

A regional guide to the development of nursing specialist practice

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WHO-EM/NUR/432/E

Contents

1. Introduction	5
2. The development of nursing specialist practice.....	7
2.1 Definition.....	7
2.2 Criteria for designating a speciality.....	7
2.3 Levels of nursing specialist practice	8
2.4 The way forward	9
Glossary of key terms.....	10
References.....	12

1. Introduction

Unlike in the field of medicine, there has been no agreement on what constitutes a nursing specialty. As a result, a great number of what are called nursing specialties and subspecialties can be identified around the globe. In 1992, the International Council of Nurses (ICN) noted that certain issues have made the orderly and consistent evolution of nursing specialties problematic. There is a lack of agreement and clarity on:

- the degree of specialization desirable to avoid the fragmentation of health care and maintain the integrity of nursing practice;
- what driving forces are appropriate for initiating a specialty; for example, is it based on a population need, or a response to the introduction of new technology;
- the nature and definition of specialties;
- qualifications and regulation required for speciality practice.

The absence of a common understanding on what constitutes a nursing specialist has resulted in a lack of consistency in titling, scope of practice, education standards and regulatory control, both within and across countries. Therefore, questions about the scope of practice, how to educate specialists, what is an appropriate career structure and how to regulate practice remain unresolved.

The competencies and standards for nursing specialist practice developed by ICN in 2009 are underpinned by certain assumptions.

According to ICN (2009), nursing specialist practice:

- concentrates or delimits focus to a part of the whole field of nursing, e.g. critical care, women's health, community health, mental health or school health;
- integrates both a specialization aspect and a role expansion aspect, for example, the nursing specialist acquires new practice knowledge and skills (such as advanced physical assessment, case management, prescribing authority) within the specialist practice area, and incorporates new roles (such as research, practice and policy development) in the specialist field;
- acquires greater depth and breadth of knowledge within the speciality area, and requires higher levels of critical and analytical thinking, and a wider range of clinical competencies, all of which legitimize greater role autonomy within the area of practice. In some cases these may overlap

traditional boundaries of medical practice or, in other cases, take the lead in providing new services.

ICN (1992) states that to bring order and consistency to the development of nursing specialities, certain conditions need to exist (see Fig. 1). These prerequisites include:

- the adoption of a systematic approach to designating nursing specialities;
- the setting of scope of practice, minimum standards for education and practice, and maintenance of competence;
- the establishment of a regulatory mechanism;
- the integration of nursing specialities into human health resources planning.

This guide for the development of nursing specialist practice, formulated by the Regional Advisory Panel on Nursing in the WHO Eastern Mediterranean Region, is intended as a resource for policy-makers, professional regulatory authorities, nurses and other health professionals in their efforts to develop a coherent approach to nursing specialist practice. It describes three levels of specialist practice – extended, expanded and advanced – with the professional title, educational requirements and regulatory mechanism for each level.

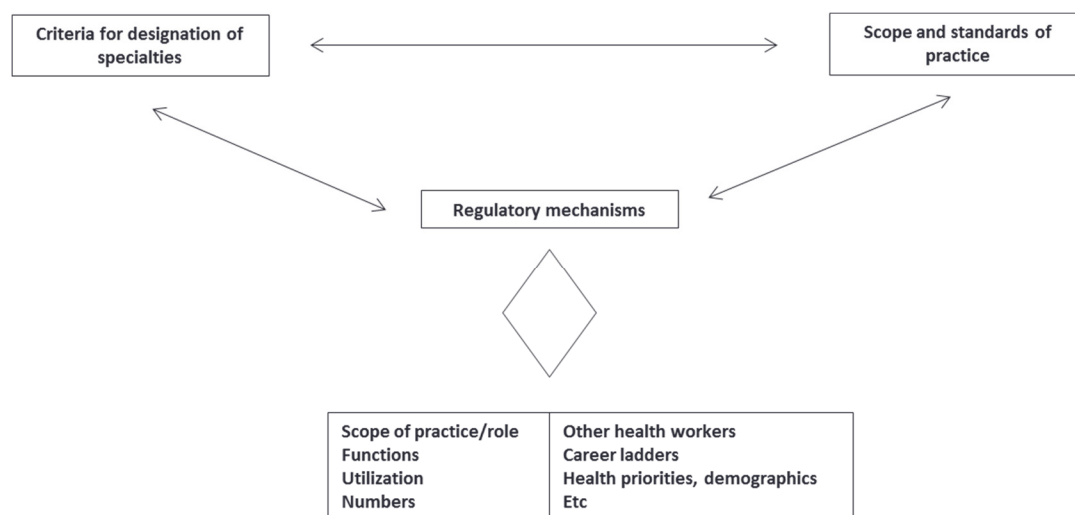


Fig. 1. Essentials for the orderly development of nursing specialties

Source: Affara FA, Styles MM. Nursing regulation guidebook: from principle to power. Geneva: International Council of Nurses; 1992.

2. The development of nursing specialist practice

2.1 Definition

A specialist nurse holds a current license as a generalist nurse, and has successfully completed an education programme that meets the prescribed standard for specialist nursing practice. The specialist nurse is authorized to function within a defined scope of practice in a specified field of nursing.

2.2 Criteria for designating a speciality

1. The speciality is national in its geographic scope.
2. There is both a demand and a need for the specialty service to meet priority health needs.
3. The speciality subscribes to the overall purpose, functions, professional and ethical standards of nursing.
4. Entry into speciality practice is through successful completion of an academic programme that prepares for practice in a speciality field.
5. The speciality has distinct and defined areas of knowledge, which underpin the application of specially focused competency-based practice in the speciality. Both knowledge and competence are being continually expanded and refined.
6. Speciality has a mechanism for maintaining and advancing expertise through various combinations of formal and informal learning experiences.
7. The specialty is officially recognized and supported by the health system.

2.3 Levels of nursing specialist practice

The details of the three levels of specialist practice are set out in the table below. Fig. 2 summarizes the continuum of nursing specialist practice as defined in each level.

Level of specialization	Description of level	Title	Level of education	Regulation
Extended	A registered generalist nurse who is authorized to carry out a defined task for a specified period of time that is out of his/her scope of practice but is within the scope of another health care professional. The transfer of authority may be across professions, e.g. physician to nurse, or within the profession, e.g. professional nurse to technical nurse.	Registered Nurse	Similar to what is required for entry into practice as a generalist nurse: Diploma or Bachelor of Science in Nursing, with in-house competency-based training in the advanced task.	Authorization: A time-limited and context-specific (e.g. setting, type of patient) authorization to carry out the task. The authorization is conferred by the employing institution using procedures that conform to policies and guidelines issued by an official body. This may be the agency responsible for regulating health professionals or, in its absence, the ministry of health.
Expanded	A registered generalist nurse who has acquired additional knowledge, competencies and areas of practice through formal education for the speciality role. A wider range of responsibility, accountability and autonomy for broader aspects of the management of specialized care are associated with this level of specialist practice than with practice in the generalist role.	Registered Nurse Specialist (with area of speciality indicated) e.g. Registered Paediatric Nurse Specialist	Postgraduate Diploma in the area of specialization.	Registration: Professional specialist qualification is recognized through registration with the relevant authority. In some jurisdictions, the regulatory authority may choose to record the specialist qualification as a supplement to the existing register for the generalist nurse. Others may open a separate register for nurse specialists. Eligibility to renew registration/recorded qualification includes, as a minimum, evidence of recent practice in the area of specialization and continuing professional development. The frequency of renewal, required number of practice hours, and type and amount of continuing professional development will vary according to country.
Advanced	A registered generalist nurse who has acquired (through formal education) an advanced knowledge base, complex clinical competencies and decision-making skills for expert, expanded practice. Practice is built around a specialist role. It demonstrates the ability to integrate research, education and clinical management as well as policy and service planning skills.	Registered Advanced Practice Nurse (with area of speciality indicated) e.g. Registered Advanced Practice Cardiac Nurse	A clinical Master's Degree in the area of specialization	Registration and licensure: Professional qualifications are registered and a license to practise in the advanced role issued by the relevant agency regulating nursing is required. Eligibility for the initial registration of qualification and issue of the first licence includes proof of completion of an accredited speciality programme in an accredited institution. Passing a certification exam may be required. Eligibility to renew the licence includes, as a minimum, evidence of recent practice in the area of specialization and continuing professional development. The frequency of renewal, required number of practice hours and type and amount of continuing professional development will vary according to country.

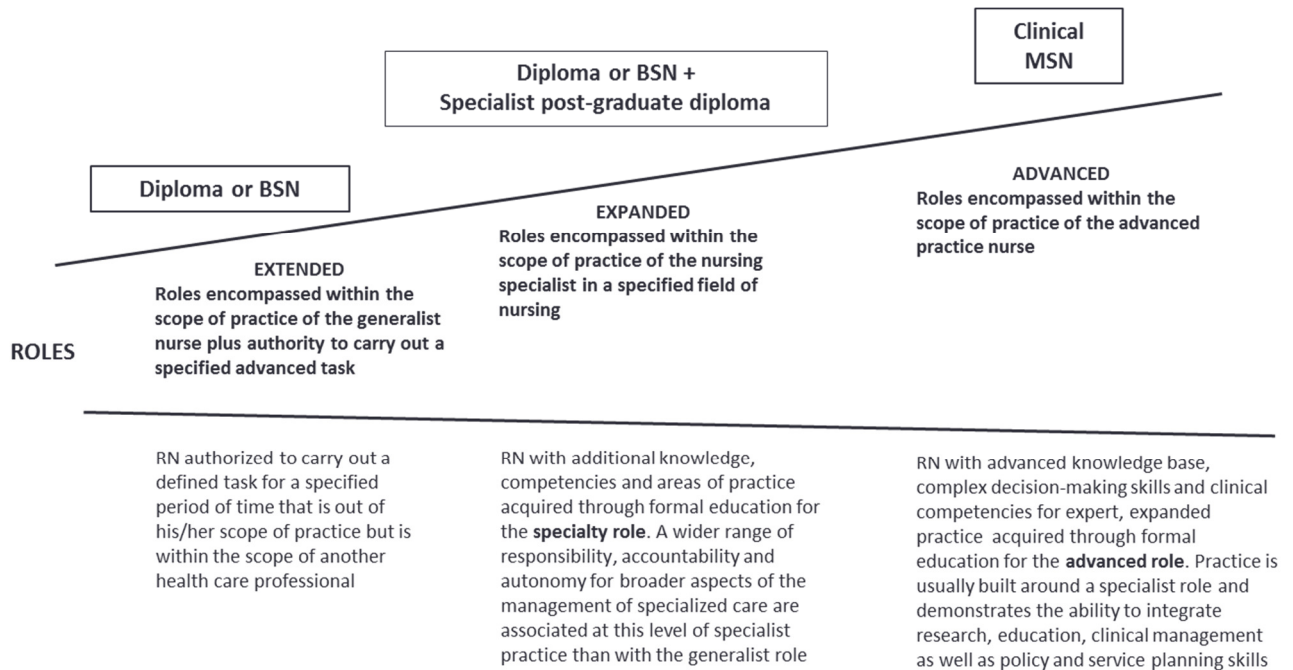


Fig. 2. Continuum of nursing specialist practice

BSN: Bachelor of Science in Nursing, MSN: Master of Science in Nursing, RN: registered nurse

Adapted from Daly and Carnwell, 2003.

2.4 The way forward

Health care restructuring in many countries has led to substantial increases in the different types and number of specialized nurses' roles. Consequently, capitalizing on the effectiveness of new nursing specialties, clarifying the concepts of role extension, role expansion and advanced role development can facilitate decision-making about levels of practice and the result will be a greater degree of clarity that will, in turn, benefit health care consumers, employers and professional colleagues. Relevant programmes of preparation, with special emphasis on continuing professional development programmes increasing the knowledge, skills and capabilities of nurses, would be required in priority practice areas to meet the needs of the people they serve.

Glossary of key terms

Accountability	A nurse must be prepared to answer to others, such as clients, Council and employers, for their actions and the responsibilities inherent in their positions. Accountability cannot be delegated.	Queensland Nursing Council, 2005 (updated 2008)
Authorized	An individual is given approval by the appropriate regulatory body to practise in a specific area of nursing, for a specific time.	Queensland Nursing Council, 2005 (updated 2008)
Autonomy	The freedom to make discretionary and binding decisions in accordance with one's scope of practice and to act on those decisions. Inherent in the fulfilment of an autonomous role is authority to practice.	Batey MV, Lewis FM, 1982
Competency	The effective application of a combination of knowledge, skill and judgement demonstrated by an individual in daily practice or job performance. In nursing definitions, there is wide-ranging agreement that, in the performance of nursing roles to the standards required in employment, competence reflects the following: <ul style="list-style-type: none">▪ knowledge, understanding, and judgement;▪ range of skills – cognitive, technical or psychomotor, and interpersonal;▪ personal attributes and attitudes.	ICN, 2005
Criteria	Descriptive statements which are measurable and which reflect the intent of a standard in terms of performance, behaviour or circumstance.	ICN, 2005
Generalist nurse	A registered or licensed nurse is a self-regulated health care professional who works autonomously and in collaboration with others in the generalist scope of practice with capacity and authority to practise in primary, secondary and tertiary health care in all settings and branches of nursing, and the capability and legal responsibility to supervise and direct auxiliaries.	Adapted from ICN, 2005
Nurse specialist	A nurse specialist holds a current license as a generalist nurse, and has successfully completed an education programme that meets the prescribed standard for specialist nursing practice. The nurse specialist is authorized to function within a defined scope of practice in a specified field of nursing.	Regional Advisory Panel on Nursing, WHO Eastern Mediterranean Region, 2013.
Professional development	Continuing professional development encompasses all the activities that health workers undertake – both formal and informal – to maintain, update, develop and enhance their professional skills, knowledge and attitudes. Continuing professional development is a systematic and ongoing process of education, in-service training, learning and support activities that build on initial education and training to ensure continuing competence, extend knowledge and skills to new responsibilities or changing roles, and increase	Giri K, et al., 2012

Professional regulatory system	personal and professional effectiveness. A system that applies the regulatory forms and processes whereby order, consistency and control are brought to the profession and its practice.	Adapted from ICN, 2005
Responsibility	Indicates that the activities are within the person's usual functions and capacity.	Queensland Nursing Council, 2005 (updated 2008)
Scope of practice	Scope of practice is not limited to specific tasks, functions or responsibilities, but includes direct caregiving and evaluation of its impact, advocating for patients and for health, supervising and delegating to others, leading, managing, teaching, undertaking research and developing health policy for health care systems.	ICN, adopted in 1998, reviewed and revised in 2004 and 2013

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There has been no global agreement on what constitutes a nursing specialty, leading to a lack of consistency in titling, scope of practice, education standards and regulatory control both within and across countries. This short guide, formulated by the Regional Advisory Panel on Nursing in the WHO Eastern Mediterranean Region, is intended to support policy-makers, professional regulatory authorities, nurses and other health professionals in their efforts to develop a coherent approach to nursing specialist practice. It describes three levels of specialist practice – extended, expanded and advanced – with the professional title, educational requirements and regulatory mechanism for each level.