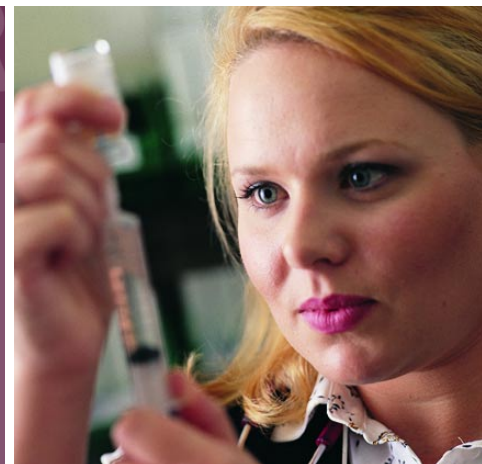


Competency standards

for the advanced registered nurse

An Australian Nursing Federation
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and Ageing



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This document edited and prepared by

Amanda Adrian

Amanda Adrian & Associates

ABN 43 586 599 491

PO Box 1065 ROZELLE 2039

Phone: + 61 0 401715536

Fax: + 61 2 9818 4534

Email: adrianoz@bigpond.net.au

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1 Introduction

The review of the competency standards for the advanced registered nurse was undertaken as part of a larger project commissioned to develop competency standards for nurses in general practice. The original competency standards for the advanced registered nurse, prepared for the National Nursing Organisations with funding from the Australian Government, were published in 1997 by the Australian Nursing Federation and were titled *Competency standards for the advanced nurse*.

The project team for the review was from the University of South Australia led by Marie Heartfield and Terri Gibson, in conjunction with Royal College of Nursing Australia. The project was funded by the Australian Government Department of Health and Ageing and managed by the Australian Nursing Federation.

The University of South Australia's Human Research Ethics Committee reviewed and approved the project.

The competency standards identified in this research for the practice of the advanced registered nurse have been titled *Competency standards for the advanced registered nurse*, differentiating them from other current research looking at competency standards for the advanced enrolled nurse.

The 1997 publication, *Competency standards for the advanced nurse*, was revised and validated through two rounds of focus group consultations and an international literature review of advanced practice for registered nurses. Data were analysed using content and thematic analysis to produce findings related to the relevant research aim.

Based on the study findings, the revised competency standards have been written as differentiating standards. This means they do not repeat the Australian Nursing and Midwifery Council's core domains of registered nurse practice, but build on them. The research identified three domains of higher level competencies. The revised standards sit with the Australian Nursing and Midwifery Council's competency standards for the registered nurse, with each of those standards articulating core competencies identified as being the practice of the advanced registered nurse.

The *Competency standards for the advanced registered nurse* are in a similar format to the core Australian Nursing and Midwifery Council's competency standards and include domains, standards and cues. They are preceded by a representative description of the practice of an advanced registered nurse that highlights the characteristics underpinning this level of competence.

The domains identified for advanced registered nurse practice are:

1. *Conceptualises practice*
2. *Adapts practice*, and
3. *Leads practice*.

Conceptualises practice

This domain contains competencies reflecting the ability of the advanced registered nurse to use theory, research evidence, observations and experience to think about practice in a way that considers factors other than the immediate event or circumstances to develop new questions, ideas and knowledge to enhance nursing practice and care for individuals and groups.

Adapts practice

This domain contains competencies reflecting the ability of the advanced registered nurse to draw on a wide repertoire of knowledge and processes to tailor nursing practice in complex and challenging clinical situations.

Leads practice

This domain contains competencies reflecting the ability of the advanced registered nurse to promote and improve nursing practice through leadership.

2 Background - competency standards and the nursing profession

Competency standards for the advanced nurse were initially developed for the National Nursing Organisations in 1997 following acknowledgement of the need to develop generic standards that reflected the practice of nurses beyond entry level and the emerging national standards framework (Australian Nursing Federation 1997). Prior to that time, the standards used by the profession were the Australian Nursing Federation's Standards for Nursing Practice and Nursing Care, which were developed in 1989 (Australian Nursing Federation 1989). These standards were process and outcome statements directed at the nursing profession in general and did not discriminate between levels of nurse.

Commencing in the late 1980s and evolving during the 1990s, the nursing profession in Australia began to develop entry to practice competency standards. This initiative was influenced by the national microeconomic reform agenda that was a feature of that time (Australasian Nurse Registering Authorities Conference 1990). As a part of this move, and influenced by the publication of the 1993 International Council of Nursing guidelines for specialisation (International Council of Nurses 1992), nursing specialty organisations also began to develop competency standards, adopting the framework of the entry level standards as the foundation for the development of specialist standards (Australian College of Critical Care Nurses 2002). The competency standards framework adopted by the nursing profession in Australia was premised on a broad notion of competence as a combination of skills, knowledge, attitudes, values and abilities that underpin effective performance in the nursing role (Cheek et al 2002).

During the time these developments were occurring, there was also substantial international nursing debate around the concept of advanced practice with the terms specialist, advanced and expert often used interchangeably. As highlighted in the literature reviewed for this project, these terms attract widely differing definitions internationally and are not used with conformity or consistency. In Australia, efforts to describe advanced practice by some authors focused on differentiating advanced practice from expert and specialist practice (Sutton and Smith 1995).

As part of the initial project to develop competency standards for the advanced nurse, a model originally developed by the National Nursing Organisations indicating the relationships between these levels and contexts of practice, was refined. This model situates advanced registered nurse practice in the Australian context as the level of practice between beginning and expert levels in either a specialist or generalist context (National Nursing Organisations 2004).

The National Nursing Organisations document defines the expert nurse as *...a person with specialised skills and knowledge, who is an authority in their chosen field of practice* (National Nursing Organisations 2004), and who demonstrates the features of: lateral thinking; challenging; autonomy; a research focus; extensive knowledge; acting as a consultant; viewing situations globally; and demonstrating leadership, vision and innovation in their practice.

The National Nursing Organisations suggest that these characteristics in combination reflect the level of practice now associated most commonly in Australia with the recently developed nurse practitioner role. However, the report from the Nurse Practitioner Study (Gardner, Carryer et al 2003) highlights that nurses who are not nurse practitioners may exhibit some of the advanced competencies and performance indicators of nurse practitioner, but that what differentiates the nurse practitioner role is their extended practice in the areas of advanced clinical assessment, prescribing, referral and diagnostics and their ability to *...deal in unconventional and innovative ways with complexity and novelty in the delivery of effective health care* (Gardner, Carryer et al 2003).

At the time they were developed, the competency standards for the advanced nurse were viewed as *...having the potential to inform curricula related to the preparation of advanced/specialty practice* (Australian Nursing Federation 1997). While the standards, developed as an outcome of that project, were described as *...the standards expected of the experienced nurse at an advanced level of professional practice* (Australian Nursing Federation 1997), they also, as with specialty standards developed at that time, incorporated core (entry to practice) standards. For example, the introductory statement to the standards states: *(these) standards are meant to reflect the total practice of the advanced nurse* (Australian Nursing Federation 1997). Within the practice of the advanced nurse, both core and advanced nursing behaviours are evident. Interestingly, the document does not provide a succinct definition or description of the advanced nurse, perhaps relying on the competency standards to provide that definition/description. This may also be reflective of the disparate views and lack of clarity around the concepts of advanced, specialist and expert practice evident at that time.

In considering the standards statements contained in the 1997 document, seven of the twelve standards statements repeat the Australian Nursing and Midwifery Council competency standards for the registered nurse, while five of the standards were descriptions of advanced or higher level nursing competencies. These higher level standards relate to the areas of clinical decision making, collaborative practice, support of colleagues, management of resources and quality improvement activities. Table 1 shows the correlation between the 2004 Australian Nursing and Midwifery Council competency standards for the registered nurse and the 1997 competency standards for the advanced nurse.

Table 1

Comparative map - *Competency standards for the registered nurse* and the *Competency standards for the advanced nurse*

<i>Competency standards for the registered nurse</i> Australian Nursing and Midwifery Council, 2004	<i>Competency standards for the advanced nurse</i> Australian Nursing Federation, 1997
Functions in accordance with legislation and common law affecting nursing practice.	Uses multiple approaches to decision making.
Conducts nursing practice in a way that can be justified.	Manages the care of individuals and groups.
Protects rights of individuals and groups in relation to health care.	Engages in collaborative practice to achieve client outcomes.
Accepts accountability and responsibility for own actions within nursing practice.	Provides a supportive environment for colleagues.
Acts to enhance the professional development of self and others.	Manages the use of staff and physical resources.
Values research in contributing to developments in nursing and improved standards of care.	Engages in ethically justifiable nursing practice.
Carries out a comprehensive and accurate nursing assessment of individuals and groups in a variety of settings.	Protects the rights of individuals and/or groups.
Formulates a plan of care in collaboration with individuals and groups.	Engages in activities to improve nursing practice.
Implements planned nursing care to achieve identified outcomes within scope of practice.	Develops therapeutic and caring relationships.
Evaluates progress towards expected outcomes and reviews and revises plans in accordance with evaluation data.	Fulfils the conduct requirements of the profession.
Contributes to the maintenance of an environment which promotes safety, security and personal integrity of individuals and groups.	Acts to enhance the professional development of self.
Communicates effectively with individuals and groups.	
Collaborates with other members of the health care team.	

Since their publication in 1997, the *Competency standards for the advanced nurse* have been widely used to inform the development of specialty competency standards and postgraduate specialty education, including the development of curricula for the education of nurse practitioners and role development. However, the publication of the report from the nurse practitioner competency standards project in 2004 has recommended a set of competency and education standards for nurse practitioners in Australia and New Zealand and provided a competency and education framework focused specifically on the nurse practitioner role (Gardner, Carryer et al 2003).

In the eight years since the initial publication of the *Competency standards for the advanced nurse*, global socio-economic and political trends and issues, and advances in knowledge and technology have changed the landscape of health delivery and impacted on the expectations of the roles of health professionals. It is within this changed health care context that the current review of the competency standards for the advanced nurse is situated. The literature review and document analysis section in Part 4 provides more discussion on this changing global context for health care delivery.

3 Competency standards for the advanced registered nurse (2005)

Set out below is the full set of the final revised competency standards for the advanced registered nurse.

Details of how this set of standards evolved is outlined in the literature and document review and the focus group processes that made up the methodology for this project.

The advanced registered nurse might typically be described as:

- being prepared for evidence based practice through post registration qualifications/education;
- an active member of the nursing profession;
- accepting responsibility for complex situations which may encompass clinical, managerial, educational or research contexts;
- demonstrating leadership and initiating change;
- practising comprehensively as an interdependent team member;
- practising outside of single contexts or episodes of care;
- having particular breadth or depth of experience and knowledge; and
- focused on outcomes for individuals and groups.

Domain 1: Conceptualises practice

This domain contains competencies reflecting the ability of the advanced registered nurse to use theory, research evidence, observations and experience to think about practice in a way that considers factors other than the immediate event or circumstances to develop new questions, ideas and knowledge to enhance nursing practice and care for individuals and groups.

Competency Standard 1

Uses best available evidence, observations and experience to plan, conduct and evaluate practice in ways which incorporate complexity and/or a multiplicity of elements.

The advanced registered nurse:

- gathers and accurately evaluates evidence from a range of sources;
- uses multiple approaches to decision making;
- identifies typical patterns of responses from individuals and groups;
- recognises important aspects of the situation;
- makes qualitative distinctions based on previous experience;
- considers possible and probable consequences of the situation for individuals and groups;
- seeks additional clinical evidence to validate clinical decisions;
- initiates strategies to confirm/disconfirm data from additional sources;
- integrates data from all relevant sources;

Competency Standard 1 continued

- undertakes systematic and focussed surveillance that detects subtle changes in the situation for individuals and groups to inform assessment and decisions; and
- utilises relevant previous experiences to inform decisions.

Competency Standard 2

Uses health and/or nursing models as a basis for practice.

The advanced registered nurse:

- ensures practice is grounded in theoretical frameworks relevant to the context of care, for example: nursing, primary health care, family centred or health outcomes models; and
- contributes to the development of nursing and health care knowledge through reflection on practice.

Competency Standard 3

Manages outcomes in complex clinical situations.

The advanced registered nurse:

- maintains focus when multiple concurrent stimuli are presented;
- incorporates risk/benefit analysis to inform nursing decisions;
- accurately identifies parameters for the safety of individuals and groups;
- ensures nursing decisions are justified in the specific context;
- monitors effects of autonomous nursing decisions; and
- simultaneously and efficiently manages a range of activities.

Domain 2: Adapts practice

This domain contains competencies reflecting the ability of the advanced registered nurse to draw on a wide repertoire of knowledge and processes to tailor nursing practice in complex and challenging clinical situations.

Competency Standard 4

Anticipates and meets the needs of individuals and groups with complex conditions and/or in high risk situations.

The advanced registered nurse:

- identifies priorities quickly using context specific knowledge;
- incorporates risk/benefit analysis to inform nursing decisions;
- accurately identifies parameters for the safety of individuals and groups;
- ensures nursing decisions are justified in the specific context;
- monitors effects of autonomous decisions;
- responds constructively to unexpected or rapidly changing situations; and
- develops flexible and creative approaches to manage challenging clinical situations.

Competency Standard 5

Integrates and evaluates knowledge and resources from different disciplines and health care teams to effectively meet the health care needs of individuals and groups.

The advanced registered nurse:

- refers to and incorporates data from other health professionals when planning care;
- uses collegial networks for referrals to meet the needs of individuals and groups;
- develops and refocuses networks taking into account fluctuations and shifts in interdisciplinary alliances;
- uses maturity and political astuteness to deal effectively with issues arising from complex collaborations;
- clearly articulates the care requirements of individuals and groups using context specific knowledge and experience;
- actively advocates for individuals and groups within and across health care teams and agencies; and
- manages care for individuals and groups across multi agency and interdisciplinary lines.

Competency Standard 6

Seeks out and integrates evidence from a range of sources to improve health care outcomes.

The advanced registered nurse:

- identifies appropriate sources of evidence according to the context;
- is aware of and uses best available evidence to inform practice;
- obtains expert advice as required;
- uses outcomes of consultation to negotiate care;
- selectively implements specific strategies based on expected outcomes;
- makes decisions in partnership with individuals and groups according to their expressed needs; and
- ensures nursing practice is based on experience, clinical judgement, and statutory and common law requirements where a decision by an individual or group contravenes safe practice.

Competency Standard 7

Safely interprets and modifies guidelines and practice to meet the health care needs of individuals and groups.

The advanced registered nurse:

- ensures protocols guide rather than direct practice;
- responds effectively to unexpected or rapidly changing situations;
- identifies gaps between current practice and existing protocols and guidelines; and
- initiates changes to protocols and guidelines to improve the care of individuals and groups in line with latest available evidence.

Domain 3: Leads practice

This domain contains competencies reflecting the ability of the advanced registered nurse to promote and improve nursing practice through leadership.

Competency Standard 8

Leads and guides the nursing team to promote optimum standards of care.

The advanced registered nurse:

- practices confidently as an individual while maintaining open communication and consulting with relevant members of the health team;
- bases practice on the use and, where relevant, modification of multiple standards and guidelines;
- ensures practice is grounded in appropriate frameworks; and
- contributes to nursing knowledge through reflection on practice.

Competency Standard 9

Shares information and resources to initiate improvements and/or innovation in nursing practice.

The advanced registered nurse:

- recognises the value of change and where beneficial pursues the introduction of change such as new guidelines, protocols, skill mixes;
- supports quality improvement processes within the workplace;
- provides feedback on quality improvement processes to colleagues;
- personally contributes to quality improvement processes;
- incorporates outcomes from quality improvement processes into nursing practice; and
- consistently uses structured feedback from individuals and groups, both formal and informal, for ongoing quality improvement.

Competency Standard 10

Fosters and initiates research based nursing practice.

The advanced registered nurse:

- identifies issues/problems in nursing practice as the basis for review and research;
- critically evaluates existing research evidence for relevance to practice;
- participates in the conduct of approved research where appropriate;
- incorporates validated research evidence into nursing practice; and
- supports appropriate research conducted by others.

Competency Standard 11

Acts as a mentor and role model for nurses and other health professionals.

The advanced registered nurse:

- recognises the necessity for mutual respect of colleagues in the workplace and profession;
- makes time available to listen to colleagues' professional concerns and requests; and
- provides advice and constructive criticism where appropriate.

Competency Standard 12

Contributes to development of nursing knowledge, standards and resources through active participation at the broader professional level.

The advanced registered nurse:

- participates in organisational and/or professional committees, boards, working parties or forums; and
- contributes to written submissions about organisational or professional issues.

Competency Standard 13

Facilitates education of individuals and groups, students, nurses and other members of the health care team.

The advanced registered nurse:

- shares information and ideas; and
- takes on a teaching role for less experienced staff.

Competency Standard 14

Acts as a resource for other nurses and members of the health care team.

The advanced registered nurse:

- ensures research findings are disseminated to colleagues; and
- shares a depth of knowledge gained through continuing education and nursing experiences.

Competency Standard 15

Provides nursing as a resource to others through their capacity to practice outside single contexts and episodes of practice.

The advanced registered nurse:

- facilitates care/support groups for individuals and groups; and
- answers inquiries about current practice in area of expertise.

4 The evidence - literature review and document analysis

The methodology for reviewing the *Competency standards for the advanced nurse* included an international literature review and document analysis. The aim of the literature review was to explore trends and issues that would provide the relevant evidence to support any revision of the 1997 competency standards. The first part of the review highlights the global themes of context, advanced practice, disparity and regulation, and then proceeds with a more detailed consideration of major trends and issues within individual countries. Concluding comments point to special challenges for nursing in Australia.

4.1 Parameters of search

Two databases were searched - CINAHL and the Cochrane Library.

CINAHL

Search terms: advanced practice; specialty practice; higher level practice; expert practice; nurse practitioner; competence; competency; competency standards.

Focus: historical reviews; international trends and issues.

Cochrane Library

Search terms: advanced nursing; expert nursing; specialist nursing; systematic reviews; clinical trials.

Some searches of individual journals were also undertaken, as well as follow-up searches for individual articles. The only search limiter that was set was for language - English.

4.2 Global context

Changes in health delivery and health professionals' roles are reflective of global socio-economic and political trends and issues. For example, increased competition in the global market and multi-skilling have impacted on health delivery by way of emphasis on cost effectiveness and being able to work across disciplinary boundaries. Trends are not necessarily consistent: devolution and decentralisation might apply in some countries while tighter government controls apply in others and each can influence the way health services are organised and health professionals fulfil their roles (International Council of Nurses 2001).

Health care reforms are underway around the world. The trend is away from high cost in-patient care in hospitals toward primary health care led services based on the assumptions that resources are finite and access to health care is a fundamental human right. In highly developed Western countries the emphasis is on life style diseases (such as cardio-vascular illnesses) and mental health, while in developing countries priorities focus around the burden of diseases such as tuberculosis and HIV/AIDS, often markedly exacerbated by drought and famine. In all instances, advances in communications technology mean health professionals are constantly challenged by new information in the search for both solutions to current problems and ways to prepare themselves for competent future practice (International Council of Nurses 2001).

Nurses are integral to health service delivery world wide and while all are committed to the caring and service of humanity, roles and educational preparation differ widely. Wherever possible in developed and developing countries, nursing care should: take account of demographic changes (such as an increasingly aged population in Australia); be evidence-based; culturally sensitive; and agree on the competencies required to provide high quality care (International Council of Nurses 2001).

4.3 Advanced nursing practice

Since the year 2000, the topic of *advanced nursing practice* and associated concepts (such as *specialty practice*, *higher level practice*, *expert practice*, and *nurse practitioner*) are widely represented in nursing literature from the United States of America, the United Kingdom and Canada and to a lesser extent from Australia, New Zealand and other countries. It is frequently addressed from an historical stance. For example the subjects range from the origins of advanced practice during the 1970s and 80s to formalisation in the 1990s. The term *advanced practice* alone reportedly attracted 8000 articles in 2001 (Oberle and Allen 2001). The term, *advanced practice*, has a longer history than its associated terms in Australia, with the term *nurse practitioner* recently overtaking it in focus of attention and frequency of use. This is not the case globally however. In the United States of America its use appears to be growing as an umbrella term to include various specialty roles, including that of the nurse practitioner. *Higher level practice* is a term used recently in the United Kingdom, supposedly for the short term.

4.4 Disparity

The overriding feature of literature on advanced nursing practice and associated practices is the disparity. Authors from all countries report differences in: the use of terms; definitions of terms; practice criteria for enacting the terms; as well as educational requirements to fulfil role expectations of the terms, such as they might exist in any country, state or setting. This apparent confusion is not without considerable efforts being made to counter it. Much literature is devoted to distinguishing differences in meaning and application from professional, pragmatic, theoretical, philosophical, socio-political and various other perspectives. These efforts to clarify can further cloud the issues as they tend to add extra layers of meaning for readers to decipher.

4.5 Regulation

Regulation by nursing statutory authorities appears to offer a potentially effective strategy to translate the messy rhetoric of advanced practice and its associated practices into measurable professional standards and competencies. Globally, this has been set in train by the International Council of Nurses with their preparation of draft *International competencies for the generalist nurse* (International Council of Nurses 2001).

The competencies are written for the first level generalist nurse (one who has completed a program of basic nursing education) and conceivably, other level competencies might follow. It is significant to note, that the International Council of Nurses' definition of competence applies to all nurses, however defined: *a level of performance demonstrating the effective application of knowledge, skill and judgement* (International Council of Nurses 2001).

Individual countries have guidelines and standards already in place for nurses beyond 'first level'. For example, the Nursing and Midwifery Council in the United Kingdom has produced a set of

standards and guidelines for post registration education and practice (PREP) (Nursing and Midwifery Council 2002) and the National Nursing Organisations in Australia have produced competency standards for the advanced nurse (Australian Nursing Federation 1997), as have various National Nursing Organisation member organisations for nurses in various post graduate specialty practice areas (see www.anf.org.au/nno).

4.6 International trends and issues

Australia

An early paper on the topic of advanced nursing practice called for Australian nursing not to defer to North American thinking of the terms *specialist*, *expert* and *advanced practice* as synonymous (Sutton and Smith 1995). The authors highlighted the difficulty of identifying expertness in other than technological settings and were especially critical of the origins of specialist practice in medical specialties. They argued that advanced practice was different to expert and specialist practice in the different ways in which advanced nurses think, see and experience nursing practice (Sutton and Smith 1995). The authors particularly advocated that advanced practice was a way to re-establish a focus on the client and the nurse-client relationship.

The notion of specialist practice being different to advanced and expert practice was extended by a multi-site Australian study into research directions for specialist emergency nursing practice (Heartfield 2000). While accepting the 1992 International Council of Nurses definition of specialist nursing as *a nurse prepared beyond the level of a generalist and authorised to practise as a specialist with advanced expertise in a branch of the nursing field* (International Council of Nurses 1992). The researcher pointed to the trend in Australia for nurse practitioner roles to evolve around designated specialty practice.

Significantly, the report concluded in part that *despite international similarities in practice, interpretations of specialist and advanced practice will always be framed by the scope of local legislative and professional contexts* (Heartfield 2000).

A more recent international review of advanced nursing practice highlighted that while the National Nursing Organisations (comprising over 50 Australian nursing organisations) do not have specific criteria for advanced practice, they do specify three principles:

- experience can only be used as an indicator of competence and not a measure;
- knowledge can only be an indicator of advanced practice, not a criterion; and
- clinical performance is essential (Pearson and Peels 2002)

This review also raised some challenging questions. For example: how should performance be evaluated in order to regulate certification and authorisation; and how can nurse competencies and standards be measured when definitions are not clear? This same review continues by discussing *advanced nurse practitioners* - a term used in the United Kingdom. The points raised are relevant nevertheless: while some nurses have been found to be as effective as doctors in certain treatment situations, doctor substitution can be addressed by nurses separating their profession from medicine; and the major issues are deemed those of *definition, regulation and recognition of advanced nurse practitioners* (Pearson and Peels 2002).

Australian literature relating to advanced nursing practice appears to be merging into and being overtaken by that on nurse practitioners, with consideration of overseas experiences (Robson, Copnell et al 2002). Royal College of Nursing, Australia (RCNA) has a National Nursing Network publication devoted to nurse practitioners with quarterly updates on developments. Special pilot projects and trials have been conducted or are proceeding in all Australian states and territories in order to legitimately introduce nurse practitioners to the health workforce in a way that will enable them to practice comprehensively. A number of these have resulted in necessary legislative changes - albeit in very different ways and at different rates of progress (Offredy 2000; Dunn 2004).

The RCNA Nurse Practitioner National Nursing Network editor reported in mid-2003 that the Australian scene was changing very fast and with *incredible scope*, and associated with this there was confusion about the definition of 'nurse practitioner' in different states and settings (Dunn 2003).

The issue of competency indicators for registered nurses in Australia was addressed in a national project commissioned by the Australian Nursing Council Inc* in 1997 (Pearson, FitzGerald et al 2002). Despite extensive consultation at all levels of the profession, *no new ideas regarding what might constitute an indicator of continuing competence were forthcoming* (Pearson, FitzGerald et al 2002). According to the same authors, confusion over levels of competence, *echoed throughout the data*, with participants often starting to talk about specialist and advanced practice and then, in a *contradictory manner*, referring back to *beginning or core competencies*. Despite this ambiguous outcome, the authors considered *a coherent multifactorial continuing competency assessment tool* would benefit the nursing profession in Australia. They stressed however, continuing competency indicators would need to apply *across specialties and not be too invasive*. They saw such a development as complementing the Australian Nursing Council's standards of beginning competence (Pearson, FitzGerald et al 2002).

One team of Australian authors has reported how competency standards for critical care nurse specialists were developed, and articulated the differences between the entry-to-practice standards and advanced practice for specialist critical care nurses (Dunn, Lawson et al 2000). A trans-Tasman initiative, spearheaded by the Australian Nursing and Midwifery Council, has been the development of joint core competency standards for nurse practitioners for both Australia and New Zealand (Gardner, Carryer et al 2003). Joint trans-Tasman accreditation standards for nurse practitioner courses, and *generic or specific standards for midwives and registered or enrolled nurses* are also under discussion (Young 2004).

United States of America

A recent review of the evolution of advanced nursing practice in the United States of America highlights a critical need for cohesion within the profession regarding the definition and core competencies of advanced practice (Hanson and Hamric 2003). The authors cite nurse midwives and nurse anaesthetists as laying the foundations for advanced practice nursing in the early 20th century, out of which four roles have developed: the nurse midwife, the nurse anaesthetist, the clinical nurse specialist, and the nurse practitioner. They see advanced practice nursing as evolving in three natural stages:

*Now known as the Australian Nursing and Midwifery Council (ANMC).

1. specialty development in practice setting;
2. organised specialty training begins;
3. knowledge base grows, pressure mounts for standardisation and graduate educational programs emerge.

However, progression through these stages is not inevitable, as not all specialties evolve into advanced practice (for example, dietetics matured into a separate field; administration evolved away from clinical practice).

A defining feature of advanced practice is the *central competency* of direct clinical practice. Other core competencies are: *expert guidance and coaching, consultation, ethical decision making, collaboration, research skills, and clinical and professional leadership* (Hanson and Hamric 2003).

Issues to be addressed for a specialty to evolve into advanced practice in the United States of America are identified as:

- clarity of definition and core competencies;
- cohesion among leaders within the profession;
- standardisation of advanced practice curricula;
- advanced practice nursing certification and credentialing;
- consideration of external forces.

Two visions for the advanced nurse in the United States of America are discernable:

1. Advanced practice fades as a definable level of practice and merges into mid-level status with physician substitution as the prime activity; or
2. Advanced practice is increasingly recognised for the value-added nursing complement to medical care and advanced practice nurses become preferred providers of care based on the important holistic and family-centred focus that they bring to patient and/or family interactions - the desired vision (Hanson and Hamric 2003).

This desired vision bears out an earlier call for there to be no *straddling two horses* - advanced nursing as a professional practice should be *grounded in a paradigm of practice that is nursing* (Locsin 2002).

Graduate (master) level education for advanced practice in the United States of America reportedly varies greatly (Hamric and Hanson 2003). One proposal for standardisation outlines necessary role content as well as teaching strategies for advanced practice curricula - whether the graduate is preparing to become a nurse practitioner, clinical nurse specialist, certified registered nurse anaesthetist, certified nurse midwife, or other newer roles such as advanced practice nurse case manager. The authors of this proposal advocate integrating content of the various specialties into one course as well as blending content *that flows across the disciplines*. They believe diverse literature and interdisciplinary content enables students to become *better able to interact in practice* (Hamric and Hanson 2003).

Describing advanced nursing practice as a *constellation of competencies embedded in a variety of roles, rather than in terms of particular roles* is reportedly taking hold in the United States of America (Davies and Hughes 2002). Such an approach is said to highlight how advanced practice extends beyond positions and roles and diffuses *intra professional rivalry* between these. Further, it is a way of viewing the world *based on clinical knowledge, rather than a composition of roles* (Davies and Hughes 2002). This idea is congruent with an earlier paper delineating the general professional educational competencies required for nursing patterns of knowing. Examples of epistemological competencies are provided in that paper, including generic nursing competencies required in health care (Vinson 2000). Strong calls also exist for competency based education in psychiatric-mental health nursing (Naegle and Krainovich-Miller 2001).

Despite these moves to reduce disparity and diversity, literature continues to emerge focussing on advanced practice nursing (DeBourgh 2001; Kleinpell 2002; Marfell 2002; McCabe 2002) including clinical trials (Ritz, Nissen et al 2000), role preservation of the clinical nurse specialist and nurse practitioner (Rose, All et al 2001), and clinical nurse specialists (Calvin and Clark 2002; Gigliotti 2002; Lyon 2002; Hales, Karshmer et al 2003) including systematic reviews (French, Bilton et al 2004; Loveman, Royle et al 2004) and follow up of clinical trials (Tijhuis, Zwinderman et al 2003). The use of portfolios as a means of credentialing specialty practice is also advocated (Moyer 2002).

United Kingdom

A great deal of ambiguity was reported about role differences between clinical nurse specialists and advanced nurse practitioners in the United Kingdom (Ormond-Walshe and Newham 2001). Various job titles caused further confusion, including specialist nurse, nurse practitioner, nurse consultant, advanced nurse practitioner, clinical nurse specialist and advanced specialist as well as *extended role* and *expert practice*. Confusion was seen as arising from increased technological and scientific changes, and because clinical nurse specialists and advanced nurse practitioners took historically different paths (Ormond-Walshe and Newham 2001). Another suggestion was that confusion stemmed from trying to impose *American philosophies and ideals onto the UK* - when both models of clinical nurse specialist and advanced nurse practitioner should *most definitely be tailor-made for the UK* (Ormond-Walshe and Newham 2001).

The authors of the comparative study referred to above found a basis for differentiation between clinical nurse specialists and advanced nurse practitioners in: level of academia; intersection with the medical profession's role; direct care of patients; and certain specialities. However, they also acknowledged the boundaries between the two roles were not clear and the roles could be perceived as merging (Ormond-Walshe and Newham 2001). Papers have continued to appear describing and advocating various United Kingdom roles, practices and courses in specialist practice (Cappleman and Jackson 2002; Castledine 2002b; Clarke 2003) as well as specifically linking expert practice with specialist and advanced practice (Cox 2000; Phillips 2000; Skene 2000; Wilkin 2002).

Competency assessment has been linked with expert practice through: a study to identify United Kingdom policy on competence and expertise (Manley and Garbett 2000); discussion of assessment and procedural issues impacting on competency (Lane, Brennan et al 2002); and research to compare the actual competence of newly qualified nurses with senior nurses' perceptions of their competence (O'Connor, Pearce et al 2001). This latter paper includes examples of the competency assessment tool used in the research, specifying generic and specialist behaviours.

As a result of reported diversity and ambiguity of UK terminology and practices, the United Kingdom Central Council for Nursing, Midwifery and Health Visiting undertook to re-examine the concept of advanced practice, calling it - in all its variations - higher level practice (Castledine 2002). The term was intended to be temporary while the work of determining generic competencies of higher level practice was accomplished, work since taken over by the new UK Nursing and Midwifery Council. It appears nevertheless to have found an enduring place in the literature (Norman 2000; Castledine 2001; Madge and Khair 2001; Walker 2001). Early reports were that it was too hard for nurses to reach the higher level practice (evidenced by peer assessment and portfolio presentation) but this view changed and the project was given a vote of confidence to continue (Castledine 2001; Castledine 2002; Castledine 2002a).

It has been suggested that higher level practice equates with earlier use of the term advanced practice and advanced practitioner, and that nursing and midwifery in the United Kingdom should revert to these terms (Castledine 2002). Further, it has also been asserted that advanced practice: is concerned with new roles; is not restricted to a particular field of practice; develops nursing knowledge through evidence-based practice; and integrates education, research, management, leadership and consultation (Castledine 2002a).

This above view is however countered by others who say the United Kingdom nursing profession has rejected use of the terms advanced practice and advanced practitioner, as evidenced by the Government opting for the terms senior practitioner and consultant practitioner (Durgahee 2003). Recommendations to the UK Nursing and Midwifery Council from research on the topic of higher level practice included consolidating higher level practice *within the framework of specialist nursing practice* and anchoring it *in the actual practice of nursing instead of a 'superior' layer of skills above it* (Durgahee 2003). Seven consistent concepts were found to define higher level practice:

- clinical leadership;
- contribution to knowledge development;
- practice at Level H (degree level);
- complex reasoning;
- critical reflection;
- expert knowledge and problem solving;
- autonomous;
- creative.

The researcher had already successfully implemented a learning module, Higher Level Practice, within a Master of Science (Nursing Practice) course (Durgahee 2003).

Canada

Canadian professional nursing organisations have claimed clinical expertise to be a hallmark of advanced nursing practice (Donnelly 2003). However the nature of this expertise is *elusive and unclear* according to a recent overview of the Canadian perspective, and is complicated by the expansion of nursing roles into the medical domain. This has reportedly hampered the conduct of educational programs in Canada. Recommendations for nursing leaders over the coming decades are:

- nursing education reform that entrenches advanced practice nursing programs in university graduate schools;

- workplace reform to ensure academically prepared advanced practice nurses find their work challenging and rewarding;
- maintaining the current momentum of political influence (Donnelly 2003).

While *considerable support* exists for graduate education in advanced practice in Canada, there appear few developments, despite beginning regulatory reform in some jurisdictions to allow nurses to function outside traditional boundaries. The dominant call is for Canadian nurses to clarify and enact through education the Canadian Nurses Association's description of advanced nursing practice: *the deliberate, purposeful and integrated use of expanded nursing knowledge, research and clinical practice expertise, grounded in the values of holistic, patient-centered care* (Donnelly 2003).

Canadian psychiatric nurses have researched the continuing competency needs of their profession taking into account the requirements of the *Regulated Health Professions Act of Canada* (Ryan-Nicholls 2003). A major component of the report of this research comprises a table listing competencies shared between entry-level registered nurses and registered psychiatric nurses, a table listing the competencies unique to entry-level registered nurses, and a table listing competencies unique to entry-level registered psychiatric nurses. The research showed psychiatric nurses are balancing the need for continuing competency with an evolving mental health care system (Ryan-Nicholls 2003).

New Zealand and other countries

1998 marked a turning point in New Zealand when the Ministerial Taskforce on Nursing acknowledged *advanced practice as influencing greater effectiveness and efficiency in health care* (Vernon 2000). The Taskforce also urged the development of a *framework for nursing specialist competencies, linked to nationally consistent titles, so that all nurses using a particular title can be recognised as having particular competencies* (Jacobs 2000).

Further documents prepared by the Nursing Council of New Zealand and the Nurse Executives of New Zealand followed - formalising post registration nursing education and offering guidelines for the advanced practice roles of clinical nurse specialist and nurse practitioner respectively. New Zealand literature has described the advancement of nursing as involving both specialisation and expansion (Vernon 2000), albeit with lively (seemingly unresolved) debate about titles, credentialing and whether the nurse practitioner role should be the most senior clinical practice role (Jacobs 2000; Carryer 2002; Litchfield 2002; Trim 2002).

Literature from Hong Kong reports the emergence of advance practice nurses in nursing specialties with influencing factors from the United Kingdom, United States of America and Australia (Wong 2002). One study of accident and emergency nurses called for the Nursing Council of Hong Kong, leading professional nursing organisations, and universities to work together to produce *specialty standards to assure the competencies for nurses meet professional needs within each of the specialties* (Wong 2002).

In South Africa, there is reportedly a growing need for home-based care (due to an increasing AIDS population) largely supervised by nurses. The primary clinical practitioner (nurse practitioner) role is undergoing rapid change and nurse practitioners have called for: access to education and training to ensure they possess the necessary competencies; and, enabling legislation to ensure they have the authority to perform required actions. South African nurse practitioners are keen to establish partnerships with international counterparts (Geyer, Naude et al 2002). Clinical nurse specialists in the United States of America with a similar interest in providing care to African American women with HIV/AIDS have developed competencies (Lewis 2002) in three spheres of influence using Leininger's Sunrise Model as a framework. The model focuses on *describing, explaining, and predicting nursing similarities and differences among people of various cultures* (Lewis 2002).

A cross-country study of advanced nursing practice in Brazil, Thailand, the United Kingdom and the United States of America found unmet health needs in each country to have stimulated the development of advanced practice roles (with varying titles) (Ketefian, Redman et al 2001). The socio-political environment and health workforce supply and demand were influential factors in each country, as were government support and policy. While education for advanced practice was present in each country, the *end products* were quite different however, reflecting the different cultures, contexts and traditions. The one common theme was *a drive toward the professionalisation and autonomy of nursing*. The research team (comprising members from each country) considered there was an ongoing need for inter-country comparisons. Such studies benefit the global community and, despite different social systems, all countries are concerned with clarification of roles, responsibilities and educational preparation. They suggest mistakes and diversity can be viewed as opportunities to learn and improve (Ketefian, Redman et al 2001).

4.7 Conclusions

The literature reviewed here clearly reveals a global struggle to clarify a multitude of new and not so new nursing roles and styles of practice. Each country from which literature was drawn is striving to come to terms with its own experience of advanced practice in its various forms, and in the process, to arrive at unambiguous role statements that can be expressed in competency terms. The cross-country study serves to highlight that the world is indeed a global village yet its inhabitants are extremely diverse. It shows the importance of respecting one another's differences while being prepared to learn from one another. One senses, in literature from the United States of America and the United Kingdom, that this is a desired position for their nursing leaders; to find their own solutions to fit their own contexts but with cognisance of available collective wisdom.

The scant literature on advanced practice in Australia could be worryingly indicative of diminished interest, leaving a vast gap into which the practice of the majority of Australian registered nurses falls. Nurse practitioners - about whom the literature, and presumably the interest, is growing - occupy only a tiny proportion of the Australian nursing workforce at this stage. Most registered nurses in Australia fit the International Council of Nurses category of *first level*, or the *beyond entry level* addressed by the competency standards for the advanced nurse prepared for the National Nursing Organisations - designed as generic standards that can be applied within a wide range of specialty areas (Australian Nursing Federation 1997). If the largest component of the Australian nursing workforce is to be deemed to be undertaking advanced nursing practice, considerable scope

exists for: the identification of advanced practice roles; clarification of associated generic and specialist competencies; and the development of graduate advanced practice educational programs. If alternatively, the Australian nursing profession wishes to use the term *advanced practice* in an umbrella sense for all roles (as proposed in the United States of America), it would also embrace the many nurse practitioner initiatives underway around the country. Further, different configurations are also possible.

A theme persisting throughout all the global literature surveyed on advanced practice nursing is a desire to simplify the clutter of terms and create in their place a vastly more elegant and meaningful set of nursing role statements - and a competency framework within which to accomplish them. In this regard, two overseas trends might provide some direction for developments in advanced nursing practice in Australia. Firstly, the United Kingdom trend for *higher level* terminology focussing on level of performance rather than areas of specialty practice. Secondly, the emerging preference in the United States of America to think of advanced practice in terms of a *constellation of competencies* rather than roles.

5 The evidence - views and experiences from the focus groups

As part of this project, four focus group consultations were held with registered nurses who had been nominated as practising at an advanced level. The steering group for the study was asked to nominate, through their organisation's professional networks, 40 registered nurses from areas of generalist and specialist practice in the public and private health care sectors identified as practising at an advanced level. Participants were selected from the pool of 125 nominated registered nurses ensuring participation of registered nurses from a diversity of settings, roles and areas of practice as well as from each state and territory. Nationally, a total of 31 registered nurses participated in the focus groups.

The focus groups were conducted via teleconference to facilitate involvement of registered nurse participants from rural, remote and metropolitan areas. Discussion focused on exploring the characteristics of the practice of the advanced registered nurse. Prior to the focus group consultations, all participants were provided with an information package which included: information about the study; a copy of the 1997 ANF *Competency standards for the advanced nurse*; and teleconference dial in details. In keeping with the ethics approval for the research, each of the participants was asked to give their consent to the focus groups being recorded and transcribed to facilitate analysis.

Discussions generated rich and articulate descriptions of the practice of advanced registered nurses in a variety of metropolitan, rural and remote settings including hospitals, remote community centres, the Australian Defence Forces, the Royal Flying Doctor Service, general practice, aged care, and in private practice as consultants. Participant responses indicated that the characteristics of competence for advanced registered nurse practice included leadership, management/care coordination, resource/education, innovation/adaptation, autonomous practice, theory/model based practice and research based practice. These characteristics were initially themed under the broad domains of developing practice, conceptualising practice, adapting practice and resourcing practice. In using these domain titles, a deliberate decision was made in this early stage of the study to avoid terms such as leadership as a way of attempting to describe the characteristics of the practices seen to be reflective of leadership.

5.1 Developing practice

The characteristics of developing practice were seen to include the ability of the advanced registered nurse to provide leadership through initiating improvements and innovations in clinical practice at the local level as well as contribute to the development of nursing practice through involvement at the broader professional level. Participant comments about these leadership characteristics echoed a strong theme of continuously striving for improvements in practice, summarised by one participant in the following way:

You cannot continue to be a leader and repeat the same old thing all the time. You've got to be prepared to look at best practice and find out what are the innovative things that are going to make a positive difference for clients and community, and be prepared to lead people into that uncertain area. Focus group participant

Acting as a mentor, support and role model for nurses and other health professionals was also seen as an important characteristic of the practice of the advanced registered nurse; with many participants suggesting that it was an essential requirement to be recognised as practicing at an advanced level. Many comments from participants emphasised the need to use their knowledge and experience to support and assist in the professional development of less experienced nurses. Participant descriptions of mentoring situations highlighted the breadth of clinical knowledge and expertise that enables the advanced registered nurse to fulfil this responsibility. As one participant highlighted:

When doctors come on flights with us, often they haven't been exposed to the aviation physiology or aviation role. So it's up to us to educate them as to the physiology of patients and what's actually going on with them and how altitude can affect them. As well as, of course, like the basic underlying medical condition and co-morbidities. We're dealing with a very high proportion of the Aboriginal population.

Flight Nurse, Focus group participant

Involvement at the broader professional level was seen to include active involvement with professional organisations as well as involvement in the formal education of other nurses. For example, some participants talked about their involvement with education providers to develop programs and courses whilst others were involved in teaching in courses or programs related to their area of practice.

5.2 Conceptualising practice

The advanced registered nurse was able to conceptualise their practice using a range of frameworks or models including formal recognised models and theories as well as local models developed through knowledge and experience in their particular area of nursing. Participants repeatedly spoke of the ability of the advanced registered nurse to *look outside the square*, drawing in evidence from a wide repertoire of knowledge, skills and experience and tailoring it to suit the particular client situation. As one registered nurse described:

When you apply a theoretical model or a systematic approach to problem solving, you can often negotiate with a client a course of action that will see a plan be devised that they are happy with and you're happy with....While the situation might flare up and feel like it needs an instant solution, you need to take a step back and analyse it a little bit more clearly and think it through. And that is a case of using a client-centred model and applying strategies or techniques or skills, experience, all of those sorts of things, theoretical models, to approach a problem and solve it. It's definitely an integration of theory and practice. Focus group participant

Participants also emphasised the ability of the advanced registered nurse to concurrently consider the immediate situation as well as the longer term view for the particular client or patient. One registered nurse described it as the:

...ability to make sense of what's being observed and seen and taken in, and putting it in the context of the whole picture, being able to see the broader context, and make sense of that, and I think that's what others are saying as well. Focus group participant

It was suggested that the ability to recognise patterns and themes built through experience and knowledge enables the advanced registered nurse to consider this bigger picture for each client in terms of the impact and meaning of the situation for their health in the longer term.

5.3 Adapting practice

The ability to adapt practice to provide care for clients with complex health care conditions and risk factors was also seen as a characteristic of advanced registered nurse practice. This ability was recognised as relating to the advanced registered nurse's breadth and depth of experience, knowledge and skills which included knowledge of available resources and supports. Many participants also described how the advanced registered nurse integrates knowledge from different disciplines and health care teams to effectively meet the needs of individual clients. As one registered nurse described:

We have vascular patients, and they range in complexity with multiple problems, diabetes, so you know they've got other teams of doctors coming in as well so we tend to use, and I coordinate a collaborative approach in care for these patients. So we're looking at using physios and pharmacists, and doctors, nurses, from a wide range, diabetic educators, so we work in a collaborative approach to actually deliver our care.

Focus group participant

Discussion also emphasised that the advanced registered nurse is able to translate their knowledge to the specific situation, and that this is based on well honed assessment and clinical decision making skills:

You know in a book that people over the age of 85 are at an increased risk of falls, but once you've actually worked with the elderly, you know that's the case, but you also look more at the contributing factors this person has got. A chest infection, they're more likely to be more confused, they're more likely to fall and even at these times of the day.

Focus group participant

A number of participants also suggested that adapting practice to meet client/patient needs at times required the confidence to practice safely outside prescribed boundaries in the best interests of the individual client or patient. This was described by some as being prepared to move into greyer areas of risk taking by practising in non-routine ways, but having the knowledge and skill to do this safely.

5.4 Resourcing practice

There was strong agreement among participants that the advanced registered nurse acts as a resource to other nurses and members of the health care team, as well as patients/clients and their families and others in the community. For example, one nurse audiometrist described her role in working with teachers for the hearing impaired, and self help groups in the community. This registered nurse also described establishing and coordinating a *hearing expo* in her community as a part of hearing awareness week. Another registered nurse working in a hospital setting described her role as a resource to others as:

...quite a broad role. It involves education. You're also a resource person on the ward, team leader. For instance ...if there's a difficult patient on the ward or a difficult situation, you're first port of call to help out with that situation. Focus group participant

As highlighted in the excerpt above, this aspect of advanced registered nurse practice was seen to require clinical knowledge and experience as well as the educational skills to impart that knowledge and experience to others.

5.5 Other characteristics typical of the advanced nurse

Participant discussions also highlighted a series of descriptors that were understood by participants to be descriptive of the typical advanced registered nurse. These included:

- having postgraduate qualifications;
- belonging to a professional organisation;
- working in a role with responsibility for complex situations and/or large volumes of patients or staff;
- practising outside of single contexts or episodes of care; and
- a particular breadth or depth of experience.

5.6 Format of the draft competency standards

Four categories of characteristics that were identified as differentiating the practice of the advanced registered nurse emerged from the focus groups and formed the basis for the four draft domains for the classification of the competency standards. These were:

- leads practice;
- adapts practice;
- develops practice; and
- resources practice.

Related sub-themes from each category provided the basis for draft standards statements within each domain. The descriptors that were identified by participants as being descriptive of the typical advanced registered nurse were also included at the beginning of the draft document. With regard to the format of the draft standards, a number of participants commented on the overlap between the Australian Nursing and Midwifery Council competency standards for the registered nurse and the current competency standards for the advanced nurse suggesting that including the same competency elements in core and advanced standards constrained or made the advanced level of practice less visible. Hence, the draft standards did not include any core elements of registered nurse practice.

6 First draft - revised *Competency standards for the advanced nurse*

F I R S T D R A F T

Conceptualising practice

- Uses observations and experience of practice to conceptualise ie develop ideas and/or identify evidence and plans for practice in ways which look at the bigger picture and incorporate complexity and multiplicity of elements.
- Incorporates into practice and conveys to others practice models such as primary health care and health care outcomes approaches.
- Is outcome focussed and is able to manage multiple and sometimes seemingly incommensurate outcomes.

Adapting practice

- Practises in a way that meets the needs of clients with complex conditions and risk factors.
- Integrates knowledge from different disciplines and health care teams to effectively meet the health care needs of individual clients.
- Practises in non-routine ways.
- Integrates perspectives and information from a range of sources to enhance health care outcomes for individual clients.

Developing practice

- Initiates improvements/innovation in clinical practice.
- Acts as mentor and role model for nurses and other health professionals.
- Contributes to development of nursing knowledge and standards through engagement at the broader professional level.

Resourcing practice

- Acts as a resource for other nurses and members of the health care team. Core practice of registered nurses involves acting as a resource person for patients and their families.
- Resources others through their capacity to practice outside single contexts and episodes of practice.

7 Validation of first draft - revised *Competency standards for the advanced registered nurse*

The aim of the validation phase was to evaluate and, where necessary, modify the draft revised competency standards for the advanced registered nurse to ensure their applicability in a range of nursing contexts. The validation phase consisted of focus groups conducted in metropolitan, rural and remote locations nationally and via teleconference.

Overall there was a high level of support for the proposed revision of the competency standards for the advanced nurse with some suggestions for fine tuning the wording of the standard statements and a change of title to include reference to the advanced nurse also being a registered nurse.

The final version of the revised standards is different in format to the 1997 version of the *Competency standards for the advanced nurse*. In the revised standards, the standards are presented in domains using a similar format to the Australian Nursing and Midwifery Council competency standards for registered nurses and enrolled nurses (Australian Nursing and Midwifery Council 2004). This was seen by participants as an important way of showing the relationship between the core and advanced standards for nursing in Australia. A number of participants talked about the need for a consistent competency framework for the development of nurses throughout their professional career:

I think it is sensible to try and keep the framework similar so that people can as they go along look back at what they have done and achieved and say well this is the next level. Advanced registered nurse, focus group participant

In Australia the nursing profession has now had over a decade of experience in using competency standards to inform practice. Therefore, not surprisingly, participants overwhelmingly preferred the standards to be written as a differentiating standard which did not repeat the core registered nurse standards, suggesting that the current standards which include many of the core standards make it difficult to identify the competencies that characterise advanced practice and make the document less user friendly. It was also suggested that the final revised standards include a statement explaining that the advanced standards have been developed to be used in conjunction with and build on the Australian Nursing and Midwifery Council *Competency standards for the registered nurse*.

The domains in the Australian Nursing and Midwifery Council competency standards include:

- professional and ethical practice,
- critical thinking and analysis,
- management of care, and
- enabling.

These represent the core domains of nursing competence in Australia (Australian Nursing and Midwifery Council 2004). Hence, the revised competency standards for the advanced registered nurse do not repeat the Australian Nursing and Midwifery Council core domains of practice, but identify further domains of higher level competencies through which the core competencies described in the Australian Nursing and Midwifery Council domains are developed in the practice of advanced registered nurses.

The additional domains for advanced registered nurse practice identified in this research focus on the abilities of the advanced registered nurse to conceptualise, adapt and lead nursing practice. Like the Australian Nursing and Midwifery Council's core competency standards, these three domains each incorporate statements of the standard and cues related to each standard. The cues were derived from participant responses, the literature, and the current competency standards as this project did not include observations of advanced registered nurse practice and are therefore not exhaustive, but serve as examples illustrative of each standard as requested by participants. The discussion below summarises participant responses to the draft revised standards as they evolved during the validation process with reference to relevant literature and standards where appropriate.

7.1 Characteristics of advanced registered nurse practice

Throughout the focus group consultations, there was considerable support for providing a definition or description of the advanced registered nurse level of practice in the revised standards. Given the diversity of roles undertaken by nurses practising at an advanced level, the research team proposed a set of characteristics that were typical of the advanced registered nurse, rather than a role description which may be potentially constraining. Participants suggested that the description of the typical advanced registered nurse as circulated in the draft standards would assist those using the standards to understand the level of practice the standards were describing. The revised competency standards include the characteristics of the advanced registered nurse as described by participants and are consistent with the description of advanced registered nurse practice adopted by the National Nursing Organisations (National Nursing Organisations 2004) which suggests that nurses practising at this level *...demonstrate more effective integration of theory, practice and experience along with increasing degrees of autonomy in judgements and interventions* (Queensland Nursing Council 1998).

Hence the typical advanced registered nurse is described as:

- prepared for evidence based practice through post registration education/ qualifications;
- an active member of the nursing profession;
- accepting responsibility for complex situations which may encompass clinical, managerial, educational or research contexts;
- demonstrating leadership and initiating change;
- practising comprehensively as an interdependent team member;
- practising outside of single contexts or episodes of care;
- having particular breadth or depth of experience and knowledge; and
- focused on client outcomes .

This description also fits with the National Nursing Organisations' model describing the Australian nursing context of competence which suggests that advanced nursing practice occurs within a generalist and specialist context (National Nursing Organisations 2004).

There was some debate about the need for postgraduate education and qualifications however many participants expressed the view that they were a requirement for advanced practice.

Participant comment illustrating these different views is presented below:

... I thought the first bit didn't encompass what I would view. The background information of what an advanced nurse might typically be described as, must they have postgraduate qualifications, and I think knowledge is an alternative.

... You undervalue nursing by not doing it. Nurses have to be able to develop some sort of research projects so they are important skills that you learn in postgraduate study. I work in emergency and paediatrics where there are two obvious streams to take but having done both of those I would feel cheated if then the benchmark was lowered to such an extent that colleagues who seem to have done relatively little could also be considered as advanced nurses.

... I think we need to be cautious about dumping something like this, I think sometimes we keep lowering the bar. It is disappointing for people who strive to achieve certain things to then be placed on the same standard as people who work in an area where there isn't an obvious and clear post grad pathway to take.

They may have done short courses. They may have done advanced in-service courses, right this moment you wouldn't preclude people who haven't done the undergraduate bachelor of nursing or something like that if they've got a certificate. I mean they practice at this level.

Focus group participants

Therefore, while some participants and the National Review of Nursing Education report: *Our Duty of Care* (Heath 2002) proposed that nurses practising at the advanced level do not necessarily require a postgraduate qualification, many participants in this study expressed a converse view. This standard therefore acknowledges both the importance of post registration education and clinical knowledge developed through experience in the description of a typical advanced registered nurse, recognising that some advanced registered nurses may have one or both components.

7.2 Competency domains

Conceptualises practice

This domain contains competencies reflecting the ability of the advanced registered nurse to use theory, research evidence, observations and experience to think about practice in a way that develops new questions, ideas and knowledge to enhance nursing practice. Throughout the consultations, participants varied in their views regarding the term to best describe this domain of practice, with some preferring the term practices comprehensively. However, others argued that this phrase did not adequately capture the higher level or bigger picture thinking of the advanced registered nurse. Despite the differences regarding terminology for this domain, participants agreed that the intent of what was being conveyed was a significant, albeit sometimes difficult to identify, describe or measure aspect of advanced registered nurse practice as illustrated in the following quotes from participants:

...Using conceptualising encompasses those higher order type functions.

...I think one of the problems with this concept is that a lot of advanced nurses will not even realise they are doing it and that is why it is hard to grasp and put it down on paper because everybody in this room does this regardless of whether they have an academic background or practical, traditional type nursing training background, we all do it without even realising that we are doing it and I think that is why conceptualising sounds wrong if you don't have an academic background, comprehensive sounds wrong because we have to share and communicate so that is why I think it is hard, it has almost become an innate thing that we do. Equally that makes it hard to measure someone for doing it because that is what is going to be useful is measuring people and saying you have reached that or no you haven't.

Focus group participants

The bigger picture thinking described by participants was seen to incorporate consideration of the client and the organisation with a future orientation beyond the immediate clinical situation as described in the words of two participants:

... And I am thinking that what that means is that you're participating at a higher level. That you are not just focused on the here and now but you're focusing also on the tomorrow.

... I know it's advanced practice, but also I think that it's always contingent on the person that's in that environment especially in the small rural context is that they've got a good grasp of what happens organisationally too, a sense of the organisation and the development of the organisation as a whole... they don't just think about the ward. They do see the whole organisation as part of what happens.

Focus group participants

Adapts practice

This domain contains competencies reflecting the ability of the advanced registered nurse to draw on a wide repertoire of knowledge and processes to tailor nursing practice in complex and challenging clinical situations. Hence, participants viewed this domain as reflecting the ability of the advanced registered nurse to manage clients with complex conditions not always evident to the less advanced nurse. As a part of this, the domain was also seen to incorporate higher level clinical assessment and problem solving skills to inform clinical decision-making with the advanced registered nurse gathering evidence from a variety of sources using a variety of approaches. Participants also suggested that a further differentiating feature of advanced registered nurse practice in this domain was their ability to anticipate issues and care needs rather than being reactive.

The main area of debate relating to this domain was centred on the degree to which it is possible for the advanced registered nurse to modify protocols independently. While all agreed that the ability to safely interpret and modify protocols is a hallmark of advanced registered nurse practice, this was tempered with the need to be aware of associated medico-legal issues:

... I think that is probably what sets an advanced nurse apart, in that you can adjust that and you do have to have rules and regulations and guidelines to ensure a minimum safe standard for practice. But I think we've already agreed that it is the years of experience that allow you to adjust those things to make decisions, and basically we're still bound professionally to be able to justify why we've done what we've done.

... I just think you need to be mindful, there's medico legal issues here, and we are in a very... we work within a climate where you know we do need to protect ourselves. There are people that do go outside, like yes you can adapt the policy or the protocol to the situation, but there are people that go like a long way out, so I think you need to ensure that it's written so that yes the adaptation area is there but also you know you can't let people just wander off on a tangent.

... I liked seeing 'safely interprets protocols and guidelines to meet client's needs' because I feel as an advanced nurse at my level I can actually do that without causing any danger and to have that acknowledged that I have the skills and knowledge and background to be able to do that is very reaffirming.

Focus group participants

Leads practice

This domain contains competencies reflecting the ability of the advanced registered nurse to promote and improve nursing practice through leadership. This domain was initially split into two and was titled, developing practice and resourcing practice, however participants overwhelmingly preferred to use the term leads practice:

... leadership should be included because that was one glaring omission from the original documents, as an advanced practitioner, that is what you are looking at a leader in your field.

... My vision of an advanced nurse is that they are seen to be a leader and may be working fairly autonomously, having team work, collaborative, leadership...

... I see an advanced nurse as someone who is able to lead a situation, it doesn't have to be a leader at the elite level but it is actually someone that can take control of a situation or provide guidance.

Focus group participants

There was a high degree of consensus that leadership was an important aspect of advanced registered nurse practice which encompassed improving and developing practice and mentoring and teaching both nurses and other health professionals:

... If you use our medical colleagues as an example, the physicians, the specialists, that is their role for their colleagues to lead the advances to change things, we are not general practitioners but we have our own profession, it is every bit as valuable, we have our own body of knowledge that is every bit as valuable, why can't we use each other and knowledge in the same way and accept that we are doing things for the benefit of our profession.

Focus group participant

Within this domain, fostering research based practice was seen as important as was the role of the advanced registered nurse in initiating research in areas of practice without a research base:

... But what you would expect an advanced practitioner to do is to initiate the research itself if the evidence isn't there.

Focus group participant

Participants also agreed that the advanced registered nurse displays certain leadership characteristics that come with experience such as *...assertiveness, and confidence in answering questions for patients and other staff.*

A number of suggestions about fine tuning the wording of the standards statements to ensure consistency of language use were incorporated into the final version.

8 Conclusion

The revised competency standards for the advanced registered nurse are an important resource and guide for registered nurses. The work done by Terri Gibson and Marie Heartfield clearly defines the role of the advanced registered nurse in 2005 and the standards now appropriately sit side-by-side with the national competency standards for the registered nurse endorsed by the nurse regulatory authorities in each state and territory.

Nurses are an essential component of the health system in Australia. They are present wherever health care is provided: in rural and remote areas; in the health services for disadvantaged, marginalised and homeless people; in prisons; in mental health services; in schools; and in hospitals.

Advanced registered nurses are the experienced, knowledgeable and competent nurses situated in all these settings using evidence for practice, taking responsibility for complex situations, showing leadership in clinical and professional settings, contributing to effective team work, and focusing on improving the health of individuals and groups. These standards capture the special role that advanced registered nurses play in health care and provide the words for nurses to communicate the skills, knowledge and attitudes that make the difference when people need nursing care.

9 References

- Australasian Nurse Registering Authorities Conference, 1990. *Nursing competencies assessment project*. Report to the Australasian Nurses Registering Authorities Conference, North Adelaide.
- Australian College of Critical Care Nurses, 2002. *Competency standards for specialist critical care nurses*. www.acccn.com.au.
- Australian Nursing and Midwifery Council, 2004. *National competency standards for the registered nurse and the enrolled nurse*. www.anmc.org.au.
- Australian Nursing Federation, 1989. *Standards for nursing practice and Standards for nursing care*. Melbourne: Australian Nursing Federation. www.anf.org.au.
- Australian Nursing Federation, 1997. *Competency standards for the advanced nurse*. Melbourne: Australian Nursing Federation. www.anf.org.au.
- Calvin, A.O. and Clark, A.P. 2002. Legal and ethical dimensions of CNS practice. How are you facilitating advanced directives in your clinical nurse specialist practice? *Clinical Nurse Specialist*. 16(6): 293-294.
- Cappleman, J. and Jackson, C. 2002. Transporting sick infants: a specialist practice course. *Journal of Neonatal Nursing*. 8(1): 21-24.
- Carryer J. 2002. The nurse practitioner role: a process of evolution. *Nursing New Zealand* (Wellington). 8(10): 23.
- Castledine, G. 2002. Higher level practice is in fact advanced practice, Castledine column. *British Journal of Nursing*. 11(17): 1166.
- Castledine, G. 2002. Recognizing and valuing higher level practice, Castledine column. *British Journal of Nursing*. 11(5): 350.
- Castledine, G. 2002. Recognizing and valuing higher level practice, Castledine column. *British Journal of Nursing*. 11(2): 143.
- Castledine, G. 2001. It is possible to recognize higher level nurses, Castledine column. *British Journal of Nursing*. 10(12): 822.
- Cheek, J. P., Dawson, K., Mott, A., Beilby, K., Wilkinson, J. and Wilkinson, D. 2002. *Consumer perceptions of nursing in general practice*. Report to the Commonwealth Department of Health and Ageing, Adelaide: Centre for Research into Nursing and Health Care.
- Clarke, S. 2003. A definitional analysis of specialist practice in orthopaedic nursing. *Journal of Orthopaedic Nursing*. 7(20): 82-86.
- Cox, C.L. 2000. Learning curve. The nurse consultant: an advanced nurse practitioner? *Nursing Times*. 96(13): 48.
- Davies, B. and Hughes, A.M. 2002. Clarification of advanced nursing practice: characteristics and competencies. *Clinical Nursing Specialist*. 16(3): 147-152.
- DeBourgh, G.A. 2001. Champions for evidence-based practice: a critical role for advanced practice nurses. *AACN Clinical Issues*. 12(4): 491-508.
- Donnelly, G. 2003. Clinical expertise in advanced practice nursing: a Canadian perspective. *Nurse Education Today*. 23(3): 168-173.

- Dunn, S. 2004. Nurse practitioner national nursing network: news in brief: a short rundown on the state of play across the country. March. *Connections*. 7(1): 27.
- Dunn, S. 2003. Nurse practitioner national nursing network: editorial. July. *Connections*. 6(2): 34-40.
- Dunn, S.V., Lawson, D., Robertson, S., Underwood, M., Clark, R., Valentine, T., Walker, N., Wilson-Row, C., Crowder, K. and Herewane, D. 2000. The development of competency standards for specialist critical care nurses. *Journal of Advanced Nursing*. 31(2): 339-346.
- Durgahee, T. 2003. Higher level practice: degree of specialist practice? *Nurse Education Today*. 23(3): 191-201.
- French, J., Bilton, D. and Campbell, F. 2004. Nurse specialist care for bronchiectasis (Cochrane Review) in: *The Cochrane Library 2004(2)*. Chichester: UK, John Wiley and Sons Ltd.
- Gardner, G., Carryer, J., Dunn, S. and Gardner, A. 2003. *Nurse practitioner standards project*. Canberra: Australian Nursing Council, www.anmc.org.au.
- Geyer, N., Naude, S. and Sithole, G. 2002. Legislative issues impacting on the practice of the South African nurse practitioner. *Journal of the American Academy of Nurse Practitioners*. 14(1): 11-15.
- Gigliotti, E. 2002. A theory-based clinical nurse specialist practice exemplar using Neuman's Systems Model and nursing taxonomies. *Clinical Nurse Specialist*. 16(1): 10-16.
- Hales, A., Karshmer, J., Montes-Sandoval, L., Glasscock, F., Summers, L., Williams, J. and Robbins, L.K. 2003. Psychiatric-mental health clinical nurse specialist practice in a public school setting. *Clinical Nurse Specialist*. 17(2): 95-100.
- Hamric, A.B. and Hanson, C.M. 2003. Educating advanced practice nurses for practice reality. *Journal of Professional Nursing*. 19(5): 262-268.
- Hanson, C.M. and Hamric, A.B. 2003. Reflections on the continuing evolution of advanced practice nursing. *Nursing Outlook*. 15(5): 203-211.
- Heartfield, M. 2000. Research directions for specialist practice. *Accident and Emergency Nursing*. 8(4): 214-222.
- Heath, P. 2002. *Our duty of care*. National review of nursing education. Canberra: Commonwealth of Australia.
- International Council of Nurses. 2001. *International Competencies for the generalist nurse (initial draft)*. Geneva. www.icn.ch.
- International Council of Nurses. 1992. *Guidelines on specialisation in nursing*. Geneva. www.icn.ch.
- Jacobs, S. H. 2000. Credentialing: setting standards for advanced nursing practice. *Nursing Praxis in New Zealand*. 16(2): 38-46.
- Ketefian, S., Redman, R. W., Hanucharunkul, S., Masterson, A. and Neves, E.P. 2001. The development of advanced practice roles: implications in the international nursing community. *International Nursing Review*. 48(3): 152-163.
- Kleinpell, R.M. 2002. What advanced practice nursing outcomes research is out there? *Critical Care Nursing Clinics of North America*. 14(3): 269-274.
- Lane, P., Brennan, K., Madigan, D., McKinley, M., Denny, M. and Reid, T. 2002. Assessing competency in specialist practice: a discussion paper. *All Ireland Journal of Nursing and Midwifery*. 2(7): 35-39.
- Lewis, Y. 2002. Clinical nurse specialist practice: addressing populations with HIV/AIDS. *Clinical Nurse Specialist*. 16(6): 306-311.
- Litchfield, M. 2002. Nurse practitioner role limits the profession. *Nursing New Zealand (Wellington)*. 8(8): 20.

- Locsin, R.C. 2002. Quo vadis? Advanced practice nursing or advanced nursing practice? *Holistic Nursing Practice*. 16(2): 1-4.
- Loveman, E., Royle, P. and Waugh, N. 2004. Specialist nurses in diabetes mellitus (Cochrane Review) in: *The Cochrane Library 2004(2)*. Chichester: UK, John Wiley and Sons Ltd.
- Lyon, B.L. 2002. The regulation of clinical nurse specialist practice: issues and current developments. *Clinical Nurse Specialist*. 16(5): 239-241.
- Madge, S. and Khair, K. 2001. A higher level of practice: what is it and what does it involve? *Paediatric Nursing*. 13(6): 31-32.
- Manley, K. and Garbett, R. 2000. Paying Peter and Paul: reconciling concepts of expertise with competency for a clinical career structure. *Journal of Clinical Nursing*. 9(3): 347-59.
- Marfell, J.A. 2002. Clinical practice opportunities for advanced practice nurses. *Critical Care Nursing Clinics of North America*. 14(3): 223-229.
- McCabe, J. 2002. The role of the advanced practice nurse: report to legislators. *Colorado Nurse*. 102(3): 20.
- Moyer, J.E. 2002. The APNG(c): a preliminary look at credentialing nurses through portfolio review. Advanced practice nurses in genetics credential. *Newborn and Infant Nursing Reviews*. 2(4): 254-258.
- Naegle, M.A and Krainovich-Miler, B. 2001. Shaping the advanced practice psychiatric-mental health nursing role: a futuristic model. *Issues in Mental Health Nursing*. 22(5): 461-482.
- National Nursing Organisations, 2004. *Glossary of terms: criteria for specialties in nursing / principles of credentialing for nurses*. Melbourne: Australian Nursing Federation, www.anf.org.au.
- Norman, S. 2000. Making sense of higher level practice. *Journal of the RCN Nurse Practitioner Association*. 14(35): 49-51.
- Nursing and Midwifery Council, 2004. *Standards of proficiency for pre-registration nursing education*. London: UK, pp.1-36.
- Oberle, K. and Allen, M. 2001. The nature of advanced practice nursing. *Nursing Outlook*. 49(3): 148-153.
- O'Connor, S. E., Pearce, J., Smith, R.L., Voegeli, D. and Walton, P. 2001. An evaluation of the clinical performance of newly qualified nurses: a competency based assessment. *Nurse Education Today*. 21(7): 559-568.
- Offredy, M. 2000. Advanced nursing practice: the case of nurse practitioners in three Australian states. *Journal of Advanced Nursing*. 31(2): 274-281.
- Ormond-Walsh, S.E. and Newham, R.A. 2001. Comparing and contrasting the clinical nurse specialist and the advanced nurse practitioner roles. *Journal of Nursing Management*. 9(4): 205-207.
- Pearson, A., FitzGerald, M. and Walsh, K. 2002. Nurses' views on competency indicators for Australian nursing. *Collegian*. 9(1): 36-40.
- Pearson, A.M. and Peels, S. 2002. Advanced practice in nursing: International perspective. *International Journal of Nursing Practice, Specialist Supplement*. 8(2): S1-4.
- Phillips, A. 2000. Diabetes specialist nursing, expert practice and intuitive sense. *Journal of Diabetes Nursing*. 4(5): 156-158.
- Queensland Nursing Council. 1998. *The development, refinement and validation of the scope of nursing practice decision making framework*, Final report of the scope of nursing practice project, Volumes 1 and 2. Brisbane: Queensland.

- Ritz, L., Nissen, M., Swenson, K.K., Farrell, P.W., Spurduto, P.W., Sladek, M.L., Lally, R.M. and Schroeder, L.M. 2000. Effects of advanced nursing care on quality of life and cost outcomes of women diagnosed with breast cancer *Oncology Nursing Forum*. 27(6): 923-932.
- Robson, A., Copnell, B., Johnston, L., Harrison, D., Wilson, A., Ramadu, L., Mulcahy, C., McDonnell, G. and Best, C. 2002. Overseas experience of the neonatal nurse practitioner role: Lessons for Australia. *Contemporary Nurse*. 14(1): 9-23.
- Rose, S.B. and All, A.C. and Gresham, D. 2003. Role preservation of the clinical nurse specialist and the nurse practitioner. *The Internet Journal of Advanced Nursing Practice*. 5(2): 13.
- Ryan-Nicholls, K. 2003. Educational needs of psychiatric nurses for continuing competency. *Journal of Continuing Education in Nursing*. 34(5): 218-25.
- Skene, C. 2000. The student neonatal practitioner and expert practice: a critical incident analysis. *Journal of Neonatal Nursing*. 6(1): 9-13.
- Sutton, F. and Smith, C. 1995. Advanced nursing practice: New ideas and new perspectives. *Journal of Advanced Nursing*. 21(6): 1037-1043.
- Tijhuis, G., Zwinderman, A., Hazes, J.M.W., Breedveld, F.C. and Vlieland, P.M.T.V. 2003. Two-year follow-up of a randomized controlled trial of a clinical nurse specialist intervention, inpatient, and day patient team care in rheumatoid arthritis. *Journal of Advanced Nursing*. 41(1): 34-43.
- Trim, S. 2002. Developing the role of nurse practitioner. Nurse Practitioner Advisory Committee of New Zealand (NPAC-NZ). *Nursing New Zealand (Wellington)*. 8(4): 27.
- Vernon, R. 2000. Nursing role expansion and advanced practice: where to in the 21st century? *Vision*. 6(11): 20-24.
- Vinson, J.A. 2000. Nursing's epistemology revisits in relation to professional education competencies. *Journal of Professional Nursing*. 16(1): 39-46.
- Walker, L. 2001. Moving on up: a higher level of practice registering as a higher-level practitioner: one nurse's experience. *Nursing Times*. 97(47): 38-39.
- Wilkin, K. 2002. Exploring expert practice through reflection. *Nursing in Critical Care*. 7(2): 88-93.
- Wong, E. M. L. 2002. Hong Kong accident and emergency nurses' perceived competency in advanced practice and barriers to continuing education. *Hong Kong Nursing Journal*. 38(2): 7-16.
- Young, L. 2004. ANC floats trans-Tasman accreditation. *Nursing Review*. March, p.1.

Notes