



16 June 2006

Belinda Moyes
National Nursing & Nursing Education Taskforce (N³ET)
Department of Human Services Victoria
Level 20, 50 Lonsdale Street
Melbourne Vic 3124

Dear Ms Moyes

The Australian Nursing Federation (ANF) welcomes the opportunity to comment on the recently developed specialisation framework for nursing and midwifery.

The ANF agrees that work on the classification of nursing specialties for the purpose of categorising nursing education is useful for workforce planning however it is not clear how this framework for nursing specialisation will assist in achieving the expressed aim of consistency in "postgraduate qualifications that will be transferable to any postgraduate specialty nursing course". With regard to developing an agreed definition of specialist nursing, as the Taskforce is aware, this definition already exists in the Glossary of Terms - Criteria for Specialties in Nursing Principles of Credentialling for Nurses, that has been developed and endorsed by the coalition of Australian specialist nursing organisations, the National Nursing Organisations.

The National Specialisation Framework for Nursing and Midwifery has many key elements articulated in the *Glossary of Terms - Criteria for Specialties in Nursing Principles of Credentialling for Nurses*. This document contains a list of the ten criteria developed and agreed by the National Nursing Organisations (NNO) as defining a specialty in nursing in Australia. These are included with this document as Appendix A.

While the inclusion of six of the ten NNO criteria for nursing specialties in the proposed framework is welcome, the Australian Nursing Federation holds concerns that the proposed framework has been developed without formal consultation with the National Nursing Organisations, and considers that as the representative group of Australia's specialist nurses, the NNO coalition should be integrally involved in the development of any framework that seeks to define their practice and /or the organisations that represent their interests.

Other concerns with the proposed framework are the exclusion of some recognised specialties, including any surgical nursing specialties; infection control; the practice of holistic nurses or those using complementary therapies; and most noticeably, the exclusion of the specialty of rural and remote nursing from the list of specialties, despite it appearing to meet all the criteria in the proposed framework. The ANF contends that rural and remote health care is indeed a distinct area of practice, requiring specially focused knowledge and skills, and that it is essential as part of the framework to identify the practice and specialist generalist skills of health professionals, in this case nurses and midwives, who work in rural and remote areas.

The industrial and professional organisation for nurses and midwives in Australia

Canberra Office (Professional Services)

Unit 3, 28 Eyre Street Kingston ACT 2604
Australia
PO Box 4239 Kingston ACT 2604 Australia
+ 61 2 6232 6533 (T) + 61 2 6232 6610 (F)
anfcanberra@anf.org.au

Melbourne Office (Industrial Services)

Level 2, 21 Victoria Street Melbourne VIC 3000
Australia
+ 61 3 9639 5211 (T) + 61 3 9652 0567 (F)
industrial@anf.org.au
anfmelbourne@anf.org.au

ANF Journals

Australian Nursing Journal
Australian Journal of Advanced
Nursing
anj@anf.org.au ajan@anf.org.au
ABN 41 816 898 298

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Health professionals from other disciplines and as importantly, governments and educators, regard rural and remote health as a specialty, and the failure to acknowledge this area of practice as a specialty may have important, and potentially negative, implications for the future workforce by affecting the provision of funding, education programs, and the recruitment of practitioners to this vital area of health service delivery.

The ANF also has some questions regarding the framework. For example, is the framework intended to cover the entire range of nursing practice, including non-clinical practice within its practice strands? If so, then there may be some important elements missing, such as those nurses who specialise in diabetes education, discharge planning, and environmental health. It is not clear where these might sit in the framework?

It is also not clear why Indigenous health is confined to community health. Or why adolescent health appears twice as a practice strand, both within paediatric care (which hardly seems appropriate), and again in family health. Continence is confined to gerontic health, a classification that would possibly come as a surprise to many young and middle aged clients of continence services. There also does not appear to be any provision in the framework for nurses who work in medical imaging, or forensic nursing.

Another significant issue is what appears to be an attempt to make the classification of nursing specialties fit within a framework of existing data sets. The efforts to map these specialties against existing datasets, which seems to be the reverse of what *should* be done, in that, rather than attempting to influence the range and scope of data collected about nursing specialties, that the framework seeks to accommodate the existing, limited, and inadequate data sets that the nursing profession is currently forced to rely on. Rather than changing the classification of nursing specialties to fit with the data sets, the ANF suggests that the profession should be seeking to influence existing approaches to data collection to facilitate the collection of data that is relevant to the ways (and areas) in which nurses practice, and which captures the diversity of contemporary nursing specialist practice.

The ANF would be happy to work with the Taskforce in addressing these areas we consider require some clarification. I would be very pleased to have further discussion with you in relation to this important project.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jill Iliffe', with a stylized flourish at the end.

JILL ILIFFE
Federal Secretary

Appendix A

'Specialty in Nursing' definition, taken from *Glossary of Terms*, a National Nursing Organisations (NNO) publication. Available at: http://www.anf.org.au/nno/pdf/NNO_Glossary_of_Terms.pdf

Criterion 1 The specialty defines itself as nursing and subscribes to the overall purposes, functions and ethical standards of nursing.

Criterion 2 The specialty is a defined area of nursing practice which requires application of specially focused knowledge and skills.

Criterion 3 There is both a need and a demand for the specialty area.

Criterion 4 The focus of a specialty is a defined population or a defined area of activity which provides a major support service within the discipline and practice of nursing.

Criterion 5 The specialty is based on a core body of nursing knowledge which is being continually expanded and refined by research. Mechanisms exist for supporting, reviewing and disseminating research.

Criterion 6 The specialty subscribes to, or has established practice standards commensurate with those of the nursing profession.

Criterion 7 The specialty adheres to the Australian requirements for nurse registration.

Criterion 8 Specialty expertise is gained through various combinations of formal education programmes, experience in the practice area and continuing education. Educational programme preparation and administration must include appropriate nursing representation.

Criterion 9 Where a specialty is developing a credentialling process then it is consistent with the Australian credentialling framework for nurses (see credentialling principles). Human and financial resources are available to support this process.

Criterion 10 Specialty nurses are organised and represented within a specialty association.