

AOTEAROA NEW ZEALAND ADDICTION SPECIALTY NURSING COMPETENCY FRAMEWORK

**A knowledge & skills framework for
nurses working in the addiction treatment
specialty**

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Citation

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Competency (Knowledge & Skills) Framework
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by Daryle Deering and Addiction Specialty National Nursing Reference Group

FOREWORD

The Drug and Alcohol Nurses of Australasia Inc (DANA) is the peak nursing body representing drug and alcohol nurses across Australia and New Zealand. DANA recognises that all nurses need the basic knowledge and skills to assess, identify and respond to people whose health and wellbeing is affected by drug and alcohol use. However, the specialist drug and alcohol nurse is also required to have comprehensive leadership, knowledge and skills of the field. DANA has invested in the development, promotion and support of this specialty over the last three decades, and is committed to ensuring that this specialist workforce is well able to deliver safe, evidence based comprehensive nursing care to people adversely affected by drug and alcohol issues.

DANA Mission Statement

DANA is the peak nursing organisation in Australasia providing leadership to nurses and midwives with a professional interest in Alcohol, Tobacco and Other Drugs (ATOD) issues. We aim for excellence and the ongoing improvement of quality care in nursing in all practice contexts.

DANA Philosophy and Values

As the peak alcohol and other drug specialist nursing organisation, DANA provides leadership to nurses and midwives with a professional interest in Alcohol, Tobacco and Other Drugs (ATOD) issues. DANA endeavours to enhance the capacity of ATOD specialist nurses to respond effectively to ATOD use in a culturally sensitive manner. We provide a mechanism for professional development and support for our members. DANA provides support and direction to key stakeholders, service providers and educational institutions on ATOD use and related policies and practices.

DANA Standards Expert Reference Group

The DANA Standards Expert Reference Group (SERG) comprises DANA members from Australia and New Zealand, and was formed to oversee this trans-Tasman work. Acknowledging cultural and other contextual differences between our two countries, discussions were held about, and agreement undertaken to, having a congruent Australian and New Zealand specialty drug and alcohol nursing framework. The need for two separate but congruent frameworks became evident due to differing cultural requirements, domains of nursing standards, competencies and practice,

health workforce organisational structures and particular of the nursing and midwifery councils of both nations. DANA is the peak nursing body under which these Australian and New Zealand specialist standards and competencies are now auspiced.

Standards Expert Reference Group members

Rosalyn Burnett	Victoria
Prof. Charlotte de Crespigny	South Australia
Dr Daryle Deering	New Zealand
Tonina Harvey	New South Wales
Margo Hickman	Queensland
Louise Leonard	New Zealand
Janice Ough	South Australia

DANA nurses continued commitment to quality care is evident by the many contributions to this project, through focus groups, workshops and teleconference meetings. While not all have been individually named below, their input is equally appreciated. In particular, DANA wishes to thank the following for their contribution: Peter Athanasos, Dr Janette Curtis, Kt Harvey and Lynda Scott. In addition, DANA would like to formally acknowledge and thank Reckitt Benckiser and Drug and Alcohol Services of South Australia (DASSA) in Australia, and Matua Rāki National Addiction Workforce Development Centre in New Zealand for supporting and funding the development the Australian and New Zealand documents. Both documents have drawn on the previous contributions of Drug and Alcohol Services of South Australia (DASSA) ATOD Specialist Nursing Standards document (2007).



Margo Hickman

DANA President

Date: 21.12.2011



Louise Leonard

DANA International Vice President

Date: 23.12.2012

THE AOTEAROA NEW ZEALAND ADDICTION SPECIALTY NURSING COMPETENCY FRAMEWORK

The Aotearoa New Zealand Addiction Specialty Nursing Competency (Knowledge & Skills) Framework was developed with funding support from Matua Raki by a National Nursing Reference Group. Appendix 3 provides an overview of the New Zealand development process.

The National Reference Group acknowledges individuals and groups external to the Reference Group who provided input to the development of the Framework, particularly those individuals and groups listed in Appendix 1. Special acknowledgement is made of the input of Klare Braye and other Matua Raki staff who facilitated the development of this document.

National Nursing Reference Group

Daryle Deering	Project Co-ordinator
Steph Anderson	Nelson/Marlborough
Emma Black	Hawkes Bay
Tony Braam	Otago
John Caygill	West Coast
Peter Freeman	Canterbury
Michelle Fowler	Canterbury, South Island DANA representative
Julie Galloway	Lakes/Rotorua
Claire Gilbert	Canterbury
Maryann Wilson	South Canterbury
Moira Gilmour	Wellington
Louise Leonard	Waikato, North Island DANA representative
Virginia Maskill	Canterbury
Rachel McDowell	Southland
Shonagh Paterson	Mid-Central
Lorelie Olafson	Wairarapa
Jewell Reti	Northland
Elly Richards	Auckland
Marylou Sloane	Wellington
Karin Spannagl	Taranaki
Dr Helen Warren	Auckland

Assistance with feedback analysis and developing the Framework

Sharon Gould	Canterbury
Michelle Fowler	Canterbury, DANA South Island Representative

Performance Indicator Development sub-group (2011)

Daryle Deering	Project Co-ordinator
Catherine Coates	Policy expertise
Steph Anderson	Nelson/Marlborough, South Island DANA representative
Melanie Boortman	Auckland
Michelle Fowler	Canterbury (South Island DANA representative)
Moira Gilmour	Wellington
Louise Leonard	Waikato, DANA International Vice President
Elly Richards	Auckland, North Island DANA representative
Wendy Tait	Wellington
Raine Berry	Wellington

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1.0 INTRODUCTION

1.1 Background

The development of the *Aotearoa New Zealand Addiction specialty nursing (knowledge & skills) competency framework (Addiction nursing framework)* arose out of the 2008 Matua Raki 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 speciality advanced practice nursing standards. For the 2009/10 Matua Raki Project, the development of competencies 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 taken into account in the development of the framework. These considerations are listed in Appendix 2.

1.2 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 and secondary care (District Health Board (DHB) and non-government organisation (NGO) services. Therefore, the term addiction was used in the *Addiction nursing 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) *Addiction intervention competency framework* (2011). 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.

1.3 Standards and/or Competency Framework

To align with national nursing discussions on thresholds and criteria for developing standards and knowledge and skills frameworks (Appendix 4), the New Zealand framework is referred to as *a competency (knowledge & skills) framework*. For nurses in Aotearoa New Zealand who work in the mental health and addiction sector this will allow for alignment with the *Standards of practice for mental health nursing in New Zealand* (Te Ao Maramatanga NZCMHN 2004) (see 3.0) which are currently under review.

Of note 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.

1.4 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 nursing framework* build on the competencies for registered nurses (Nursing Council of New Zealand 2009) and are organised under the Nursing Council of New Zealand’s 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 *Addiction nursing 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 nursing 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. This requirement is met by means of the performance indicators.

The *Addiction nursing 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 Speciality from Foundation to Advanced Specialist
- A description of the levels of practice of nurses working in the Addiction Speciality
- Clarification of the Specialist level nursing practice within the Addiction Speciality 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

While the Framework may be utilised in a number of ways to meet local requirements, congruence with the levels of practice and domain content is expected.

The *Addiction nursing framework* stands alongside the relevant nursing and other professional codes of ethics e.g. DAPAANZ, legislative and policy frameworks and accepted best practice guidelines.

Figure 1. illustrates the *Addiction nursing framework* within the developmental clinical pathway from registered nurse to nurse practitioner.

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/Expert on a PDRP (recognising the need for a development pathway at this current time for specialist nurses) and an Advanced Specialist level nurse be at the level of Expert or above (e.g. a senior clinical nursing pathway).

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/co-existing disorders related postgraduate programmes of study (diploma level or with a certificate and working towards a diploma qualification) 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 with an addiction/co-existing disorders specific component (or be on the pathway) together with formal/informal experiential learning. It is expected that the advanced specialist competencies are congruent with the Nursing Council of New Zealand advanced competencies. It is also expected that these competencies provide guidance for those nurses who are seeking to become Nurse Practitioners (Nursing Council of New Zealand 2007) with an addiction related scope of practice.

3.0 RELATIONSHIP TO OTHER FRAMEWORKS

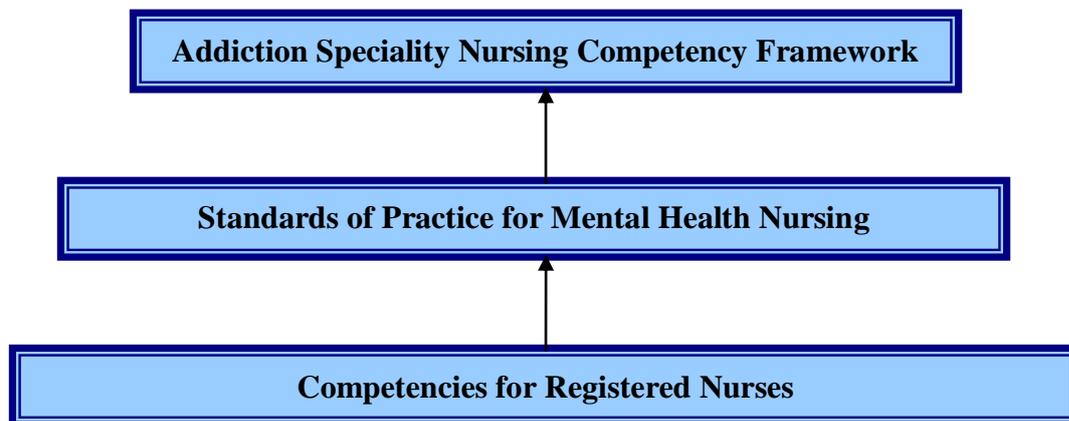
3.1 Standards of Nursing Practice

The *Addiction nursing 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 NZCMHN 2004). The importance of linking *Addiction specialty nursing competencies* with these Standards was expressed by Addiction specialty nurses who responded to the 2009 survey undertaken as an initial step in the review of the *Standards of practice for mental health nursing* (Berry 2009).

The relationship of the *Addiction specialty nursing framework* to the *Standards of practice for mental health nursing in New Zealand* and *Nursing Council of New Zealand Competencies for registered nurses* is shown in Figure 2.

Figure 2:

The 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 part of the Ministry of Health's *Let's get real* framework. It is a Pacific cultural competency framework that people working with Pacific service users/consumers and their families can aspire to (Le Va Pasifika. (2009).

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 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).

The *Takarangi competency framework* was developed with the aim of contributing to enhanced engagement and outcomes for Māori accessing addiction and mental health services. For nurses working in the mental health and addiction treatment sector the framework provides a complementary framework to evidence Māori responsiveness requirements (Matua Raki, National Addiction Workforce Development 2009) www.matuaraki.org.nz.

3.2.2 The Addiction Intervention Competency Framework

The *Addiction intervention competency framework* (DAPAANZ 2011) 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 *Addiction specialty nursing framework* is congruent with this framework. It is expected that the practice of 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 framework* to the *Real skills and Real skills plus Seitapu competency frameworks* and the *Addiction intervention competency framework* is shown in Figure 3.

Figure 3:

The relationship of the Addiction Specialty Nursing Competency Framework to: Real Skills and Real Skills Plus Seitapu Competency Frameworks and the DAPAANZ 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).

These 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, will be in accordance with the Practice Guidelines.

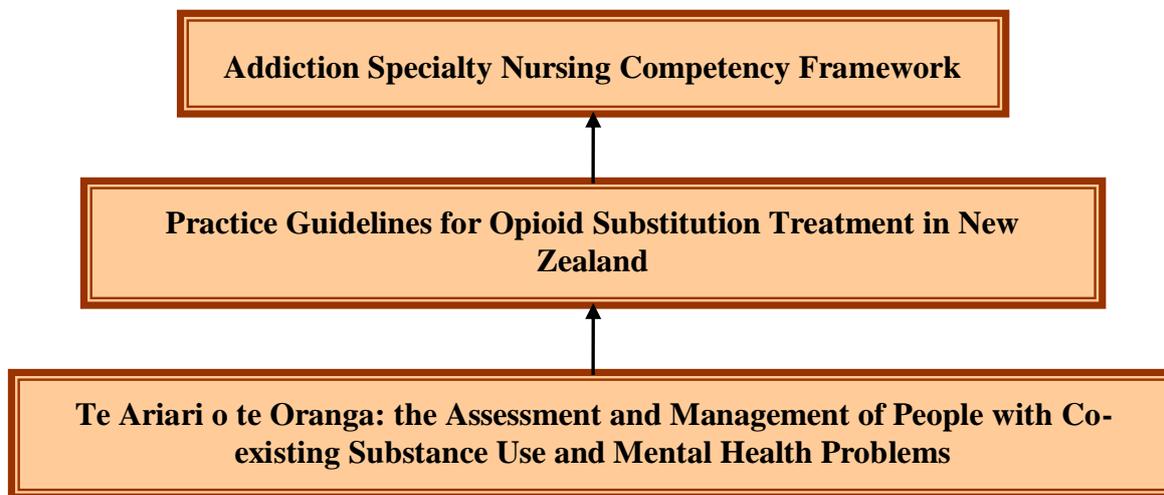
3.2.4 Te Ariari o te Oranga: The Assessment and Management of People with Co-existing Substance Use and Mental Health Problems

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/clients with co-existing substance use and mental health problems. The practice of Specialist and Advanced Specialist level nurses is expected to reflect these guidelines.

The relationship of the *Addiction specialty nursing 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 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 and their family and whānau (consumers) 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 and whānau. 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 clients and their families and whānau.
- Service** We are committed to delivering an excellent service for all. This includes consumer 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 clients and their families and 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 and 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 consumers (clients, family and whānau) 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 *Addiction Specialty Nursing Framework*.

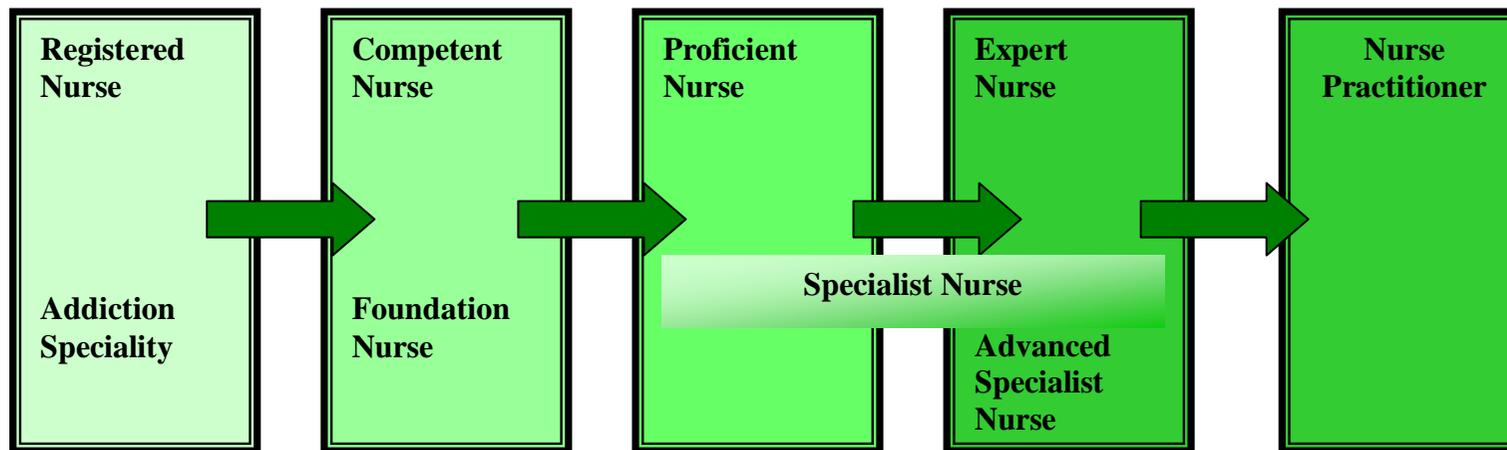
1. **Cultural Considerations:** Consider the cultural needs and values of all tangata whaiora/clients throughout the treatment process
2. **Well-being:** Take a well-being perspective by considering problems as barriers to well-being and seeing a state of positive well-being as the key outcome variable 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/clients 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/client 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 AOTEAROA NEW ZEALAND ADDICTION SPECIALTY NURSING COMPETENCY FRAMEWORK

The *Addiction specialty nursing competency (knowledge & skills) 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, although it may inform performance management processes. 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.

5.1. Relationship to Professional Development Recognition Programmes (PDRP)

As noted above, the *Addiction specialty nursing framework* is congruent with District Health Board (DHB) PDRPs. The diagram below shows how the skill levels set out in the *Addiction specialty nursing framework* sit across the levels of practice covered by PDRPs.



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. The expected levels of knowledge and skills at each level are:

Foundation level nurse: A foundation level nurse will develop the specific knowledge and skills required for practising in the addiction specialty. She/he will participate in health promotion, education and clinical management with individuals with addiction problems, significant others, families and whānau within a multidisciplinary team context. This knowledge and related skills will occur within the context of formal/informal experiential learning related to the addiction specialty and are to be reflected in a professional development plan.

Specialist level nurse: A Specialist level nurse uses a systems approach to care in working with clients, their families and whānau and other support networks. She/he provides assessments and interventions for a diverse range of clients with addiction problems including co-existing mental health problems, and is a source of expert clinical advice. She/he influences Addiction specialty nursing and treatment practices at the local level.

This knowledge and related skills are reflected in completed postgraduate addiction/co-existing disorders related clinically focused courses (at diploma level or with a certificate and working towards) combined with formal/informal experiential learning.

Advanced specialist level nurse: An Advanced Specialist level nurse provides nursing expertise across multiple populations and settings, providing leadership and consultation. She/he influences the development of Addiction specialty nursing and treatment at local and national levels.

This knowledge and related skills are reflected in Masters level clinically focused education preparation that includes addiction/co-existing disorders related papers, combined with formal/informal experiential learning.

5.2. Performance indicators

The following tables set out the performance indicators for each level of expertise in addiction nursing. There are many definitions of performance indicator, but in short, they are the aspects of performance against which we may be measured (Crampton et al. 2004; Lawrence & Olesen 1997; Nursing Council of New Zealand 2009).

MANAGEMENT OF NURSING CARE

Foundation level nurse: develops and demonstrates the knowledge, skills and attitudes required for addictions nursing, by:

- Working in partnership with a diverse range of clients with addiction problems, their families and whānau, to promote recovery and well-being
- Fostering the engagement of the client, their family and whānau and chosen support networks in recovery
- Incorporating health promotion and harm reduction principles into practice
- Delivering screening, brief assessments and interventions
- Developing and demonstrating the knowledge and skills for providing access to over-the-counter pharmacotherapies for smoking cessation
- Participating in comprehensive assessments, treatment planning, evidence-based interventions (inclusive of risk assessment and management) and discharge planning, for clients with complex addiction problems

MANAGEMENT OF NURSING CARE

Specialist level nurse: Demonstrates the knowledge, skills and attitudes required of a specialist addictions nurse, by:

- Using a systems approach to care (inclusive of family, whānau and support networks) within clinical management for a diverse range of clients with complex addiction related treatment needs
- Working collaboratively across multiple settings with health and other professionals, cultural and peer support services and other community groups
- Providing expert addiction-related clinical advice for health and other professionals, community groups and clients and their families and whānau
- Contributing to strategies to reduce harm from substance use/addictions and promote healthy lifestyles and environments
- Undertaking comprehensive, multidimensional assessments and treatment planning with a diverse range of clients with co-existing substance use/addiction, mental health and physical health problems, incorporating (with client consent) information from multiple sources

MANAGEMENT OF NURSING CARE

Advanced specialist level nurse: Demonstrates the knowledge, skills and attitudes required for advanced clinical and professional expertise in addictions nursing, by:

- Providing contemporary, evidence-based addiction nursing expertise along the care continuum, in diverse settings
- Demonstrating clinical and professional leadership across diverse settings
- Providing consultancy and collaboration in practice across diverse settings
- Delivering autonomous and collaborative practice, including in services outside the addictions sector
- Actively engaging with others to formulate strategies to reduce the harm from substance use/ addictions and promote community well-being
- Applying advanced clinical reasoning and judgement within the scope of practice, to provide expert assessment, treatment planning and integrated interventions for a diverse range of clients

Management of nursing care (contd)	Management of nursing care (contd)	Management of nursing care (contd)
<p data-bbox="185 284 790 403">Foundation level nurse: Develops and demonstrates an understanding of addiction and the addiction treatment context across the areas listed below;</p> <ul style="list-style-type: none"> ➤ Neurobiology of addiction ➤ Theoretical models, epidemiology, patterns of use ➤ Bio-psycho-social impacts across the lifespan ➤ Socio-political context ➤ Public health and harm minimisation approaches including safe injecting practices ➤ Continuum of use and diagnostic systems ➤ Motivating behaviour and lifestyle change ➤ Levels of assessment and interventions ➤ Assessment and management of co-existing substance use and mental health problems ➤ Assessment and management of behavioural addictions (e.g. gambling) ➤ Assessment and management of risk ➤ Physical health screening; co-existing physical health problems including blood borne diseases and nursing interventions ➤ Evidence-based psycho-social interventions and treatment models (individual, family and whānau, group and community) ➤ Pharmacotherapies ➤ Models of care ➤ Case management/key working ➤ Consumer participation ➤ Accessing resources, referral pathways ➤ Accessing a range of addiction-related clinical guidelines and research, participating in discussion forums 	<p data-bbox="824 284 1417 371">Specialist level nurse: Demonstrates the knowledge, skills and attitudes of a specialist nurse across addiction specialty nursing by:</p> <ul style="list-style-type: none"> ➤ Employing a wide range of contemporary, evidence-based interventions, including withdrawal and other medication management, to meet the needs of a diverse range of clients with addiction problems ➤ In consultation with clients, facilitating access to traditional health and healing practices ➤ Taking a leadership role within a multidisciplinary context in managing crises and high risk situations involving clients with addiction problems ➤ Critically reviewing addiction related research findings and initiating discussion forums 	<p data-bbox="1451 284 2029 403">Advanced specialist nurse: Demonstrates the knowledge, skills and attitudes of an advanced specialist nurse, in promoting and supporting the role of the addictions specialty nurse, by:</p> <ul style="list-style-type: none"> ➤ Mobilising and co-ordinating resources to meet the needs of a diverse range of clients with addiction problems ➤ Providing leadership in managing addiction-related clinical crises and high-risk situations ➤ Leading the transition and integration of addiction-related research findings into practice

PROFESSIONAL RESPONSIBILITY AND LEADERSHIP	PROFESSIONAL RESPONSIBILITY AND LEADERSHIP	PROFESSIONAL RESPONSIBILITY AND LEADERSHIP
<p>Foundation level nurse: Demonstrates the knowledge, skills and attitudes reflective of professional responsibility and leadership in the addiction specialty, by:</p>	<p>Specialist level nurse: Demonstrates the knowledge, skills and attitudes of professional responsibility and leadership required of a specialist addictions nurse by:</p>	<p>Advanced specialist nurse: Demonstrates the knowledge, skills and attitudes of professional responsibility and leadership, required of an advanced specialist nurse, by:</p>
<ul style="list-style-type: none"> ➤ Developing, with collegial support, addiction treatment related cultural links and networks ➤ Seeking appropriate cultural guidance in order to meet the addiction related treatment needs of and promote resilience and wellbeing for: <ul style="list-style-type: none"> ○ Maori clients and their whānau ○ Pacific clients and their families ○ Asian and other clients of diverse cultural and ethnic backgrounds ○ Clients with sexual or gender diversity ○ Clients who identify as part of a particular culture (e.g Deaf culture) ➤ Incorporating gender responsive practices and practices to meet the needs of diverse cultural groups into addiction treatment practice ➤ Demonstrating an understanding of consumer participation in the context of addiction treatment ➤ Demonstrating an understanding of common ethical dilemmas which impact on nursing practice and treatment in the addiction specialty 	<ul style="list-style-type: none"> ➤ Acting as a role model for responsive practice for clients with addiction problems and their families and whānau from diverse cultural backgrounds ➤ Role modelling and supporting others in strengthening gender and/or diversity-responsive practices for clients with addiction problems ➤ Challenging addiction treatment practices that are not gender responsive or responsive to the needs of culturally diverse clients ➤ Demonstrating the application of consumer participation in the context of addiction treatment ➤ Reaching ethical decisions and balancing therapeutic risk in the context of challenging health and behavioural issues through a process that: a) is client centred and involves input from the client, their family and whānau; and b) considers the balance between the individual client's treatment rights and potential harm to others 	<ul style="list-style-type: none"> ➤ Actively engaging in the development of partnerships and collaborative models of care to improve treatment responsiveness for clients with addiction problems from diverse cultural backgrounds and their families and whānau ➤ Actively engaging with others to develop gender responsive models of care and practices to meet the addiction treatment needs of culturally diverse client groups ➤ Actively engaging with others to develop models of care that are inclusive of consumer participation at all levels of addiction treatment service delivery ➤ Contributing to resolutions of complex ethical issues surrounding addiction treatment practice, in accordance with clients' rights, codes of ethics and relevant legislation

Professional responsibility and leadership contd	Professional responsibility and leadership contd	Professional responsibility and leadership contd
<p data-bbox="183 280 792 402">Demonstrates an understanding of New Zealand drug policy and underlying principles, addiction-related legislation, standards, and codes of ethics, by:</p> <ul style="list-style-type: none"> <li data-bbox="183 408 792 466">➤ Demonstrating an understanding of the relevance of these to practice <li data-bbox="183 497 792 651">➤ Demonstrating in practice an understanding of the impact of stigma and discrimination associated with addiction and addiction treatment on individuals affected by addiction, and their families and whānau <li data-bbox="183 683 792 836">➤ Demonstrating an understanding of relevant nursing standards, mental health and addiction standards and competency frameworks, codes of ethics and their relationship to the Addiction Specialty Nursing Framework <li data-bbox="183 868 792 989">➤ Developing and using strategies to manage his/her own safety and well-being and that of his/her colleagues within the addiction treatment specialty <li data-bbox="183 1053 792 1110">➤ Critically reflecting on nursing care with peers and with her/his clinical supervisor <li data-bbox="183 1174 792 1232">➤ Attending addiction-related training and conferences 	<p data-bbox="819 280 1415 370">Applies an in-depth knowledge of addiction related national legislation, policy, practice standards, and codes of ethics, by:</p> <ul style="list-style-type: none"> <li data-bbox="819 408 1415 466">➤ Contributing to consultation processes related to legislative/regulatory reviews <li data-bbox="819 497 1415 619">➤ Providing leadership in challenging discriminatory practices and attitudes towards clients with addiction-related problems and their families/ whānau <li data-bbox="819 651 1415 708">➤ Upholding expectations that relevant practice standards and codes of ethics are met <li data-bbox="819 740 1415 829">➤ Providing interventions for nurses and other health professionals with addiction problems, within established guidelines and protocols <li data-bbox="819 925 1415 983">➤ Providing and participating in clinical supervision <li data-bbox="819 1021 1415 1110">➤ Providing opportunities for nurses and others who work with clients with addiction problems to critically reflect on their practice <li data-bbox="819 1149 1415 1238">➤ Providing education and presentations designed to promote the addiction specialty nursing role <li data-bbox="819 1270 1415 1327">➤ Supporting and mentoring students, addiction specialty nurses and other staff 	<p data-bbox="1447 280 2033 370">Applies leadership in the application, discussion and revision of relevant legislation, policy, practice standards and codes of ethics, by;</p> <ul style="list-style-type: none"> <li data-bbox="1447 408 2042 497">➤ Leading debate on reviews of addiction-related national policies and legislation, and co-ordinating feedback <li data-bbox="1447 529 2042 587">➤ Advocating for at-risk populations affected by addiction-related health and social problems <li data-bbox="1447 651 2042 740">➤ Addressing breaches of relevant practice standards and codes within addiction treatment <li data-bbox="1447 772 2042 861">➤ Providing leadership in developing guidelines and intervention systems for nurses and other staff with addiction problems <li data-bbox="1447 893 2042 1015">➤ Advocating for and providing leadership in developing supervision processes for nurses and other staff who work with clients with addiction problems <li data-bbox="1447 1053 2042 1142">➤ Advocating for and widely promoting the addiction specialty advanced specialist nursing role <li data-bbox="1447 1174 2042 1232">➤ Providing addiction related input to post-graduate courses and training <li data-bbox="1447 1295 2042 1385">➤ Supporting and mentoring students, specialist nurses and other staff working with clients with addiction problems

INTERPERSONAL RELATIONSHIPS

Foundation level nurse: develops and demonstrates the knowledge, skills and attitudes in interpersonal relationships expected within the addiction treatment specialty, by:

- Incorporating into her/his nursing practice an understanding of the theories pertaining to motivation, engagement, therapeutic relationships and other specialist skills

- Presenting and supporting the views of clients and their families and whānau in team decision-making processes

- Demonstrating in practice an understanding of potential conflict situations and their management in the context of addiction treatment, impacts on therapeutic relationships, team functioning, and collaborative working arrangements

INTERPERSONAL RELATIONSHIPS

Specialist level nurse: demonstrates the knowledge, skills and attitudes in interpersonal relationships expected of a specialist addictions nurse, by:

- Role modelling an effective range of communication and interpersonal skills to promote behavioural and lifestyle change and support recovery and well-being with a diverse range of clients and their families and whānau

- Participating in negotiated clinical decision-making within teams and across settings

- Role modelling effective negotiation, conflict resolution and delegation skills to enhance working relationships within the team and across service/sector settings

INTERPERSONAL RELATIONSHIPS

Advanced specialist nurse: demonstrates the knowledge, skills and attitudes in interpersonal relationships expected of an advanced specialist addictions nurse, by;

- Using advanced communication and interpersonal skills to initiate, develop and discontinue therapeutic relationships with a diverse range of clients with addiction problems and their families and whānau

- Leading clinical decision-making processes within teams and across settings

- Applying leadership, team building, negotiation and conflict resolution skills to manage and/or resolve conflict situations that arise within teams and across service/sector settings

INTER-PROFESSIONAL HEALTH CARE AND QUALITY IMPROVEMENT	INTER-PROFESSIONAL HEALTH CARE AND QUALITY IMPROVEMENT	INTER-PROFESSIONAL HEALTH CARE AND QUALITY IMPROVEMENT
<p data-bbox="183 300 792 453">Foundation level nurse: develops and demonstrates the knowledge, skills and attitudes required to contribute to inter-professional health care and quality improvement in the addiction specialty, by:</p> <ul style="list-style-type: none"> <li data-bbox="183 485 792 638">➤ Using local networks within addictions, mental health, primary care, other sectors and the community to facilitate co-ordinated, integrated and continuous care for clients with addiction problems and their families and whānau <li data-bbox="183 702 792 791">➤ Participating in team and service level nursing and addiction treatment policy development, audits and other quality improvement activities <li data-bbox="183 887 792 944">➤ Participating in routine outcome monitoring with clients with addiction problems <li data-bbox="183 976 792 1034">➤ Using outcome data to inform treatment planning and clinical decision-making <li data-bbox="183 1066 792 1155">➤ Participating in the development and review of nursing and addiction treatment standards, guidelines and protocols <li data-bbox="183 1219 792 1308">➤ Participating in research and evaluation activities relevant to addiction specialty nursing and the field in general 	<p data-bbox="819 300 1415 453">Specialist level nurse: demonstrates the knowledge, skills and attitudes required to establish effective inter-professional relationships and contribute to quality improvement in the addiction specialty, by:</p> <ul style="list-style-type: none"> <li data-bbox="819 485 1415 606">➤ Maintaining and developing a range of collaborative working relationships within and external to the addiction specialty, to enhance care for clients and their families and whānau <li data-bbox="819 702 1415 855">➤ Contributing to leadership in the development of nursing and service level addiction treatment policies, audits, adverse event reviews, and other quality improvement activities <li data-bbox="819 887 1415 1008">➤ Using outcome monitoring data to identify addiction related trends and inform treatment planning and clinical decision-making at a client and team/service level <li data-bbox="819 1072 1415 1161">➤ Contributing to/initiating the development and review of nursing and addiction treatment standards, guidelines and protocols <li data-bbox="819 1225 1415 1315">➤ Supporting and contributing to research and evaluation relevant to addiction specialty nursing and the field in general 	<p data-bbox="1447 300 2029 453">Advanced specialist nurse: demonstrates the knowledge, skills and attitudes required to fulfil a leadership role in inter-professional relationships and quality improvement in the addiction specialty by:</p> <ul style="list-style-type: none"> <li data-bbox="1447 453 2029 638">➤ Building multi-disciplinary team, agency, cultural and other community partnerships to improve the quality of care and address gaps/barriers to access and treatment for people with addiction problems and their families and whānau <li data-bbox="1447 670 2029 759">➤ Leading and engaging in a range of local and national nursing and addiction treatment related quality improvement activities <li data-bbox="1447 823 2029 912">➤ Using outcome monitoring data to influence the quality of addiction treatment and inform local and national practice trends <li data-bbox="1447 944 2029 1002">➤ Participating in local and national nursing and addiction-related advisory and other groups; <li data-bbox="1447 1034 2029 1123">➤ Initiating public health and clinical research and evaluations relevant to addiction speciality nursing and the field in general <li data-bbox="1447 1155 2029 1276">➤ Consulting and collaborating with a wide range of stakeholders to address the socio-political determinants that contribute to addiction-related problems

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GLOSSARY OF TERMS

Addiction	Addiction is inclusive of alcohol and other drugs including nicotine (tobacco) and behavioural addictions such as gambling.
Client/consumer	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 problems	Other terms include: dual diagnosis, co-existing disorders, co-morbidity, concurrent disorders, co-occurring disorders. The word <i>problems</i> has been 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.
Culture	The set of shared attitudes, values, goals, and practices that characterizes an institution, organization or group (Wikipedia, 2011).
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.
Ethnicity	Ethnicity is a broad concept that includes elements of race, language, religion, customs and tradition as well as geographic, tribal or national identity. Ethnic group affiliation is self determined. (Office of Ethnic Affairs, Department of Internal Affairs, <i>Ethnic Perspectives in Policy: a Resource</i> , 2002).
Family	Relatives, partners, children, as nominated by the client. Family may refer to relatives, partners, children and other individuals (significant others) who are part of the chosen support networks for a person with addiction problems (Mental Health Commission).

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 and ‘specialist’	Area of nursing practice i.e. addiction, and ‘specialist’ means 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 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:

Traditionally a domestic group interconnected by kinship that lived and worked as a social/economic unit on a daily basis. More recently whānau also describes groups with no kinship ties who come together for shared purposes (Metge, 1995), and includes support networks such as recovery whānau.

Whānau ora

Māori families achieving their maximum health and well-being.

Nursing Council terminology

The Nursing Council of New Zealand (2009) provides the following terminology, often used in the wider nursing context:

Benchmark	Essential standard
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Competency	A defined area of skilled performance
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Domain	An organised cluster of competencies in nursing practice
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Indicators	Key generic examples of competent performance
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Performance Criteria	Descriptive statements which can be assessed and which reflect the intent of a competency in terms of performance, behaviour and circumstance
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APPENDIX 1

In addition to input from the National Nursing Reference Group and related local focus groups and individual nurses (refer Appendix 3. for development process), feedback on a first draft of the *Addiction Specialty Nursing Competency (Knowledge & Skills) 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
Professor Charlotte de Crespigny Janice Ough	(Co-chair) Drug and Alcohol Nurses of Australasia Standards and Competency Expert Reference Group Prof
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

In addition to input from the National Nursing Reference Group and related local focus groups/individual nurses and the trans-Tasman DANA Standards and Competencies Expert Advisory Group (SERG), feedback/confirmation of no further feedback on the final draft of the *Addiction Specialty Nursing Competency (Knowledge & Skills) Framework* with performance indicators included was received from the following individuals and groups.

Maria Baker

Te Rau Matatini on behalf of Maori nurses

Sarah Barkley RN

Lakes District Health Board Methadone Treatment Service

Dr Bronwyn Dunnachie

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

Tanya Ewart

On behalf of NZNO Mental Health Nurses Section

Anne McDonald

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

Gina Mitchel	RN, St Marks Alcohol and Other Drug (AOD) Addiction Residential Treatment Centre
Assoc. Prof. Brian McKenna	School of Nursing, Faculty of Medical and Health Sciences, The University of Auckland
Anthony O'Brien	School of Nursing, Faculty of Medical and Health Sciences, The University of Auckland
Sheridan Pooley	Chairperson, Aotearoa New Zealand Alcohol and Other Drug Consumer Network
Sione Vaka	Aotearoa Tongan Health Workers Association (ATHWA) Manukau Institute of Technology
Kaye Carncross	Chairperson, Practice Board, Te Ao Maramatanga NC College of Mental Health Nurses
Grace Wong	Director, Smokefree Nurses Aotearoa/New Zealand

APPENDIX 2

Considerations taken into account in the development of the *Addiction specialty nursing competency (knowledge & skills) 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
- Application 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
- Reflection of the skills, knowledge and attributes required in the workplace
- Relevance for curricula development
- Reflection of the relationship between nursing work and work done by other workers
- Meeting requirements for criteria for national specialty nursing standards and competency framework development
- Reflection of contemporary health related concepts and nursing and health care approaches
- Consistent with national sector standards, consumer rights legislation and national drug policy
- Reflection of relevant best practice guidelines
- Reflecting 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 *Addiction specialty nursing competency (knowledge & skills) framework* (October 2009 –December 2011)

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 Co-ordinator 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 framework* and to seek feedback on the Alcohol, Tobacco and Other Drug Specialist Nursing Practice Drug and Alcohol Services South Australia Nursing Services (DASSA) nursing standards (DASSA 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 *Addiction specialty nursing 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 of the *Addiction specialty nursing framework*
- 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

Step 6: Performance Indicators

- Formation of the performance indicator sub-group
- Draft of performance indicators developed and integrated into the *Addiction specialty nursing framework*
- Consultation with reference group and key stakeholders
- Amendments and final document

APPENDIX 4

The National Nursing Consortium: speciality standards endorsement (February 2011)

Introduction

This paper provides a guide to specialty standards development for clinical nurses in New Zealand and the process by which specialty standards can be recognised and endorsed by the wider nursing profession.

It is the role of the professional nursing associations to set the standards for practice and all nurses can have input through their respective association. In February 2011 the National Nursing Consortium: specialty standards endorsement (the consortium) was formally constituted. The consortium, comprising of representatives of the New Zealand Nurses' Organisation, the College of Nurses Aotearoa, Te Ao Maramatanga (the New Zealand College of Mental Health Nurses) and Te Kaunihera o Nga Neehi Maori o Aotearoa (the National Council of Maori Nurses), has the purpose of providing a national nursing endorsement mechanism for specialty standards or knowledge and skills frameworks within New Zealand. Specialty practice nursing groups may seek national recognition through the consortium's endorsement process for specialty standards or knowledge and skills frameworks.

Background

In February 2009 Mark Jones, Chief Nurse Ministry of Health, hosted a meeting of nursing leaders to discuss a range of emerging professional issues. One issue was the increasing subspecialisation of nursing, its sustainability in New Zealand and the resulting plethora of complex and lengthy documents defining standards and procedures for specialty nursing. It was also recognised that some of the developments were not being driven by the nursing profession itself and that there was no central repository for accessing documents once finalised. The need for a model to enable systematic development in the future was identified.

A working party comprising of representatives from the four nursing associations was established and through a consultative process has defined a framework for development of specialty standards and a national nursing endorsement process.

Definitions

The consortium's work is concerned with specialty practice, not specialist nurses. The New Zealand National Nursing Organisations *glossary of terms* (2011) provides the following definitions:

Specialty Area of nursing practice

Specialist Level of nursing practice

Consortium role

The consortium provides a collaborative, national process for overarching endorsement of nursing standards and knowledge and skills frameworks by the wider nursing profession in New Zealand. It establishes a mechanism by which nursing retains authority over standards and frameworks for areas of practice developed within New Zealand. The process does not replace the processes representative nursing organisations use for the development and approval of standards frameworks but is a validation from the wider nursing profession in New Zealand of standards meeting criteria set by the profession. Neither individual nurses nor education programmes would be endorsed through this process. Nor will procedural standards be eligible.

Objectives

1. Provide professional nursing endorsement of standards and specialty knowledge and skills frameworks.

2. Establish criteria for the endorsement of nursing standards and specialty knowledge and skills frameworks.
3. Establish a central repository of consortium approved standards and knowledge and skills frameworks, with public access.

Consortium processes

Organisations seeking national nursing endorsement of standards for specialty nursing practice may make application to the consortium. Full detail of the application process and timeline is provided in *Specialty standards endorsement: national nursing consortium – application for endorsement*.

Criteria for endorsement will be used to assess applications (*specialty standards endorsement: assessment checklist*). Decision making will be by consensus. Both the Nurse Executives of New Zealand and the Nurse Educators of the Tertiary Sector will be notified of the application and invited to comment on any service implementation or education implications which may have relevance. Their feedback will be shared with the submitting organisation.

Decisions may be to endorse, decline endorsement, to seek further information or to defer a decision. Where consensus cannot be reached, there will be further discussion with the applicant around the area(s) in dispute, seeking resolution. Decisions of the consortium are final. Rationale shall be provided when an application is declined and the applicant may resubmit a new application. An application fee of \$200 will be made by the submitting organisation to cover the administrative costs with the fee waived for applications made by each of the member organisations.

Consortium endorsed standards shall be made available nationally on the consortium's web pages on the Health Improvement and Innovation Resource Centre website (www.hiirc.org.nz).

Defining a specialty area of practice

The consortium shall use the six defining criteria for specialty areas of practice (2006 AN3ET) as the basis for determining whether standards or a knowledge and skills framework should be considered for endorsement. In addition a minimum of 100 pieces of international nursing research (research articles, EBP guidelines etc) to support defining the area of practice as a speciality will be a criterion as will demonstration that different levels of practice exist within the specialty rather than various 'clip on' skill sets. It is up to the submitting organisation to present the case against those criteria (see *specialty standards endorsement: national nursing consortium – assessment checklist*).

Generalist nurses have a broad practice which is inclusive of a wider range of specialties. They may access a range of standards or knowledge and skills frameworks if they develop a focus of interest in their practice however the professional development and recognition programme criteria would be the mechanism by which they would seek guidance in their professional development and practice. For example, primary health care nurses would use the New Zealand College of Primary Health Care Nurses (NZNO) professional development and recognition programme to guide their practice however for those who subspecialised, for example in diabetes, they would refer to the diabetes KSF to guide that area of their practice.

Model for the future

It is recommended that over a period of time organisations developing and reviewing specialty standards should move towards framing specialty standards into a knowledge and skills framework similar to that developed for diabetes and respiratory nursing (Midcentral DHB; see appendix B). Rationale for this recommendation includes:

- Its clear links with the Nursing Council of New Zealand's competencies and professional development and recognition programmes. It avoids duplication
- Moving toward a consistent, national approach to specialty standards
- There is already a level of adoption of and interest in the framework by specialty groups

- The focus of the framework is on aspects of care unique to the specialty
- Aspects of care encompassing health promotion, pathophysiology, therapeutic interventions including pharmacology, specific nursing cares, assessment, complications, social context/self care/education are common across specialties
- Tool kits or templates can be developed to assist development and reduce duplication of effort

Queries

The secretariat for the consortium 2011 – 2012 shall be the New Zealand Nurses Organisation. Enquiries should be forwarded to Susanne Trim, Professional Services Manager, NZNO, susannet@nzno.org.nz

Consortium working party, 2009-2011

New Zealand Nurses Organisation – Susanne Trim (convenor), Marion Guy

College of Nurses Aotearoa – Judy Yarwood

New Zealand College of Mental Health Nurses – Heather Casey, Daryle Deering

National Council of Maori Nurses – Tania Pompallier (2009-2010), Hineroa Hakiha

National Nursing Consortium: Specialty Standards Endorsement, 2011-

New Zealand Nurses Organisation – Maureen Ager, Maureen Morris

College of Nurses Aotearoa – Taima Campbell, Angela Bates

New Zealand College of Mental Health Nurses – Daryle Deering, David Warrington

National Council of Maori Nurses

Sector Responsibilities

Professional nursing groups have responsibility for

- Developing evidence to meet the threshold legitimacy criteria for a specialty
- Determining aspects of care specific to the specialty area
- Identifying the knowledge and skills framework (KSF) needed to deliver those aspects of care (within the registered nurse scope)
- Levelling the expectations across the “all, many and some” groups of RN’s

Individual registered nurses have responsibility for

- Accessing and utilising the approved KSF relevant to their areas of practice
- Involvement in the speciality group development of KSF either through initial or subsequent consultation

The national nursing consortium: specialty standards endorsement have responsibility for:

- Determining that the threshold criteria for a legitimate specialty area are met
- Facilitating consultation with NENZ and NETS and providing feedback to the professional group
- Approving the specialty care knowledge and skills frameworks

The nurse executive leadership group (Nurse Executives of New Zealand) has responsibility for:

- Providing feedback to the National Consortia on proposed KSF
- Facilitating support for workforce development appropriate to the KSF for nurses in the specialty area

The educational nursing leadership groups (Nurse Educators in the Tertiary Sector in association with the New Zealand Council of Deans) have responsibility for:

- Providing feedback to the National Consortia on proposed KSF
- Utilising approved KSF to inform education programme design where appropriate

Glossary Knowledge and Skills Framework (KSF)

Legitimacy criteria

Defines and describes the knowledge and skills that nurses need to apply to their work, to deliver quality services 1

Five criteria identified for determining the legitimacy of a specialty area. Legitimacy is concerned with professional practice and the acceptance of the appropriateness of the specialty within the community, nursing and the wider health care team2

- Describes a field of professional nursing work that requires application of distinct knowledge and skills
- There are clear links to the ethics and functions of nursing practice
- There is a need and demand for the specialty from community and it is developed according to service pathways
- There is a distinct core body of knowledge able to be researched and disseminated through publication
- Requires expertise developed through various combinations of experience, formal and informal education

Aspects of Care

Core concepts/interventions specific to nursing practice within the specialty area3. Should cover at least assessment, pathophysiology, interventions, medications, health promotion and context of care.

Levels of service engagement within a specialty2

All nurses

Will come in contact with people with the particular specialty need

Many nurses

Will participate more frequently or for short intensive periods in the care of people with a specialty need and may have role title of *specialty nurse* by employers

Some nurses

Will choose to become nurse specialists within the specialty area and may be designated in senior or *nurse specialist* roles by employers

Educational expectations

All nurses

RN or BN

Many nurses

As above plus post registration certificate

Some nurses

As above plus Postgraduate Diploma or Masters

PDRP expectations

All nurses

Competent

Many nurses
Some nurses

Competent to Proficient
Proficient to Expert

References

National Nursing Consortium (2011). *Information overview*. Available at <http://www.hiirc.org.nz/page/24464/information-overview-to-the-national-nursing/?section=15221&tab=3505&contentType=251>

National Nursing Consortium (2011). *Application for specialty standards endorsement*. Available at <http://www.hiirc.org.nz/page/24465/national-nursing-consortium-application-for/?tag=applicantinformation&tab=3505&contentType=251§ion=15221>

National Nursing Consortium (2011). *Application for specialty standards endorsement assessment checklist*. Available at <http://www.hiirc.org.nz/page/24460/national-nursing-consortium-application-for/?section=15221&tab=3505&contentType=251>