



**The National Nursing and
Nursing Education Taskforce**
N³ET

**A NATIONAL SPECIALISATION
FRAMEWORK FOR
NURSING AND MIDWIFERY**

*Bringing order to the development of specialty areas
of practice in Australia.*

JULY 2006



Australian Health Ministers' Advisory Council

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Enquiries concerning this document and its reproduction should be directed to:
National Nursing & Nursing Education Taskforce Secretariat
C/- The Department of Human Services Victoria
Level 20 - 50 Lonsdale Street
Melbourne VIC 3000
Telephone: (03) 9096-6995
Fax: (03) 9096-9212
E-mail: n3et@dhs.vic.gov.au

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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
ANZSCO	Australian & New Zealand Standard Classification of Occupations
ASCO	Australian Standard Classification of Occupations
DEST	Department of Employment, Science and Training
DEWR	Department of Employment and Workplace Relations
EN	Enrolled Nurse (also recognised as a RN Division 2 in Victoria)
NNO	National Nursing Organisations
NSW	New South Wales
NT	Northern Territory
N ³ ET	National Nursing & Nursing Education Taskforce
QLD	Queensland
RN	Registered Nurse
SA	South Australia
TAS	Tasmania
VIC	Victoria
WA	Western Australia
NBV	Nurses Board of Victoria

Executive Summary

The project to develop *A National Specialisation Framework For Nursing And Midwifery* is a key element of the work of Specialisation referred to the National Nursing and Nursing Education Taskforce by Ministers. In Australia as well as overseas, the increasing trend of specialisation in health care, and by health care practitioners, is the cause of some concern. Fragmentation of care, duplication and inefficiency can be the consequences of a highly differentiated workforce. Without order, the proliferation of specialties will continue.

The *National Specialisation Framework For Nursing And Midwifery* is an important milestone in the development of specialisation in nursing and midwifery in Australia. For the first time, a set of criteria for a national specialty have been developed and then used to identify specialty areas of national practice, creating a coherent structure for identifying and monitoring practice development. Whilst the framework was developed for nursing and midwifery it may provide a model for other disciplines.

The work to develop *National Specialisation Framework For Nursing And Midwifery* has been undertaken from the perspective of healthcare policy rather than professional advancement. It recognises that a principle reason for identifying specialty areas of practice is to enhance the capacity of the health, community and aged care system to meet the needs of the Australian community by aligning the skill development of the nursing and midwifery workforce with the demand for health services. The absence of a framework for specialties has important consequences for the quality of future workforce planning and the development of appropriate educational programs for the nursing and midwifery workforce. The use of a uniform framework for specialisation will improve workforce planning at both a national as well as local level.

The *National Specialisation Framework For Nursing And Midwifery* consists of four elements:

1. Criteria for recognising a specialty (Six)
2. The identified national specialties - areas of practice that meet the criteria (18 identified)
3. Skill domains – areas with common skill groups and common attributes but which may have varied knowledge bases (10 identified), and
4. Practice strands – areas of practice that did not meet the full criteria for a national specialty (50 identified).

The *National Specialisation Framework For Nursing And Midwifery* provides an opportunity to bring structure and transparency to how specialty areas are defined in contemporary practice as well as how to recognise emerging specialties. The framework has been tailored to be appropriate to the Australian context and the dynamic nature of nursing and midwifery practice, accommodating changes and evolution in all the domains of practice for the disciplines of nursing and midwifery.

The work represents a beginning and will be strengthened in the short-term by use as well as by further development in the medium term. There are immediate opportunities to achieve greater national consistency in data collection and workforce planning through the application of the framework.

About this document

This document is the final version of the *National Specialisation Framework For Nursing And Midwifery*. A summary of the project methodology can be found in Appendix 1. As part of the development process, the framework was made publicly available for a period of consultation (May – June 2006). The contribution of over 30 individuals or groups who provided responses has enhanced this final version of the National Specialisation Framework For Nursing And Midwifery.

A final report of all of the activities undertaken in relation to Specialisation is being prepared by N³ET for Health and Education Ministers. The final report will contain details of the work to further develop the *National Specialisation Framework For Nursing And Midwifery* and will specifically identify the options for achieving greater national consistency in workforce documentation and future development of the framework.

Developing a national specialisation framework

Categorising and naming specialties, or areas of practice, within nursing and midwifery has been identified as a complex issue for many years. In Australia, the evolution of a plethora of “specialties” has occurred in an ad-hoc way with no coherent structure or classification system to guide the process. Unlike medicine, there has been no agreement about what constitutes a specialty or areas of subspecialisation within nursing and midwifery. A proliferation of educational courses and special areas of practice have developed in response to changing health needs, health policy decisions, consumer demand and advancing technologies.

The lack of a framework for the development of specialties in nursing and midwifery has been recognised as an area that required attention (Russell, Gething and Convery 1997; National Review of Nursing Education 2002). In 2004, work on specialisation was referred to the National Nursing and Nursing Education Taskforce (N³ET) by State, Territory and Commonwealth Health Ministers. A *National Specialisation Framework For Nursing And Midwifery* is the product of that work. It reflects an important milestone in the development of nursing and midwifery in Australia. For the first time, a set of criteria for a national specialty have been developed and then used to identify specialty areas of national practice.

Developing the *National Specialisation Framework For Nursing And Midwifery* has been challenging. In particular, the development work did not have the advantage of beginning with a clean slate. For the nursing and midwifery disciplines, practice has developed under the influence of the different state, territory and federal environments and with few mechanisms for national co-ordination or harmonisation. Similarly, the health, education and social policies over the past 100 years have all left their mark on the existing conglomeration of practice areas, specialties, super-specialties and practice domains that make up nursing and midwifery today. For individuals, specialty practice is embedded in a complex interaction of professional beliefs and attitudes to expertise, recognition and differentiation (Heartfield 2006). Many nurses and midwives have a personal perspective of a “hierarchy” of specialisation; what is, or is not a specialty and how “their” specialty is situated.

All these factors mean that whilst the *National Specialisation Framework For Nursing And Midwifery* provides a more rational and logical way to approach identifying and defining national specialties, it necessarily retains some of the idiosyncratic elements that reflect its history. The *National Specialisation Framework For Nursing And Midwifery* represents a beginning and creates an opportunity to bring structure and transparency to how specialty areas are defined today as well as how to recognise emerging specialties.

Specialisation, a framework and workforce planning

The absence of a framework for specialties has important consequences for the quality of future workforce planning and the development of appropriate educational programs for the nursing and midwifery workforce. Over ten years ago, the International Council of Nurses (ICN) identified that:

“Disorderly development of specialties, with no central controls by the total profession, could lead to fragmentation of nursing care and the splintering of the profession ... Orderly development on the contrary, may well play a critical role in expanding the depth, breadth and rigour of nursing knowledge and expertise, strengthening the integrity of the profession, and enhancing the career opportunities and benefits available to nurses” (International Council of Nurses 1992), p.7).

The adoption of both a “systematic means of determining and designating nursing specialties” and integrated workforce planning were two of the essential requirements for the orderly development of specialisations identified by the ICN.

For the recipients of health, community and aged care services, the impact of suboptimal workforce planning may have profound consequences. A principle reason for identifying specialty areas of practice is to enhance the capacity of the health, community and aged care system to meet the needs of the Australian community by aligning the skill development of the nursing and midwifery workforce with the demand for health services. To date, there has been little focus on identifying specific skills required within an area of practice and this has implications for accurately identifying and predicting shortfalls in nursing, and midwifery skill levels in specific areas.

The use of different classification systems both nationally and locally for collecting data about specialty practice (or practitioners) further compromises national workforce planning and there is currently little consistency in how such data is collected across the different national and state/territory workforce systems. Given the mobile nature of the health workforce and the need for coordinated health and educational and workforce policy, workforce planning needs to be undertaken with consistent classifications and data standards.

The importance of health workforce planning is articulated in the National Health Workforce Strategic Framework, and in particular (Principle 6) - *Health workforce policy and planning should be population and consumer focussed, linked to broader health care and health systems planning and informed by the best available evidence* (Australian Health Ministers' Conference 2004). This principle places the service and client at the centre of the planning activity and signals the importance of planning methodologies that consider *what* care is required, rather than *how* care has traditionally been provided. In particular, it has been noted that *“workforce planning for specialty areas of nursing is highly complex and poorly understood.”* (Australian Health Workforce Advisory Committee 2004). As part of the preliminary steps in the development of the Framework, a scan of nursing workforce documentation nationally was undertaken, a process that identified over 110 areas of both nursing and midwifery “special practice” currently in use (Appendix 2 and 3). Had a wider search been undertaken, this number would undoubtedly be larger.

With no agreement on what constitutes a specialty the current situation of inconsistency and complexity will continue unchecked. A robust and transparent process for identification of a specialty will enhance the collection and analysis of data about the nursing and midwifery workforce.

Nursing and Midwifery

Given the highly complex interplay of service setting, industrial, regulatory, professional and education factors in the specialisation debate, any framework is

likely to resonate more with some sectors than others. A point of tension in the development of this framework is the inclusion of midwifery. In Australia, there are currently three models for midwifery, that identify the area of midwifery as either:

1. A nursing specialty
2. A distinctive practice with has some overlap with nursing, or
3. A distinctive practice with no overlap with nursing

(Queensland Nursing Council 2005)

The decision to develop an integrated nursing and midwifery framework for specialisation has been made in recognition that at this point in time, the prevailing national landscape is more closely aligned with model 2 – that nursing and midwifery are separate disciplines but they share some common knowledge and shared skill sets.

An integrated *National Specialisation Framework For Nursing And Midwifery*, acknowledges that:

- Nationally, the majority of midwives are “RN- Midwives”, that is, they are licensed Registered Nurses (RN) with a postgraduate qualification in midwifery
- The first cohort of Bachelor of Midwifery students graduated in 2004 and at this point in time, a Bachelor of Midwifery is only available in three jurisdictions
- The demand for Bachelor of Midwifery graduates by employers is unknown
- The regulation of nursing and midwifery remains fragmented, with no unified approach to registration of the disciplines. A number of states retain a single register for registered nurses (and a roll for enrolled nurses). This means that in those jurisdictions, midwives are licensed as nurses with either an authorisation to practice midwifery (in the case of RN-Midwives) or a restriction to practice midwifery (only) in case of graduates of Bachelor of Midwifery (as distinct from dual degree graduates)¹
- The links between nursing and midwifery are maintained through mechanisms such as the preservation of a single board for registration of both disciplines in every state/territory.
- Double degrees comprising Bachelor of Nursing and Bachelor of Midwifery are now also available and may have higher levels of acceptance with both employers and prospective students than Bachelor of Midwifery alone, and
- As the front-end supply of midwives are largely drawn from the nursing workforce, “they are inextricably affected by whatever issues affect the supply and demand of nurses” (Australian Health Workforce Advisory Committee 2002).

The integrated approach of the *National Specialisation Framework For Nursing And Midwifery* reflects the imperative to understand and capitalise on the existing relationship between the nursing and midwifery disciplines to enhance workforce planning for both disciplines collectively, as well as individually. This issue is separate to the case being progressed by some midwives for a complete partition of midwifery from nursing.

The focus of this specialisation framework is on the identification of the level at which it is practical and effective to focus workforce policy and planning. There is a strong case that, at this point in time, comprehensive and integrated workforce planning² **across** the two disciplines is required. It has been noted that “*The vast*

¹ The range of registration categories used in each State and territory has been mapped by N³ET National Nursing & Nursing Education Taskforce (2006). An Atlas of the Legislation and Professional Regulation of Nursing and Midwifery in Australia. Melbourne.

² Integrated workforce planning refers to the integrating of workforce planning functions with workforce production (education and training), workforce management and organisation, and health service planning functions Australian Health Workforce Advisory Committee (2004). Nursing Workforce Planning

majority of Australia's midwives – past, present and future – share components of their education, regulation and workforce environments with nurses, that issues, initiatives and strategies affecting one workforce can have an effect on the other (Australian Health Workforce Advisory Committee 2002).

The relationship between the disciplines is important given the growing interest in developing models of workforce planning that are beyond traditional occupational based models, such as competency based planning, team based planning or models of care and skill mix planning (ACT Health 2005; Department of Human Services (Victoria) 2006). The benefits of recognising and exploiting "natural" association of specialties where there is overlap of nursing and midwifery disciplines has been identified and "...grouping some areas of specialty practice such as child health, neonatal nursing and midwifery may expand nursing careers, improve clinical practice and encourage greater collaboration across specialty areas." (National Nursing Organisations 2001)

Where are the generalists?

Developing a specialisation framework necessarily focuses on those areas where special knowledge and skills are required, however it is recognised that generalists have an equally important role to play if the health needs of the Australian community are to be met.

Generalist nurses are those "*prepared for the broad practice of nursing*" (International Council of Nurses 2003). The progress of specialisation has perhaps inadvertently, made the role of generalist nurses less evident. Work done for the N³ET on the language of specialisation and advanced practice identified that references to generalist nurses were absent from some regulatory authority documents (Heartfield 2006) or had been presented as a point along a continuum from beginning to expert, or advanced practice, perhaps implying that a generalist may not be(come) an expert. Further, factors such as qualifications allowances, which aim to recognise additional education and improve retention, may exert a perverse incentive for nurses and midwives to identify themselves as specialists rather than generalists.

In some data systems, terms such as "mixed medical/surgical", "general medical/surgical" are used. Medical-surgical nursing is synonymous with general nursing and units of study in medical and surgical nursing are evident in pre-registration courses. There is however, a bias in the use of terms such as Medical-surgical, as it reflects the acute nature and hospital based history of both nursing education and practice. In this *National Specialisation Framework For Nursing And Midwifery* generalists have necessarily been excluded however, it is acknowledged that to collect data about the entire nursing and midwifery workforce a method to identify generalist (or non specialist) areas of practice or practitioners is required. There may be merit in considering more contemporary terminology than "medical-surgical" to reflect the generalist workforce.

A specialisation framework for 2005

In 1992, the ICN proposed a nomenclature for nursing specialties including seven broad categories and 61 sub-specialties. (International Council of Nurses 1992). The ICN approach to categorising clinical specialties was subsequently modified for the National Review of Specialist Nurse Education (1997) and proposed as the nomenclature for "post-graduate specialty nursing qualifications across Australia" in a form that preserved the concept of "a limited number of broad bands and multiple subspecialties" and included non clinical areas. As the work was primarily done to

in Australia: A guide to the process and methods used by the Australian Health Workforce Advisory Committee.

categorise educational programs it did not necessarily reflect service profiles or practice areas (Russell, Gething and Convery 1997).

Over the past decade, a variety of different groupings of practice areas have been used in national data collections or documents that relate to workforce planning, with little consistency or order evident. Without a transparent and demonstrable method of identifying a specialty, convenience and convention have prevailed. As a result, current data systems essentially reflect how specialisation has developed historically, rather than how it is evidenced in contemporary practice.

The *National Specialisation Framework For Nursing And Midwifery* represents a different way of thinking about specialisation. In this framework, the starting point is the skill domain. Identifying clusters of skills provides both a focus and a link between service provision and educational preparation. The framework does not intend to capture all possible areas of practice but to identify the areas that map contemporary national practice.

The framework encompasses all the domains of practice (eg education, research, management and policy as well as clinical) and as such, is consistent with international and national nursing and midwifery ideology.³ The framework recognises that whilst most (if not all) nurses and midwives undertake some education, research, policy and management activities as part of their clinical role in either a specialist or generalist area, some practitioners have made research, education, policy or management their area of specialisation.

Care, Health or Nursing – the language of the Framework.

The *National Specialisation Framework For Nursing And Midwifery* intentionally places the professional service that is being provided at the forefront. There is therefore, a focus on using terms that reflect the service being provided rather than the discipline of the service provider. On one level this is achieved by using terms such as 'health' or 'care' rather than 'nursing', an approach that also reinforces the notion that care and services are provided by teams and that nurses and midwives work in teams. Within health teams, a range of providers may provide a given service and skill sets may be shared across nursing and midwifery as well as other health disciplines.

In determining the names of specialties and practice strands, attention was paid to how the area is represented in the literature and what competencies have been published. The framework seeks to use the most up to date or contemporary language for each area or group, when there is evidence that the term has **national** acceptance. When different terms are used in different states, the more nationally accepted term has been used to reflect the prevailing national situation.

In general, the recognised specialties have been described as either "care" or 'health', such as *Mental health* and *Palliative care*. There is some intentional distinction between these terms. The use of the term 'care' is generally associated with specialties where the focus is on intervention and management of disease, injury of illness, whilst 'health' incorporates elements of wellness, health promotion

³ The ICN definition of Nursing is: *Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.*

The ICM definition of the Midwife is: *A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery. The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care. A midwife may practise in any setting including the home, community, hospitals, clinics or health units.*

but may also incorporate elements of managing ill health. This concept is clearly evident in Community health and Family health as well as in the paradigm shift that has occurred over the years from Psychiatric care to Mental health. In other areas, the national focus is defined by an illness/intervention model of care, such as Perioperative care, Critical care and Emergency care. Whilst there is some wellness and health promotion aspects to these specialties, their primary, national focus is necessarily on managing ill health, injury or disease.

Finally some areas may be in transition. For example, whilst there is evidence that a shift in children's health policy is occurring in a number of states/territories, this is yet to be reflected consistently in nursing and midwifery practice nationally. The emergence of **national** policies that focus on children's health and social care in the short to medium term may well mean that when this framework is next reviewed, that a case can be made to call Paediatric care, Children's health. Similarly, renal care may evolve into Renal Health.

A National Specialisation Framework For Nursing And Midwifery

The *National Specialisation Framework For Nursing And Midwifery* consists of four elements:

5. Criteria for recognising specialties
6. Identified national specialties - areas of practice that meet the criteria
7. Skill domains – areas with common skill groups and common attributes but which may have varied knowledge bases, and
8. Practice strands – areas of practice that did not meet the full criteria for a national specialty

Criteria for a national nursing and midwifery specialty:

Methodology: A review of national and international criteria for assessing specialties in nursing and midwifery was undertaken. In particular, six sources were used as the foundation to develop criteria appropriate for the Australian context. A full comparison of the national and international criteria and six criteria that were developed for recognising a national nursing and midwifery specialty can be found in Appendix 4.

A nationally recognised specialty is one that meets all the following six criteria:

- | | |
|-------------------|---|
| <i>Criteria 1</i> | <i>The specialty is national in its geographic scope</i> |
| <i>Criteria 2</i> | <i>The specialty defines itself and subscribes to the overall purpose, functions and ethical standards of nursing and/or midwifery</i> |
| <i>Criteria 3</i> | <i>The specialty is a distinct and defined area of nursing and/or midwifery practice, which requires an application of specially, focussed knowledge and skill sets</i> |
| <i>Criteria 4</i> | <i>There is both a demand for and a need for the specialty service from the community</i> |
| <i>Criteria 5</i> | <i>The specialty practice is based on a core body of nursing and/or midwifery knowledge, which is being continually expanded and refined. For example, mechanisms exist for supporting, reviewing and disseminating research, and</i> |
| <i>Criteria 6</i> | <i>Specialty expertise is gained through various combinations of experience, formal and informal education programs including but not limited to continuing education and professional development.</i> |

Recognised National Specialties

Methodology: The six criteria for a national specialty were operationalised (See Appendix 5). Recognised national specialties are those that meet

all six criteria. Eighteen areas have been identified as national specialties, namely:

National nursing and midwifery specialties:

Critical Care	Midwifery
Community Health	Neonatal Care
Education and Research	Neurological Care
Emergency Care	Oncology/Haematology Care
Family Health	Paediatric Care
Gastroenterology	Palliative Care
Gerontic Health	Perioperative Care
Health Care Planning & Management	Rehabilitation/Habilitation
Mental Health	Renal Care

Table 1 - National recognised specialties

Appendix 6 contains three examples of how the criteria were used. In each case, the outcome was different - a specialty was recognised (Renal care), a practice strand was identified (Practice nursing) and an area of practice was assessed as being geographical or contextual rather than a specialty area of practice (Rural and remote).

Practice strands

The National Specialisation Framework For Nursing And Midwifery has identified fifty practice strands. Practice strands are areas where there is some evidence of practice development, but insufficient to meet all six criteria for a recognised specialty. All the practice strands meet Criteria 1 - *The specialty is national in its geographic scope*, and most meet two or three additional criteria. Most practice strands are associated with a specialty and as such they share some of the elements of the specialty. A small group of practice strands have been identified that do not readily align with a specialty although they are associated with the skill domain of "Acute and supportive care".

Over time, practice strands may develop. At the point at which they meet all six criteria they will be able to be recognised as a national specialty. Alternatively, as practice changes, strands may be integrated fully into the practice of existing specialties or remain static. The inclusion of practice strands in this framework means that the rapid pace of change in nursing and midwifery practice as well as the workforce environment can be captured and the framework can readily reflect contemporary practice.

Skill Domains or common skill sets

The identification of skill domains adds depth to the specialisation framework by grouping specialties with common skill groups and common attributes but which may have varied knowledge bases. Skill domains reflect groups of specialties or practice strands with core common skill sets.

In identifying skill domains, attention was given to identifying the skill sets that were common within that group. For example, the specialties of "Emergency care" and "Critical care" both share common skill sets including rapid patient assessment, resuscitation and complex intervention. They are therefore, grouped under the skill domain of "time critical care". In practice of course, the skills sets and knowledge bases of some specialties can be applied in other specialties. For example, mental health care may be required in maternity care for women with a diagnosis of postnatal depression. As with all elements of the framework, the groupings provide

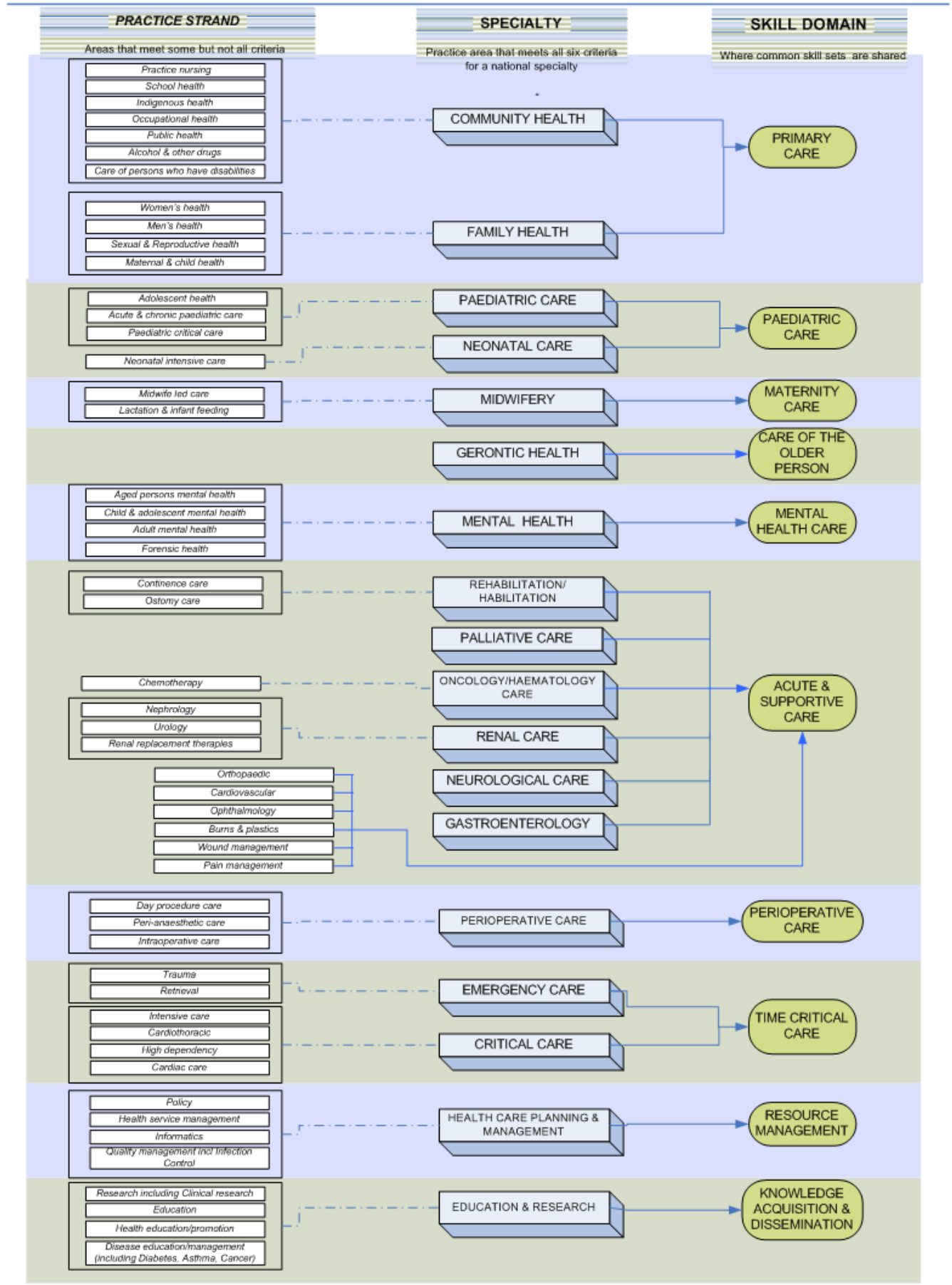
structure and reflect the primary focus but recognise that such boundaries are artificial and contrived for convenience.

The skill domain element of the framework provides a link to constructing educational programs by creating opportunities to structure parts of programs or courses to encompass common skill sets with areas of specialisation as elective components.

The framework of skill domains, recognised specialties and practice strands is schematically represented below in Figure 1. Whilst no hierarchy of specialties is implied in the order the specialties appear, some natural associations have been used in the groupings of some of the areas.

Figure 1

NATIONAL NURSING AND MIDWIFERY SPECIALISATION FRAMEWORK - FINAL (AUGUST 2006)



Key attributes of The National Specialisation Framework for Nursing and Midwifery:

The National Specialisation Framework for Nursing and Midwifery:

1. Acknowledges that the principle reason for identifying specialty areas of practice is to enhance the capacity of the health, community and aged care system to meet the needs of the Australian community by aligning the skill development of the nursing and midwifery workforce with the demand for health services.
 - *Example: In many classifications, Paediatric critical care and Neonatal critical care are often grouped in a "high dependency" cluster along with others such as Intensive care, High dependency and Emergency, perhaps reflecting the core educational preparation. In this framework however, a Paediatric skill domain is associated with Paediatric care and Neonatal care specialties and is distinct from Emergency and Critical care. The Paediatric and Neonatal specialties and associated practice strands reflect that irrespective of shared educational preparation, in practice these areas have service planning and workforce imperatives that are discrete from adult services. Whilst some skills and knowledge is shared with emergency and critical care, the Paediatric skill domain is more significant for workforce planning. In other words, paediatric (including paediatric critical care) skilled staff are more likely to move within the paediatric service spectrum than to move across into adult services.*
2. Represents a pioneer process for identifying contemporary (rather than historical) national specialties that accommodates the dynamic, evolving nature of specialisation in Australia and acknowledges that utilisation and development of the framework will both contribute to a more orderly development of specialties, and strengthen the functionality of the framework.
 - *Example: Currently practice strands are areas of practice that meet a subset of criteria. Further development of the framework may enable the identification of a validated set, or combination of criteria for all practice strands to meet to be included in the framework.*
3. Avoids the use of discipline-specific terminology to reflect the reality that nurses (including enrolled nurses) and midwives may practice across specialty areas and practice strands and may have shared or overlapping skill sets across both disciplines as well as with other health professionals.
 - *Example: Use of Community **health** rather than Community **nursing**; Neonatal **care** rather than neonatal **nursing** in the framework.*
4. Acknowledges that acuity or complexity of care is not dependent on the setting and that complex and high acuity care may be delivered in a range of settings and in any area of clinical practice.
 - *Example: Acute and supportive care skill domain –in this context "supportive" is not limited to the how the term is often used within acute care settings but encompasses the spectrum of care that facilitates maintenance or a return to independent function and wellness.*
 - *Example: This framework avoids the use of terms that have specific associations with acute based care except where they are necessary- terms such as "medical/surgical" reflect a generalist skill set in a specific location rather than a specialty area of practice.*
5. Focuses on the **service** being provided and the critical skills and knowledge underpinning a practice, rather than the setting the care is delivered in, the discipline of the service provider(s) or the registration category or occupational titles of the service provider(s).
 - *Example: Incorporation of "non-clinical" domains of practice, where these meet the conditions for inclusion.*
 - *Example: The presence of a service or program does not mean a corresponding area of practice always exists. Services or programs such as Hospital-In-The-Home (HITH), Blood Bank or Flight nurse draw on generalist skills or may reflect a specific location/context in which the specialty of Community health for example, is provided.*
 - *Example: The skill domain of Paediatric care more comprehensively encompasses the core skills and knowledge associated with current Neonatal care, than does the skill domain of Maternity care.*

6. Acknowledges that in practice, boundaries are blurred and that health care professionals may work across areas and may draw on multiple skill domains.
 - *Example: The primary focus of the specialty of Family Health is on individuals and relationships. In this context, the practice strand of sexual and reproductive health (and in particular the inclusion of reproductive health) means that it is more closely associated with the specialty of Family Health. Those working in specific sexual health roles may identify more with the community health area of their work, however the common skill domain for both Family health and Community Health is Primary Care.*
7. Recognises that language in healthcare is dynamic and promotes the use of contemporary language, when such language has growing acceptance nationally.
 - *Example: Aged persons mental health –may be more familiar to readers as “psychogeriatric”, however more contemporary language is Aged Persons (or Older persons) Mental Health.*
 - *Example: Renal replacement therapy has taken the place of the term Dialysis, and also encompasses a broader range of care/therapies.*
8. Reflects both the contemporary environment as well as enabling the monitoring of practice development over time, the latter making periodic review and revision of the Framework essential.
 - *Example: Emerging national children’s health and social care policies may mean that when next reviewed, it may be more appropriate to call Paediatric Care, Children’s Health.*

Next Steps and challenges

The development of a *National Specialisation Framework For Nursing And Midwifery* is an important step to achieve a more orderly and robust development of specialty practice that reflects the distinctive nature of Australian nursing and midwifery practice. It is however a starting point and will be strengthened by ongoing development.

As part of N³ET reporting requirements, N³ET will be recommending that key national workforce data systems should adopt the National Specialisation Framework For Nursing And Midwifery in relation to collecting and analysing data on the nursing and midwifery workforce. Options for managing periodic reassessment of the framework including both the criteria and how areas of practice meet the criteria will also be identified.

The use of the framework more broadly by groups such as regulators, educators, policy developers and health service providers to categorise areas of practice will also contribute to a more consistent understanding and definition of specialty practice and more effective workforce planning. Table 2 below illustrates some of the current areas where the *National Specialisation Framework For Nursing And Midwifery* could be employed.

Area	Responsible group
Occupation codes - ANZCO	Australian Bureau of Statistics (ABS)
Skills in Demand reporting	Department of Employment and Workforce Relations (DEWR)
Nursing & Midwifery Labour Force Census and Reports	Australian Institute of health & Welfare (AIHW)
State, territory and national workforce collections, reporting and analysis	State and territory government, health workforce planning groups including AHWOC, AHMAC, AHMAC
Registration data such as nurse practitioner areas of practice, qualifications, Surveys/consultations when requesting details of practice areas	State and Territory Nursing and Midwifery Regulatory Authorities
Education Programs	Council of Deans of Nursing & Midwifery
Qualifications allowance categories	Industrial relations
Professional Groups	Professional Groups

Table 2 Application of the National Specialisation Framework For Nursing And Midwifery

Further development of the framework

Some of the areas that could be the focus of work to further develop the framework, include:

Competencies

The development of competencies for a specialty area of practice is an important indicator of *"a distinct and defined area of nursing and/or midwifery practice which requires an application of specially focussed knowledge and skill sets"* – Criteria 3. In Australia, the interests of specialty practice in nursing and midwifery as with other disciplines, is often represented by organisations and colleges. In Australia, specialty practice standards (such as competency statements, specialty advanced practice standards) are usually produced from within the nursing and midwifery disciplines, that is, by professional groups, rather than by regulatory authorities. There is an increasing expectation from the community that the internal processes used by specialty groups to develop and maintain such standards are open to review and scrutiny by others.

Building awareness of "good governance" was the aim of a project recently completed by N³ET in partnership with the National Nursing Organisations. The project with NNO was a piece of complementary work to the *National Specialisation Framework For Nursing And Midwifery* that provided a foundation for assessment of one of the criteria. The outcome of the work by the NNO was the development of a set of governance standards for nursing and midwifery organisations, a first for Australia. Organisations that adopt and meet these standards would be able to demonstrate that any competency standards they developed were the product of sound governance practices. Subsequent assessment of areas of practice using the *National Specialisation Framework For Nursing And Midwifery* will be able to use the Governance Standards for Nursing and Midwifery Organisations (National Nursing Organisations 2006) in the assessment process.

Within Australia, the development of specialties is still in its early years. The importance of linking competencies with governance structures can be illustrated by examining the criteria of the American Board of Nursing Specialties. Standard 2 requires evidence of *"a tested body of research/data-based knowledge related to the nursing specialty exists..."*. Such a rigorous approach has not been adopted in the national framework. If there had been a requirement that competencies were research based it is unlikely that many specialties in Australia would meet the standard at this point in time. At present, in relation to competencies the recommendation is that *"ideally (but not essentially) there is evidence of governance processes for their development and maintenance"* (refer to Operationalisation of Criteria Appendix 5). If specialisation is to mature and develop nationally, the development of research-based competencies is clearly an area worthy of greater focus and attention. In future assessments of this specialisation framework the issue of the basis of competencies may need to be explored further to encourage this maturation.

Skill Domains

In referring the work on specialisation to the Taskforce it was noted that amongst other issues, there were concerns about the range of postgraduate specialty courses offered by universities and the variation in aspects such as course length; mode of offering; balance between clinical/theory components; eligibility criteria and qualifications gained (Russell, Gething and Convery 1997; National Review of Nursing Education 2002). The need for a framework that addressed specialisation as well as the development and attainment of postgraduate qualifications was

proposed. This framework provides a clear focus and structure for the development of specialisation in Australia and also incorporates the beginnings of a process for bringing some order to the educational preparation in areas of specialty practice. The skill domain element of the framework provides a potential link to how educational programs may be developed. Further work should be undertaken to investigate the components of skill domains, what elements make up each cluster and how they may be used in education program development.

Underpinning Concepts

This framework has adopted a position that in general the term “health” in relation to a specialty appellation implies that the practice area is one where there is a national agenda that encompasses a range of approaches beyond intervention and management of illness, injury or disease and includes a focus on wellness and health/health promotion. Further work on the conceptual constructs that underpin the language of the framework such as “health” and “care” would enhance the debate around the development of nursing and midwifery practice and ensure this framework captures the degree of alignment of nursing and midwifery practice with broader healthcare agenda and trends.

Specialisation and the impact of interdisciplinary education and practice

A major challenge in specialisation is the tension that is created by the promotion of interdisciplinary practice. The promotion of team-based approaches has led to the development of multi-disciplinary or multi-professional standards and competencies where skill sets are often shared and the specific, discipline-unique elements of practice may be less discernable. The development of competencies for a group of health professionals who are providing “common” services such as those in the areas of ‘Diabetes educators’, ‘Alcohol and other drugs’ and ‘Pain management’ shift the focus away from nursing or midwifery specialties towards health specialties. The development of the knowledge base is directed toward the knowledge base of a number of health professionals or even generic competencies. A growing interest in generic competencies also prompts a re-evaluation of which skills are shared and which ones differentiate groups of health workers. Within this context, it may be necessary to re-examine how we conceptualise nursing and midwifery practice in specialty areas in the near future.

Appendix 1: Project Methodology

In 2005, the N³ET commissioned a team at Deakin University to develop and map a national nursing and midwifery specialisation framework appropriate for the Australian context. The broad aim was to develop a robust and nationally consistent framework for the categorisation of specialties that would have a primary focus on improving health workforce planning and policy development in relation to specialty practice. The specific project objectives were to:

1. Develop criteria for the categorisation of nursing and midwifery specialisation
2. Map the nursing and midwifery specialties identified on workforce databases, apply the criteria to them and develop a national nursing and midwifery specialisation framework; and
3. Map the new framework against current tools utilised for collecting data on the nursing and midwifery workforce.

The framework needed to:

- Have a national focus
- Capture the scope of occupational specialties for registered nurses, midwives and enrolled nurses,
- Include all the domains of practice (not just clinical areas), and
- Reflect contemporary practice as well as accommodating future developments in specialisation.

The project methodology undertaken by the Deakin project team and the N³ET Secretariat included the following key activities:

- A select literature review
- A survey of key state, territory and national workforce documents to identify the specialty names recognised by workforce authorities (Appendix 2 and 3)
- Review of international and national criteria for assessing specialties, development of set of criteria for a national recognised specialty (Appendix 4)
- Operationalisation of the criteria (Appendix 5)
- Assessment of areas identified in workforce documents against the criteria (Appendix 7)
- Development of the specialisation framework
- Release of framework for consultation and invited responses from stakeholders
- Revision of framework based on responses to consultation version, and
- Identification of opportunities to achieve greater national consistency in workforce data through use of the framework.

The Deakin project team consisted of:

Kaye Robyn Ogle

PhD (2005) (Southern Cross University), M.H.A. (1993) (University of New South Wales), B. App.Sc. (Nsg) (1990)(Monash), Crit Care Cert(1986), R.M. (1985), R. N. (1983).

Elizabeth Bethune

Grad Dip Eval (1991) (Melbourne), B. Ed. (1985) (Melbourne), Dip. Ed. (1981) (Melbourne), B. Economics (1976) (Monash), R.M. (1966), R.N. (1963).

Susan J King

PhD (2006) (Deakin), B.N. (Hons) (1997) (Deakin), B.N. (1994) (Deakin), R.N.(1994), EN Communicable Diseases Cert (1990) (Fairfield Infectious Diseases Hospital), S.E.N. (1988).

David Wellman

M.A. (Psych) (2001) (Deakin), B.A. (Psych) (Hons) (Deakin).

Appendix 2: Workforce Documents

The Nursing and Midwifery workforce databases used to map specialties – grouped by National and by state and territory.

National Databases

- ABS: ASCO Occupation codes (1997)
- ABS: ANZCO Occupation codes (2005)
- AIHW Nursing Labour Force Survey 1995-2001
- AIHW Nursing Labour Force Survey 2005
- Nursing & Midwifery Labour Force 2003 (AIHW) Areas of Nursing RN's & EN's
- Nursing & Midwifery Labour Force 2003 (AIHW) Areas of Nursing RN's & EN's DEWR National Shortage - Australian Health Workforce shortages Jan 2004
- DEWR National Shortages March 2001& Feb 2002 by specialisation & enrolled nurses
- DEWR Skills in Demand lists States and Territories - 2005
- Nursing Education and Graduates (Ogle et al., 2002)
- Ogle et al 2002 as cited in (DEST, 2002, p. 64): postgraduate completions by nursing specialty across Australia (EDUCATION)
- National Review of Nursing Education: Shar & Burke 2001 Summary statistics of employment in nursing and carer occupations

New South Wales Databases

- Nursing Practice and Process Development Survey 2002/2003
- Nursing & Midwifery Office update Winter 2005
- Annual Report 2005 Nurses and Midwives Board of New South Wales
- National Nursing & Nursing Education Taskforce (2005) Practice areas for Nurse Practitioners NSW

Victoria Databases

- Nurses in Victoria: A supply and demand analysis 2003-04 to 2011-12
- Scope of Nursing & Midwifery practice - Survey of Vic Nurses - Nov 2005 Areas of Nursing
- NBV 2005 Census - Areas of Practice
- "Nursing Specialties" - http://www.health.vic.gov.au/nursing/downloads/nursing_specialties.pdf
- Annual Report 2004-2005 Nurses Board of Victoria

Queensland Databases

- Annual Report 2004-2004 Queensland Nursing Council
- Queensland Nursing Council 2006 website

South Australia Databases

- Annual Report 2004-2005 Nurses Board of SA
- AIHW Nursing & Midwifery Labour Force Census 2003 Statistics Profile SA
- National Nursing & Nursing Education Taskforce (2005) Practice areas for Nurse Practitioners SA
- Office of the Chief Nursing Officer of South Australia

Tasmania Databases

- 2004 Annual Report Nursing Board of Tasmania

Western Australia Databases

- Annual Report 2003-2004 Nurses Board of Western Australia
- Annual Report 2004-2005 Nurses Board of Western Australia
- National Nursing & Nursing Education Taskforce (2005) Practice areas for Nurse Practitioners WA designated areas

Northern Territory Databases

- National Nursing & Nursing Education Taskforce (2005) Practice areas for Nurse Practitioners NT
- Nurses Board of Northern Territory 2006 personal communication

ACT Databases

- National Nursing & Nursing Education Taskforce (2005) Practice areas for Nurse Practitioners ACT
- Annual Report 2004-2005 Nurses Board of ACT

Appendix 3: Areas of practice referenced in national, state and territory workforce documents

Note: The terms in this table are as they were recorded in the source document.

“Specialties” referenced	NAT	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Accident & Emergency	2	2	4	—	—	—	—	—	—
Acute Care*	—	—	—	—	2	—	—	—	—
Aged care	9	1	5	—	2	1	—	—	—
Alcohol & substance abuse	1	1	—	—	4	—	—	—	—
Anaesthetic/recovery	1	—	—	—	—	—	—	—	—
Asthma education & management	1	—	—	—	—	—	—	—	—
Blood bank *	—	—	1	—	—	—	—	—	—
Burns & plastics	1	—	—	—	—	—	—	—	—
Cardiology	1	—	—	—	—	—	—	—	—
Cardiac	—	1	1	—	2	—	—	—	—
Cardiac/coronary care	1	—	—	—	—	—	—	—	—
Cardiothoracic	4	—	1	—	—	—	—	—	—
Child & family health	6	—	4	—	2	1	—	—	—
Community health	8	3	5	—	4	—	—	1	1
Comprehensive*	—	—	—	—	—	2	—	—	—
Continence	1	—	—	—	—	—	—	—	—
Correctional health*	1	—	—	—	—	—	—	—	—
Critical care & emergency	6	—	5	—	2	1	—	—	—
Dental*	—	—	—	—	—	1	—	—	—
Developmental disability	3	—	4	—	—	—	—	—	—
Diabetes education and management	1	1	—	—	—	—	—	—	—
Disability	1	—	—	—	—	—	—	—	—
District/domiciliary*	—	—	1	—	—	—	—	—	—
Ear, nose & throat	1	—	—	—	—	—	—	—	—
Emergency/trauma	1	—	—	—	—	—	—	—	—
Endocrinology*	1	—	—	—	1	—	—	—	—
Family planning	1	—	—	—	—	—	—	—	—
Flight nurse*	—	—	—	—	1	—	—	—	—
Gastroenterology	1	—	—	—	1	—	—	—	—
Gastro-intestinal*	1	—	—	—	—	—	—	—	—
General medical nursing*	1	—	—	—	—	—	—	—	—
General surgical nursing*	1	—	—	—	—	—	—	—	—
Generic specialty*	2	1	—	—	—	1	—	—	—
Genetics	—	1	—	—	—	—	—	—	—
Gerontology	1	—	—	—	—	—	—	—	—
Health education/disease management	1	—	—	—	3	—	—	—	—
Health promotion	1	—	—	—	—	—	—	—	—
High acuity*	—	—	1	—	—	—	—	—	—
High dependency	3	1	—	—	—	—	—	1	1
Immunisation*	—	—	—	1	1	—	—	—	—
Indigenous health	5	—	2	—	—	—	—	—	—
Infection control	1	—	—	—	3	—	—	—	—
Infertility & assisted reproduction	1	—	—	—	—	—	—	—	—
Informatics	—	—	—	—	3	—	—	—	—
Intensive care	3	1	1	—	—	—	—	—	—
Intensive care coronary	—	—	4	—	—	—	—	—	—
Intensive care- others*	—	1	3	—	—	—	—	—	—
Lactation & infant feeding	1	—	—	—	—	—	—	—	—
Management	2	—	—	—	4	—	—	—	—
Maternal & child health nursing	—	1	2	—	—	—	—	—	—
Medical*	2	1	3	—	2	—	—	—	—
Medical practice	2	—	2	—	—	—	—	—	—
Medical/surgical*	4	1	1	—	—	—	—	1	1
Medication administration*	—	—	1	2	—	—	—	—	—
Men’s health	1	—	—	—	—	—	—	—	—
Mental health	9	3	7	2	7	2	—	1	3

“Specialties” referenced	NAT	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Mental health - adult	1	---	---	---	1	---	---	---	---
Mental health - child/adolescent	1	---	---	---	1	---	---	---	---
Mental health - forensic	1	---	---	---	1	---	---	---	---
Mental health - psychogeriatric	1	---	---	---	1	---	---	---	---
Mental health – rural & remote *	1	---	---	---	---	---	---	---	---
Mental retardation	---	---	---	---	---	1	---	---	---
Midwife – antenatal *	1	---	---	---	1	---	---	---	---
Midwife – labour *	1	---	---	---	1	---	---	---	---
Midwife - maternal & child health	1	---	1	---	1	---	---	---	---
Neonatology/neonatal nursery*	1	---	---	---	---	---	---	---	---
Midwife – other*	---	---	---	---	1	---	---	1	1
Midwife – postnatal*	1	---	---	---	1	---	---	---	---
Midwife practitioner*	---	2	---	---	---	---	---	---	---
Midwives/maternity/midwifery	10	2	7	3	7	2	1	1	2
Mixed medical/surgical*	---	---	3	---	---	---	---	---	---
Mothercraft nurses*	1	1	2	---	1	1	---	---	---
Neonatal care	1	1	---	---	1	---	---	---	---
Neonatal intensive care	3	---	3	---	---	---	---	---	---
Neurology	4	1	1	---	2	---	---	---	---
Neurosurgical	1	---	---	---	---	---	---	---	---
Nurse educator	8	---	2	---	4	---	---	---	---
Nurse manager	4	---	---	---	---	---	---	---	---
Nurse practitioner*	1	1	2	3	3	2	1	1	1
Nurse researcher	8	---	2	---	5	---	---	---	---
Nursing clinical director	5	---	---	---	---	---	---	---	---
Obstetrics/gynaecology*	1	---	3	---	---	---	---	---	---
Occupational health	---	---	2	---	4	---	---	---	---
Oncology*	3	---	2	---	---	---	---	---	---
Oncology/haematology	1	---	---	---	2	---	---	---	---
Operating theatre	3	1	1	---	---	---	---	---	---
Ophthalmology	1	---	---	---	---	---	---	---	---
Orthopaedics	2	---	1	---	---	---	---	---	---
Paediatrics	4	1	2	---	---	1	---	---	---
Paediatrics and child health	1	---	---	---	---	---	---	---	---
Paediatric critical care	1	---	1	---	---	---	---	---	---
Pain management	---	1	---	---	---	---	---	---	---
Palliative care	4	1	---	---	2	---	---	---	---
Pathology*	---	---	---	---	1	---	---	---	---
Pathology/laboratory*	1	---	---	---	---	---	---	---	---
Perioperative	7	---	4	---	2	---	---	---	---
Policy	1	---	---	---	2	---	---	---	---
Primary health care	---	2	---	---	---	---	---	1	1
Primary Health Organisation Manager	1	---	---	---	---	---	---	---	---
Public health	1	---	---	---	---	---	---	---	---
Quality Management	---	---	---	---	3	---	---	---	---
Rehabilitation/disability/habilitation	8	2	3	---	3	---	---	1	1
Renal dialysis	2	---	1	---	---	---	---	---	---
Renal medicine/nephrology	2	---	---	---	2	---	---	---	---
Respiratory	2	---	---	---	2	---	---	---	---
Retrieval	1	---	---	---	---	---	---	---	---
Rural health & remote practice*	1	1	1	1	6	1	---	1	---
School health	1	---	1	---	---	---	---	---	---
Sexual health	1	---	---	---	---	---	---	---	---
Sexual health & reproductive health programs	---	---	---	1	---	---	---	---	---
Surgical*	---	1	3	---	2	---	---	---	---
Transcultural nursing*	1	---	---	---	---	---	---	---	---
Urology	1	---	---	---	---	---	---	---	---
Vascular	1	---	---	---	---	---	---	---	---
Women & children's health	---	1	---	---	---	---	---	1	1
Women's health	1	---	---	---	---	---	---	---	---
Wound management	1	---	---	---	---	---	---	---	---

* Indicates area not assessed. Reasons for exclusion include duplicate area or insufficient information, registration category, medical term, generalist area or context of care not specialty practice.

Appendix 4: Comparison of national and international criteria of a specialty

Styles (1989)		ICN (1992)	Russell, Gething & Convery (1997)	American Board of Nursing Specialties (2004)	ASCO Second Edition (1997) & proposed ANZSCO (2005)	National Nursing Organisations (2004)	N ³ ET <i>Criteria for a national nursing and midwifery specialty</i>
1	The specialty is national in its geographic scope.	The focus of the specialty is a defined population that demonstrates recurrent problems and phenomena that lie within the discipline and practice of nursing.	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.	Taken from Standard 1: <i>The nursing specialty is distinct from other nursing specialties and is national in scope.</i>		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.	Criteria 1: The specialty is national in its geographic scope.
2	The specialty defines itself as nursing and subscribes to the overall purpose and functions of nursing.	The specialty defines itself as nursing and subscribes to the overall purpose, functions and ethical standards of nursing.	The specialty defines itself as nursing and subscribes to the overall purpose, functions and ethical standards of nursing.	Taken from Standard 1: <i>...subscribes to the overall purpose and functions of nursing.</i>	Skill specialisation is based on: the field of knowledge required; tools and equipment used; materials worked on and; goods and services produced.	Criterion 1. The specialty defines itself as nursing and subscribes to the overall purposes, functions and ethical standards of nursing.	Criteria 2: The specialty defines itself and subscribes to the overall purpose, functions and ethical standards of nursing and/or midwifery.
3	The specialty subscribes to the overall education, practice and ethical standards of the profession.	The specialty practice is sufficiently complex and advanced that it is beyond the scope of general nursing practice.	The specialty is a defined area of nursing practice which requires application of specially focused knowledge and skills.	Taken from Standard 1: <i>...is based on a distinct and well defined field of nursing practice...</i>		Criterion 2. The specialty is a defined area of nursing practice which requires application of specially focussed knowledge and skills.	Criteria 3: The specialty is a distinct and defined area of nursing and/or midwifery practice which requires application of specially focussed knowledge and skill sets.
4	There is both demand and need for the services of the specialty.	There is both a demand and a need for the specialty service.	There is both a demand and a need for the specialty service.	Taken from Standard 1: There is an identified need for the specialty and nurses who devote most of their practice to the specialty.		Criterion 3 There is both a need and a demand for the specialty area.	Criteria 4: There is both a demand and a need for the specialty service from the community.
5	The specialty is clearly defined in relationship to and differentiated from other specialties.	The specialty practice 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.	The specialty practice 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.	Standard 2: <i>A tested body of research/data-based knowledge related to the nursing specialty exists. Mechanisms are established for the support, review, and dissemination of research in the specialty. Activities</i>		Criterion 5. The specialty is based on a core body of nursing knowledge which is continually expanded and refined by research. Mechanisms exist for supporting, reviewing and disseminating research.	Criteria 5: The specialty practice is based on a core body of nursing and/or midwifery knowledge which is being continually expanded and refined. For example, mechanisms

Styles (1989)		ICN (1992)	Russell, Gething & Convery (1997)	American Board of Nursing Specialties (2004)	ASCO Second Edition (1997) & proposed ANZSCO (2005)	National Nursing Organisations (2004)	N ³ ET <i>Criteria for a national nursing and midwifery specialty</i>
				<i>within the specialty contribute to the advancement of nursing science within the specialty.</i>			exist for supporting, reviewing and disseminating research.
6	The specialty is sufficiently complex and advanced that it is beyond the qualifications for general practice.	The specialty has established educational and practice standards which are congruent with those of the profession and are set by recognised nursing body/ies.	The specialty has subscribed to, or has established, practice standards commensurate with those of the nursing profession.	Taken from Standard 6: <i>The eligibility criteria for basic specialty certification include: ... educational and experiential qualifications as determined by the individual specialty certifying organisation.</i>		Criterion 6. The specialty subscribes to, or has established practice standards commensurate with those of the nursing profession.	
7	Practice standards have been developed for the specialty.	The specialty adheres to the licensure/ registration requirements for the general nurse.	The specialty adheres to Australian requirements for nurse registration.			Criterion 7. The specialty adheres to the Australian requirements for nurse registration.	
8	The specialty knowledge base is well developed and is concerned with phenomena and problems within the discipline and practice of nursing.	Specialty expertise is obtained through a professionally approved advanced education programme which leads to a recognised qualification. The educational programme preparing the specialist is administered by a nurse.	Specialty expertise is gained through various combinations of formal education programs, experience in the practice area and continuing education. Educational program preparation and administration must include appropriate nursing representation.			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.	Criteria 6: Specialty expertise is gained through various combinations of experience, formal and informal education programs including but not limited to continuing education and professional development.
9	Mechanisms exist for supporting, reviewing and disseminating research.	The specialty has a credentialing process determined by the profession or in accordance with the national practice for other professions. Sufficient human and financial resources are available to support this process.	Practitioners are organised and representative within a specialty organisation.			Criterion 9. Where a specialty is developing a credentialing process then it is consistent with the Australian credentialing framework for nurses. Human and financial resources are available to support this process.	
10	Advanced education	Practitioners are					

Styles (1989)	ICN (1992)	Russell, Gething & Convery (1997)	American Board of Nursing Specialties (2004)	ASCO Second Edition (1997) & proposed ANZSCO (2005)	National Nursing Organisations (2004)	N ³ ET <i>Criteria for a national nursing and midwifery specialty</i>
	organised and represented within a specialty association or a branch of the national nurses' association.					
11	The area of specialisation includes a substantial number of practitioners who devote most of their practice to the specialty.					
12	Practitioners of the specialty are licensed as registered nurses.					
13	A peer review certification program exists to evaluate candidates to ensure initial and continued competence in the specialty.					
14	Practitioners are organised and represented within a specialty association or branch of a parent organisation.				Criterion 10 Specialty nurses are organised and represented within a specialty association.	

Appendix 5: Operationalisation of the Criteria

For the purpose of applying the criteria to potential specialties, each criterion was operationalised to collect evidence to determine whether areas identified could be nominated as a specialty. The bold words identify the emphasis of the criterion and the operationalisation correlates with the emphasis.

<p>Criteria 1: The specialty is national in its geographic scope.</p> <p>A national scope could be evidenced by nurses and midwives in the specialty working in a majority of states/territories of Australia. eg. The specialty practice is in most states and territories and nurses and/or midwives practice in the specialty.</p> <ul style="list-style-type: none"> ➤ <i>Evidence is gained by searching for information about national groups that serve as a focus for nurses and/or midwives who work in this particular area of nursing and/or midwifery, and that they identify themselves as specialising in that area of practice. Information about the national association/society/ college is available to the profession and public and that their processes are evident, for example on the internet.</i> ➤ <i>'National' means that the nurses and midwives in a 'specialty' in all states and/or territories in Australia, are practicing according to competencies that are relevant for all nurses and/or midwives in that specialty in Australia – There is one set of competencies that are relevant for all nurses and/or midwives across Australia in that specialty.</i> ➤ <i>'Geographic' means in metropolitan, rural and remote areas – covering clients all areas in Australia. A "specialty" that is identified in metropolitan areas does not necessarily mean that it is evident in rural areas. The care may be needed but the area of care /specialty is only accessible in the city.</i>
<p>Criteria 2: The specialty defines itself and subscribes to the overall purpose, functions and ethical standards of nursing and midwifery.</p> <ul style="list-style-type: none"> a. Nurses and/or midwives are registered, endorsed or enrolled on a register or roll, and b. The specialty identifies that it is for nurse and/or midwife practice in a specialised area of nursing and midwifery. <ul style="list-style-type: none"> ➤ <i>Search for the 'specialty' groups' national or state organisation. Evidence is gained reading the 'specialty's own description of the members in their association /group - whether the persons working in the specialty area are nurses and/or midwives and that they are registered, enrolled, or endorsed on a register or roll of a state nursing/midwifery registration authority; ie, that the practice area is for nurses and/or midwives.</i>
<p>Criteria 3: The specialty is a distinct and defined area of nursing and/or midwifery practice which requires an application of specially focussed knowledge and skill sets.</p> <ul style="list-style-type: none"> a. Evidence of knowledge and skill sets above those of core nursing and midwifery practice, and <ul style="list-style-type: none"> ➤ <i>'Core nursing and/or midwifery practice' means undergraduate preparation for level of practice for RNs and/or midwives. For Division 2 (Victoria) and Enrolled Nurses this is meeting the basic vocational standards.</i> ➤ <i>Evidence is gained by search a specialty association/college and courses accessible on the internet, which identifies the unique skills of that particular specialty above those of core nursing and or midwifery practice for that particular specialty.</i> ➤ <i>The specialty is not largely part of the jurisdiction of another specialty. There may be some blurring but essentially the specialty/area is determinable and succinct.</i> <ul style="list-style-type: none"> a. Documented advanced competencies that are specialisation specific ➤ <i>Search for competencies via Google. Assess the competencies to ascertain that they are:</i> <ul style="list-style-type: none"> – <i>nationally focussed,</i> – <i>they are freely available, published or on the internet, to the public and associated with a key national 'specialty' group/college/association; and</i> – <i>ideally (but not essentially) there is evidence of governance processes ⁽¹⁾ for their development and maintenance.</i> <p>(1) In this context there are two main governance requirements for organisations – Performance –whereby the organisation uses its governance arrangements to contribute to overall performance and delivery of its goods, services or programs, and Conformance – whereby the organisation uses its governance arrangements to ensure it meets the requirements of the law, regulations, published standards and community expectations of probity, accountability and openness (Barrett 2003).</p>

- Criteria 4:** There is both a **demand for** and a **need for the specialty service** from the community.
- a. There is a pool of nurses or midwives who practice in the specialty for at least 50% of the time, and
- Seek evidence from:*
- *AIHW surveys (workforce); and*
 - *Membership numbers of nurses and/or midwives in specialty specific colleges/associations (although this could also identify people who are qualified but not practising in that area and those who have an interest and not necessarily a nurse and/or midwife); use the latest annual reports.*
- b. There is employment demand and advertised positions calling for that specialty.
- *Evidence of employment opportunities are sought:*
 - *from the Internet in particular the web site <http://www.seek.com.au>.*
 - *Other forms are the national specialty web sites and the newspapers – any online service.*

- Criteria 5:** The specialty practice is based on a **core body of nursing and/or midwifery** knowledge which is being **continually expanded and refined**. For example, **mechanisms exist for supporting, reviewing and disseminating research**.
- a. Books about the specialty (published bodies of literature and research on the focus of the specialty)
- *Search on the Deakin University Library catalogue with the search term of the specialty as the key word and extending to other university libraries.*
 - *The number of books to indicate a robust knowledge base would be 100 or more. This is just a number and not necessarily based on research evidence for a robust knowledge base.*
- Peer reviewed literature in journals nationally
- *Search of CINAHL via EBSCO HOST with the search terms of the speciality name, appellations and 'Australia' in the abstract.*
- Journals about the specialty
- *Seek evidence of journals about the specialty via Google and through the databases on CINAHL.*
- b. Research is undertaken in the specialty with grants – NH&MRC, RCNA, ANF, other national and state funding bodies (universities), and national and/or international conferences to discuss and disseminate knowledge about the specialty occur.
- Research grants – NH&MRC, RCNA, ANF, other national and state funding bodies (universities)
- *Collect evidence from the websites for the grant bodies*
 - *Look on the specialty websites for evidence of awarded grants in their area of expertise that extends the specialty knowledge.*
- National and/or international conferences to discuss and disseminate knowledge about the specialty.
- *Use a Google search for conferences about the specialty; specialty colleges/associations for identification of national and international conferences.*

- Criteria 6.** Specialty expertise is gained through various combinations of **experience, formal and informal education programs** including but not limited to **continuing education and professional development**.
- a. Post-graduate courses including university, TAFE and VET
- *This criteria, as well as experience, is essential for specialty recognition.*
 - *Use the internet to seek course about the specialty using Google.*
- b. Professional development courses
- *B, C and D are optional for the criteria but one of them is necessary.*
 - *Use the internet to identify professional development opportunities for the specialty which are not certificates, diplomas or tertiary program.*
- c. Employment linked education eg mentoring, and
- *Use the internet to identify any mentoring programs specific for the specialty using the key words of the specialty and/or mentor* and employment/workforce.*
- d. Education programmes.
- *Use Google to identify any scholarships or purposive programmes that support the establishment of further education in the specialty for nurses and/or midwives.*

Appendix 6: Examples of applying the criteria for a national speciality

Example 1 - Applying the speciality criteria for RENAL CARE

In Summary: Renal care can be assessed as a speciality in its own right as all criteria can be demonstrated to be fulfilled.

1. The speciality is **national** in its **geographic scope**.
 - a. Speciality practice is in most states and territories and nurses practice as specialists there.

In Australia there are two national societies, which serve as a focus for nurses (and allied health practitioners) in renal science and urology working across the states and territories of Australia and nearby countries. Amongst these are the Renal Society of Australasia and the Australasian Urological Nurses Society Inc., both of which are coalition members of the National Nursing Organisations (NNO). The Australasian focus of these societies indicates that nurses work in renal science is national in its geographic scope.
2. The speciality **defines itself** and **subscribes to the overall purpose, functions and ethical standards of nursing and midwifery**.
 - a. Nurse and/or midwives are registered, endorsed or enrolled on a register or roll.

Nurses are registered or enrolled according to legislation of each state and territory. It is a necessary criteria for practising as a nurse or midwife.
 - b. The speciality identifies that it is for nurse and/or midwife practice in a specialised area of nursing.

The Statement of Purpose provided on the Australasian Urological Nurses Society Inc. on their website (<http://www.auns.org/about.htm>) states that the society "is a special interest nursing society, which aims to promote excellence in urology nursing through research, education, mentoring and the identification of standards of nursing care. The society supports nurses within Australasia practising in urology through its educational forums, national meetings, networking and dissemination of information (<http://www.auns.org/about.htm>). The Northern Territory Government recognises renal nursing as a specialised area of nursing through the publication of a poster aimed at recruiting renal nurses to the territory (http://www.nt.gov.au/health/nurse_midwife/docs/career/renal_nursing.pdf). This poster identified renal nurses as being required in a wide variety of rural and remote centres in the territory. Similarly, the Geelong hospital provides training for generalist nurses to become specialist renal nurses through a Renal Services Specialist Year (<http://www.barwonhealth.org.au/about/NES/Documents/SY%20-%20Renal.pdf>). Southern Health also offer a post graduate renal course.
3. The speciality is a **distinct and defined area** of nursing and/or midwifery practice which **requires an application of specially focussed knowledge and skill sets**.
 - a. Documented advanced competencies.

James Cook University offers postgraduate studies in renal nursing. The Postgraduate Certificate of Nursing Science (Renal Nursing) has been developed in response to the demand from Registered Nurses who are seeking tertiary qualifications in renal nursing. The course has been designed through extensive collaboration with Queensland Health. The clinical component of the course covers documented advanced competencies outlined and delivered by staff from Queensland Health. In Victoria, postgraduate courses in urological and continence nursing are offered by LaTrobe University. Advanced competencies are outlined in the course handbook.
 - b. Evidence of knowledge and skill sets above those of core basic nursing and midwifery practice.

The knowledge and skill sets contained in the courses outlined above provide evidence that further education equivalent to graduate certificate or diploma level is warranted for nurses requiring to specialise in renal science. Further, the two societies mentioned previously conduct short courses and conferences throughout the year to inform members of current best practice.
4. There is both a **demand for** and a **need for the speciality service** from the community.
 - a. There is a pool of nurses who practice in the speciality – AIHW surveys
 - b. Employment demand for speciality.

The Renal Society of Australasia currently lists over 700 Australian members, although it should be noted that not all members are nurses. Employment demand for the speciality was assessed through an internet search. A search of the employment website, SEEK (<http://www.seek.com.au>), revealed that there were currently five nursing vacancies in the area of renal nursing and nine vacancies in urology (accessed, March 13th, 2006).
5. The speciality practice is based on a **core body of nursing and/or midwifery** knowledge which is being **continually expanded and refined**. For example, **mechanisms exist for supporting, reviewing and disseminating research**.

- a There are books about the specialty (published bodies of literature and research on the focus of the specialty), peer reviewed literature in journals, journals about the specialty, research grants – NM&HRC, RCNA, ANF, other national and state funding bodies (universities), and national and/or international conferences to discuss and disseminate knowledge about the specialty. A search on the Deakin University Library catalogue with the search terms of 'renal nursing', 'urology nursing' and 'dialysis nursing' separately as keywords identified 21 books and journals pertaining to the renal science subject for nursing. A search of CINAHL via EBSCO HOST with the search terms 'renal nursing' or 'urology nursing' and 'Australia' in the abstract identified 20 journal articles. A broader keyword search using the term 'nephrology nursing' identified 1595 articles.
6. Specialty expertise is gained through various combinations of **experience, formal and informal education programs** including but not limited to **continuing education and professional development**.
- a. Post-graduate courses including university, TAFE and VET
- b. Professional development courses
- c. Employment linked education eg mentoring
- d. Education programmes.
- There are renal care courses available at a postgraduate level. There are also professional development and education courses available through the Renal Society of Australasia and the Australasian Urological Nurses Society Inc., as well as employment linked education. For example, The Queen Elizabeth Hospital in Adelaide offers a nephrology nursing program for nurses who are already working in a renal unit and have at least 12 months nephrology experience (see, <http://www.nwahs.sa.gov.au/nursing/Textversion/educat/tEdrenal.htm>). The website for this program indicates that the program objectives are to:
- provide effective nursing care including renal replacement therapy for patients with end stage renal failure
 - assess, analyse and plan individualised care of patients with renal dysfunction
 - demonstrate competence in the specialist skills required for the management of patients in the renal ward setting and dialysis areas
 - apply knowledge regarding legal, ethical and professional issues

Example 2 - Applying the specialty criteria for Rural and Remote Nursing

In Summary: This 'specialty' relates to a geographic area in which nurses and midwives practice. Often the term used is "the rural and remote environment". There is a high volume of supporting evidence on the internet about rural and remote health that supports health professionals in general. There is little evidence of a specialised skill set or specialised competencies above that of a generalist nurse to define the group as a "specialty". Competencies identified for nurse practitioners were specific for nurse practitioners only.

1. The specialty is **national** in its **geographic scope**.
- a. specialty practice is in most states and territories and nurses practice as specialists there. The Association for Australian Rural Nurses Inc states "the Association has attracted wide recognition from the Australian, State and Territory governments as well as key nursing and health bodies as a credible voice for rural nurses. This is evident by the number of committees on which AARN has representation, and by the fact that we are frequently invited to respond to major reviews and inquiries" <http://www.aarn.asn.au/about/benefits.htm> . This provides evidence that rural nurses are recognised nationally as a group of nurses who practice and deliver care to people in the rural areas of Australia.
- b. specialty belongs or is registered with a national organisation. Association of Australian Rural Nurses (AARN) and Council of Remote Area Nurses of Australia Inc., both are members of the National Nursing Organisations and National Rural Health Alliance.
2. The specialty **defines itself** and **subscribes to the overall purpose, functions and ethical standards of nursing and midwifery**.
- a. **Nurse and/or midwives are registered, endorsed or enrolled on a register or roll.** The nurse and midwives are registered or enrolled according to legislation of each state and territory. It is a necessary criterion for practising as a nurse or midwife.
- b. **The specialty identifies that it is for nurse and/or midwife practice in a specialised area of nursing**
- A recent article that interviewed nurses in a rural hospital identified them as "rural generalist nurses" (Rosenthal 2005). The author is from Colorado in USA but published in the Australian Journal of Rural Nursing and Health Care. HealthinSite http://www.healthinsite.gov.au/static/About_HealthInsite is an Australian Government Initiative which aims "to improve the health of Australians by providing easy access to quality information about human health". The site identifies services for people living in rural and remote areas. Identification is by geography. Rural and remote service is identified under children's services in South

Australia (Novita) <http://www.novita.org.au/content.asp?p=101> The Association for Australian Rural Nurses Inc. identifies that its purpose is to "support rural nurses in the delivery of care and services to rural people" and that the association represents "rural nurses in all settings and at all levels". <http://www.aarn.asn.au/about/mission.htm>.

Within this context rural and remote nursing is not a specialty in its own right but concerns caring for people in remote and rural areas.

3. The specialty is a **distinct and defined area** of nursing and/or midwifery practice, which requires an application of specially, **focussed knowledge and skill sets**.
 - a. Documented advanced competencies that are recognised by key nursing governing bodies.

In the Masters of Advanced Nursing Practice (Rural and Remote) delivered by the University of Southern Queensland, an outcome states "completion of the program will enable the graduates to demonstrate the ... ANF competencies" which address practice in the "rural and remote environment" This infers that nurses who practice in rural and remote areas are subject to the general competencies of nursing practice as defined by the ANF. <http://www.usq.edu.au/handbook/2002/sciences/programs/masters/manprrr/indexc.htm> Further, the outcomes identify RAN competencies which relate to Rural Area Nurse Practitioners developed by the Health Department of Western Australia http://www.ocno.health.wa.gov.au/publications/docs/RANPP_Report_2000.pdf These are reiterated for the Masters course noted previously.

Competencies are required to be maintained by the specialty group and pertain to the whole group, but these competencies are only relevant for Nurse Practitioners (NP) and not for the group of rural and remote nurses as a whole. The reason the Master's program uses the competencies for NP is that the qualification is a requirement for a NP. As a group of rural and remote nurses, there are no competencies particular for them and possibly they are guided by the competency standards of the Advanced Nurse.

- b. Evidence of knowledge and skill sets above those of core basic nursing and midwifery practice. CRANA have courses for health professionals working in rural and remote areas that are based on emergency care <http://flec.crana.org.au/>. The skill set is related to emergency care - 'First line emergency care program', 'Maternity emergency care'. Scholarships focus on supporting health professionals working in rural and remote areas to undertake continuing education in skill sets that are related to practice and not skill sets that relate to rural and remote skill sets. Eg "These postgraduate activities can include short courses, individual clinical placements to enhance and expand on clinical skills, formal tertiary postgraduate qualifications and attendance at relevant professional conferences."
<http://www.sarrah.org.au/Scholarship/aboutus.asp>

4. There is both a **demand for** and a **need for the specialty service** from the community.
 - a. There is a pool of nurses who practice in the specialty – AIHW surveys
 - b. Employment demand for specialty
A group called "Australian Rural & Remote Workforce Agencies Group" is a non-government organisation that supports and represents rural health workforce agencies at the national level.
<http://www.arrwag.com.au/site/index.cfm>.
 - c. Advertised positions calling for that specialty

5. The specialty practice is based on a **core body of nursing and/or midwifery** knowledge which is being **continually expanded and refined**. For example, **mechanisms exist for supporting and disseminating research**.

- a. Books about the specialty (published bodies of literature and research on the focus of the specialty)

Search on the Deakin University Library catalogue with the search term of 'rural nursing' as a word in the title identified 84 books pertaining to rural nursing.

- b. Research grants – NH&MRC, RCNA, ANF, other national and state funding bodies (universities)

- c. Peer reviewed literature in journals nationally

Search of CINAHL via EBSCO HOST with the search terms 'rural nursing' or 'remote nursing' and 'Australia' in the abstract identified 82 journal articles

- d. Journals about the specialty

Rural and Remote Health is a peer reviewed journal that is national and has international affiliations on the board.

- e. National and/or international conferences to discuss and disseminate knowledge about the specialty.

There is considerable information about rural and remote nursing on the Internet as nursing practice and service delivery to people in rural and remote areas of Australia.

6. Specialty expertise is gained through various combinations of **experience, formal and informal education programs** including but not limited to **continuing education and professional development**.
 - a. Post graduate courses including university, TAFE and VET

Monash University offer a Bachelor of Rural Health Practice. This is a double degree with the Bachelor of Nursing. The final 2 years of "the course prepares students to function safely and effectively in a variety of rural practice settings". The promotional material states - Students will develop:

- A broader range of primary assessment skills, and
- Advanced generalist practice skills consistent with addressing rural health crises including medical, obstetric and mental health emergencies, rural road trauma, and farming and industrial accidents.
- Students will expand their ability to plan and provide health education, health screening and health promotional activities. They will extend their insight into the implications of multidisciplinary collaborative care, rural health issues and practice, and the health problems, patterns and needs of diverse population groups, including Indigenous Australians.<http://www.med.monash.edu.au/bnursingbrural/>

This provides evidence of specialist practice of nurses in the "rural and remote environment" but also states that the skills are of an "advanced generalist practice". There is no indication of specialist skill sets only the application of a different knowledge base.

b. **Professional development courses**

RCNA advertised Continuing Professional Education scheme for Rural and Remote nurses (RCNA Leadership eBulletin, March 2006, Vol. 1, Issue 1).

c. **On-the-job training experiences**

d. **Education programmes**

Scholarships exist for health professional working in rural and remote areas. The scholarships are for "The Australian Rural and Remote Health Professional Scholarship Scheme (ARRHPSS) is a scholarship program to support qualified allied health professionals living and working in rural and remote Australia to undertake continuing professional development activities. These postgraduate activities can include short courses, individual clinical placements to enhance and expand on clinical skills, formal tertiary postgraduate qualifications and attendance at relevant professional conferences."

<http://www.sarrah.org.au/Scholarship/aboutus.asp> Courses are run by CRANA. Rural Health Support, Education and Training (RHSET) Program

<http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/ruralhealth-workers-rhset.htm> , Rural Health Foundation <http://www.rhef.com.au/>

Example 3 - Applying the specialty criteria for General Practice Nursing

In Summary: In general, the terms general practice nursing or practice nursing whilst associated with published competencies, have a poorly developed knowledge base. Many skills are required in general practice and these can vary depending on the location of the general practice, the staff mix within a general practice and the structure of the general practice. There appears to be a relative lack of professional literature and activity dealing with the specific area of general practice nursing. There are therefore, insufficient grounds for general practice nursing to be considered a specialty in its own right.

1. The specialty is **national** in its **geographic scope**.
 - a. **specialty practice is in most states and territories and nurses practice as specialists there.**
The Australian Practice Nurses Association (APNA) is open to membership from all nurses working in general practice throughout Australia. The APNA website (<http://www.apna.asn.au/site/index.cfm?display=593>) lists member networks for each state and territory in Australia. One item in the APNA mission statement indicates that one of the roles of the APNA is, "Representation of practice nurse interests at a national level". This provides evidence that general practice nurses are recognised nationally as a group of nurses who practice within a general practice setting.
 - b. **specialty belongs or is registered with a national organisation.**
APNA is a member organisation of the National Nursing Organisations.
2. The specialty **defines itself and subscribes to the overall purpose, functions and ethical standards of nursing and midwifery**.
 - a. **Nurse and/or midwives are registered, endorsed or enrolled on a register or roll.**
The nurses and midwives are registered or enrolled according to legislation of each state and territory. It is a necessary criterion for practising as a nurse or midwife.
 - b. **The specialty identifies that it is for nurse and/or midwife practice in a specialised area of nursing**
A recent research report by the Royal Australian College of General Practitioners and the Royal College of Nursing Australia (2005) indicated that the typical general practice nurse "...has little post-basic formal education and this education is unlikely to be general practice specific". There was also a comment

that general practice nurses "have diverse roles in Australian general practice with individuals forging their own responsibilities within the unique practice in which they work".

http://www.racgp.org.au/downloads/pdf/gpna/gpna_execsummary.pdf

Within this context general practice nursing is not a speciality in it's own right but concerns caring for people in unique local general practice settings.

3. The speciality is a **distinct and defined area** of nursing and/or midwifery practice which **requires an application of specially focussed knowledge and skill sets**.

- a. Documented advanced competencies that are recognised by key nursing governing bodies.

The ANF recently released competency standards for nurses in general practice (2006, http://www.anf.org.au/nurses_gp/resource_03.pdf). The competency standards document includes a section providing a role statement for RNs and ENs. It is stressed in both these statements that the nursing role in general practice varies according to the population profile, structure and employment arrangements of the general practice. This suggests that there is not a single set of advanced skills required of all general practice nurses. Rather, general practice nurses must identify the areas of specialisation required for a given general practice setting and population and undertake professional development in areas where existing skills are not adequate.

- b. Evidence of knowledge and skill sets above those of core basic nursing and midwifery practice.

It is possible for nurses to work in general practice without any further training above the standard requirements for registration or endorsement as a nurse. Postgraduate courses are available but these are not focussed on skill development in common areas. For instance, Flinders University offers courses in general practice nursing that include topics related to health education and health promotion, and also provide the opportunity to undertake clinical intensives in a range of settings apart from general practice (<http://www.flinders.edu.au/courses/postgrad/general.prac.htm>). In contrast, Edith Cowan University offers a postgraduate course in general practice for which prospective students must provide evidence of access to a general practice work environment.

4. There is both a **demand for** and a **need for the speciality service** from the community.

- a. There is a pool of nurses who practice in the speciality – AIHW surveys

- b. Employment demand for speciality

The APNA currently has members drawn from all over Australia. Employment demand was determined by an internet search and a search of employment website, SEEK (<http://www.seek.com.au>), revealed that there had been 106 positions advertised across Australia in the preceding 30 days (Accessed, April 10th 2006).

5. The speciality practice is based on a **core body of nursing and/or midwifery** knowledge, which is being **continually expanded and refined**. For example, **mechanisms exist for supporting, reviewing and disseminating research**.

- a. There are books about the speciality (published bodies of literature and research on the focus of the speciality), peer reviewed literature in journals, journals about the speciality, research grants – NM&HRC, RCNA, ANF, other national and state funding bodies (universities), and national and/or international conferences to discuss and disseminate knowledge about the speciality.

A search on the Deakin University Library catalogue with the search terms of "general practice nursing" and "practice nursing" separately as keywords identified 4 books and no journals pertaining to nursing in general practice. A search of CINAHL via EBSCO HOST with the search terms 'general practice nursing' in the abstract and an English language publication identified 4 journal articles.

6. Speciality expertise is gained through various combinations of **experience, formal and informal education programs** including but not limited to **continuing education and professional development**.

- a. Post-graduate courses including university, TAFE and VET

- b. Professional development courses

- c. Employment linked education eg mentoring

- d. Education programmes.

An internet search using 'Google' as the search engine indicated that there were postgraduate courses in general practice nursing available at many Australian universities. These included: Flinders University; Edith Cowan University; Monash University; University of Adelaide; University of Newcastle; Griffith University, and the University of the Sunshine Coast (as examples).

Appendix 7: All Specialties and Practice Strands against the specialty criteria

SKILL DOMAIN	Specialty Practice strands	CRITERIA FOR A NATIONAL SPECIALTY						SKILL DOMAIN	
		CRITERIA 1	CRITERIA 2	CRITERIA 3b Competencies	CRITERIA 3	CRITERIA 4	CRITERIA 5		CRITERIA 6
PRIMARY CARE SKILL DOMAIN	Community health	✓	✓	✓	✓	✓	✓	✓	PRIMARY CARE SKILL DOMAIN
	Practice nursing	✓	✓	✓	✓			✓	
	School health	✓	✓		✓	✓		✓	
	Indigenous health	✓	✓			✓	✓	✓	
	Alcohol & other drugs	✓			✓	✓	✓	✓	
	Care of persons who have disabilities, incl. Intellectual disability ⁽¹⁾ & Developmental disability ⁽²⁾	✓ ⁽¹⁾				✓	✓ ⁽²⁾		
	Occupational health	✓	✓	✓					
	Public health	✓		✓				✓	
	Family Health	✓	✓	✓	✓	✓	✓	✓	
	Women's health	✓					✓		
	Men's health	✓	✓			✓	✓		
	Maternal & child health	✓	✓		✓	✓	✓	✓	
	Sexual & reproductive health	✓	✓					✓	
	PAEDIATRIC CARE SKILL DOMAIN	Paediatric (& child health)	✓	✓	✓	✓	✓	✓	
Paediatric critical care		✓	✓		✓	✓		✓	
Acute and chronic (paediatric) care		✓	✓		✓	✓		✓	
Adolescent health		✓	✓		✓		✓		
Neonatal care		✓	✓	✓	✓	✓	✓	✓	
Neonatal intensive care		✓	✓		✓	✓		✓	
MATERNITY CARE SKILL DOMAIN	Midwifery	✓	✓	✓	✓	✓	✓	✓	MATERNITY CARE SKILL DOMAIN
	Midwife led care	✓	✓				✓		
	Lactation and infant feeding	✓			✓		✓	✓	

SKILL DOMAIN	Specialty Practice strands	CRITERIA FOR A NATIONAL SPECIALTY						SKILL DOMAIN	
		CRITERIA 1	CRITERIA 2	CRITERIA 3b Competencies	CRITERIA 3	CRITERIA 4	CRITERIA 5		CRITERIA 6
CARE OF THE OLDER PERSON	Gerontic health (incl. Aged care)	✓	✓	✓	✓	✓	✓	✓	CARE OF THE OLDER PERSON

MENTAL HEALTH CARE SKILL DOMAIN	Mental health	✓	✓	✓	✓	✓	✓	✓	MENTAL HEALTH CARE SKILL DOMAIN
	Mental health - adult	✓	✓		✓	✓			
	Mental health - child/adolescent	✓	✓		✓		✓	✓	
	Mental health - forensic	✓			✓			✓	
	Aged person's mental health	✓	✓		✓			✓	

ACUTE & SUPPORTIVE CARE SKILL DOMAIN	Oncology/Haematology Care	✓	✓	✓	✓	✓	✓	✓	ACUTE & SUPPORTIVE CARE SKILL DOMAIN		
	Chemotherapy	✓	✓		✓	✓	✓	✓			
	Gastroenterology	✓	✓	✓	✓	✓	✓	✓			
	Neurological Care	✓	✓	✓	✓	✓	✓	✓			
	Palliative care	✓	✓	✓	✓	✓	✓	✓			
	Rehabilitation/habilitation	✓	✓	✓	✓	✓	✓	✓			
	Continence	✓		✓	✓		✓	With urology			
	Ostomy Care	✓	✓				✓	✓			
	Renal care	✓	✓	✓	✓	✓	✓	✓			
	Renal Replacement therapies	✓	✓	✓	✓	✓	✓	✓			
	Nephrology	✓	✓	✓				✓			
	Urology	✓				✓	✓	With continence			
	PRACTICE STRANDS WITH NO ASSOCIATED SPECIALTY										
		Orthopaedics	✓	✓				✓		✓	
		Cardio ⁽¹⁾ -vascular ⁽²⁾	✓ ⁽¹⁾	✓ ^(1,2)		✓ ^(1,2)	✓ ⁽¹⁾	✓ ^(1,2)		✓ ⁽¹⁾	
	Ophthalmology/ophthalmic	✓	✓			✓	✓				
	Burns and plastics	✓						✓			
	Wound management	✓	✓		✓		✓	✓			
	Pain management	✓				✓	✓				

SKILL DOMAIN	CRITERIA FOR A NATIONAL SPECIALTY								SKILL DOMAIN
	Specialty Practice strands	CRITERIA 1	CRITERIA 2	CRITERIA 3b Competencies	CRITERIA 3	CRITERIA 4	CRITERIA 5	CRITERIA 6	
PERIOPERATIVE CARE SKILL DOMAIN	Perioperative Care	✓	✓	✓	✓	✓	✓	✓	PERIOPERATIVE CARE SKILL DOMAIN
	Intraoperative care	✓	✓				✓	✓	
	Peri anaesthetic care	✓	✓		✓	✓	✓	✓	
	Day procedural care	✓	✓		✓	✓	✓	✓	

TIME CRITICAL CARE SKILL DOMAIN	Emergency Care	✓	✓	✓	✓	✓	✓	✓	TIME CRITICAL CARE SKILL DOMAIN
	Trauma	✓	✓		✓	✓			
	Retrieval	✓	✓		✓	✓		✓	
	Critical care	✓	✓	✓	✓	✓	✓	✓	
	High dependency	✓	✓		✓	✓			
	Intensive care	✓	✓		✓	✓	✓	✓	
	Cardiac care ⁽¹⁾ including coronary care ⁽²⁾	✓ ^(1,2)	✓ ⁽¹⁾		✓ ^(1,2)	✓ ^(1,2)	✓ ^(1,2)		

HEALTH CARE PLANNING AND MANAGEMENT	Health care planning & management	✓	✓	✓	✓	✓	✓	✓	HEALTH CARE PLANNING AND MANAGEMENT
	Policy	✓	✓			✓	✓		
	Quality Management ⁽¹⁾ including Infection Control ⁽²⁾	✓ ^(1,2)	✓ ⁽²⁾		✓ ^(1,2)		✓ ⁽²⁾	✓ ⁽²⁾	
	Informatics	✓			✓		✓	✓	
	Health services management (incl. Nurse manager ⁽¹⁾ , Nursing Clinical Director ⁽²⁾ & Primary Health Organisation Manager ⁽³⁾)	✓ ^(1,2,3)	✓ ^(1,2)		✓ ^(1,2,3)	✓ ^(1,3)		✓ ⁽³⁾	

EDUCATION & RESEARCH SKILL DOMAIN	Education & research	✓	✓	✓	✓	✓	✓	✓	EDUCATION & RESEARCH SKILL DOMAIN
	Research (including clinical research)	✓	✓	✓	✓	✓	✓	✓	
	Education (nurse)	✓	✓	✓	✓	✓	✓		
	Health promotion ⁽¹⁾ & Health education ⁽²⁾	✓ ^(1,2)			✓ ⁽²⁾	✓ ⁽²⁾		✓ ^(1,2)	
	Disease management including Diabetes ⁽¹⁾ , Asthma ⁽²⁾	✓ ^(1,2)			✓ ^(1,2)	✓ ⁽¹⁾	✓ ^(1,2)	✓ ^(1,2)	

References:

- ACT Health (2005). Workforce Plan 2005-2010. Building a sustainable health workforce for the people of the ACT.
- American Board of Nursing Specialties (2004). American Board of Nursing Specialties: Accreditation Standards. Aurora, OH, ABNS. **2006**.
- Australian Bureau of Statistics (1997). Australian Standard Classification of Occupations Second Edition. Canberra, Australian Bureau of Statistics. **2006**.
- Australian Bureau of Statistics (2005). Information Paper: ANZSCO - Australian and New Zealand Standard Classification of Occupations. Canberra, Australian Bureau of Statistics. **2006**.
- Australian Health Ministers' Conference (2004). National Health Workforce Strategic Framework. Sydney, Australian Health Ministers Council.
- Australian Health Workforce Advisory Committee (2002). The Midwifery Workforce in Australia 2002-2012. AHWAC Report 2002.2, Australian Health Workforce Advisory Committee.
- Australian Health Workforce Advisory Committee (2004). Nursing Workforce Planning in Australia: A guide to the process and methods used by the Australian Health Workforce Advisory Committee.
- Barrett, P. (2003). Better practice public sector governance., Australian National Audit Office. **2006**.
- Department of Human Services (Victoria) (2006). Better Skills, Best Care. DHS Workforce Design strategy. Melbourne, Service and Workforce Planning, Department of Human Services.
- Heartfield, M. (2006). Specialisation and Advanced Practice Discussion Paper. Melbourne, National Nursing and Nursing Education Taskforce.
- International Council of Nurses (1992). Guidelines on specialisation in nursing. Geneva, Switzerland, ICN.
- International Council of Nurses (1992). Guidelines on Specialisation in Nursing. Geneva, ICN].
- International Council of Nurses (2003). ICN Framework of Competencies for the Generalist Nurse.
- National Nursing & Nursing Education Taskforce (2006). An Atlas of the Legislation and Professional Regulation of Nursing and Midwifery in Australia. Melbourne.
- National Nursing Organisations (2001). Submission to the National Review of Nursing Education.
- National Nursing Organisations (2004). Glossary of Terms: Criteria for specialities in nursing/principles of credentialling. Kingston, ACT, Australian Nursing Federation. **2006**.
- National Nursing Organisations (2006). Governance Standards for Specialist Nursing and Midwifery Organisations. A report by NNO for the National Nursing and Nursing Education Taskforce.
- National Review of Nursing Education (2002). National Review of Nursing Education 2002: Our Duty of Care. Canberra, Department of Education, Science and Training.
- Queensland Nursing Council (2005). Condensed report of the review of the *Scope of practice framework*, 2005. Brisbane, Queensland Nursing Council.
- Rosenthal, K. (2005). What rural nursing stories are you living? Online Journal of Rural Nursing and Health Care. **5**: 12p.
- Russell, R., L. Gething and P. Convery (1997). National Review of Specialist Nurse Education. Canberra, Australian Government Publishing Service. **2006**.
- Styles, M. (1989). On Specialization in Nursing: Toward a new empowerment. Kansas City, Missouri, American Nurses' Foundation.