

Guidance for the Development of Specialty Practice Nursing Standards

This guidance has been developed by Dr Kathy Holloway and Jane MacGeorge on behalf of the National Nursing Consortium, a collective of four nursing professional organizations in New Zealand (College of Nurses Aotearoa, Te Kaunihera o ngā Neehi Māori [National Council of Māori Nurses], Toputanga tapuhi kaitiaki o Aotearoa [New Zealand Nurses Organisation] and Te Ao Māramatanga [New Zealand College of Mental Health Nurses]).

Who is this guidance for?

Specialty registered nursing groups wishing to develop specialty practice standards for their area of practice.

What is the difference between competencies and specialty practice standards?

The Nursing Council of New Zealand under the Health Professional Competence Assurance (HPCA) Act (2003) defines the regulated standards for nursing practice in New Zealand as competencies. The majority of specialty practice standards will focus on Domain 2 of the NCNZ competencies - Management of Nursing Care. Specialty nursing practice standards build on rather than replicate the Registered Nurses competencies and relate to specific aspects of nurse's practice linked to the area of specialty practice they work within.

What is a specialty standard?

The International Council of Nurses (2005 p.35) defines a practice standard as *the desirable and achievable level of performance against which actual practice is compared*. Practice standards can be presented within a knowledge and skill framework or as clear levels of performance.

Who should develop specialty standards?

Specialty groups within the profession have the responsibility to clarify what a health consumer might expect in terms of practice to improve their health outcomes from a nurse recognized as having expertise within the specialty (NCNZ 2011).

Process of development

It is suggested that there are four key stages of development as indicated below.



Is there a nursing practice need for specialty standards to be developed?

External peer review is a very useful process for specialty groups to consider during this step of establishing legitimacy for standards development.

Consideration of evidence against five legitimacy criteria*

Criteria	Evidence that may be provided
The specialty is a distinct and defined area of nursing practice which requires an application of specialty focused knowledge and skill sets	Advanced skills and knowledge specific to the specialty are documented and available to the public Evidence of governance for their development and maintenance Evidence demonstrates cohesive developmental levels of practice rather than discrete procedures or skills
The specialty defines itself and subscribes to the overall purpose, functions and ethical standards of nursing	Evidence that the specialty area is not largely part of the jurisdiction of another specialty (although there may be some blurring) i.e. identification of unique nursing care needs of patients beyond that of core registered nursing practice (from specialty associations/ literature)
There is both a national demand and need for the specialty service from the community	Evidence that there is a pool of nurses who practice in the specialty for at least 50% of the time <ul style="list-style-type: none"> • Statement of distribution and estimate of numbers in the specialty in New Zealand Membership numbers of specialty association There is an employment and strategic demand <ul style="list-style-type: none"> • review of job adverts • national workforce predictions identify the specialty
The specialty nursing practice is based on a core body of nursing knowledge which is being continually expanded and refined	Body of knowledge exists about the specialty <ul style="list-style-type: none"> • A search of the literature will show over 100 research based articles relating to the nursing specialty • Textbooks are available about the specialty • Specialty nursing journals exist (national or international) Research is undertaken in the specialty <ul style="list-style-type: none"> • Mechanisms exist for supporting, reviewing and dissemination of research • Research grants are available • Conferences are held (national/international) in the specialty
Specialty expertise is gained through various combinations of experience, formal and informal education	Postgraduate specialty education exists nationally or internationally Specific professional development courses exist nationally Employment positions and mentoring support are available

*Adapted from Holloway (2011)

Step Two – Development of Specialty Practice Standards

Identification of the aspects of care

Having established legitimacy nurses must now identify what are the **specific** differences in your specialty practice. This is often a challenging process and asks you to consider that which is special and distinct about the specialty population and their health care needs. This is an iterative process of refinement and discussion and draws on the expertise and consultation of specialty and specialist nurses, Māori and health consumers.

A key recommendation is that you engage with someone outside of the specialty area to provide reflective challenge to facilitate distillation of the key aspects of care and consider linking them to specific patient outcomes.

Developing specialty standards for practice

The specialty standards should address what nurses providing care within this specialty area must know and be able to do in relation to the identified aspects of care **beyond** that expected of every competent registered nurse.

The overarching intent of this process is to clearly articulate a level of service delivery that can be expected by health consumers, colleagues and employers and the development pathways to achieve this. The standards can then be used as part of PDRP processes to articulate the level of practice within the specialty area. Managers can use the framework as part of professional development plans to negotiate practice development pathways with their staff within service areas. Education frameworks can link to this as well and provide guidance for providers seeking to design curriculum to scaffold practice development and clinical scholarship.

Linkage to the all, many and some framework (Holloway, 2011)

ALL NURSES - All Registered Nurses may care for patients with specialty care needs at some point

This category requires more a general expression of particular knowledge and skills that would need to be reviewed by any registered nurse in order to provide safe quality care. The intent with this level is to provide guidance for orientation for nurses new to areas of specialty practice rather than extensive checklists.

MANY NURSES will provide routine, non-complex care for patients with specialized care needs and **SOME NURSES** will provide specialist practice through advanced specialty care for patients with increasingly complex, unpredictable specialised care needs; provide expert support to other members of the healthcare team in managing specialty patients; lead specialty nursing practice and service development.

A suggested template for this approach is:

Aspect of Care	Patient Outcome	Standards for nurse providing routine specialty care <i>Expectations of specific knowledge and skills beyond the Registered Nurses</i>	Standards for nurse providing advanced specialty care <i>Expectations of specific knowledge and skills beyond the nurse providing routine specialty care</i> <i>(NB inclusive of the previous nurse standards)</i>

Example – the New Zealand Nephrology Nursing KSF (2012) (linkage to NCNZ domain in brackets)

Aspect of Care	Patient Outcome	Nurse providing routine specialty care* NZNNKSF (NCNZ Domain)	Nurse providing advanced specialty care* NZNNKSF (NCNZ Domain)
Chronic Kidney Disease (CKD) – Stages 1-5	<p>Prevention or delay of progression of kidney disease</p> <p>Patient outcome: There will be a delay or decrease in the rate of progression of CKD and associated risk factors/complications</p>	<ol style="list-style-type: none"> 1. Can identify and explain risk factors for the progression of kidney disease (2) 2. Monitors and reports markers for risk of progression of kidney disease (2) 3. Provides effective health education to improve understanding of kidney disease, risk factors and healthy lifestyle (2) 4. Encourages and supports patients and whanau to actively self-manage their kidney disease (2,3) 5. Identifies the factors that contribute to over-representation of Māori and Pacific people in CKD statistics (1,4) 6. Consults with diabetes services to optimise management of diabetes-related disease (2,3,4) 	<ol style="list-style-type: none"> 1. Monitor assess and manage progression of CKD, including pharmacologic therapy (2) 2. Establish a CKD care plan with the patient, which maximises self-management capacity to make lifestyle changes (2,3) 3. Request laboratory tests and diagnostic studies in collaboration with the MDT to enable comprehensive assessment and monitoring of progression of CKD (2) 4. Collaborates with primary health, diabetes, and other appropriate health care providers to improve early detection and treatment of CKD (2,3,4) 5. Provides education to patients, whanau and other health care providers about the risk factors, treatment and complications of CKD (2,3) 6. Addresses adherence issues and applies appropriate education and interventions to improve adherence (2,3) 7. Engages in and leads activities designed to reduce inequalities in CKD outcomes (1,3,4)

*Adapted wording to fit with template

Step Three – Consultation on Specialty Practice Standards

Consultation allows the broader view of the role of the nurse in the specific specialty area to be considered in recognition that nurses practice within a wider system. This process also provides evidence of the maturity of the group in recognizing the established networks they have as part of their development including with Māori, health consumers, other health professionals and stakeholder groups pertinent to the specialty. National consultation supports enhanced public awareness and improved utilization of this specific nursing workforce within the system and should also include employers and education providers.

Step Four – Publication of Specialty Practice Standards

Once specialty standards have been developed they should clearly state the author/s, a key contact point and the planned review date. Ideally specialty standards once determined should be available publicly for health consumers, employers and other interested parties.

References

- Holloway, K. (2011). *Development of a Specialist Nursing Framework for New Zealand*. Unpublished Doctoral Thesis, University of Technology Sydney, Sydney.
- International Council of Nurses (2005). *Regulation terminology*. Accessed 1 June 2017 from <http://www.area-c54.it/public/regulation%20terminology.pdf>
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