacy accredits pharmacists who wish to be eligible to conduct and be remunerated for Medication Management Reviews (MMR). The eligibility criteria, requirements for initial accreditation and reaccreditation are similar in nature to many specialty credentialling programs consulted for this literature review. Eligibility criteria to be admitted to take the exam for initial accreditation include current Australian registration as a pharmacist, MMR-related experience and competencies and completion of an endorsed training course. Reaccreditation occurs on a 3-year cycle with a requirement for the achievement of specified minimum continuing professional development hours and annual self-assessment.

**Physiotherapy**
The Australian College of Physiotherapists, affiliated with the Australian Physiotherapy Association (APA), has a 'tiered' approach to recognising specialist practice referred to as the Titling and Specialisation Pathway. This pathway recognises three tiers of practice: Tier 1 – physiotherapy graduate; Tier 2 – Titled member of an APA national specialty group (9 titles listed); Tier 3 – Fellow of the Australian College of Physiotherapists, entitled to use the title 'Specialist Physiotherapist' and 'Fellow of the Australian College of Physiotherapists'. Either an 'academic' or an 'experiential' pathway is possible to achieve titling for those who are graduate physiotherapists with specified minimum levels of experience for the differentiated pathways. Both pathways mandate APA membership. There is no renewal process but titled physiotherapists are required to continue to meet their APA continuing professional development obligations to continue to use the title (APA, 2008, p. 6).

**Other - Radiology**
While not one of the ten regulated health professions under the new arrangements for regulating health professionals in Australia introduced in 2010, Radiology has given some consideration to the issue of credentialling specialist practice, conducting a feasibility study in 2005-2006 (QUDI, 2006). The Final Report concludes that there is support for credentialling but little or no empirical evidence of its effectiveness in improving quality and safety: it finds no evidence of these benefits in radiology and little or no evidence of it in any other clinical field (QUDI 2006, p. ix). It recommends the introduction of pilot programs for credentialling diagnostic and interventional radiology and an evaluation of these to better determine benefits. Despite the lack of evidence of benefits, however, and in common with other reports on credentialling of specialist practice that advocate it in spite of a lack of evidence of its benefits, the report's conclusion is that a credentialling system for radiology in Australia is 'warranted' (QUDI 2006, p. ix).

## Table 4: Other health professions in Australia

| Health profession in Australia | organisation | credentialling/certification of specialist practice | Participation | Eligibility | Method - initial | Method - recredentialling | Mandatory membership of professional association of specialty | Title |
|---|---|---|---|---|---|---|---|---|
| **pharmacy** | AACP (Australian Association of Consultant Pharmacy) | Yes – for Medication Management Reviews | | Current Australian registration as a pharmacist<br><br>Evidence of MMR-related experiences and competencies<br><br>Success completion of a Stage 1 training course endorsed by AACP<br><br>(AACP 201, Factsheet 3) | Completion of case studies and an exam | Annual self-assessment<br><br>3yr cycle – multiple choice assessment every 3 yrs<br><br>CPD 120 points over 3 yrs, min 40 points in last yr of cycle<br><br>(AACP 2010, Factsheet 5) | | |
| **physiotherapy** | Australian College of Physiotherapists<br><br>(body within APA) | Titling and Specialisation pathway. Tiered approach. Tier 1 – physiotherapy graduate; Tier 2 – Titled member of an APA national specialty group (9 titles listed); Tier 3 – Fellow of the Australian College of Physiotherapists | Voluntary | Graduate physiotherapist | 'Academic' or 'Experiential' pathway<br><br>Including minimum clinical experience And APA membership | Maintain APA CPD requirements | Yes - APA | Titled member, use of 'APA *insert specialty group* Physiotherapist<br><br>Fellows of College can use term 'Specialist Physiotherap |

| Health profession in Australia | organisation | credentialling/certification of specialist practice | Participation | Eligibility | Method - initial | Method - recredentialling | Mandatory membership of professional association of specialty | Title |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | ist' |
| **radiology** | | Feasibility study conducted 2005-2006. Final report suggests that there is support for credentialling but little evidence of benefits.<br>It recommends the introduction of pilot programs for credentialling diagnostic and interventional radiology and an evaluation of these to better determine benefits. | | | | | | |

**Medicine – in Australia and internationally**
Medicine has a long history of credentialling, nationally and internationally, and reflecting the weight of evidence in this profession and its long association with the nursing profession, a more extended account, taking in international evidence, is provided.

- **North American situation**

Definitions and processes associated with credentialling in the medical profession vary from specialty to specialty, and in the international setting from country to country. In the US, for example, credentialling is both an organisational and individual responsibility. Much of credentialling and re-credentialling is procedure specific (for example, the rapid evolution of endovascular techniques for the treatment of vascular diseases requires that vascular surgeons develop proficiency in these techniques (PMETB 2010, Literature Review, p. 14), which raises issues of 'ownership' between specialities. In addition to this, a higher level of credentialling exists: board certification. Whilst certification in the US is voluntary and allows doctors to demonstrate competence beyond the minimum acceptable level, it is becoming increasingly valued by doctors, employing hospitals and patients. Credentialling in the United States and Canada is also linked to assignment of clinical privileges appropriate to the area of specialty and to the level of education, and so has significant economic considerations (PMETB, 2010).

- **The United Kingdom**

Examination of the British literature relating to credentialling identifies that the UK medical profession is at a crossroads with regard to demonstration of skills throughout the career of a medical practitioner, levels of education required, identification of specialties, and continuing competence requirements. Credentialling in the UK is also not clearly defined, and is interpreted differently in different contexts. The terms 'validation' and 're-validation' are often used interchangeably with the terms of credentialling and re-credentialling, but in recent UK literature, 're-validation' has become linked with requirements for demonstration of continuing competence within the General Medical Council's regulatory context (GMC, 2011).

Currently, there are a variety of different programs and measures offered by Colleges and professional organisations to provide quality assurance mechanisms for assessment of practice of medical practitioners, and competency frameworks are gradually being introduced in different specialties as a means to measure competence in specialist practice. Recognition of the lack of consistency has led to various studies being undertaken and government concerns expressed. Most recently, a report was commissioned in 2010 to explore the introduction of a national approach for credentialling (PMETB, 2010). The report recommends three elements which could provide the basis for a national credentialling approach in the UK:

  - Progression through training
  - Supporting revalidation
  - Demonstrating achievement in competence in areas of practice which are not currently recognised, nor likely to be, as a registered specialty or subspecialty.

Revalidation is described in the report as a key component of ensuring the competence of doctors to practice, with the report stating that 'revalidation will transform the Medical Register from an historical record of doctors who are qualified to practise to a contemporary statement of their continuing fitness to practise*'* (PMETB 2010, Appendix 4i. p. 3).

Responsibility for the education and training of medical officers in the UK was transferred from the Post Graduate Medical Education and Training Board to the General Medical

Council in 2010 following a merger of the two organisations. This has demonstrated a clear link in the UK between regulation, revalidation and professional responsibility, and is likely to lead to new approaches to credentialling in the future (GMC, 2010).

- **New Zealand**

In *The Credentialling Framework for New Zealand Health Professionals* (MOH, 2010), credentialling is defined as 'a process used to assign specific clinical responsibilities to health professionals on the basis of their education and training, qualifications, experience and fitness to practice within a defined context' (p.2). This is a significant change from credentialling described in the 2001 document '*Towards Clinical Excellence: A Framework for the credentialling of senior medical officers in NZ* (MOH, 2001). At that time, the focus of credentialling related to senior medical practitioners in secondary and tertiary services within a single service or facility. In New Zealand, therefore, credentialling is now viewed as part of a wider organisation quality and risk management system designed primarily to protect the public. It is also described as being beneficial in terms of practitioner protection, provider accountability and consumer confidence in the health system (MOH, 2010).

- **Australia**

As in New Zealand the medical profession in Australia views credentialling together with defining the scope of clinical practice as essential components of a broader system of organisational management of relationships with doctors and of health service accreditation. Specialist medical practitioners are granted specialist recognition based on completion of specialist training or credentialling under the direction of professional colleges, faculties and societies. Specialists cannot be allocated a provider/prescriber number relevant to the speciality unless specialist recognition is granted. In some specialities, credentialling programs are linked to the right to practice in that specialty.

Credentialling and re-credentialling in Australia, according to the recent UK report on credentialling in medicine, is based on a set of key principles which underpin the importance of the process (PMETB, 2010). These are:

- Maintain and improve safety and quality of care
- Sustain the confidence of patients and the professions by demonstrating impartiality
- Support and embed best practice
- Integration of the processes into organisational clinical governance processes

(PMETB, 2010, p.26)

## Conclusion

This literature review has identified a high level of interest in developing competency standards and credentialling programs by many specialist nursing organisations in Australia. Whilst there remains a lack of empirical evidence about the benefits in terms of patient outcomes, the literature has found that credentialling is a respected means of demonstrating advanced skills within a speciality, it provides a personal sense of achievement, and is recognised by some employing authorities as a worthwhile process.

Evidence was also found that credentialling is a key focus for other health professions, and considerable work is underway to establish frameworks internationally.

Unlike those countries with well established systems, there is clearly a lack of consistency in credentialling processes for nurses in Australia, providing a sound rationale for the development of a National Nurse Credentialling Framework.

## References


American Nurses Credentialling Center (ANCC) (2011). ANCC Magnet Recognition Program. Retrieved 12 January 2011, from http://www.nursecredentialling.org/Magnet.aspx

ANCC (2011). ANCC Nurse Certification. Retrieved 12 January 2011, from http://www.nursecredentialling.org/Certification.aspx

Australian Association of Consultant Pharmacy (AACP) (2010) Accreditation Fact Sheets No. 3 and No. 5. Retrieved 12 January 2011, from https://www.aacp.com.au/cgi-bin/WebObjects/FourpointAACPPortal.woa/1/wa/page?pid=9&wosid=CoJBlC7xj0gdMUudznv5Eg

Australian College of Midwives (ACM) (2010) Midwifery Practice Review. Retrieved 2 January 2011, from http://www.midwives.org.au/scripts/cgiip.exe/WService=MIDW/ccms.r?pageid=10040.

Australian Council for Safety and Quality in Health Care (ACSQHC) (2004) *Standard For Credentialling and Defining the Scope of Clinical Practice: a national standard for defining the scope of clinical practice of medical practitioners, for use in public and private hospitals*. Canberra: Commonwealth of Australia

Australian Health Practitioner Regulation Agency (AHPRA) (2010a). *Health Practitioner Regulation National Law 2009*. Retrieved 15 October 2010, from http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx

Australian Health Practitioner Regulation Agency (AHPRA) (2010b) Specialist Registration. Retrieved 12 January 2011, from http://www.ahpra.gov.au/Registration/Registration-Process/Specialist-Registration.aspx

Australian Infection Control Society (AICS) (2007) Credentialling. Retrieved 28 December 2010, from http://www.aica.org.au/default.asp?PageID=83&n=Introduction

Australian Lactation Consultants Association (ACLA) (2010). IBCLC Requirements and Continuing Education Recognition Points. Retrieved 31 December 2010, from http://www.iblce.edu.au/What%20is%20an%20IBCLC.php

Australian Nursing and Midwifery Council (ANMC) (2006) *National Competency Standards for the Midwife*. Canberra.

Australian Nursing Federation (ANF) (ND) Competency Standards. Retrieved 17 January 2011, from http://www.anf.org.au/html/publications_compstandards.html

ANF (2011) Discussion with Lee Thomas, Federal Secretary, ANF. Kingston, ACT. 7 January 2011.

Australian Physiotherapy Association (APA) (2011) Titling. Retrieved 13 January 2011 from http://www.physiotherapy.asn.au/index.php/quality-practice/specialisation/titling

APA (2008) *APA Physiotherapist Title Program: information booklet*. Retrieved 13 January 2011 from http://www.physiotherapy.asn.au/index.php/quality-practice/specialisation/titling

Canadian Nurses Association (CNA) (2010) CNA Certification. Retrieved 12 January 2011, from http://www.cna-aiic.ca/CNA/nursing/certification/default_e.aspx

Coalition of National Nursing Organisations (CoNNO) (2010).About CoNNO. http://www.conno.org.au/. Retrieved 5 January 2011.
Coalition of National Nursing Organisations (CoNNO) (2010) National Nurse Credentialling Framework 2010-11 Project Plan (unpublished)

CoNNO (ND) Criteria for Membership. Retrieved 14 January 2011, from http://www.conno.org.au/

Coulthard R. (1998) 'Credentialling. Do Australian Nurses Need It?' *Australian Nursing Journal*, 6(3), p.24.

Department of Health, NSW (DoH, NSW) (2005) Policy Directive. Midwives – NSW Health – Credentialling Framework. Retrieved 14 January 2011, from www.**health**.**nsw**.gov.au/policies/pd/2005/pdf/PD2005_615.pdf

Drenkard, Karen (2010) JONA Certification Supplement. *Journal of Nursing Administration*, 40(10), October Supplement, S1-S2.

Gastroenterlogical Nurses College of Australia (GENCA) ( 2011) Exam Handbook and Information. Retrieved 23 December 2010, from http://www.genca.org/member-services/credentialling/33-exam-handbook-and-information-2011.html.

General Medical Council (2010) Guidance on CPD. Retrieved 14 January 2011, from http://www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp

Grealish, L. (1998) 'Credentialling Specialty Nursing Practice: A dissenting view.' *Australian Nursing Journal* 18(5), 18-19

Government of Western Australia Department of Health (GoWA) (2009) *Guidelines for the Credentialling of Nurse Pap Smear Providers*. Operational Directive No.0176/09 2009. Retrieved 30 December 2010, from http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=12460.

Heath, Patricia (2002) *National Review of Nursing Education* 2002 *Our Duty of Care*. Commonwealth of Australia. Retrieved 9 December 2010, from http://www.dest.gov.au/archive/highered/nursing/pubs/duty_of_care/default.html

International Council of Nurses (ICN) (1992) *Guidelines on Specialisation in nursing*. Geneva: International Council of Nurses.

ICN (2009) *ICN Framework of Competencies for the Nurse Specialist*. Geneva: International Council of Nurses.

Kendrick T, Greenwood M, Grech C, Gill F, Birkett K, Porter J. (2000) 'Credentialling Australian critical care nurses;the pilot study.' *Australian Critical Care*, 13(3) 113 – 116.

Ministry of Health (MOH) (2010) *The Credentialling Framework for New Zealand Health Professionals*. Wellington: Ministry of Health. Retrieved 4 January 2011, from http://www.moh.govt.nz/moh.nsf/0/DDC07315F4B10F21CC257752007E7D19

MOH (2001) *Towards Clinical Excellence: A Framework for the credentialling of senior medical officers in NZ.* Retrieved 4 January 2011, from http://www.moh.govt.nz.

National Cervical Screening Program (1997) *Making Quality Visible - National Standards for Nurse Pap Test Providers*. Retrieved 31 December 2010, from www.gp.unimelb.edu.au/.../national_standards_nurse_pap_smear_providers_1997.pdf

National Nursing and Nursing Education Taskforce (N3ET) (2006) *A National Specialisation Framework for Nursing and Midwifery*. Melbourne: National Nursing and Nursing Education Taskforce. Retrieved 6 December 2010 from http://www.nnnet.gov.au/downloads/recsp_spec_framework.pdf

National Nursing Organisations (NNO) (2004) *Glossary of Terms: Criteria for Specialties in Nursing / Principles of Credentialling for Nurses* 2nd edition. Retrieved 6 December 2010 from http://www.conno.org.au/pdf/NNO_Glossary_of_Terms.pdf

NNO (1998) Credentialling Communique. Retrieved 9 January 2011, from http://www.rcna.org.au/Default.aspx?SiteSearchID=360&ID=/results.

Nursing and Midwifery Board of Australia (NMBA) (2010) About the Board. Retrieved 15 January 2011, from http://www.nursingmidwiferyboard.gov.au/About-the-Board.aspx

Nursing and Midwifery Council – United Kingdom (NMC-UK) (2001) *Standards for Specialist Education and Practice*. Retrieved 4 January 2011, from http://www.nmc-uk.org/Documents/Standards/nmcStandardsForSpecialistEducationandPractice.pdf

NMC-UK (2007) *Nursing: Towards 2015*. Retrieved 4 January 2011, from http://www.nmc-uk.org/Documents/Research%20papers/Nursing%20towards%202015%20full%20report%20.pdf

NMC-UK (2010) Specialist Community Public Health Nursing. Retrieved 10 January 2011, from http://www.nmc-uk.org/Nurses-and-midwives/Specialist-Community-Public-Health-Nursing/

New Zealand Nurses Organisation (NZNO) (2008a) *Position Statement. Advanced Nursing Practice*. Retrieved 13 January 2011, from http://www.nzno.org.nz/LinkClick.aspx?fileticket=duWxfmBR9WM%3D

NZNO (2008b) *Position Statement. Nurse Credentialling*. Retrieved 13 January 2011, from http://www.nzno.org.nz/LinkClick.aspx?fileticket=9m_sZPkJNck%3D

NZNO (2010) *2020 and Beyond: a vision for nursing*. Retrieved 12 January 2011, from http://www.nzno.org.nz/home/consultation/articletype/articleview/articleid/765/2020-and-beyond-a-vision-for-nursing

Pap Screen Victoria (PSV) (2010). Nurse Pap Test Providers. Retrieved 2 January 2011, from http://www.papscreen.org.au/website/forhealthprofessional/nursepaptestproviders

Postgraduate Medical Education and Training Board (PMETB) (2010) *Credentialling Steering Group Report*. Retrieved 31 December 2010, from www.gmc-uk.org/CSG_Report_April_2010.pdf_34123082.pdf.

Quality Use of Diagnostic (2006) *The Credentialling of Radiologists in Australia*. Final Report. Retrieved 12 January 2011, from http://www.qudi.net.au/MISC_PDF/2006_Credentialling_FR.pdf

Royal College of Nursing (RCN) (2005) *Maxi Nurses. Advanced and specialist nursing roles*. Retrieved 4 January 2011, from http://www.rcn.org.uk/__data/assets/pdf_file/0006/78657/002756.pdf

Royal College of Nursing Australia (RCNA) (2001) *The feasibility of a national approach for the credentialling of advanced practice nurses and the accreditation of related educational programs*. Final Report. Canberra: RCNA

RCNA (1996) *Credentialling Advanced Nursing Practice and accreditation of continuing education programs: an exploration of issues and perspectives*. Discussion Paper No. 4. Canberra: RCNA

Schober, M and F. Affara (2006) *Advanced Nursing Practice*. International Council of Nurses. Blackwell: Oxford

Smith, R. (2009) *Credentialling midwives. What are the experiences of midwives working in midwifery led models of care in NSW who undertake the credentialling process?* Masters (Hons) thesis. Faculty of Nursing. UTS, Sydney. Retrieved 13 January 2011, from http://epress.lib.uts.edu.au/dspace/bitstream/handle/2100/1151/02Whole.pdf?