



**Review of the Australian Confederation of Paediatric
and Child Health Nurses(ACPCHN)
*Competencies for the Specialist Paediatric and Child
Health Nurse***

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Executive Summary

ACPCHN initiated the development of paediatric and child health competencies following the 1994 International Paediatric Conference in Melbourne. This development was prompted by an impetus for defining competencies for specialist practice within the nursing profession and the belief in the need to protect the value, and quality of a specialist paediatric and child health nurse.

A competencies working party was established and a grant fund set in place. In 2000 the *ACPCHN Competencies for the Specialist Paediatric and Child Health Nurse* were launched in Perth at the 6th National ACPCHN conference, "Changing Contexts – Challenges for Care" in the form of a booklet which described the five phases of the project, a Specialist Paediatric and Child Health Nurse role description, domains of practice and the associated competencies.

Between the end of 2003 and early 2006 the competencies were reviewed by members and paediatric and child health nurses in the workforce facilitated by a second working party. Feedback was not considered representative of the workforce and rather than amend the document it was decided to aim for increased penetration into the workplace and academic settings and to increase awareness of the document. Therefore a second edition was launched in 2006 as a CD with an on-line feedback/evaluation document and a plan to review in 18mths to 2 years.

In 2007 the National ACPCHN Executive identified the need to review the competencies in regard to their relevance and their use in Australian paediatric and child health settings. A member of the ACPCHN Executive at the time undertook an unfunded review using focus groups and a set of review questions. Focus Groups were undertaken in from July 2007 until August 2008, with Paediatric and Child Health Nurses from four states, South Australia, Tasmania, Victoria and Queensland. New South Wales, Western Australian and the Northern Territory did not participate in the evaluation.

Overall the competencies are seen as a positive tool, however it was acknowledged that awareness of the domains and competencies was still low and they are still not widely used. Within this report are summaries of the focus group responses, suggestions on how the competencies can be used, and recommendations for the future.

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Background

ACPCHN initiated the development of paediatric and child health competencies project following the 1994 following the International Paediatric Conference in Melbourne. This project was prompted by an impetus for defining competencies for specialist practice within the nursing profession and the belief in the need to protect the quality and value of a specialist paediatric and child health nurse. A competencies working party was established and grant fund set in place. A significant 5 phase research project was undertaken using a modified Delphi technique narrative technique with state focus groups. Based on a consensus process and for the purposes of the project, a specialist paediatric and child health nurse was considered to be practising at a proficient level as defined by Benner (1984). In 2000 the *ACPCHN Competencies for the Specialist Paediatric and Child Health Nurse* were launched in Perth at the 6th National ACPCHN conference, “Changing Contexts – Challenges for Care” in the form of a booklet which described the five phases of the project, a Specialist Paediatric and Child Health Nurse role description, domains of practice and the associated competencies.

Between the end of 2003 and early 2006 the competencies were reviewed by members and, paediatric and child health nurses in the workforce facilitated by second working party. Feedback was not considered representative of the workforce and rather than amend the document it was decided to aim for increased penetration into the workplace and academic settings and to increase awareness of the document. A second edition was launched in 2006 as a CD with an on-line feedback/evaluation document and a plan to review in 18mths to 2 years.

In 2007 the National ACPCHN Executive identified the need to review the competencies in regard to their relevance and their use in Australian paediatric and child health settings. A member of the ACPCHN Executive at the time undertook an unfunded review using focus groups and a set of review questions. Focus Groups were undertaken in from July 2007 until August 2008, with Registered Paediatric and Child Health Nurses from four states, South Australia, Tasmania, Victoria and Queensland. NSW, Western Australian and the Northern Territory did not participate in the evaluation.

The original work of the project team was a painstaking, deliberative and innovative project at the time. Subsequent reviews have been valuable in monitoring the scene. It is timely to now reflect and reconsider the competencies in light of current practice

and design a project that will again be consultative and deliberative. In order to maintain the quality of both future project plans and developments it is recommended that ACCYPN ensure that adequate financial support is set aside. To achieve this it is recommended that ACCYPN also establish a standing specialist paediatric and child health competencies committee, which includes Board representation, with established terms of reference.

Aim

The aim of this review was to consult with ACPCHN members in regards to how they used the ACPCHN *Competencies for the Specialist Paediatric and Child Health Nurse* in their daily practice and to gain an understanding of their current relevance in and to the paediatric/child health setting.

Methods

Each state was asked to convene a focus group of state members to discuss the competencies. Each state used the same nine questions to guide the focus group discussion (Refer to appendix b & c). Copies of the competencies were distributed prior to the meeting to the focus group so that members could familiarise themselves with the competencies and reflect on the questions prior to the discussion.

Each state conducted their own focus group independently and sent their reports to a central administrator, for collation and analysis. Investigation was undertaken initially using a content analysis, followed by a loose interpretative approach.

This review will outline a synopsis of the responses, suggestions given by members in relation to each specific question asked, followed by a summary of findings and finally, recommendations and future directions.

Question 1

What is your understanding of the ACPCHN competencies?

The first question asked members what they understood of the competencies. The general response was that they are guidelines for paediatric and child health nursing care, professional standards, and evidence-based practice, legal and ethical issues.

Further comments were that the competencies are a guide to best practice for nurses working with children, that they provide guidance for safe and appropriate care of paediatric patients.

The competencies are seen to provide;

- Professional practice standards and provide standardised guidelines
- Practice framework
- Service planning and coordination
- Coordination & planning of paediatric & child health service related to the general business of the unit
- Benchmarking for paediatric and child health practice
- Education and training on paediatric and child health nursing
- Research participation in relation to ACPCHN & quality activities
- Used for specialist paediatric and child health nurses

The competencies are seen to be a practice framework, that provide, legal and ethical practice guidelines, that can be used to reflect application into practice, the link between theory and practice, and be used to lead evidence based practice in Australia. There was however no mention of how the competencies could be used to facilitate evidence based practice in any way.

A graduate paediatric nurse who participated in the focus groups stated

I've never heard of them before um but I can see they can be very useful for us beginning nurses to start well and not to get into any bad habits

She continued with they are a really good guide in understanding what we should be doing. Others agreed that they are a good avenue to assist in the standardisation of care at any level but to the basic specialist level particularly. Furthermore the competencies are seen as a way to set a basic standard in care, including practice expectations and guidelines so that paediatric and child health nurses have a foundation for specialised practice. Moreover attached to the competencies can be basic guidelines, and everyone should work from within their organisations and start to build upon them.

Question 2

Can you tell me about how you include them in your everyday practice?

The majority of participants stated that the competencies were not used in their daily practice. Reasons given were that they were not currently part of their employers recommendations or policies and that people were not aware that they existed.

Although they are not used there was considerable discussion as to how the competencies could be used in every day practice. These suggestions were that they are a source of information to provide and support consistency & scope of practice in paediatric and child health settings. They are seen as a guide to evidence based information, and that they can be used to guide and promote an awareness of related legislation and how it impacts on practice, e.g. child protection, documentation.

Using the competencies in daily practice was seen as positive as it would lead to service improvement and professional development. Moreover, the competencies were seen as an avenue to continually assess paediatric and child health services for ways to improve and to best meet the needs of clients, for example;

- Ongoing professional development
- Evidence-based practice improvement
- Incorporate findings of research into practice
- Applying theory to practice

Participants stated that when the initial competency booklets were delivered; the feeling around surrounding how they would be used and accepted was positive, and that paediatric and child health nurses were willing to take them and use them in their work place. However they reflected that over the years even though they were aware that they did exist within their organisations; they had never seen them used in a practical sense or on a day to day basis, even as reference basis.

It was identified that the competencies were used in different Graduate Courses. For example one paediatric graduate certificate course uses them as a standardised assessment tool to critique. Whereas another participant identified that she used the competencies as a framework in another post-graduate paediatric and child health course.

Other suggestions for use in day-to-day practice were to have the competencies incorporated on a daily basis at ward level. Other members stated because the competencies are not used and recognised at the coal face that community child health nurses and youth health nurses have since developed their own competencies and that they currently use them.

Question 3

Do you believe that the competencies are used effectively in your work place environment?

The majority of respondents believed that the competencies were not used effectively in their work place environment. Reasons given were that people did not know that they exist and that there is a lack of awareness around the specialist community.

One participant suggested that there needs to be an organisational impetus. For example; linking competencies to performance as some sort of formative tool, rather than just summative.

Participants reflected that they could recall when the competencies were launched that they were brought back to their working areas and put in each department but then they were left. One participant stated

... so I they went out then but nothing took them further. There was nothing to drive it.

Others agreed commenting if there is nothing to drive the use of the competencies then they not going to go anywhere. They mentioned that when the competency books got handed out with little or no follow up, only an expectation that they would be used. They also claimed that as a national organisation ACPCHN did not follow up on how they were used and their relevance once they went out.

Further discussion then ensured as to the format of the current competencies, It was suggested that a CD is convenient versus, however it was noted that it may be useful to publish them in different formats and place them on a web site, to cater for the differing needs of individuals in how they may wish to access them. Suggestions were that we needed to provide our members with different forms of information enabling people to access competencies in different ways.

Other comments were that the competencies could be used for performance appraisals throughout an organisation. Performance appraisals should be based on these and not just generic nursing competencies, especially if you work in a specialised area. However it was identified that even if people know about the competencies they may also need some guidance as to how to apply them in their workplace.

It's alright to give people a book but if they haven't got the skills to apply them...

Lastly extending the scope of the competencies was also suggested for example, including community and primary health care nursing into the competencies.

Question 4

What are the strengths of the competencies?

It was perceived by respondents that the main strength of the competencies was that they were developed after widespread national consultation and that they created national standards for paediatric/child health and non paediatric/child health nurses to be working towards. They were also considered to be an excellent resource for non paediatric/child health dedicated units/wards. Lastly they were considered to be a reflective tool that would allow nurses to work towards standardisation. This measurement of care, through standardisation was also seen by nurses as a tool to raise the professionalisation of paediatric and child health nurses within Australia. Furthermore the competencies are seen as a tool that would provide a consistent tool to be used across all states, all levels and in all settings.

I think it is going to be noticed if it is used for performance appraisals; linked across venues and/or institutions, getting that management acknowledgment, and then changing the performance appraisal to fit with this

The clarity of who the competencies were designed for came under scrutiny (even though they are named specialist competencies). Participants commented that ACPCHN as an organisation needs to be clear about who the competencies are aimed at. And again at what level, beginning nurse, nurse specialist etc. A suggestion to facilitate how competencies were interpreted was to name them, as either beginning level competencies or competencies for the specialist nurse (advanced practice). For example, it was noted that the AMNC competencies are known as competencies for the beginning graduate nurse, therefore people are quite clear about their use.

It was highlighted that originally the competencies were designed as specialist competencies, however participants suggested that perhaps this could be modified to have both a beginning level and specialist based competencies so that paediatric and child health nurses can pinpoint their practice, set professional goals and work towards them; either individually or in a professional context.

One participant noted that she perceived there to be confusion between competencies and standards, especially when working with and within post graduate courses. Furthermore she noted that the competencies need to be generic to be used in a series of specialist units whilst still being directed towards professional standards. The whole notion of what education is deemed appropriate to be a paediatric or child health nurse also came up in the discussion. For example, in major metropolitan hospitals and child health services in some of the represented states, nurses can be employed to work in specialist paediatric/child health environments without any specialist training in the area. Furthermore that nurses can be promoted to level two, or level three without a formal paediatric or child health qualification.

Question 5

What are weaknesses of the competencies?

Participants stated that a weakness of the competencies were a lack of enforcement, that they were not enforced by policy or mandated in any way. Furthermore it was noted that nursing legislation does not acknowledge nurses holding a paediatric or child health qualification. Participants also stated that a weakness of the competencies was that there was a lack of awareness in regards to the competencies, that people essentially did not know about them and lastly that they are not well promoted within the profession, on a National or at a State level.

As previously stated a perceived weakness of the competencies is that they lacked clarity in regards to whom they were aimed at. A solution that was put forward was that if cue points were inserted into the competencies then people should be able to link it into their own practice. Another suggestion was that there needed to be further work done with a variety of wards and units nationally to determine what clinicians think they need from competencies and how could they be used in their setting. Along side this discussion would be a professional development book to guide nurses through the use of the competencies and how they could be used in their individual work environments. For example;

I mean if, in your specific area... you set up appraisals and then guidelines that came out of the appraisals, so goal setting can come from that. For the graduate, these goals would be the setting point for this level,..//.. for the five year nurse this level etc... so that you work out your appraisal system so that it demonstrates the level of the nurse... and should be able to take the basics of it at grad level; you would expect these things, and five years down the track; you should be able to expect these things...

Further discussion focused around approaching management in paediatric child health settings to see if the National body could formally pilot using the competencies as an appraisal tool. This strategy would allow for staff feedback on the validity and usefulness of the competencies in the short term.

In the long term it was thought the competencies could then lead on to standards within professional practice and promote the professional aspect of paediatric and child health nursing as a speciality.

Question 6

Please outline any elements that you believe are missing from the competencies

Overall the competencies were seen to be very comprehensive, with nothing in particular missing in their current form. However since they were written seven years ago the inclusion of primary health care, and the community environment now need to be taken into consideration if the competencies are to be effective and have an impact on the way we practice.

Lastly, the issue of who they were aimed at was considered important to be decided upon.

Question 7

Can you think of other ways of using the competencies in your current practice?

Participants identified four specific ways in which the ACPCHN competencies could be used. They were staff appraisals and performance reviews, education, guidelines, job descriptions and professional development. The competencies were considered to be able to be used for staff appraisal and performance reviews, for both staff and students.

In the area of education the competencies were seen as a way to, orient new staff to paediatric and child health issues, as a basis for nursing education and an evaluation tool for students both pre and post registration¹.

Furthermore the competencies were seen to be guidelines which could be used to underpin nursing practice, they were seen as a mechanism to create job descriptions and lastly a mechanism for professional development where nurses could use them as a guide to set professional goals, and lastly that ;

...professional development was the way they originally looked at them; using the examples that are in the back as scenarios to draw on ...//.. people have to justify that they could provide examples that way and say they could achieve competencies in this particular situation by ... XYZ

Further comments were made regarding revisiting the competencies in relation to the management of chronic illness, and the role of the paediatric/child health nurse in that managing chronic illness, the relationship with the parents and child and at times primary management for that family.

I think though that that's challenging the areas aren't there where you have to have a really long term relationship with children and families.

Participants claimed other examples of chronic care such as home care and feeding were not even on the agenda seven years ago. Furthermore participants stated mental health, drug and alcohol; risk, adolescent health, and sexual health now needed to be taken into consideration when reviewing the use of the competencies.

¹ Please note that the competencies were not designed for novice level paediatric nurses, perhaps competencies for this group needs to be taken into consideration.

A further comment was made that it has been seven years since the competencies were released so a review of them now would be timely. However it was noted that instead of trying to make the competencies and 'all in one', some speciality topics may need to have their own specific competencies written within the competencies document to allow for specialist practice, but overall clarity of the document.

Yeah, maybe additional things that come out of it rather than trying to get it all in one package.

One example put forward was theatre in a paediatric/child health setting. The notion of a speciality within a specialty was problematic for a few participants that felt it is difficult to convince some nurses working in specialist paediatric areas how to acknowledge both their speciality but also that they are a sub-speciality with the specialty of paediatrics/child health. A solution touted by one group was to consider that all nurses working in a paediatric child health setting are all part of one path of care;

You are part of that path of care, the constant is the child the family and the nurse... and I think we kind of miss that out.

From this discussion it was perceived that the competition that derives from being a speciality within a speciality weakens the position of paediatric/child health nurses. This is apparent when nurses in paediatric/child health settings join professional organisations other than paediatric child health, in order to belong to a specialist organisation, for example, renal, emergency or an intensive care group. A question that was brought up was;

How can nursing, the child and the family remain the focus when each organisation has to constantly fight for recognition?

Lastly it was acknowledged that standards are accepted in our profession and that if we can galvanise action to use our own standards/ competencies then paediatrics and child health nursing may gain larger credibility in Australia.

Question 8

Can you think of other issues that need to be addressed by the paediatric/child health competencies?

In the main there were no other issues identified that needed to be addressed by the competencies. Although in answer to other questions participants did suggest that the competencies should consider including primary health and community health concepts, as well as speciality fields, such as drug and alcohol, sexual health and adolescent health.

Final thoughts were formally validating the competencies as part of the national organisation. For example in a rural setting that may not see many paediatric patients they can use the competencies and consider them a reliable source. Validated competencies can assist a nurse advocating for a child in saying

...//... look there is a very good reason for them [the child] not to be next to an 85 year old man

Moreover perhaps the competency document could address issues such as;

- having parents stay with their child
- providing meals for the parents
- showers for the parents
- keeping a breast feeding child with mum²

In an adult framework that might not be oriented to looking after the families needs these suggestions may be helpful.

Lastly clear definitions of our own definitions of who we are, for example within the National Nursing Organisation, paediatrics is grouped with maternal and child health, without the inclusion of community child health, when in fact most of the commonalities are between those two groups and not necessarily with midwifery. So consideration may need to go into how we define ourselves and who we align ourselves with.

² These aspects although reported are acknowledged as policy issues)
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It was again reiterated that nurses working as a level 2 or above should be strongly encouraged by hospital management to have a child health or paediatric certificate , or that it be a essential criteria of promotion. Even if it is a stipulation of promotion, that the nurse enrolls into a child health/paediatric course for obtaining a promotion.

In that way there is tangible achievable goals for that person, and measurements of what they are going to do ... they are [clinical nurses] ... they are supposed to work at a higher level than those off the ground so if they haven't got the education... then.. then they shouldn't be here.

It is important that paediatric and child health institutions value education, so that not 'just anybody' can be a paediatric child health nurse! It was acknowledged by participants that there is a myriad of excuses that come up in regard to not insisting that nurses working with children have a qualification. Such as not having people on the ground to cover all of the roles, it is fighting that battle. However if hospitals can support staff to take on further education then the competencies can have a real role, in directing what type of education is needed for now and for in the future. In the long term it would be great for paediatric/child health nursing if nurses at the bedside held a PhD.

With enterprise bargaining being part of the workplace, nurses can begin to address the inequities of not being acknowledged for higher education and negotiate for increased wages and recognition.

Question 9

Please comment on your views about the relevance of the competencies in today's paediatric and child health environments?

The ACPCHN Child health competencies were seen as important in regard to promotion and distribution to nursing bodies. However it was noted that they needed to be made available to nursing bodies and there needed to be clear instruction as to how to access them.

It was also suggested that they needed to be endorsed by Nursing Registration Boards, State bodies like the Department of Health/Department of Human Services, and the Royal College Physicians.

Summary of findings

The competencies are seen to provide;

- Professional practice standards and provide standardised guidelines
- Practice framework
- Service planning and coordination
- Coordination & planning of paediatric & child health services
- Benchmarking for paediatric and child health practice
- Education and training for paediatric and child health nursing
- Research participation in relation to ACPHN & Quality activities
- Value for specialist paediatric and child health nurses
- Guidance for safe and appropriate care of paediatric patients
- Application of legislation into practice
- Leadership for evidence based practice in Australia
- Support for consistency & scope of practice
- An avenue for service improvement and professional development.
- An avenue to continually assess services for ways to improve service to best meet the needs of clients
- Ongoing professional development
- For evidence-based practice improvement
- An avenue to incorporate findings of research into practice
- Application of theory to practice
- Not used effectively in their work place environment
- People did not know that they exist
- Organisational impetus needed for competencies to succeed, for example, linking competencies to performance as a formative tool, rather than a summative tool.
- Provide members with different formats CD/booklets/web enabling people to access competencies in different ways.
- Guidance needed by ACPCHN/ACCYPN on how to apply them in practice
- Extending the scope of the competencies, for example, community and primary health care nursing.
- A practice strength as they were developed after widespread national consultation
- Consideration as a reflective tool that would allow nurses to work towards standardisation.

- Competencies can be used for staff appraisals, performance reviews, education, guidelines, job descriptions and professional development.
- Unclear whether competencies were written for beginning nurses or specialist nurses.
- A lack of enforcement and promotion were perceived as a weakness
- Paediatrics is not considered a speciality for registration
- Inclusion of primary health care, and the community environment needed to be taken into consideration
- Can be used to orient new staff to Paediatric issues
- Competencies can be used for staff appraisals, performance reviews, education, guidelines, job descriptions and professional development.
- Orient new staff to Paediatric issues
- Basis for nursing education
- Evaluation for students both pre and post registration
- Need to address the need of a speciality within a speciality
- ACPCHN/ACCYPN need to validate the competencies
- Need to be made available to nursing and regulatory bodies
- Clarity as to whether competencies were written for beginning nurses or specialist nurses.
- A lack of enforcement and promotion were perceived as a weakness
- The fact that paediatric and child health is not considered a speciality for registration
- Inclusion of primary health care, and the community environment needed to be taken into consideration
- Evaluation for students post registration

Future directions and recommendations

This review of the *ACPCHN Competencies for the Specialist Paediatric and Child Health Nurses* generated interesting discussion and debate about how they can be used. There was no doubting that the competencies were seen as positive tool for the paediatric/child health specialities and in the long term it was thought that the competencies could lead on to standards within professional practice and promote the professional areas of paediatric/ child health nursing as a speciality.

This section of the review will endeavour to provide some clear direction with how to move forward from here.

It was identified that the competencies distributed in the future needed to be available in different forms, for example, CDs, booklets and be available on the web, to allow people to access them in a way that would fit with their working life.

Many nurses who participated stated they had not read the competencies until the focus group indicating that they needed to be widely distributed and supported by organisations, including Nurse Unit Heads, Nurse Managers and Directors of Nursing. Additionally it was recommended that they be used as a summative performance appraisal tool to ensure nurses became familiar with them. Other suggestions were that they could be used to; orient new staff to paediatric/child health issues; as a basis for nursing education and for evaluation for post registration. This could be addressed via the use of practice portfolios.

The scope of the competencies came into questions, with participants asking for the scope to be widened and speciality areas such as drug and alcohol to be included. Consideration could be given to core competencies and sub-category areas. In addition further clarification as who the competencies were designed for, for example the beginning level nurse, or the specialist nurse.

It seems evident that each time a competencies project group or working group completed its work and disbanded the momentum behind the distribution and profile of the competencies lost momentum. It may be that ACPCHN (now the Australian College of Children and Young People's Nurses [ACCYPN]) needs to re-establish and maintain a competencies committee with particular terms of reference, to continue this work.

Recommendations

The original work of the project team was a painstaking, deliberative and innovative project at the time. It is timely to now reflect and reconsider the competencies in light of current practise and design a project that will again be consultative and deliberative. In order to maintain the quality of both future project plans and developments it is recommended that ACCYPN ensure that adequate financial support is set aside. To achieve this it is recommended that ACCYPN also establish a standing specialist paediatric and child health competencies committee, which includes Board representation, with established terms of reference.

The following are recommendations to ACCYPN (formally ACPCHN).

1. Determine whether or not the competencies will exist in their current form or modified into standards in line with contemporary descriptions.
2. Re-title them with ACCYPN.
3. Investigate barriers as to why paediatric and child health specialist competencies are not used, when other competencies are used as part of daily practice.
4. If competencies are re-launched their needs to be sustained follow up and advocacy attached to their use.
5. Lobby for renewed support of Institutions and Directors of Nursing to ensure distribution in Paediatric/Child Health settings.
6. Broaden the scope of the competencies to include further consideration of primary health care philosophy and strategies, and community and rural setting considerations
7. Review the specialist role description and ensure clarity regarding the level of the competencies as specialist .
8. For ACCYPN to formally undertake further validation of the competencies to support/clarify the original work undertaken.
9. Establish a clear definition of the paediatric and child health specialty, within the National Nursing Organisation.
10. Lobby paediatric/child health institutions/hospitals to support Level 2 nurses to obtain specialist paediatric/child health qualifications.
11. Distribute and provide information about the competencies to Nursing Registration Boards, to State bodies such as the Department of Health/Department of Human Services including Chief Nurses, and to the Royal College Physicians.

References

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Appendices

Appendix A – States who participated in the competency review

Queensland
South Australia
Tasmania
Victoria

Appendix B - Focus Group Questions

1. What is your understanding of the ACPCHN competencies?
2. Can you tell me about how you include them in your everyday practice?
3. Do you believe that the competencies are used effectively in your work place environment?
4. What are the strengths of the competencies?
5. What are weaknesses of the competencies?
6. Please outline any elements that you believe are missing from the competencies
7. Can you think of other ways of using the competencies in your current practice?
8. Can you think of other issues that need to be addressed by the paediatric/child health competencies?
9. Please comment on your views about the relevance of the Competencies in today's paediatric/child health environment?

Appendix C - Consent Form

CONSENT FORM FOR PARTICIPATION IN RESEARCH by focus group

I

being over the age of 18 years hereby consent to participate in the focus group to explore the use of the Australian Confederation for Paediatric Child Health Nurses (ACPCHN) competencies

I have read the information provided.

1. Details of procedures and any risks have been explained to my satisfaction.
2. I agree to my information and participation being recorded on tape
3. I am aware that I should retain a copy of the Information Sheet and Consent Form for future reference.
4. I understand that:
 - I may not directly benefit from taking part in this research.
 - I am free to withdraw from the project at any time and am free to decline to answer particular questions.
 - While the information gained in this study will be published as explained, I will not be identified, and individual information will remain confidential.
 - I may ask that the recording/observation be stopped at any time, and that I may withdraw at any time from the session or the research without disadvantage.
 - Whether I participate or not, or withdraw after participating, will have no effect on my employment.

Participant's signature.....Date.....

I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.

Researcher's name.....

Researcher's signature.....Date.....