THE ADDICTION SPECIALTY NURSING KNOWLEDGE AND SKILLS COMPETENCY FRAMEWORK

A competency framework for nurses working in the addiction specialty

July 2010
Draft Addiction Specialty Nursing Knowledge and Skills Competency Framework (2010)
Developed for Matua Raki under DANA professional nursing organisation
by Daryle Deering and National Nursing Reference Group
ACKNOWLEDGEMENTS

The draft *Addiction Specialty Nursing Knowledge and Skills Competency Framework* was developed by Dr Daryle Deering in conjunction with a National Nursing Reference Group and in collaboration with the Drug and Alcohol Nurses of Australasia Standards and Competencies Expert Reference Group (DANA). DANA is the professional nursing body which will umbrella the *Competency Framework*.

The author acknowledges the individuals and groups external to the National Reference Group who provided input to the development of the draft Competency Framework, particularly those individuals and groups listed in Appendix 1.

It is acknowledged that the draft *Competency Framework* was developed from the Drug and Alcohol Services of Australia (DASSA), Alcohol, Tobacco and Other Drug (ATOD) Nursing Standards (Drug and Alcohol Services South Australia, Nursing Services 2007).

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1.0 INTRODUCTION

1.1 Background
The development of the draft *Addiction Specialty Nursing Knowledge and Skills Competency Framework* arose out of the 2008 Matua Rakii report: Development of the advanced practice nursing strategy for the addiction treatment sector: a discussion document (Deering 2008). A key recommendation in this report was the need to develop Addiction Specialty advanced practice nursing standards. For the 2009/10 Matua Rakii Project, the development of standards and competencies more broadly for Addiction Specialty nursing practice became the focus, with the overall aim being to describe the continuum of nursing practice and the role of the Specialist level nurse.

The background document (Deering 2009) identified several key considerations that were taking into account in the development of the draft *Competency Framework*. These considerations are listed in Appendix 2.

1.2 Professional Nursing Umbrella
Acknowledging cultural and other contextual differences, discussions regarding the possibility of a congruent New Zealand/Australian framework led to the Drug and Alcohol Nurses of Australasia (DANA) providing the professional nursing umbrella under which the framework would be developed. A Standards and Competency Expert Reference Group comprising New Zealand and Australian DANA members was formed to oversee this work. The Matua Rakii Project Co-ordinator and North Island DANA representative were members of this group. The North and South Island DANA representatives supported the Matua Rakii Co-ordinator with the development of the New Zealand draft *Competency Framework*. Appendix 3 provides an overview of the New Zealand development process.

1.3 Terminology
Addiction treatment is positioned within the mental health and addiction sector in New Zealand and, in the broadest sense, may refer to public health, primary care, secondary care (District Health Board (DHB)) and non-government organisation (NGO) services. Therefore, the term addiction was used in the draft *Competency Framework* in preference to Alcohol and other Drugs (AOD) or Alcohol, Tobacco and other Drugs (ATOD). This terminology is consistent with the Drug and Alcohol Practitioners’ Association of Aotearoa New Zealand (DAPAANZ) draft Addiction Intervention Competency Framework (June 2010). The use of the term addiction also recognises that problems related to substance use (including nicotine) and co-existing behavioural Addictions such as gambling impact on the lives of many individuals (Adamson et al 2006) and their significant others, families and whānau.

1.4 Standards and/or Competency Framework
A key question remains as to whether the final *Competency Framework* will comprise a standards and/or competency framework. To align with national nursing discussions on thresholds and criteria for developing standards and competency frameworks (Appendix 4), the draft New Zealand framework is at this point titled *The Addiction Specialty Nursing Knowledge and Skills Competency Framework*. For nurses in Aotearoa New Zealand who work in the mental health and addiction sector this will allow for alignment with the broader Standards of Practice for Mental Health
Nursing in New Zealand (Te Ao Maramatanga NZCMHN 2nd edition 2004) (see 3.0) which are currently under review.

Of interest in this regard is that competence standards have been defined as “…the resultant products of combining competency units and elements (Australian Nursing and Midwifery Council 2005, p8) i.e. the combination of a specific function or functional area that a registered nurse may perform with competency sub-unit components.

1.5 Consistency with Nursing Council of New Zealand Domains of Practice

The Nursing Council of New Zealand defines competency as a defined area of skilled performance and competence as the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse (Nursing Council of New Zealand 2007).

The competencies that comprise The Addiction Specialty Nursing Competency Framework build on the Competencies for registered nurses (Nursing Council of New Zealand 2009) and are organised under the Nursing Council of New Zealand four domains of practice:

1. Professional responsibility
2. Management of nursing care
3. Interpersonal relationships
4. Inter-professional health care and quality improvement

Management of nursing care is the first domain in the Competency Framework, highlighting the primary role of direct client care.

2.0 THE ADDICTION SPECIALTY NURSING COMPETENCY FRAMEWORK

2.1 Overview

The competencies contained in the Addiction Specialty Nursing Competency Framework are designed to be:

- Accessible: supported by a range of available education/training pathways
- Assessable: it must be possible to demonstrate or provide evidence of competency (N.B. Indicators which will be developed in the second phase of the Project (2010) will provide a limited number of examples of knowledge and/or skills which make up the competencies).

The Competency Framework is not designed to be a performance management tool. It is a professional nursing framework designed to provide:

- Guidance on the clinical career pathway for nurses working in the Addiction Specialty from Foundation to Advanced Specialist.
- A description of the levels of practice of nurses working in the Addiction Specialty.
- Clarification of the Specialist level nursing practice within the Addiction Specialty for nurses, other professionals, peer support workers, consumers, consumer advisors, employers, funding and planning personnel.
- Guidance for education providers in designing curricula.
- Information for effective nursing workforce development.
- The potential to develop a process for endorsement.
The Competency Framework stands alongside the relevant nursing and other professional codes of ethics e.g. DAPAANZ, legislative and policy frameworks and accepted best practice guidelines.

The Competency Framework and the developmental clinical pathway from registered nurse to nurse practitioner are shown in Figure 1.

Figure 1: The Addiction Specialty Nursing Competency Framework: the developmental clinical pathway from registered nurse (RN) to nurse practitioner (NP)

2.2 Relationship to Professional Development and Recognition Programmes

In respect to alignment with New Zealand employer based Professional Development and Recognition Pathways (PDRPs) (National Nursing Organisations 2004/05), it is expected that a Specialist level nurse would be at the level of Proficient or Expert on a PDRP and an Advanced Specialist level nurse would be at the level of Expert or above on a PDRP.

2.3 Levels of Practice: Foundation to Advanced Specialist

2.3.1 The Foundation Level Nurse

The Foundation level nurse is likely to enter the Addiction Specialty via two main pathways:
1. New Zealand new graduate registered nurses who are completing or who have completed a postgraduate Entry to Specialty Practice Programme in Mental Health and Addiction.
2. Registered nurses who have varying levels of experience in other areas of nursing, including overseas nurses, but who are new to working in the Addiction Specialty in New Zealand. In order to meet the requirements for a Specialist level nurse, such nurses would be required to undertake addiction related postgraduate programmes of study combined with formal/informal experiential learning.

2.3.2 The Specialist Level Nurse

Nurses who choose to become Specialist level nurses in the Addiction Specialty will develop specialist capabilities through clinically focused addiction related postgraduate programmes of study combined with formal/informal experiential learning.

2.3.3 The Advanced Specialist Level Nurse

Nurses who are Advanced Specialist level nurses will have completed clinically focused Masters level programmes (or be on the Pathway) together with formal/informal experiential learning. The advanced level competencies will articulate with the Nursing Council of New Zealand advanced competencies and provide guidance for nurses on the Nurse Practitioner pathway (Nursing Council of New Zealand, September 2008).
3.0 RELATIONSHIP TO OTHER FRAMEWORKS

3.1 Standards of Nursing Practice
The Addiction Specialty Nursing Competency Framework should complement standards of practice for broader areas of nursing: for example, the Standards of Practice for Mental Health Nursing in New Zealand (Te Ao Māramatanga (NCMHN) 2004). The importance of linking Addiction Specialty Nursing Competencies with these Standards was expressed by Addiction Specialty nurses who responded to a 2009 survey undertaken as an initial step in the review of the Standards of Practice for Mental Health Nursing (Berry 2009).

The potential relationship of the Addiction Specialty Nursing Competency Framework to the Standards of Practice for Mental Health Nursing and Nursing Council of New Zealand Competencies for registered nurses is shown in Figure 2.

**Figure 2:** The potential relationship of the Addiction Specialty Nursing Competency Framework to the Standards of Practice for Mental Health Nursing and Nursing Council Competencies for registered Nurses.

3.2 Generic competency frameworks and guidelines
There are a number of generic competency frameworks and guidelines that are relevant to Addiction treatment and support. These are listed in the references under the heading: Standards and competency frameworks and practice guidelines. Of particular importance for Addiction Specialty nurses working within the mental health and Addiction treatment sector are the following frameworks and practice guidelines.

3.2.1 *Let’s Get Real: Real Skills for real people working in mental health and Addiction and Real Skills Plus competency frameworks*
Let’s Get Real describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction treatment services in Aotearoa New Zealand (Ministry of Health 2008). Undergraduate educational programmes including nursing are expected to be informed by the knowledge, skills, values and attitudes described in the Let’s Get Real competency framework.
Real Skills Plus Seitapu is “…intended as a companion document to the Let’s Get Real framework…and presents a framework of the essential and desirable knowledge, skills and attitude attributes for any person in the mental health and addiction workforce who is working with a Pacific person, people or their families” (Le Va Pasifika 2009, p7).

Real Skills Plus CAMHS (Child, Adolescent Mental Health Service) is a competency framework that describes the knowledge, skills and attitudes that a practitioner needs in order to work with infants, children and young people who have moderate to severe mental health and/or alcohol or other drug (AoD) difficulties, their whānau and their community (Werry Centre 2008). Real Skills Plus CAMHS is for all practitioners who provide direct services to infants, children and young people with mental health/AoD difficulties and their whānau.

It is expected that the practice of Addiction Specialty Specialist and Advanced Specialist level nurses who provide child and youth interventions as the primary focus of their work would reflect the Real Skills Plus CAMHS competencies at the appropriate level (Practitioner-Core or Practitioner-Specialist).

### 3.2.2 The Addiction Intervention Competency Framework

The draft Addiction Intervention Competency Framework (DAPAANZ, June 2010) reflects the beliefs, knowledge and skills required by professionals providing specialist interventions to assist people to address problem gambling, tobacco, alcohol and/or other drug addiction.

Essential level Practitioner competencies apply to all professionals working to address gambling, alcohol, tobacco and/or other drug addiction as the primary focus of their role. Additional Practitioner level competencies (AOD, Problem Gambling, and Smoking Cessation) apply to those professionals providing AOD, gambling or smoking cessation interventions as the primary focus of their work.

The draft *Addiction Specialty Nursing Competency Framework* is congruent with the draft Addiction Intervention Competency Framework (June 2010) (personal communication with Paula Parsonage, Project Manager). It is expected that the practice of Addiction Specialty Specialist and Advanced Specialist level nurses would reflect the Essential level AOD Practitioner competencies and, as relevant to the primary focus of their work, the Additional AOD, Problem Gambling and Smoking Cessation Practitioner competencies.

The relationship of the *Addiction Specialty Nursing Competency Framework* to the Real Skills and Real Skills Plus Seitapu competency Frameworks and the draft Addiction Intervention Competency Framework is shown in Figure 3.

**Figure 3:** The relationship of the draft *Addiction Specialty Nursing Competency Framework* to: Real Skills and Real Skills Plus Seitapu Competency Frameworks and the DAPAANZ draft Addiction Intervention Competency Framework.
3.2.3 Practice Guidelines for Opioid Substitution Treatment in New Zealand

The Practice Guidelines for Opioid Substitution Treatment in New Zealand (Ministry of Health 2008) define the treatment objectives for opioid substitution treatment and are in accordance with the New Zealand National Drug Policy of harm minimisation (Ministerial Committee on Drug Policy 2007). The Guidelines provide evidence-based advice for clinicians on best practice for the assessment and management of opioid dependence. It is expected that the practice of Specialist and Advanced Specialist level nurses who work with clients receiving opioid substitution treatment, and their significant others, families and whānau, is in accordance with the Guidelines.

3.2.4 Te Ariari o te Oranga: The Assessment and Management of People with Co-existing Substance Use and Mental Health Problems

Te Ariari o te Oranga: The Assessment and Management of People with Co-existing Substance Use and Mental Health Problems (Todd 2010) addresses the generic aspects of care for tangata whaiora with co-existing substance use and mental health problems. The practice of Specialist and Advanced Specialist level nurses working with clients who have co-existing substance use and mental health problems, and their significant others, families and whānau, is expected to reflect these guidelines.

The relationship of the draft Addiction Specialty Nursing Competency Framework to the Practice Guidelines for Opioid Substitution Treatment in New Zealand (Ministry of Health 2008) and Te Ariari o te Oranga: the Assessment and Management of People with Co-existing Substance Use and Mental Health Problems (Todd 2010) is shown in Figure 4.

Figure 4: The relationship of the draft Addiction Specialty Nursing Competency Framework to: The Practice Guidelines for Opioid Substitution Treatment in New Zealand and Te Ariari o te Oranga: the Assessment and Management of People with Co-existing Substance Use and Mental Health Problems
4.0 UNDERPINNING VALUES, ATTITUDES, PRINCIPLES

4.1 Values and Attitudes
The values and attitudes identified in Let’s Get Real (Ministry of Health 2008) are expected to underpin effective mental health and addiction services in Aotearoa New Zealand.

4.1.1 Values

Respect: Clients are the focus of our practice. We respect the diversity of values of all clients. The values of each client and of their community are the starting point of all of our work.

Human rights: We strive to uphold the human rights of clients and their families. Human rights include, but are not limited to, the right to autonomy and self-determination, the right to be free from coercion, the right to be treated in a non-discriminatory way, the right to informed consent, and the right to receive care and support that responds to the physical, psychological, spiritual, intellectual and cultural needs of the service user.

Service: We are committed to delivering an excellent service for all. This includes client partnerships at all levels and phases of service delivery, including the choice of services available as well as the actual delivery of service.

Recovery: We believe and hope that every client can live a full and meaningful life in the presence or absence of their mental illness and/or addiction. We also understand that recovery is not only related to the mental illness and/or addiction itself, but also to all of the losses associated with it.

Communities: We value communities, the many places in which we all live, move and have our being, as pivotal resources for the effective delivery of services and support for client and their families/whānau.

Relationships: We seek to foster positive and authentic relationships in all spheres of activity, including relationships with all people who work within mental health and addiction, wider communities, and clients and their families/whānau.

4.1.2 Attitudes
People working in addiction services strive to be:
- Compassionate and caring: sensitive, empathic
- Genuine: warm, friendly, fun and have aroha and a sense of humour
- Honest: have integrity
- Non-judgemental: non-discriminatory
- Open-minded: culturally aware, self-aware
- Innovative: creative, positive risk takers
- Optimistic: positive, encouraging, enthusiastic
- Patient: tolerant, flexible
- Professional: accountable, reliable and responsible
- Resilient
• Supportive: validating, empowering, accepting
• Understanding.

N.B. In respect to upholding the human rights of clients this includes upholding the Code of Health and Disability Services Consumers’ Rights (Health and Disability Commissioner 1996) and the broader New Zealand Health and Disability Services Standards (2008) which incorporate standards pertaining to mental health and addiction. The standards are mandatory for providers of health care services that are subject to the Health and Disability Services (Safety) Act 2001.

4.2 Principles
The seven principles underpinning Te Ariari o te Oranga: The Assessment and Management of People with Co-existing Substance Use and Mental Health Problems informed the development of the draft Addiction Specialty Nursing Competency Framework.

1. Cultural Considerations: Consider the cultural needs and values of all tangata whaiora throughout the treatment process.
2. Well-being: Take a well-being perspective by considering problems as barriers to well-being and seeing a state of positive well-being as the key outcome variable rather than the absence of dysfunction.
3. Engagement: Actively incorporate strategies to increase and maintain engagement with the clinical case manager, the management plan and the service.
4. Motivation: Actively incorporate strategies to enhance motivation including, but not limited to, co-existing problems-adapted motivational interviewing techniques.
5. Assessment: Screen all tangata whaiora presenting in mental health and alcohol and drug services for co-existing problems and where they screen positive undertake a comprehensive assessment that gives equal weight to diagnoses, individualised problems and an integrated aetiological or causal formulation.
6. Management: Use clinical case management to deliver and co-ordinate multiple interventions appropriate to the phase of treatment.
7. Integrated Care: Integrate care by placing the needs of tangata whaiora first and deliver care driven by the integrated formulation in a single setting and ensuring close linkages between all services and workers involved.

5.0 GLOSSARY OF TERMS

Addiction
Addiction is inclusive of alcohol and other drugs including nicotine (tobacco) and behavioural addictions such as gambling.

Client
An individual, family, group or community that is receiving an addiction treatment or support service. This term may be inclusive of the following terms: tangata whaiora, consumer, service user, tangata kaupapa, whānau, patient.

Clinical case management
The nurse clinical case-manager/key worker coordinates care and also delivers specific interventions that include a combination of psycho-social, cultural and pharmacotherapy interventions (refer to Todd 2010).

Co-existing mental health
Other terms include: dual diagnosis, co-existing disorders, co-morbidity, concurrent disorders, co-occurring disorders. The word problems has been
problems preferred over disorders recognising that significant substance use and mental health symptoms may occur at levels that do not meet criteria for disorders (Todd 2010).

Co-existing problems A broad term pertaining to problems co-existing with substance use experienced by a person which may occur across a range of health related domains e.g. mental health, physical health, social and cultural, spiritual, and disabilities e.g. physical and intellectual.

Collaborative working across systems Many clients with addiction problems, particularly those with co-existing mental health and physical health problems, require assistance from multiple health and disability services. In order to meet the needs of such clients and their significant others, families and whānau, Addiction Specialty nurses need to establish and maintain collaborative working relationships across service and sector settings.

Cultural (health) worker A worker who has specific cultural knowledge and skills and is employed to work alongside health and other professionals, or within a specific service e.g. Kaupapa Māori, Pacific health service, to meet the cultural needs of individuals with addiction problems within a family and whānau and broader cultural health context.

Family Relatives, whānau, partners, children, as nominated by the client.

Intervention A generic term including treatment, support and care. These terms are frequently used interchangeably.

Multidisciplinary team The Addiction Specialty setting comprises a mix of e.g. health and other professionals (including addiction practitioners), consumer advisors, peer support workers, cultural health workers, youth workers, managers and administration staff.

Peer support worker An addiction professional with their own lived experience of recovery, providing support aimed at assisting people in their recovery towards well-being. Peer support workers assist others in initiating recovery, maintaining recovery, and enhancing the quality of life in recovery (refer to White 2009; UK Drug Policy Commission Consensus Group. Retrieved June 2008. Developing a vision of recovery – a work in progress (www.ukdpc.org.uk/)). “Peer” is defined by the person using the service.

Specialty Area of nursing practice i.e. addiction.

Specialist Level of nursing practice.

Support worker A person providing support work in the mental health and addiction field, broader health and social service sector. Other terms used interchangeably with support worker include kai tautoko, kai manaakitangi and kai awhina.

Systems approach A systems approach requires systems thinking: an approach to problem solving by viewing “problems” as parts of an overall system or multiple systems e.g. person within their social and cultural context; adolescent within school, family, peer etc systems. Systems thinking is not one thing but a set of practices within a framework that is based on the belief that individuals can
be helped best in the context of relationships.

**Practitioner**
An addiction professional that is qualified to provide interventions and/or treatment within the addiction sector.

**Professional**
A broad term pertaining to persons (including addiction practitioners) employed in the health or other sectors such as justice, corrections, welfare and education to provide direct intervention (including support and treatment) to individuals, families and whānau.

**Health professional**
A broad term pertaining to professionals working in the health field. May also refer to clinicians (health professionals) who are covered by the Health Practitioners Competency Assurance Act (2003).

**Recovery**
Recovery is a process of building a satisfying and meaningful life, as defined by the client. It involves the accrual of positive benefits as well as the reduction of harms. Recovery includes a movement away from addiction and the associated problems towards health, well-being and participation in society. Aspirations and hope, both from the client, their families and whānau and those providing services and support, are vital to recovery.

**Significant others**
A broader term inclusive of others with significant involvement in the person's life as perceived by the client: may be a friend or helping person e.g. mentor, peer support worker, sponsor, pharmacist, probation officer, cultural health worker, teacher, minister.

**Well-being**
A concept that incorporates the positive aspects of a person’s life similar to the term quality of life. Well-being is a state or goal that is self-determined and dynamic. The concept of well-being shares many similarities with those of strengths and recovery. Recovery can be considered to capture the process of change as experienced by a person towards a self determined goal or state of well-being” (from Todd 2010).

A well-being approach allows for “…treatment of problems as well as for enhancing positive attributes and through the field of positive psychology is developing an emerging evidence base for effective interventions aimed at enhancing subjective well-being (Todd 2010 p5).

**Whānau ora**
Māori families achieving their maximum health and well-being.
### 6.0 DRAFT ADDICTION SPECIALTY NURSING KNOWLEDGE AND SKILLS COMPETENCY FRAMEWORK

The *Competency Framework* reflects the clinical practice of registered nurses working in the *Addiction Specialty* from Foundation to Advanced Specialist. The competencies relate to practice along the addiction intervention continuum from health promotion to providing interventions for people with high and complex needs. The Framework is a developmental tool and is not intended for managing performance. As such, it provides a guide for nurses seeking to become Specialist and Advanced Specialist level nurses. The Framework also offers a guide to educators, employers, other professionals, peer support workers, cultural health workers, consumers, planners and funders as to the knowledge and skills required by nurses to work in the Addiction Specialty.

The levels are developmental. Foundation knowledge and skills build on the registered nurse competencies and are inherent in the Specialist level. Specialist level knowledge and skills are inherent in the Advanced Specialist level. The nurse practitioner role with an addiction related scope of practice will build on the capabilities of the Advanced Specialist nurse.

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<th>FOUNDATION KNOWLEDGE/SKILLS</th>
<th>SPECIALIST KNOWLEDGE/SKILLS</th>
<th>ADVANCED KNOWLEDGE/SKILLS</th>
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<td><strong>Foundation Level Nurse</strong></td>
<td><strong>Specialist Level Nurse</strong></td>
<td><strong>Advanced Specialist Level Nurse</strong></td>
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<td>Develops the specific knowledge and skills required for practising in the Addiction Specialty. Participates in health promotion and education and clinical management with individuals with addiction problems, significant others, families and whānau within a multidisciplinary team context.</td>
<td>Uses a systems approach to care. Provides assessments and interventions for a diverse range of clients with addiction problems including co-existing mental health problems. Is a source of expert clinical advice and influences Addiction Specialty nursing and treatment practices more broadly at the local level.</td>
<td>Through leadership and consultation provides nursing expertise across multiple populations and settings. Influences the development of Addiction Specialty nursing and treatment more broadly at local and national levels.</td>
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<td>Undertakes formal/informal experiential learning related to the Addiction Specialty and establishes a professional development plan</td>
<td>Completes postgraduate addiction related clinically focused courses combined with formal/informal experiential learning.</td>
<td>Completes Masters level clinically focused courses (or on pathway) that includes addiction related papers combined with formal/informal experiential learning.</td>
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## Management of Nursing Care

Participate in clinical management, working in partnership with a diverse range of clients with addiction problems, significant others and whānau to promote recovery and well-being.

- Incorporates health promotion into practice with individuals, significant others, families and whānau, groups and communities to reduce harm from addiction and promote well-being.
- Develops skills in *levels* of assessment, treatment planning and interventions inclusive of risk assessment and management for a diverse range of clients with addiction problems.

## Management of Nursing Care

Role models a systems approach to care within clinical case management/key working with a diverse range of clients with complex addiction related treatment needs: involves significant others, family and whānau, and support networks; works collaboratively across multiple settings with health and other professionals, cultural and peer support services/workers and other community groups.

- Is a source of expert addiction related clinical advice for clients, significant others, families and whānau, health and other professionals, cultural workers, peer support workers and community groups.
- Contributes to strategies to reduce the harm from addiction and promote healthy lifestyles and environments.
- Undertakes comprehensive, multidimensional assessments and treatment planning with a diverse range of clients with co-existing substance use/addictions and mental health problems incorporating (with client consent) information from multiple sources.
- Provides clinical case management/key working for a diverse range of clients with co-existing substance use and mental health problems.

## Management of Nursing Care

Through consultancy, provides Addiction Specialty nursing expertise along the care continuum within multidisciplinary team environments and across multiple settings.

- Actively engages with others to formulate strategies to reduce the harm from addiction and promote community well-being.
- Within scope of practice, applies advanced clinical reasoning and judgement to provide expert assessment, treatment planning and integrated interventions for a diverse range of clients with addiction and related problems, working within multidisciplinary environments and across settings.
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<td>Accesses addiction related clinical guidelines and research from multiple sources.</td>
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<tr>
<th>Management of Nursing Care continued</th>
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<tr>
<td>Within scope of practice employs a wide range of evidenced based interventions, including pharmacotherapy management, to meet the needs of a diverse range of clients with addiction related issues.</td>
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<tr>
<td>Incorporates into addiction treatment planning facilitating access to traditional healthy practices valued by clients with addiction problems.</td>
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<tr>
<td>Takes a leadership role within a multidisciplinary context in managing crisis and high risk situations involving clients with addiction problems.</td>
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<tr>
<td>Critically reviews addiction related research findings and initiates discussion forums.</td>
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<tr>
<th>Management of Nursing Care continued</th>
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<tr>
<td>Mobilises and co-ordinates resources and assumes leadership in managing addiction related clinical crises and high risk situations.</td>
</tr>
<tr>
<td>Leads the transition and integration of addiction related research findings into practice to improve quality of care for clients with addiction related problems.</td>
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<tr>
<td>Professional Responsibility and Leadership</td>
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| With collegial support, develops culturally responsive practices that include establishing local links and networks and seeking cultural guidance in order to meet the needs of:  
- Māori clients with addiction problems and promote whānau ora  
- Pacific clients with addiction problems and promote family well-being  
- Other clients of diverse cultural backgrounds with addiction problems, to promote resilience and well-being  
In the context of addiction treatment incorporates into practice an understanding of gender specific needs.  
Develops an understanding of consumer participation in the context of addiction treatment  
Develops an understanding of the common ethical dilemmas which impact on nursing practice and treatment more broadly in the Addiction Specialty. | Role models and supports others in strengthening culturally responsive practices for clients and their significant others, families and whānau from diverse cultural backgrounds. Challenges practices that are not culturally responsive.  
Role models and supports others in strengthening gender responsive practices for clients with addiction problems. Challenges practices that are not gender responsive.  
Demonstrates in practice an understanding of consumer participation in the context of addiction treatment.  
Reaches ethical decisions in the context of challenging health and behavioural issues through a process that takes into account the balance between individual client’s treatment rights and potential harms to others and the broader community. | Actively engages with others to develop partnerships and collaborative models of care to improve cultural responsiveness for clients with addiction problems from diverse cultural backgrounds and their significant others, families and whānau.  
Actively engages with others to develop gender responsive models of care for clients with addiction problems.  
Actively engages with others to develop models of care that is inclusive of consumer participation at all levels of service delivery  
Provides consultation/leadership in decision-making processes and contributes to resolutions for complex addiction practice ethical issues that are in accordance with clients’ rights and codes of ethics. |
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<th>Professional Responsibility and Leadership continued</th>
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<tbody>
<tr>
<td>Develops an understanding of New Zealand national drug policy and underpinning principles, addiction related standards, legislation and codes of practice, and relevance of these to practice.</td>
<td>Applies in practice an in-depth knowledge of national standards, policy, addiction related legislation and codes of practice. Contributes to consultation processes related to regulatory and legislation reviews.</td>
<td>Leads debate on reviews of addiction related national policies and legislation and provides feedback and submissions.</td>
</tr>
<tr>
<td>Develops an understanding of the pervasive impact of stigma and discrimination associated with addiction on individuals and families and whānau who are affected by addiction related problems</td>
<td>Provides leadership in challenging discriminatory practices and attitudes towards clients with addiction related problems, significant others, families and whānau.</td>
<td>Advocates for at risk populations adversely affected by addiction related health and social problems.</td>
</tr>
<tr>
<td>Has an understanding of relevant nursing standards and mental health and addiction competency frameworks and codes of ethics, and the relationship of these to Addiction Specialty nursing.</td>
<td>Role models and upholds expectations that the appropriate nursing and addiction related practice standards and codes of ethics are met.</td>
<td>Takes a leadership role in addressing breaches of nursing and addiction related practice standards and codes of ethics.</td>
</tr>
<tr>
<td></td>
<td>Provides interventions for nurses with addiction problems.</td>
<td>Provides consultation/leadership in developing intervention systems, policies and processes for nurses with addiction problems.</td>
</tr>
<tr>
<td></td>
<td>Role models and promotes the Addiction Specialty Specialist nursing role through providing education/training and presentations in multiple contexts, supporting and mentoring students, Addiction Specialty nurses and other staff.</td>
<td>Advocates for/provides leadership in developing systems for supervision for Addiction Specialty nurses and other staff.</td>
</tr>
<tr>
<td></td>
<td>Provides/participates in clinical supervision; provides opportunities for nurses and others to critically reflect on Addiction Specialty practice.</td>
<td>Advocates and promotes the Addiction Specialty Advanced Specialist nursing role in multiple forums. Provides input to postgraduate courses and training; provides support and mentoring for students and Addiction Specialty Specialist level nurses and other staff.</td>
</tr>
<tr>
<td>Critically reflects on Addiction Specialty nursing care with peers and clinical supervisor.</td>
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<td>Interpersonal Relationships</td>
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<tr>
<td>Incorporates into Addiction Specialty nursing practice an understanding of the theories pertaining to motivation, therapeutic alliance, engagement and therapeutic relationships.</td>
<td>Role models an effective range of communication and interpersonal skills to enhance motivation to addiction related behaviour and lifestyle change, support recovery and well-being in working with a diverse range of clients, significant others, families and whānau.</td>
<td>Through the use of advanced communication and interpersonal skills initiates, develops and discontinues therapeutic relationships with a diverse range of clients with addiction related problems, significant others, families and whānau.</td>
</tr>
<tr>
<td>Presents and supports the views of Addiction Specialty clients and their significant others, family and whānau in multidisciplinary team decision-making processes.</td>
<td>Actively participates in negotiated decision-making with Addiction Specialty multidisciplinary team environments and collaborative working arrangements across settings.</td>
<td>Takes a leadership role/leads negotiated addiction related team decision-making processes within multidisciplinary team environments and collaborative working arrangements across multiple settings.</td>
</tr>
<tr>
<td>Develops an understanding of conflict situations that might arise in the context of addiction treatment and potential impacts on therapeutic relationships, multidisciplinary team functioning and collaborative working arrangements across settings.</td>
<td>Role models highly effective negotiation, conflict resolution and delegation skills to enhance collaborative working relationships relevant to addiction treatment provision, within multidisciplinary team environments and collaborative working arrangements across settings.</td>
<td>Applies leadership, team building and negotiation and conflict resolution skills to manage and resolve addiction related conflict situations that arise within multidisciplinary team environments and collaborative working arrangements across settings.</td>
</tr>
<tr>
<td>Utilises effective communication and interpersonal skills to establish and develop collaborative working relationships within the Addiction Specialty multidisciplinary team environment and across settings.</td>
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<tr>
<td>Interprofessional Health Care and Quality Improvement</td>
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<td>Establishes local networks within addiction and mental health, primary care and other related sectors and the broader community, to facilitate collaborative, continuous and co-ordinated care for clients and their significant others, families and whānau.</td>
<td>Develops and maintains a range of collaborative working relationships internal and external to the Addiction Specialty, to enhance services for clients and their significant others, family and whānau.</td>
<td>Utilises leadership skills to build multidisciplinary team, agency, cultural and other community partnerships to improve quality of care and address gaps/barriers to access for people with addiction related problems and their significant others, families and whānau.</td>
</tr>
<tr>
<td>Participates in team and service level nursing and addiction treatment policy development, audits and other quality improvement activities.</td>
<td>Contributes to/ provides leadership in the development of nursing and service level addiction treatment policies, audits, adverse event reviews and other quality improvement activities. Utilises data to improve the quality of nursing practice and addiction treatment more broadly.</td>
<td>Engages in/ leads a range of local and national nursing and addiction treatment related quality improvement activities. Uses data to influence the quality of nursing practice and addiction treatment more broadly.</td>
</tr>
<tr>
<td>Participates in routine outcome monitoring with Addiction Specialty clients and uses outcome data to inform treatment planning and clinical decision-making.</td>
<td>Contributes to the development of nursing and broader addiction treatment standards, guidelines and protocols.</td>
<td>Participates in local and national nursing and addiction related advisory and other groups.</td>
</tr>
<tr>
<td>Participates in research relevant to Addiction Specialty nursing and the field in general.</td>
<td>Utilises routine outcome monitoring data to identify addiction related trends and inform treatment planning and clinical decision-making at a client and team/service level.</td>
<td>Uses outcome monitoring data to influence the quality of addiction treatment and inform future practice trends at local and national levels.</td>
</tr>
<tr>
<td></td>
<td>Contributes to research relevant to Addiction Specialty nursing and the field in general.</td>
<td>Engages in public health and clinical research applicable to Addiction Specialty nursing and the field in general.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consults/collaborates with a wide range of key stakeholders to address the socio-political determinants that contribute to addiction related problems.</td>
</tr>
</tbody>
</table>


7.1 Standards and Competency Frameworks, and Practice Guidelines


Canadian Centre on Substance Abuse. 2007. Core competencies for Canada’s Substance Abuse Field. Version 1.0. Ottawa: Canadian Centre on Substance Abuse.


intervention, alcohol and other drug intervention and smoking cessation. Prepared for the project reference group by Parsonage P, Sullivan S. Wellington: DAPAANZ & ABACUS.


Ministry of Health in partnership with the Health Funding Authority. 1998. Guidelines for clinical risk assessment and management in mental health services. Wellington: Ministry of Health.


APPENDIX 1

In addition to input from the National Nursing Reference Group, feedback on a first draft of the Addiction Specialty Nursing Knowledge and Skills Competency Framework was received from the following individuals and groups.

Lyn Dawson  The Werry Centre for Child and Adolescent Mental Health Workforce Development

Linda Downey  Manakau Institute of Technology, Bachelor of Nursing Degree; Tiaho mai, Mental Health Inpatient Unit, Middlemore Hospital, Counties Manakau DHB; National Clinical Co-ordinator for Te Orange Ake, Urban Māori Authority

Dr Bronwyn Dunnachie  Senior Advisor, The Werry Centre for Child and Adolescent Mental Health Workforce Development

Drug and Alcohol Nurses of Australasia Standards and Competency Expert Reference Group Prof Charlotte de Crespigny (Co-chair) Janice Ough

Vicky Kiddell  Aotearoa New Zealand Alcohol and Other Drug Consumer Network

Assoc. Prof. Brian McKenna  School of Nursing, Faculty of Medical and Health Sciences, The University of Auckland

Anne McDonald  Clinical Project Lead – Nursing, Te Pou, The National Centre of Mental Health Research, Information and Workforce Development

Anthony O’Brien  School of Nursing, Faculty of Medical and Health Sciences, The University of Auckland

Moira O’Shea  Nurse Educator, Mental Health and Addiction Service, Waikato District Health Board

Paula Parsonage  Project Manager, Review of DAPAANZ Addiction Sector Competencies Project

Robert Pearce  Acting Clinical Leader, Alcohol, Tobacco & Other Drugs, Clinical Leader Mental Health Teams North, Hawkes Bay District Health Board

Sheridan Pooley  Chairperson, Aotearoa New Zealand Alcohol and Other Drug Consumer Network

Rhonda Robertson  Matua Raki National Addiction Workforce Development Centre Consumer Project Leader
Te Ao Maramatanga New Zealand College of Mental Health Nurses Practice Board
Kaye Carncross (Chair), Dr Frances Hughes, Stuart Gray

David Warrington Nurse Consultant, Mental Health & Addiction Services, Hawke's Bay DHB

John White Associate Director of Nursing, Mental Health Services, MidCentral Health

Māori Nursing Consultation via Te Kaunihera O Nga Neehi Māori O Aotearoa, National Council of Māori Nurses New Zealand, facilitated by Maria Baker, Te Rau Matatini, Aotearoa Māori Mental Health Workforce Development Centre with:

- Northern Region Māori Mental Health and AOD nursing leadership group: Māori nurses in leadership roles employed in mental health and addiction services from Northland, Auckland, Waitemata and Counties Manukau District Health Boards (DHBs); Te Awhi Whānau Non Government Organisation (NGO), Tu Te Wehi Primary Mental Health Service, Ora Toa Primary Health Organisation.
- Central Regional AOD forum hui: Māori mental health nurses employed with Mason clinic; Nelson/Marlborough DHB, Lakes DHB, Auckland DHB, Taiwhenua ki Heretaunga (NGO), and Southland DHB.

Pacific Consultation*

- Genevieve Togiaso, Adult Mental Health Service Nurse Clinician/Quality Co-ordinator, Mental Health, Addictions and Like Minds Like Mine Service.
- Mark Esekielu, Service Manager Mental Health, Addictions and Like Minds Like Mine Service.
- Norman Vaele, AOD Practitioner Mental Health, Addictions and Like Minds Like Mine Service.

*All work for Pacific Trust Canterbury
APPENDIX 2

Considerations taken into account in the development of the draft *Addiction Specialty Nursing Knowledge and Skills Competency Framework*.

- Recognition of Māori as tangata whenua and Te Tiriti o Waitangi as the nation’s founding document and recognition of the associated health sector obligations.
- Underpinned by values, attitudes and principles including those related to Te Tiriti o Waitangi (partnership, protection, and participation and tino rangatiratanga – self determination).
- Inclusion of Foundation, Specialist and Advanced Specialist levels of practice with clear articulation between developmental levels.
- Consistent terminology.
- Future focused.
- Applicable to nurses working in a range of settings and across settings and along the addictions continuum – from health promotion to working with people with complex issues including co-existing substance use and mental health problems.
- Reflect the skills, knowledge and attributes required in the workplace.
- Relevance for curricula development.
- Reflect the relationship between nursing work and work done by other workers.
- Meet requirements for criteria for national specialty nursing standards and competency framework development.
- Reflect contemporary health related concepts and nursing and health care approaches.
- Consistent with national sector standards, consumer rights legislation and national drug policy.
- Reflect relevant best practice guidelines.
- Reflect outcome domains for contemporary addiction treatment.
- Inclusion or exclusion of nicotine, gambling, youth.
- Alignment/articulation with:
  - Nursing Council competency domains for registered nurses
  - Nursing Council domains of competence for advanced practice and nurse practitioner
  - Standards of Practice for Mental Health Nursing
  - Employer Professional Development and Recognition Programme frameworks
  - Let’s Get Real: Real skills for real people working in mental health and addiction (Ministry of Health 2008) and Real Skills Plus competency frameworks
  - Drug and Alcohol Practitioners’ Association of Aotearoa New Zealand Addiction Intervention Competency Framework
  - Australian Alcohol, Tobacco and Other Drug Nursing Standards and Competency frameworks
APPENDIX 3

Overview of the development process for the draft *Addiction Specialty Nursing Knowledge and Skills Competency Framework* (October 2009 – August 2010).

Step 1: Preparation

- Contact established with the Project Manager and Reference Group for the Review of Addiction Sector Competencies (ongoing contact with Project Manager).
- Establishment of the Drug and Alcohol Nurses of Australasia Standards and Competencies Expert Reference Group (SERG) and monthly – two monthly teleconferences.
- Development of a Background Paper.
- Teleconference with North Island and South Island DANA representatives and Project Coordinator to time-line activities.
- Establishment of the National Nursing Reference Group.

Step 2: Initial Consultation

- *Initial consultation round* on the development of an *Addiction Specialty Nursing Knowledge and Skills Competency framework* and to seek feedback on the Alcohol, Tobacco and Other Drug Specialist Nursing Practice DASSA nursing standards (Drug and Alcohol Services South Australia Nursing Services 2007).
  - Feedback via focus groups facilitated by Nursing Reference Group members held in Auckland (11 attendees); Waikato (18 attendees); Wellington (three attendees); Christchurch (5 attendees).
  - Feedback from National Nursing Reference Group members not involved in focus groups.

Step 3: First draft

- *Development of first draft* based on feedback on the DASSA Framework and in accordance with the proposed national process for endorsement by the nursing profession of specialty nursing standards and competency frameworks in New Zealand (Appendix 4). Draft competencies were organised under Nursing Council of New Zealand domains of practice for the registered nurse.

Step 4: Second consultation round

- *Second consultation round* to seek feedback on the first draft of the *Competency Framework* from National Nursing Reference Group members and key stakeholders
- Collation of feedback.
- Teleconference with National Nursing Reference Group members in respect to key feedback points.

Step 5: Development of second draft and further consultation

- Meeting with Nelson/Marlborough nurses facilitated by regional Nursing Reference Group member to assist with finalising *second draft*.
- Consultation with Project Manager, DAPAANZ for the Review of Addiction Sector Competencies.
• Ongoing revision of the second draft in response to continuing discussions and consultation feedback.
• Presentation by DANA SERG on the approach to the development of a congruent Australasian framework at the July 2010 DANA conference.
• Meeting with the National Directors of Mental Health Nursing Group.
• Completion of the final Draft.
**APPENDIX 4**

**Proposed national process for endorsement by the nursing profession of specialty nursing standards and competency frameworks in New Zealand.**

In 2009 the National Nursing Consortium (aka National Nurses Group) which is supported by the Chief Nurse and Nursing Council comprising the College of Nurses Aotearoa, Te Kaunihera O Nga Neehi Māori O Aotearoa, National Council of Māori Nurses, New Zealand Nurses' Organisation and Te Ao Maramatanga NZCMHN developed a draft document titled *Proposed national process for endorsement by the nursing profession of specialty nursing standards and competency frameworks in New Zealand* (National Nursing Consortium final draft, 9th October 2009).

The document states that “…The purpose of this proposal is to establish a mechanism by which nursing retains authority over specialty standards and competency frameworks developed within New Zealand. It is a collaborative, national process for overarching endorsement of specialty nursing standards and competency frameworks by the wider nursing profession in New Zealand. It does not replace the processes representative nursing organisations use for the development and approval of specialty standards and competency frameworks but is a validation from the wider nursing profession in New Zealand of standards meeting criteria set by the profession”.

The stated rationale is “…Currently a wide range of groups are developing specialty standards and competency frameworks. They include nursing organisations which have formalised processes for development and approval, informal nursing groups, and other health organisations. Many of the informal groups and external organisations "shop around" for endorsement by the nursing profession. Also a plethora of standards and competency frameworks are emerging and this consortium could provide guidance on future development. This may be a natural evolution once the endorsement process has been established. Also, there is an increasing expectation from the community that the internal processes used by specialty groups to develop and maintain such standards are open to review and scrutiny by others”.

**Draft criteria for endorsement**

- The standards/competency framework has been developed by a national, not a local, constituted body.
- There has been wide consultation within nursing, and with other relevant stakeholders.
- The standards/competency framework includes knowledge, skills and attributes, and is not for a procedural activity.
- Standards/frameworks which have been developed and approved through a formally constituted national nursing organisation with a defined document development process will be automatically endorsed by the national body, although the national body retains the right to raise additional points for consideration.
- Where there is no national nursing body having jurisdiction over the development of the standards/competency framework, an outline of the development and consultation process followed should be provided along with evidence of engagement and support by specialty nurses.
- Evidence of development and consultation with Māori is provided.
• The standards/competency frameworks are developed according to the accepted processes within an organisation.

**Draft process for endorsement**

• Information on the endorsement process and criteria is available on relevant websites.
• Finalised documentation is presented with a letter of application for endorsement (a checklist will need to be developed).
• The collaborative national body reviews documentation against the criteria and either confirms or declines endorsement of the standards/competency framework (discussion will be by email and teleconference if required).
• A letter of decision is sent.
• If the decision is to decline the application, rationale for the decision is provided to the applicant.
• The decision is final.
• Endorsed standards and competency frameworks carry the statement of endorsement (and possible logo).
• Endorsement is for a maximum of 5 years or earlier if there is a major review of the standards/framework, after which it lapses.

**Reference**