

FIJI NURSES SPECIALIZATION FRAMEWORK- SEPTEMBER 2019



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Introduction

The need for nursing specialisation has been driven nationally and internationally by the increasingly complex healthcare demands of local populations and the need for Fiji nurses to have career and educational pathways. The upgrade of the initial nursing qualification to a Bachelor of Nursing has led to increased demands from the profession for a range of high-quality post graduate programs in line with medical colleagues who have upgraded their own qualifications. Medical staff are also demanding that highly qualified nurses are needed in specialist roles. The demand for experienced nurses with specialist skills is driving a shift in service-delivery models that enables nurses to increase their scope of practice to better meet the health needs of local populations and contribute to improving health outcomes for Fijians.

There is already an overwhelming body of research that illustrates the benefits of having Bachelor-level nurses delivering care. Now there is a growing body of evidence about the benefits of nurse practitioners delivering high quality health care to consumers with demand for further specialisation. This demand for nurse specialization has led to the development of the Fiji Nursing Specialization Framework (FNSF). The work carried out in this framework, has been informed by research on nurse specialization and advanced practice nursing (APN) in Australia, New Zealand and work undertaken elsewhere. The volume of peer reviewed literature relating to APN underpins coherent and justifiable decisions made about frameworks and scope. This has supported the development of an approach that could be readily understood by practitioners and would make sense to all.

A nationally consistent approach to APN has a number of advantages (Australian Government, 2017). It:

- Enables a standardised approach to educational preparation and expectations of roles across systems and health services;
- Provides clear recognition of advanced practice roles, other than Nurse Practitioners and Midwives;
- Increases understanding across the profession, the wider healthcare system and the population it serves;
- Optimises reform opportunities (service delivery and workforce);
- Ensures workforce development including transferability of skills, mobility and more coherent career and educational pathways.

The research literature shows that, until recently, definitions of APN tended to be ambiguous (Gardner et al 2013, 2017), and while there is no universal definition of advanced practice across the globe, there has been a lot of work by the USA, Canada, Ireland, Scotland, England, Australia and New Zealand that has begun to clarify expectations of advanced practice. These countries have produced frameworks and descriptions of standards and competencies which have common themes and common ideas about the scope and function of the advanced practice nurse.

Australia and New Zealand, in common with Fiji, have regulated the role of the Nurse Practitioner (NP) but have left other roles such as Clinical Nurse Specialists (CNS) and Clinical Nurse Consultants (CNC) to individual States and Territories who have developed these roles according to their individual needs.

The Fiji Nursing Specialization Framework (FNSF) is based on work carried out in New South Wales, Canada and the UK and considers the work conducted by the International Council of Nurses (ICN) in relation to nursing specialisation.

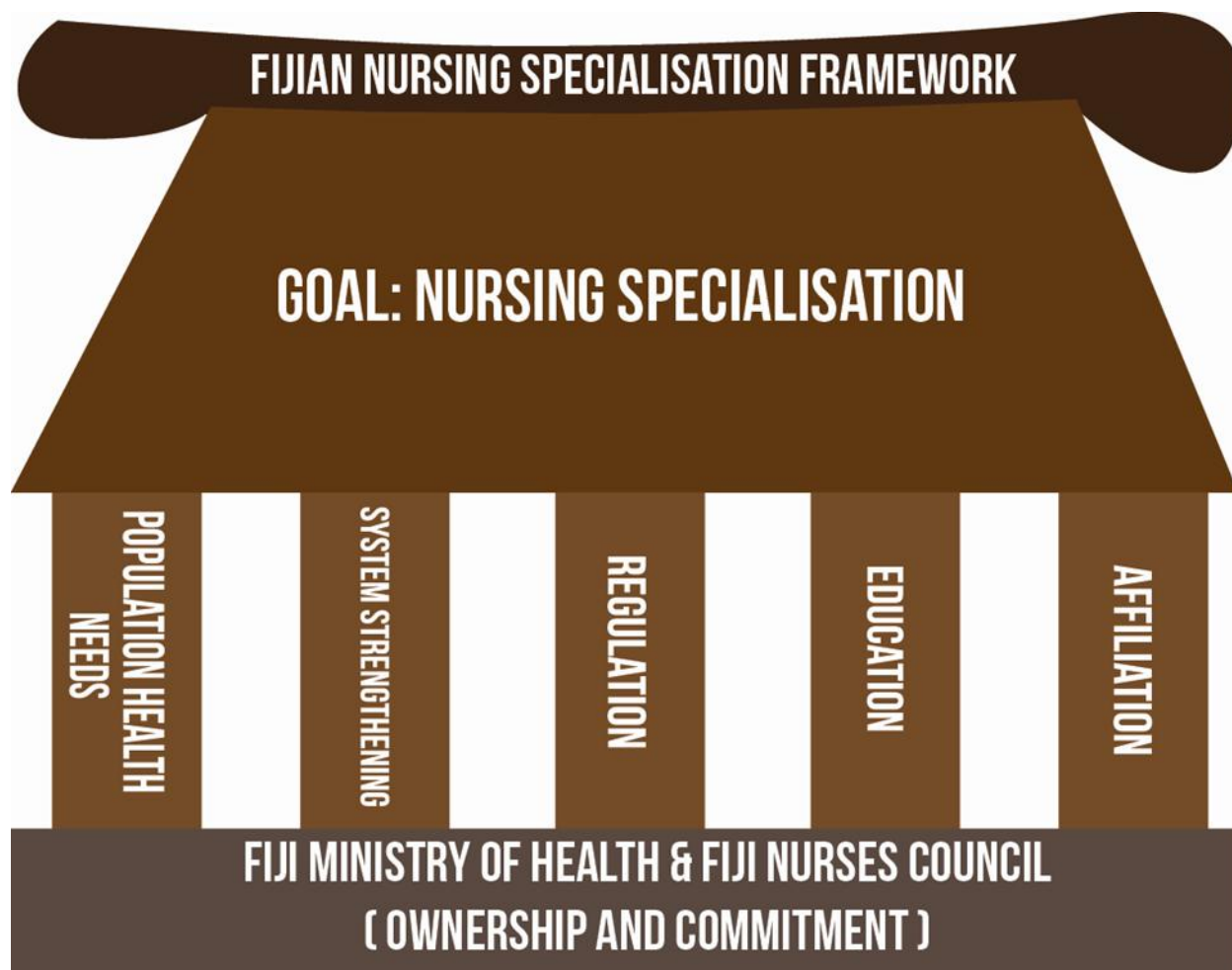
The pre-requisite for entry to specialty practice requires:

1. qualification and registration as a generalist nurse by the Fiji Nursing Council;
2. The Nursing Standards for the Fiji Registered Nursing form the foundations for specialist practice;
3. The specialty is clearly one that is in the domain of nursing work and the overall function and purpose of the role is to deliver specialty nursing practice that conforms to ethical and legal standards of nursing practice;
4. Specialty expertise is developed through a combination of length of service within a specialty and through completion of a professionally approved and recognised speciality program.

The (FNSF) outlines the:

- International Council Of Nurses Criteria
- The Fijian 'Bure'Key pillars that are necessary to support nursing specialization in Fiji
- Strong Model for advanced practice
- definitions for each level of nurse;
- educational levels and other professional requirements
- career pathway for nursing specialisation;
- scope of practice for both Clinical Nurse Specialist (CNS) and Clinical Nurse Consultants (CNC).

In line with the ICN criteria the Fiji Nursing Specialization Framework FNSF described below has summarized the key pillars of: population health needs, systems strengthening, regulation, education and affiliations that are necessary to support nursing specialization in Fiji.



Defining the Bure: Fiji Nursing Specialisation Framework

A Fijian 'Bure' or traditional dwelling was selected to provide a strong visual of the various components in the framework and provide clarity for the components of sustaining nursing specialisation in Fiji.

Foundation of the 'Bure'

The foundation of the 'Bure' must have strong country ownership and commitment to support and sustain nursing specialisation in its development. The Fiji Ministry of Health and Medical Services and the Fiji Nurses Council (FNC) are key institutions that are instrumental in providing the strong foundation to the 'Bure'.

The Roof

The roof shelters and protects one's dwelling place likewise the goal of nursing specialisation is to provide expert nursing care and intervention based on scientific, humanistic, and ethical principles grounded in respect for right to life and humanity.

The Overarching Beam

The title of the process reflects the harmonisation of the various cultures in Fiji, "*Fiji Nursing Specialisation Framework*"

Supporting structures

Population health needs

The health needs of the population must always be at the forefront and centre of any changes to clinical practice and professional career pathways. Given our growing burden of non-communicable diseases (NCD), combined with increased population health needs for more complex health care services, it is imperative that nurses are provided with accredited post graduate training and education. This advanced learning will prepare nurses for the advanced, specialised roles that are being developed and more critically, needed in Fiji. The population of Fiji will benefit as nurses work towards specialisation and more advanced practice roles, receiving recognition and reward for taking on roles with greater scope and complexity.

System strengthening

Nursing specialization will enhance patient safety and the delivery of high-quality care through their demonstrated commitment to improving clinical governance, developing practice, mentoring and developing other healthcare staff. It will also provide improved accessibility to quality care through growing contemporary evidenced based nurse led models of care. The explicit expectation is that advanced practice nurses will use and apply research in their practice to ensure that clinical care is developed to the highest standards possible. There will be professional contributions to standards, quality initiatives, and development of policies, procedures and practice guidelines to optimize nursing practice within the practice setting.

Regulation

The FNC under the jurisdiction of the Fiji Nursing Act 2011 is responsible to protect the health and safety of the public. The FNC is also responsible for the regulation of nursing practice in Fiji. To ensure safety of practice by all nurses, the FNC ensures high professional standards are met through continuing professional development to maintain knowledge, skills and competence.

The Fiji Nursing Act 2011 requires all Fiji Registered Nurses (RNs), Enrolled Nurses (ENs), NPs and Registered Midwives (RMs) to undertake 20 hours of Continuing Professional Development (CPD) per year relevant to their context of practice for each registration they hold.

The scope of the RN is regulated under the Fiji Nursing Act 2011, therefore the Nursing Standards for the Fiji RN form the foundations for specialist practice and must conform to ethical and legal standards of nursing practice;

A generic set of competencies and scope of practice for each level of nurse has been developed with expectation that each specialisation would need to develop specific competencies/standards that will enable their specialisation to be differentiated from others.

It is recommended that the FNC consider regulating generic scopes of practice/competencies in this framework. The specialty knowledge and skills be developed as part of the job description and performance appraisal tool that will be used for each nurse. This will enable nursing specialties to develop independently but ensure that there is an agreed and transparent standard that is met by each nurse who applies for an advanced practice role.

Educational

Registered nursing programs are conducted by universities at Bachelor level, all nursing programs are accredited by the FNC and Fiji Higher Education Commission. The FNC registration exams are required for registration for all RNs, midwives and NPs.

The pre-requisite for entry to specialty practice requires a bachelor qualification and registration as a generalist nurse by the FNC.

Affiliation

As nursing specialization grows it is expected that professional affiliation will develop with the need to develop standards of practice for nursing specialties. According to the literature some of the benefits include:

1. Defining scope of practice including professional standards and best practices for the specialty;
2. As a group the specialty can influence healthcare policy;
3. Advocacy efforts for patients and practice
4. Connecting with mentors

Specialty nursing groups for each clinical area is expected to grow as we increase our networking and collaboration with overseas counterparts.

Definitions on the levels of nursing specialization for Fiji

The following definitions describe the three (3) levels for nursing specialization that will provide a career pathway for professional development and progression.

1. **A Clinical Nurse Specialist (CNS)** is an RN who has worked as an RN for at least 3 years post internship. **One year must be spent as a general nurse and 2 years in their area of specialisation** AND holds a minimum of a graduate certificate in their area of specialisation AND has worked in the area of specialisation for a minimum of two years following completion of their specialty program.
2. **A Clinical Nurse Consultant (CNC)** is an RN with extensive specialised clinical experience who has worked as a clinical nurse specialist for at least 3 years, and who also has completed a master's degree in the area of specialty and has worked in the area of specialisation for a minimum of one year following completion of studies. The master's degree can be completed concurrently (with 3 years of experience at CNS level).
3. **A Nurse Practitioner (NP)** is a highly experienced and educated RN who is a member of the care team and is able to diagnose and treat healthcare needs or refer clients/patients to an appropriate specialist if needed. An NP must have 8-10 years post registration experience with a minimum PG qualification in an area of specialization and has 3 years of experience at CNS level and + completion of an NP Masters.

Fiji levels of nurse specialization has been informed by criteria developed by the ICN defining specialty nursing practice and are listed below. Nurse specialization and career pathways for Fiji are outlined in Appendix 1.

ICN Criteria for designation nursing specialties (2009)

1. The specialty defines itself as nursing and subscribes to the overall purpose, functions and ethical standards of nursing;
2. The specialty practice is sufficiently complex and advanced so that it is beyond the scope of general nursing practice;
3. There is both a demand and a need for the specialty service;
4. The focus of the specialty is a defined population that demonstrates recurrent problems and phenomena that lie within the discipline and practice of nursing;
5. The specialty practice is based on a core body of nursing knowledge that is continually being expanded and refined by research. Mechanisms exist for supporting, reviewing and disseminating research;
6. The specialty has recognised education and practice standards that are congruent with those of the profession and are set by a recognised nursing body;
7. The specialty adheres to the registration requirements for the general nurse;
8. Specialty expertise is obtained through a professionally approved education program that leads to a recognised qualification;
9. The specialty has a credentialing process determined by the profession or in accordance with the national practice for other professions. Sufficient human and financial resources are available to support this process;
10. Practitioners are organised and represented within a specialty association or a branch of the national nurses' association.

Scope of Practice

The research literature shows that, until recently, definitions of APN tended to be ambiguous (Gardner et al 2013, 2017), and while there is no universal definition of advanced practice across the globe, there has been a lot of work by the USA, Canada, Ireland, Scotland, England Australia and New Zealand that has begun to clarify expectations of advanced practice.

The Framework developed by Gardner et al (2017) and the core standards developed by the Canadian Nurse's Association (2014) provided the principal guidance in the decision-making about scope of practice and standards.

The Strong Model of specialisation (Ackerman et al. 1996) has been used as the basis for developing two scope of practice descriptions outlined in this document: the Scope of Practice for the Clinical Nurse Specialist and the Scope of Practice for the Clinical Nurse Consultant.

THE STRONG MODEL OF SPECIALISATION

The Strong Model is an APN framework developed in the USA by a group of advanced practice nurses and academics at the Strong Memorial Hospital, University of Rochester (Ackerman et al. 1996). The model was amended (with permission) and validated by a group of Australian researchers (Gardner et al. 2013).

While there are numerous models that could be followed, The Strong Model was one that has been widely used and researched in Australia and the US: The Strong Model for Advanced Practice (Ackerman et al. 1996) was proposed as a model that could be used for the development of advanced practice competencies. The reason for this recommendation was that in recent years, Chang, Gardner et al conducted a series of studies (2010, 2012, 2013) that tested the validity of the Strong Model of Advanced Practice across a number of groups of nurses over a number of years. They found that the Strong Model successfully captured nursing advanced practice and was flexible enough to enable it to be adapted across a number of levels

The Strong Model describes five domains of nursing practice: Clinical Care, Optimising Health Systems, Education, Research and Leadership. These five domains have been shown, by research, to define and describe APN (Gardner et al 2012, 12013, 2017).

The Scope of Practice at specialist levels is addressed under each of the five domains: and are described separately

1. Clinical Care,
2. Optimising Health Systems,
3. Education,
4. Research and
5. Leadership

This structure is used to discuss the CNS and CNC levels of specialization. The CNC education and research domains which are combined. This is to reflect the more advanced practice of the CNC where research and education explicitly walk hand-in-hand.

The NP existing scope of practice is endorsed as NPs are highly experienced and educated members of the care team. They are able to diagnose and treat healthcare needs or refer clients/patients to an appropriate specialist if needed. (This fits within the existing NP definition Fiji)

Competencies Appendix 2-4

A key component of the FNSF is the structure provided for competency development which will be further developed by each specialty. The FNC strategic Plan 2017-2021 also outlines priority areas including clinical practice guidelines, standards for practice; competencies and scope of practice definitions under pillars for public safety and professional excellence. The 2019 Role Delineation for Fiji, currently in development, is underpinned by a strong clinical governance structure of mandatory compliance and auditing review related to standardization of practice and an expectation of demonstrated competency and post graduate specialty nurse education when available.

Role Delineation

The 2019 Fiji Role Delineation provides a framework to provide a nationally consistent approach to providing safe, quality and accessible health services. The aim is to standardise clinical care across

settings, reducing unwarranted variation in the standard of care with staff demonstrating competencies for each specialty area and practice across Fiji.

Four key categories comprise minimum requirements for health service delivery and include:

1. Complexity/ capability and type of service
2. Workforce
3. Support services
4. Clinical governance

Conclusion

Developing a framework for nurse specialization in Fiji provides the basis for supporting the growth of nursing career pathways, supporting excellence in nursing care and generally growing the stature of nursing in Fiji. While the FNSF provides generic descriptions for competencies for each of three levels of specialist nurse, it provides the basis for each level to develop competencies in a range of specialist areas including but not limited to perioperative; critical care and emergency nursing.

The generic competency requirements (attachment 2-4) will also underpin curriculum development for future nursing postgraduate degrees and enable new areas of nursing specialization to be established. The impact of FNSF will be the strengthening of the health system through the growth of nursing and subsequent improvement in patient care and health outcomes. It will also support recruitment and retention of nursing staff.

The framework is underpinned by internationally validated research and will bring Fiji in line with international counterparts and will grow the leadership role of nurses in the Fiji and the Pacific once curriculums are developed. Nursing specialization will provide nurses with specialised knowledge, skills and aptitude and will support a growth of career pathways and excellence in nursing care to improving health outcomes.

Appendix 1

Nursing Specialization Career Pathway

The table below outlines the title for each specialist role, relevant Fiji Qualification Framework level, the qualifications and clinical experience required for each, and a brief description of the level.

NURSE TITLE	FQF LEVEL	QUALIFICATIONS	CLINICAL EXPERIENCE	LEVEL DESCRIPTION
Nurse Practitioner	Level 8	PG qualification in clinical specialisation, + completion of an <u>NP Masters.</u>	8-10 years post registration has 3 years of experience at CNS level and + completion of an NP Masters.	Currently the most advanced clinical role. NP Scope of practice is determined by the context in which they are authorised to practice. APN and additional (not limited to) Direct referral of patients;

				medication prescribing; and ordering diagnostics
Clinical Nurse Consultant	Level 8	Clinical Masters	7-10 years post registration <i>has extensive specialised clinical experience, worked at a CNS for at least 3 years, and has completed a master's degree in the area of speciality and worked for one year upon completion of studies.</i>	Has extensive specialised clinical experience, provides patient care and consultancy services for a specialty area, education, research and professional engagement and affiliation
Clinical Nurse Specialist	Level 7	postgraduate qualification, grad cert minimum	5 years post registration <i>Has 3 years post internship. One year must be spent as a general nurse and 2 years in the area of specialisation and has worked in the area of specialisation for a minimum of two years following completion of specialty program</i>	Wide variety of clinical activities in area of specialty practice-direct care bed management, clinical education

Appendix 2

THE CLINICAL NURSE SPECIALIST

A CNS is an RN who has worked as a RN for **at least 3 years post internship. One year must be spent as a general nurse and 2 years in their area of specialisation** AND holds a **minimum of a graduate certificate in their area of specialisation** AND has worked in their area of specialisation **for a minimum of two years following completion of their specialty program.**

SCOPE OF PRACTICE

Clinical Nurse Specialists are clinicians with at least 4 years' experience in the relevant specialty. They are able to practice at a more advanced level than RNs. The CNS applies a high level of clinical nursing knowledge, experience and skills in providing complex nursing care directed towards a specific area of practice, a defined population or defined service area, with minimum direct supervision. A CNS is an advanced practice nurse who can provide specialist advice related to specific conditions or treatment pathways.

A CNS actively contributes to the development of clinical practice in the ward/unit or health service. They act as a resource and mentor to others in relation to clinical practice. A CNS acts as resource by, for example, being aware of current developments in their field of practice and identifying areas for practice improvement. A CNS acts a mentor to other nurses, provides clinical advice to other nurses and members of the healthcare team as appropriate, this may include one-to-one instruction and support or formal and informal education programs conducted in the ward/unit or service.

The CNS works collaboratively with other staff to develop their practice through education and role modelling best practice and who also acts as a patient and family advocate, and patient/family educator.

Clinical practice is approximately 80% of the role and includes working one-on-one with other nurses to deliver bedside mentoring and coaching in the delivery of care. The remaining 20% of the CNS role includes work to inform health system support by participating in the development of clinical standards and in education and research.

The CNS may practice in any setting where the role of CNS has been approved. In all settings, the CNS remains responsible and accountable for the care they provide.

(To practice as a CNS in Fiji, the CNS must have an annual practicing license issued by the FNC and produce evidence of continuing professional development as specified by the Council.

HOW THE CNS INFLUENCES CARE

Influence at the client level

The CNS works with clients of varying age, race, gender, language, education, culture, socio-economic background, religion and sexual orientation. Clients are often from vulnerable populations and have acute and/or chronic conditions.

The CNS supports direct client care by:

- assessing and managing risks and complications,
- providing therapeutic interventions,
- mentoring less experienced staff,
- planning and coordinating care,
- monitoring and evaluating outcomes, and
- providing education as required to other nurses and other members of the healthcare team.

Influence at the organizational /systems level

The CNS works with managers, educators, other nurses and other health professionals to improve the quality and safety of patient care. The CNS may also lead initiatives to improve the quality of care at a ward or unit level.

STANDARDS FOR PRACTICE

The CNS standards expand upon the standards required of a RN and reflect advanced nursing practice. The core standards in this framework are grouped into five categories:

1. Clinical care
2. Optimising health systems
3. Education
4. Research
5. Leadership

STANDARDS

Standard 1: Clinical Care

Definition: Practice in this domain includes activities carried out on behalf of individual patients/clients focusing on specific needs, including procedures, assessments, interpretation of data, provision of physical care and counselling. Clinical care also includes care coordination, care delivery, and guidance and direction to others relevant to a specific patient population.

Competency Statement	
The clinical nurse specialist:	
1.	Conducts comprehensive patient assessments including history, physical examination and psychosocial, cultural and religious factors affecting needs.
2.	Interprets assessment data to formulate plans of care and proactively initiates care within scope of practice.
3.	Proficiently performs specialty-specific procedures.
4.	Assess patient response to the treatment and effectively modifies plan of care on the basis of the response.
5.	Effectively communicates with patients and families including sharing information and providing education.
6.	Documents appropriately and accurately.
7.	Role models the process of ethical decision-making in patient care.
8.	Coordinates interdisciplinary plan for care of patients.
9.	Collaborate with other services to optimise patient care and patient’s health status.

Standard 2: Optimising Health Systems

Definition: this domain includes activities that contribute to the effective functioning of health systems and institutional nursing services and include role advocacy, promoting innovative patient care and facilitating equitable, patient centred health systems.

Competency Statement	
The clinical nurse specialist:	
1.	Facilitates the efficient movement of the patients through the system.
2.	Assists the development and implementation of <ul style="list-style-type: none"> • standards of nursing practice, • practice guidelines, • quality management, • system improvement
3.	Acts as a role model to promote professional growth, continuous learning and collaborative practices of nurses and other members of the health-care team to ensure client safety and quality of care.
4.	Fosters an organisational culture of learning, quality and safety through preceptorship, role modelling, mentorship and coaching of nurses and students.
5.	Applies knowledge of effective resource management to inform resource decisions at the practice setting level.
6.	Implements strategies to achieve the intended nurse-sensitive client outcomes for a defined population.
7.	Helps other members of the healthcare team to become familiar with new/revised technology and procedures and practices relevant to the speciality.

Standard 3: Education

Definition: The domain defines the responsibilities of the CNS to provide a practical/professional environment that encourages education of patients, nurses as well as personal development and roles. These are activities that involve enhancement of nurses, caregiver, student and public learning relation to health and illness. It also includes aiding patients and families to manage illness and to promote wellness, informal staff development as well as formal presentations to other healthcare professionals.

Competency Statement	
The clinical nurse specialist:	
1	Maximises educational opportunities to develop other members of the healthcare team, patients, families, community and society to enhance care delivery and patient and staff wellbeing.
2	Enable patients or clients to learn by designing and coordinating the implementation of plans appropriate to their preferred approach to learning, motivation and developmental stage.
3	Actively seeks and participates in peer review of their own practice.
4	Actively contributes to the development and implementation of evidence-based protocols documentation processes, standards policies and clinical guidelines through interpreting and synthesising information from a variety of sources and promoting their use in practice.
5	Works in collaboration with others who may mentor, supervise, coach or assess, plan and deliver interventions to meet the learning and development needs of their own and other professionals.

6	Advocates and contributes to the development of an organisational culture that supports continuous learning and development, evidence-based practice and succession planning.
7	Demonstrates high level communication skills and contribute to the development of those working in their area of practice by disseminating their work through presentations at conferences and contributions to professional organisations.

Standard 4: Research

Definition: This domain articulates the requirement that the CNS should practice incorporating best available evidence to provide quality healthcare and contribute to the creation and/or implementation of knowledge through active participation in research dissemination and quality improvement programs.

Competency Statement	
The clinical nurse specialist:	
1	Is proactively involved in developing strategies and undertaking activities that monitor and improve the quality of healthcare and the effectiveness of their own and others practice.
2	Strives constantly to improve practice and health outcomes so that they are consistent with or better than national and international standards through initiating, facilitating, disseminating and leading change at individual and team levels.
3	Continually evaluates and audits the practice of self and others at individual and ward/unit levels, selecting and applying valid and reliable approaches and methods which are appropriate to the needs and context, and able to advocate and acts on the findings.
4	Continually assess and monitor risks in their own and others practice and challenge others about wider risk factors.

Standard 5: Leadership

Definition: Activities and attributes that allow for sharing and dissemination of knowledge beyond the individual's institutional setting. These activities promote nurses, nursing and healthcare and include disseminating nursing knowledge, serving in professional organisations, and acting as a consultant to individuals and groups. Leadership includes setting directions for practice improvement and modelling standards designed to optimise patient care outcomes.

Competency Statement	
The clinical nurse specialist:	
1	Models professionalism and accountability in all interactions between health-care team members.
2	Advocates for and implements change to create a safe workplace.
3	Advocates for and implements changes that optimises the development of nursing.
4	Evaluates nursing practice against established benchmarks and evidence-based practice standards.
5	Engages in reflective practice to ensure that professional standards of practice are met.
6	Improves nursing practice through mentoring, role modelling, consultation and education.

7	Incorporates knowledge from continuous learning to inform, evaluate and advance nursing practice.
8	Disseminates knowledge from continuous learning to advance practice at the ward/unit level.
9	Promotes the role of the CNS through involvement in academic pursuits, professional associations and special-interest groups.

Appendix 3

CLINICAL NURSE CONSULTANT

A CNC is an RN with extensive specialised clinical experience who has **worked as a clinical nurse specialist for at least 3 years**, and who also **has completed a master's degree** in the area of specialty and has worked for 1 year upon completion of studies.

SCOPE OF PRACTICE

The CNC Scope of Practice expands upon the role and function of both the RN and the CNS and reflects more ANP. The CNC exercises extended autonomy in decision-making. The CNC demonstrates high level professional knowledge and judgement in providing complex care requiring advanced clinical knowledge and may, for example undertake roles such as those listed below:

- leadership in the development of nursing specialty clinical practice and service delivery in the ward/unit/service; or
- specialist clinical practice across a small or medium-sized health facility/sector/service; or
- primary case management of a complete episode of care; or
- primary case management of a continuum of specialty care involving both inpatient and community-based services; or

- an authorised extended role within the scope of RN practice.

The CNC acts as a leader, mentor and an educator by providing expert clinical advice to patients, carers and health care professionals within a defined specialty.

The CNC acts as a consultant in providing expert, evidence-based clinical advice to the health facility and multidisciplinary team. The role includes developing, implementing and evaluating care plans for patients with complex care needs as well as participating in the formal processes for strategic and operational planning for the clinical service.

The CNC contributes to the development and delivery of specialty-related education programs, including contributing to relevant tertiary programs and through affiliation with relevant universities to provide guidance in the design and delivery of specialty clinical programs.

The CNC will initiate and use research in their consultancy role, provide leadership in monitoring and evaluating clinical care and are expected to collaboratively lead changes to enhance patient outcomes.

To practice as a CNC in Fiji, the CNC must have an annual practicing license issued by FNC and produce evidence of continuing professional development as specified by the Council.

STANDARDS

How the CNC influences care

The CNC influences care at the client level, within the practice setting and at the organisational and systems level.

The CNC works with managers, educators, policy-makers, administrative decision-makers, regulators and other health professionals to improve the quality and safety of client care. The CNC may also lead initiatives to improve the quality of care at an organisational, and/or national level.

At the systems level, the CNC can play an instrumental role in reducing costs associated with the provision of acute health-care services. The CNC can contribute to health system efficiencies through interventions that reduce length of hospital stay including improved preparation of clients and their families for discharge and strengthening client self-care abilities through evidence-based interventions and standardised care. Shortened length of stay can prevent adverse events and reduce hospital stay induced complications providing significant cost savings and addressing capacity issues. Early detection and management of client health problems, care coordination and referral to appropriate community services can reduce readmission to hospital and avoid or reduce emergency department visits (CNA, 2014).

The Clinical Nurse Consultant Standards use the Strong Model and includes standards in:

- Clinical Care,
- Optimising health systems,
- Education and Research
- Leadership

Standard 1: Clinical Care

Definition: Practice in this domain includes activities carried out on behalf of individual patients/clients focusing on specific needs, including procedures, assessments, interpretation of data, provision of physical care and counselling. Clinical Care also includes care coordination, care delivery, and guidance and direction to others relevant to a specific patient population.

Competency Statement	
The clinical nurse Consultant:	
1	Provides expert patient/ client focused consultancy, participating in direct patient care as appropriate.
2	Assists in the management of complex cases through the provision of expert advice and hands-on care when necessary.
3	Collaboratively consults about patient care with the multi-disciplinary team.
4	Analyses patterns of client responses and needs within a complex population and develops strategies to create unit-based, organisation-based and system-based changes to optimise health-care outcomes.
5	Synthesises assessment data using advanced knowledge, experience, critical thinking, clinical inquiry and clinical judgment to develop a plan of care.
6	Designs care plans for clients with highly complex and often unpredictable needs.
7	Uses clinical inquiry to identify the need for reassessment, match intervention to aetiology and chooses appropriate methods to evaluate outcomes.
8	Provides consultations in highly complex and often unpredictable clinical situations that require advanced specialized knowledge and skills.
9	Collaborates with clients and appropriate interprofessional team members within the clinical area to achieve optimal health outcomes.
10	Advocates for client-centred care to meet their needs in highly complex and often unpredictable situations.
11	Coordinates health care to facilitate safe and seamless transitions among points of care in highly complex and often unpredictable situations.

Standard 2: Optimising Health Systems

Definition: this domain includes activities that contribute to the effective functioning of health systems and institutional nursing services and include role advocacy, promoting innovative patient care and facilitating equitable, patient centred health systems.

Competency Statement	
The clinical nurse Consultant:	
1	Facilitates interprofessional collaboration, internally and externally to the organisation, to achieve desired client outcomes.
2	Leads the development and implementation of <ul style="list-style-type: none"> • standards of nursing practice, • practice guidelines, • education strategies, • quality management, • research initiatives, and/or • system change.
3	Critically analyses socio-political, demographic and economic issues, trends and policies and contributes to the political process to influence change for optimising health outcomes.
4	Integrates knowledge of clients' perspective during policy development and planning.
5	Leads initiatives to promote professional growth, continuous learning and collaborative practices of nurses and other members of the health-care team to ensure client safety and quality of care.
6	Fosters an organizational culture of learning, quality and safety through preceptorship, role modelling, mentorship and coaching of nurses and other members of the health-care team.
7	Applies knowledge of existing resources and the cost effectiveness of interventions to inform resource decisions at the practice setting, organisational and system levels.
8	Implements strategies to achieve the intended nurse-sensitive client outcomes for a defined population.
9	Leads the implementation and integration of specialty roles within the health-care team, organisation and broader health system.
10	Applies advanced nursing knowledge and skills to communicate, negotiate and build coalitions to manage change and resolve conflict.
11	Negotiates complex relationships at the individual, practice setting and organisational levels with the goal of optimising client outcomes.
12	Recognises potential and existing gaps in clinical care to influence client and organisational decision- making and change and acts to bridge these.

Standard 3: Education and Research Standard

Definition: As a knowledge translator, the CNC searches for, critiques, interprets, synthesises, uses and disseminates evidence in clinical practice and for quality improvement and client safety initiatives. The

CNC role also includes the development and evaluation of programs and services at various levels, including contributing to teaching and course development in universities.

The CNC acts either as an investigator or as a collaborator with other members of the health-care team or community to identify, conduct and support research that enhances or benefits nursing practice.

Competency Statement	
The clinical nurse Consultant:	
1	Develops and delivers educational programs that enhance knowledge and practice across a range of settings including: the clinical area, the organisation and health service more broadly and within relevant university programs and professional development programs.
2	Evaluates and critiques current practice against best available evidence/benchmarks.
3	Evaluates the need for practice improvement to promote safe, effective and reliable care that has a positive impact on client and system outcomes.
4	Integrates knowledge of clients' perspective during policy development and planning.
5	Uses systematic approaches to redesign care delivery to promote safe, effective and reliable care that has a positive impact on client and system outcomes.
6	Uses research and outcome data to formulate, evaluate and/or revise policies, procedures, protocols, client-specific programs and client standards of care.
7	Addresses identified research practice gaps and opportunities through the use of relevant evidence in practice.
8	Integrates new evidence into the practice setting and with specific client populations.
9	Ensures that ethical standards are promoted and maintained in the practice environment when research and quality improvement initiatives are being conducted.
10	Implements and evaluates quality management processes.
11	Identifies and incorporates relevant data needed for quality management.
12	Uses research principles to answer clinical questions to address the quality of client outcomes.
13	Uses a wide range of strategies to encourage health-care teams to engage in clinical inquiry.
14	Leads and participates in research initiatives that facilitate the generation of new evidence.
15	Participates in outcome evaluation of nurse-sensitive indicators.

Standard 4: Leadership

Definition: Activities and attributes that allow for sharing and dissemination of knowledge beyond the individual's institutional setting. These activities promote nurses, nursing and healthcare and include

disseminating nursing knowledge, serving in professional organisations, and acting as a consultant to individuals and groups. Leadership includes setting directions for practice improvement and modelling standards designed to optimise patient care outcomes.

Competency Statement	
The clinical nurse Consultant:	
1	Enhances patient care by promoting the use of clinical guidelines and application of best practice in healthcare provision.
2	Provides expert clinical advice to all cadres of nurses in the specialty and in clinical service networks.
3	Disseminates nursing knowledge through presentation or publication at local, regional, national or international levels.
4	Serves as a resource or committee member in professional organisations.
5	Serves as a consultant to individuals and groups within professional groups and community as well as in other healthcare groups and educational institutions.
6	Represents nursing at institutional and community forums.
7	Collaborates with other healthcare professionals to provide leadership in shaping public policy on healthcare.
8	Disseminates knowledge to advance practice at the local, regional and national level.
9	Promotes the role of the CNC through involvement in academic pursuits, professional associations and special-interest groups.
10	Builds capacity and succession planning by mentoring RNs to pursue graduate studies with a focus on acquiring CNS and CNC standards.
11	Promotes the role and the relevance of the specialty nurse to educators, policy-makers, administrative decision- makers, regulators, other health-care providers and the public.
12	Assists in the development of indicators for measuring and evaluating the CNC role.
13	Promotes ethical nursing practice through the development of a strong moral climate in the practice setting.

Appendix 4

Nurse Practitioner

Nurse Practitioners (NP) are highly experienced and educated members of the care team, who are able to diagnose and treat healthcare needs or refer clients/patients to an appropriate specialist if needed. (This is the existing endorsed definition in Fiji.

An NP must have 8-10 years post registration experience with a minimum PG qualification in an area of specialization and has 3 years of experience at CNS level and + completion of an NP Masters.

Nurse Practitioners in the future will require an NP Masters degree in addition to a post graduate qualification in their area of specialisation.

Advanced NP are highly skilled nurses who are able to:

- take a comprehensive patient history;
- conduct physical examinations;
- use their expert knowledge and clinical judgement to identify the potential diagnosis;
- carry out investigation and refer patients for investigation where appropriate;
- make a final diagnosis;
- decide on and carry out treatment including the prescribing of medicines or the referral of patient to an appropriate specialist;
- use their extensive practice experience to plan and provide skilled and competent care to meet patient health and social care needs involving other members of the healthcare team as appropriate;
- ensure the provision of continuity of care including follow up visits;
- assess and evaluate with patients the effectiveness of the treatment and care provided and make changes as needed;
- work independently and collaboratively with other member of the healthcare team;
- provide health service leadership;
- manage resources;
- ensure that each patient's treatment and care is evidence-based.

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