

# A National Specialisation Framework for Nursing and Midwifery

Defining and identifying specialty areas of practice in Australia



National Nursing and Nursing Education Taskforce N<sup>3</sup>ET

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*The N<sup>3</sup>ET is committed to building an enhanced and sustainable healthcare system through the promotion of professional visibility and pride, quality education and regulation to nationally consistent standards and capacity in practice, education and research for all nurses and midwives across Australia.*

## ABOUT THIS DOCUMENT

This document reflects the first stage of work on specialisation referred to the National Nursing and Nursing Education Taskforce (N<sup>3</sup>ET) by State, Territory and Commonwealth Health Ministers. The Taskforce was asked to consider a number of issues related to specialty practice within Australia and in particular, to develop a specialisation framework. In this document the methodology used to develop the specialisation framework is described. A set of criteria for a specialty are identified and applied to establish fourteen specialty areas. In addition, the framework accommodates areas with some evidence of practice development, but not sufficient to meet the criteria of a specialty, as well a number of common skill sets.

The specialisation framework is not fixed but captures a point in time as well as providing a framework that can be used for the next decade. By establishing clear criteria for a specialty, the framework allows for ongoing review and re-assessment of all areas of practice. In this way, practice development can be monitored over time.

The Taskforce is interested in feedback on this framework, as the next stage in this work is to compare the mapping of current workforce data collections against the specialty framework to identify the opportunities to achieve greater national consistency in specialty groupings and data collection as well as identify mechanisms to ensure ongoing reviews of the framework. This will be then reported to Health Ministers.

**Responses to this document can be submitted to the National Nursing and Nursing Education Taskforce by 19th June 2006.**

## WHAT IS A SPECIALTY?

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.

For example, specialty areas of practice are described in many ways including:

- Body systems eg. cardiology, respiratory
- Diseases eg. dementia, mental health
- Service or settings eg. residential care, operating theatre
- Interventions/therapy eg. chemotherapy, continence, palliative care

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Australian Health Ministers' Advisory Council



nursing midwifery

## COMMISSIONING A SPECIALTY FRAMEWORK

In 2005, the N<sup>3</sup>ET commissioned a team at Deakin University to develop and map a national nursing and midwifery specialisation framework appropriate for the Australian context (see Box 1). The broad aim was to develop a robust and nationally consistent framework for the categorisation of specialties with a focus on assisting health workforce planning and policy development. 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 framework that has been developed is a departure from existing notions of specialties, with associated sub-specialties. 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. In particular, the framework needs to reflect the relationship between the nursing and midwifery disciplines and to assist with workforce planning for both disciplines collectively, as well as individually. 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.

The national importance of workforce planning to meet the health needs of the Australian community throughout this decade are articulated in the National Health Workforce Strategic Framework. A specialisation framework for nursing and midwifery will assist in this work.

In developing this work, the team was cognisant that the language of the early work about specialisation reflected the prevailing position at the time when the word “nursing” was used as an inclusive term that incorporated midwifery, whilst current literature often distinguishes the areas as separate. Indeed, the concept of specialisation as applied to midwifery within the Australian context is not clearly and consistently articulated or agreed by all stakeholders.

With the development of this specialisation framework there is no intention to represent midwifery as a subset of nursing, but to highlight the overlap and shared skills sets, as well as those areas of practice that may be considered unique to the disciplines in a way that is comprehensive and integrated **across** the two disciplines.

For example, education, research, policy and management may be the area of special practice for either nurses or midwives, whilst there are areas that are “unique”. It is also recognised that including all the domains of practice (eg education, research, management and policy as well as clinical) in the framework is consistent with international and national nursing ideology, however these areas are less evident in midwifery definitions.

Despite these tensions, the specialisation framework provides a way of viewing nursing and midwifery practices through the lens of a single set of criteria. Applied equally across all the numerous areas of practice that have developed, the criteria create a consistent way of assessing an area of practice and ensures that there is a balance between the aspirations of groups of practitioners and the needs of the community for health care in recognising specialties.

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- Client/population eg. women’s health, aged care
- Combinations eg. rural and remote mental health.

Unlike medicine, there has been no agreement about what constitutes a specialty or an area of subspecialisation within nursing and midwifery in Australia and 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. This work alone identified over 100 areas of both nursing **and** midwifery ‘special practice’ currently in use in workforce documentation nationally. Without an agreed process to identify what a specialty is, the expansion in the number of areas declaring specialty status and the attendant issues will continue unchecked.

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 workforce and in particular for nursing and midwifery. To date, there has been little focus on identifying specific skills required within a given area of practice. This has implications for accurately identifying and predicting shortfalls in nursing and midwifery skill levels in specific areas, such as staff skilled in aged care versus the skills required for nurses and midwives in community health.

Further, the lack of a national agreement of what constitutes a specialty, means that each State and Territory may collect data on slightly different groups without clear understanding of whether the groups have skills in common or have differing skills. For example, some States collect data on operating room nurse shortages while others collect it on perioperative nurses and operating room nurses. Given that nurses and midwives are a highly mobile workforce, the differences in groupings can make national comparisons and analysis difficult.

## DEVELOPING A FRAMEWORK FOR A RECOGNISED NATIONAL SPECIALTY

A specialisation framework for the national Australian context is essential to map and organise the plethora of practice areas used in the various workforce databases across Australia in a format that can capture the emerging nature and formative state of specialisation in Australia.

The specialisation framework consists of four elements:

1. Criteria for a recognised specialty
2. Identified specialties – areas of practice that meet the criteria
3. Skill domains – areas with common skill groups and common attributes but which may have varied knowledge bases
4. Practice strands – areas of practice that did not meet the full criteria for a national specialty

### 1. Criteria for a recognised national specialty

A *bottom down* approach has been used to first identify what makes an area of practice a *national* specialty. A review of national and international criteria for assessing specialties in nursing and midwifery was undertaken and in particular six sources were used as the foundation to develop criteria appropriate for the Australian context (see Box 2).

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

#### Criteria for a national nursing and midwifery specialty:

**Criteria 1:** The specialty is national in its geographic scope

**Criteria 2:** The specialty defines itself and subscribes to the overall purpose, functions and ethical standards of nursing and/or midwifery

**Criteria 3:** The specialty is a distinct and defined area of nursing and/or midwifery practice, which requires an application of specialty, focussed knowledge and skill sets

**Criteria 4:** There is both a demand for and a need for the specialty service from the community

**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, and;

**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.

### 2. Applying the criteria to areas of practice – identifying specialties

Once the criteria were developed, the many areas of practice were reviewed to determine which ones met the criteria.

A review of local and national documents such as workforce reports, regulation reports and government census reports identified 117 areas or terms related to specialty practice across Australia. It is possible that other areas of practice (including so called sub-specialties and superspecialties) are in use but have not been identified in current workforce data collections.

Some areas of practice contained elements of similar nursing or midwifery practices, therefore some sorting and grouping of similar terms was undertaken. For example, *emergency nursing, emergency/trauma and accident and emergency*, was grouped as single area of 'emergency care'. Some terms were eliminated because the concept is not applicable in the health care system; had limited association with speciality practice; and/or was not relevant in society today. For example, the concept of disability is seen now in the social, rather than health context. As such, practice associated with disability, intellectual disability and developmental disability are not included as a nursing or midwifery practice.

The sorting process resulted in 66 remaining areas of practice to be assessed against the six criteria. The types of evidence that would indicate if an area met a criterion were determined and each potential 'specialty' was assessed according to the criteria on a basis of skill and knowledge rather than place or location of practice. Each nominated 'specialty' had to meet all the criteria in order to be included in the framework as a nursing or midwifery specialty.

In assessing areas of practice it was recognised that many specific practices may encompass several skill domains, for example a flight nurse or a remote area nurse may be described as multiskilled.

Potential specialties whose practice did not meet the full criteria for a specialty were identified as practice strands. Over time, these strands may develop into specialties within their own right. In determining the names of specialties and practice strands, attention was paid to how the potential speciality was represented in the literature and what competencies were published. In addition, an attempt was made to update or use the most contemporary language for each group. Using the six criteria, fourteen national specialties have been identified at this time. The national specialties are shown on the following page.

### National nursing and midwifery specialties:

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

### 3. Skill Domains – common skill sets

In addition to assessing if areas of practice met the criteria for a specialty area, common skill groups or *skill domains* were identified. 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 seeking 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'.

Each skill domain has one or more specialties that can be acknowledged as specialties within their own right when assessed against the criteria for a nursing or midwifery specialty. In practice of course, the skills sets and knowledge bases of some specialties can cross boundaries and be used in other specialties. For example, mental health care may be required in maternity care for women with a diagnosis of postnatal depression.

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.

### 4. Evolving specialisation – identifying practice strands

The majority of the 66 areas of practice met some, but not all of the criteria. Although there may have been evidence of practice at an advanced level, the full criteria for a specialisation were not met by many. The areas that did not meet all the criteria have been categorised as practice strands. Some practice strands may well develop into future areas of nursing and midwifery specialisation over time. In some cases, practice strands are not aligned to a specialty and time will tell if they remain a strand, become part of an existing specialty or develop into a specialty in their own right. For example, over time neonatology may meet the criteria for a specialty. It may then share the skill domain of *maternity care* with midwifery but have separate, yet associated knowledge bases and equally could be practiced by nurses or midwives (as is currently the case). In this way, the specialisation framework can accommodate the rapid pace of change in nursing and midwifery practice as well as the workforce environment.

The inclusion of practice strands ensures that the specialisation framework is positioned to enable workforce management and planning to be more responsive to the evolving requirements of a complex community, aged and health care system. 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 both disciplines.

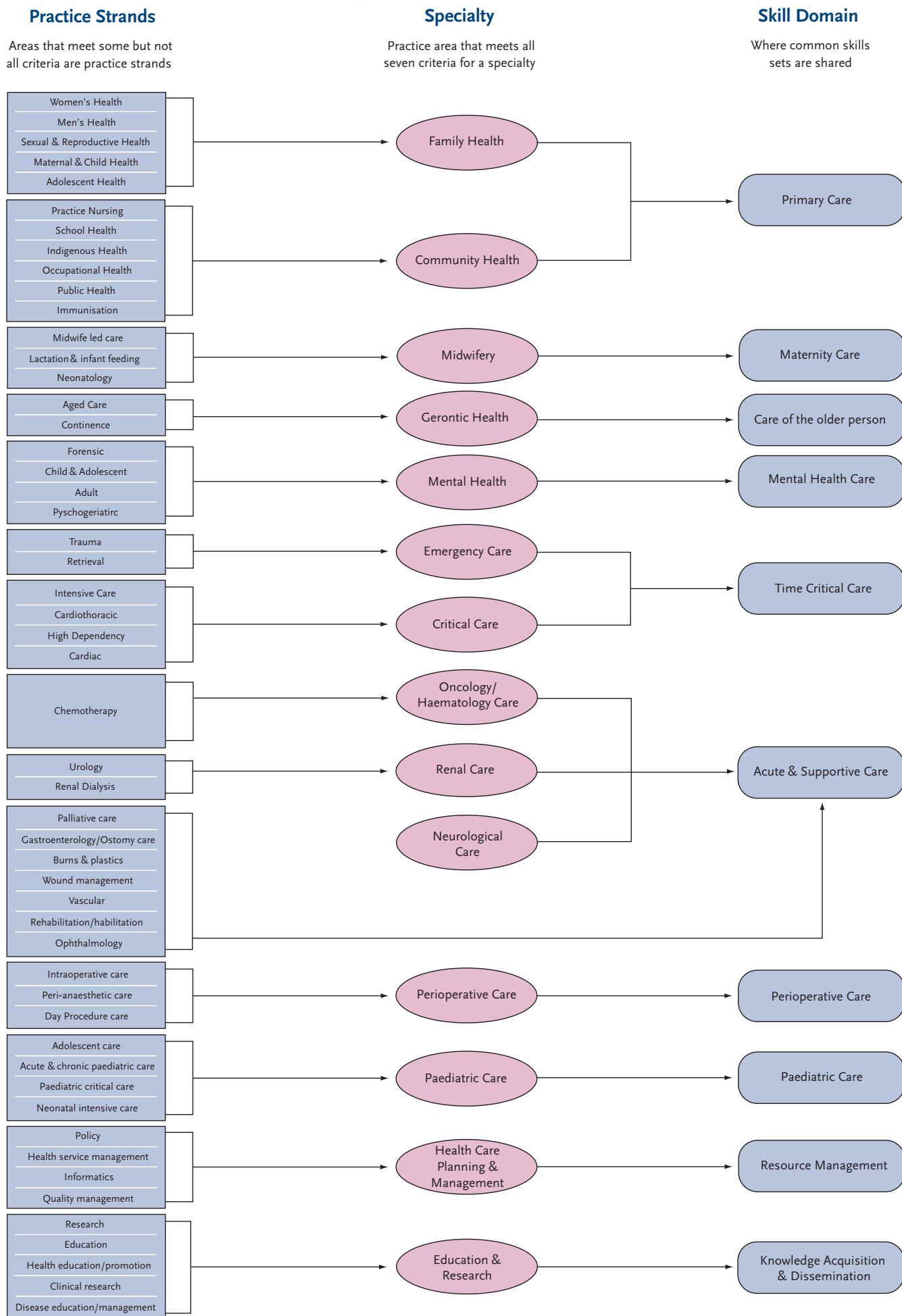
At the end of this document there are three examples of how the criteria were used that resulted in three different outcomes - a specialty was identified (renal care), a practice strand (practice nursing) and an area of practice that was assessed as being a geographical group rather than a specialty area of practice (rural and remote).

The fourteen specialties, ten skill domains and 52 practice strands are represented in Figure 1.

#### Box 1 – Documents that informed the development of the specialisation criteria:

- Styles (1989)
- The International Council of Nurses (ICN) (1992)
- Russell, Gething and Convery (1997)
- American Board of Nursing Specialties (2004)
- ABS: ASCO Second Edition (1997) and proposed ANZSCO (2005), and
- National Nursing Organisations (2004)

**Figure 1: National Nursing and Midwifery Specialisation Framework**



## NEXT STEPS – DEPLOYING THE FRAMEWORK TO ASSIST WORKFORCE PLANNING

As part of the development work, the framework has been also been mapped against current tools used for collecting data on the nursing and midwifery workforce, such as classifications used by Australian Bureau of Statistics, Australian Institute of Health and Welfare, governments and regulators. The table below shows the differences in the type of data that is currently collected in a few key documents or systems and demonstrates there is considerable scope for achieving greater national consistency.

N <sup>3</sup> ET Specialty	ASCO	ANZSCO	AIHW – Labour Force reports	DEWR – Skills in Demand
Critical Care	N	Y Combined with emergency	Y Combined with emergency	Y
Community Health	N	Y	Y	Y
Education and Research	Y	Y Separately	N	N
Emergency Care	N	Y Combined with critical care	Y Combined with critical care	Y
Family Health	N	Y Combined with children's health	Y Combined with children's health	N
Gerontic Health	N	Y	Y	Y
Health Care Planning & Management	N	Y	N	N
Mental Health	Y	Y	Y	Y
Midwifery	Y	Y	Y	Y
Neurological Care	N	N	N	Y
Oncology/ Haematology Care	N	N	N	Y
Paediatric Care	N	Y Combined with family health	Y Merged with family health	Y
Perioperative Care	N	Y	Y	Y Also collect Operating Theatre separately
Renal Care	N	N	N	Y
<i>Comments</i>	<i>Plus three additional categories identified</i>	<i>Plus five additional categories identified</i>	<i>Plus Five additional categories identified</i>	<i>Plus Ten additional categories identified</i>

The information will be used to provide advice to Ministers on the degree of alignment of existing key workforce data collection systems/classifications to this specialisation framework and to identify opportunities to achieve national consistency in workforce data and planning for nurses and midwives. The report will be forwarded to Ministers in June 2006.

**The Taskforce is interested your views on this specialisation framework and responses from any interested parties can be sent to the National Nursing and Nursing Education Taskforce by Friday 19th June 2006.**

## EXAMPLES OF APPLYING THE CRITERIA

### Example 1 — Applying the specialty criteria for renal care

During this project, 66 areas of practice were assessed against the six criteria for a national specialty. The types of evidence that would indicate if an area met a criterion were determined. Each potential “specialty” was assessed according to the criteria on a basis of skill and knowledge rather than place or location of practice. Each nominated “specialty” had to meet all the criteria in order to be included in the framework as a nursing or midwifery specialty. Following, are three examples of that process.

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

1. The specialty is **national** in its **geographic scope**.
  - a. Specialty 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 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.
 

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 specialty 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](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 specialty is a **distinct and defined area** of nursing and/or midwifery practice which **requires an application of specially focused 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.

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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.

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 specialty 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 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. 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](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'.

<http://www.usq.edu.au/handbook/2002/sciences/programs/masters/manpr/indexc.htm> 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. 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](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

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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 '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: [http://www.racgp.org.au/downloads/pdf/gpna/gpna\\_execsummary.pdf](http://www.racgp.org.au/downloads/pdf/gpna/gpna_execsummary.pdf)) 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'.

Within this context general practice nursing is not a specialty in its own right but concerns caring for people in unique local general practice settings.
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.
 

The ANF recently released competency standards for nurses in general practice (2006, [http://www.anf.org.au/nurses\\_gp/resource\\_o3.pdf](http://www.anf.org.au/nurses_gp/resource_o3.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.

...continued from page 11

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

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 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. 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 '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. 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.

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).

If you wish to respond to this document please visit:

[www.nnnet.gov.au](http://www.nnnet.gov.au)

to record your comments.



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