

Chief Executive Officer  
Each Health Agency

Each Director of Nursing  
Band 1 to 5 Hospitals

Each Director of Nursing  
Mental Health Services

Each Director of Public Health Nursing



DEPARTMENT  
OF HEALTH AND  
CHILDREN  
AN ROINN  
SLÁINTE AGUS LEAN

Shaping a  
Healthier Future

24 May 2000

### **National Council for the Professional Development of Nursing and Midwifery**

#### **Clinical Nurse or Midwife Specialist Posts**

Dear Colleague

Further to my letter of 11 April 2000 to health agencies, I wish to advise you that the Council has finalised the generic definition of the role of Clinical Nurse or Midwife Specialist (CNS or CMS).

I enclose for your attention:

- Definition of the Role of Clinical Nurse or Midwife Specialist
- Immediate career pathway for **confirming** nurses or midwives currently working in specialist roles/posts as Clinical Nurse Specialists or Clinical Midwife Specialists
- "Aid to Managers, Specialist Nurses and Midwives" - this form is to be completed jointly by a nurse manager and applicant when identifying to the Council nurses and midwives currently working in specialist roles for confirmation as Clinical Nurse Specialists or Clinical Midwife Specialists

It is the Council's belief that the immediate career pathway will capture the vast majority of all nurses and midwives currently working in specialist roles. However, there may remain a small number of such roles that do not fit the criteria for immediate confirmation as Clinical Nurse Specialists or Clinical Midwife Specialists. The Council, having due regard to the contribution that nurses in these posts make to patient care, will consider these on an individual basis.

Agencies should now arrange to have the "Aid to Managers, Specialist Nurses and Midwives" forms completed and returned to The National Council for the Professional Development of Nursing and Midwifery, care of Ms Teresa Cody, Nursing Policy Division, Department of Health and Children, Hawkins House, Dublin 2, in respect of each nurse and midwife currently working in specialist roles. Please specify the status of each post (permanent whole time, temporary whole time, job sharing etc.)

**Hawkins House Dublin 2**

Teach Haicín Baile Átha Cliath 2

Telephone (01) 635 4000 VPN 112

Fax (01) 635 4001

and grading (Staff Nurse, Clinical Nurse/Midwife Manager 1 or 2). Forms returned by individual nurses or midwives will not be processed.

The Council will confirm as CNS/CMS all nurses and midwives who meet the criteria, on receipt of the signed and completed "Aid to Managers, Specialist Nurses and Midwives". The Department of Health and Children will then advise the employing agencies of any adjustments to financial allocations arising from upgradings to Clinical Nurse/Midwife specialist level (i.e. Clinical Nurse Manager 2 salary level). The effective date of appointment, following formal approval, is 5 November 1999 *for those confirmed as CNS/CMS only*.

Please note that these procedures also apply to Community Psychiatric Nurses converting to Community Mental Health Nurses. The definition of the role of Clinical Nurse or Midwife Specialist also applies to Community Mental Health Nurse.

I am also enclosing the intermediate career pathway for nurses or midwives suitably qualified to go forward for consideration as Clinical Nurse Specialists or Clinical Midwife Specialists in the medium term.

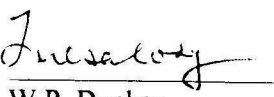
The intermediate career pathway applies both to nurses or midwives who may be appointed to (i) specialist posts which are currently vacant, or (ii) new Clinical Nurse or Midwife Specialist posts created in the medium term, in accordance with paragraph 6.59 of the Commission on Nursing Report. The Nursing and Midwifery Planning and Development Units now being established in each health board area will have a key role in this regard. All agencies should liaise with the Unit in their health board area.

The future career pathway for the Clinical Nurse Specialist or Clinical Midwife Specialist role is also enclosed. This will come into operation following provision of the requisite graduate courses (par. 6.60 of the Commission on Nursing report refers).

This letter supersedes the Department's circular letters 32/2000 and 33/2000.

Any queries in relation to this circular may be addressed by fax to the Nursing Policy Division at (01) 671 5141 or by e-mail to [teresa\\_cody@health.irlgov.ie](mailto:teresa_cody@health.irlgov.ie). Telephone enquiries may be made at (01) 635 4169.

Yours sincerely

  
pp W.P. Dunbar  
Executive Chairperson

Copy to Nursing Alliance, HSEA

## ***Definition of the Role of Clinical Nurse or Midwife Specialist***

*A nurse or midwife specialist in clinical practice has undertaken formal recognised post-registration education relevant to his/her area of specialist practice at higher diploma level. \*\* Such formal education is underpinned by extensive experience and clinical expertise in the relevant specialist area.*

*The area of specialty is a defined area of nursing or midwifery practice that requires application of specially focused knowledge and skills, which are both in demand and required to improve the quality of client/patient care.*

*This specialist practice will encompass a major clinical focus, which comprises assessment, planning, delivery and evaluation of care given to patients/clients and their families in hospital, community and outpatient settings. The specialist nurse or midwife will work closely with medical and para-medical colleagues and may make alterations in prescribed clinical options along agreed protocol driven guidelines.*

*The specialist nurse or midwife will participate in nursing research and audit and act as a consultant in education and clinical practice to nursing/midwifery colleagues and the wider multidisciplinary team.*

### **Core Concepts of the Role of Clinical Nurse or Midwife Specialist**

- ◆ **Clinical Focus:** The Role of CNS/CMS must have a strong patient focus whereby the specialty defines itself as nursing\*\*\* and subscribes to the overall purpose, functions and ethical standards of nursing (ICN 1992). The clinical practice role *may* be divided into two categories, direct and indirect care (Markam 1988, Kersley 1992). Direct care comprises the assessment, planning, delivery and evaluation of care to patients and their families, indirect care relates to activities that influence others in their provision of direct care.
- ◆ **Patient Advocate:** The CNS/CMS role involves communication, negotiation and representation of the client/patient values and decisions in collaboration with other professionals and community resource providers.
- ◆ **Education and Training:** The CNS/CMS remit for education and training consists of structured and impromptu educational opportunities to facilitate staff development and patient education (McCaffrey Boyle 1996). Each CNS is responsible for his/her continuing education through formal and informal educational opportunities thus ensuring continued clinical credibility amongst nursing, medical and paramedical colleagues.
- ◆ **Audit & Research:** Audit of current nursing practice and evaluation of improvements in the quality of patient care are essential. The CNS/CMS must keep up date with current relevant research to ensure evidence-based practice and research utilisation. The CNS/CMS must contribute to nursing research, which is relevant to his/her particular area of practice.
- ◆ **Consultant:** Inter and intra-disciplinary consultations both internal and external are recognised as part of the contribution of the clinical nurse specialist to the promotion of improved patient management.

## **Addendum**

Clinical specialisation in nursing is not a new phenomenon, early in its development professional nurses recognised that certain patients' or clients' needs required practitioners with more specific and specialised knowledge and skills than could be efficiently or effectively delivered through educational preparation at generalist level (ICN1992). The domain of Clinical Nurse Specialist covers a variety of specialist areas of practice which span the seven broad band nomenclatures as described in the Report of the Commission on Nursing 1998, which reads as follows:

- *High dependency nursing, (this broad band might include areas such as coronary care, intensive therapy (psychiatry) and neonatal intensive care nursing);*
- *Rehabilitation and habilitation nursing,(this broad band might include areas such as care of the elderly, spinal injuries and palliative care nursing);*
- *Medical/surgical nursing, (this broad band might include areas such as oncology, infection control, stoma care, neurosciences and anaesthesia nursing);*
- *Maternal and child health nursing, (this broad band might include areas such as parent craft, ultrasonography, paediatric cardiology and paediatric oncology nursing);*
- *Community health nursing, (this broad band might include areas such as health education and health promotion, family development and community psychiatry);*
- *Mental Health nursing, (this broad band might include areas such as addiction counselling and behaviour therapy);*
- *Disability nursing, (this broad band might include areas such as sensory stimulation and challenging behaviour)*

The examples of sub-specialist areas given for each broad band area are for illustrative purposes. (Section 6.39 p107 Report of the Commission on Nursing 1998)

Specific core concepts define the common components of the practice of Clinical Nurse Specialist, while individual specialties encompass unique knowledge, skills and abilities of their own (Jasper 1994, Mc Sharry 1995, Bousfield 1997, Bamford & Gibson 1997, Armstrong 1999).

Paramount to the current and continuing development of the Clinical Nurse Specialist role is the demonstration of accountability, professional responsibility and service to the client/patient group. The CNS/CMS definition should be sufficiently capacious to facilitate individual specialist activities from within and across all disciplines of the nursing profession in Ireland.

The definition and underlying concepts outline the desired level of knowledge, experience and abilities of this specific group of professionals. Orderly development of specialist nursing roles will play a significant part in expanding the depth, breadth and rigor of nursing knowledge and expertise (ICN 1992) thus contributing to the International body of professional nursing knowledge.

\*\* For CNS/CMS appointments in the short to medium term, please see CNS Flowcharts on Immediate and Intermediate Career Pathways

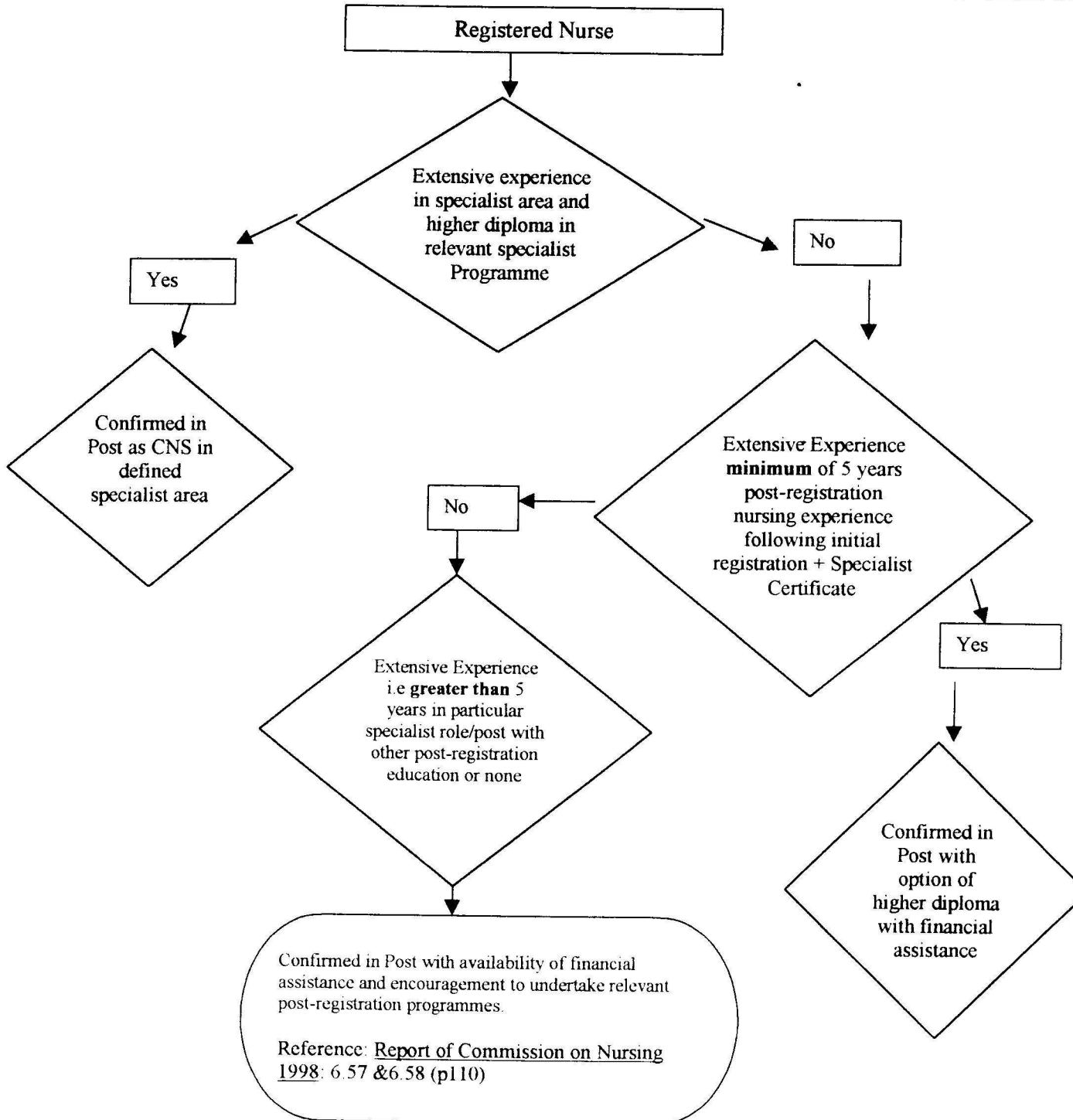
\*\*\*Core Concepts of CNS/CMS- 'nursing' should be read as nursing OR midwifery specialist practice.

## References

- Armstrong, P (1999) The role of the clinical nurse specialist. Nursing Standard. 13 (16) 40-42
- Bamford, O., Gibson, F (1997) Advanced Nurse Practitioner Project: The Role and Development of the Clinical Nurse Specialist. Great Ormond Street for Children NHS Trust & University College London Hospitals NHS Trust.
- Bousfield, C (1997) A phenomenological investigation into the role of the clinical nurse specialist. Journal of Advanced Nursing. 25 245-256
- International Council of Nurses (1992) Guidelines on Specialisation in Nursing. Geneva. ICN.
- Jasper, M.A (1994) Expert: a discussion of the implications of the concept as used in nursing. Journal of Advanced Nursing. 20 769-776
- Kersley, K (1992) The CNS: a personal perspective. Intensive and Critical Care Nursing 8(2) 71-75
- Markam, G (1988) Special Cases. A broad look at the developing role of clinical nurse specialist. Nursing Times. 4 (3) 137-140
- Mc Sharry, M (1995) The evolving role of the clinical nurse specialist. British Journal of Nursing. 4 (11) 641-646
- Report of the Commission on Nursing (1998) A Blueprint for the Future. Dublin. The Stationery Office.

## Immediate Career Pathway for Clinical Nurse/Midwifery Specialist.

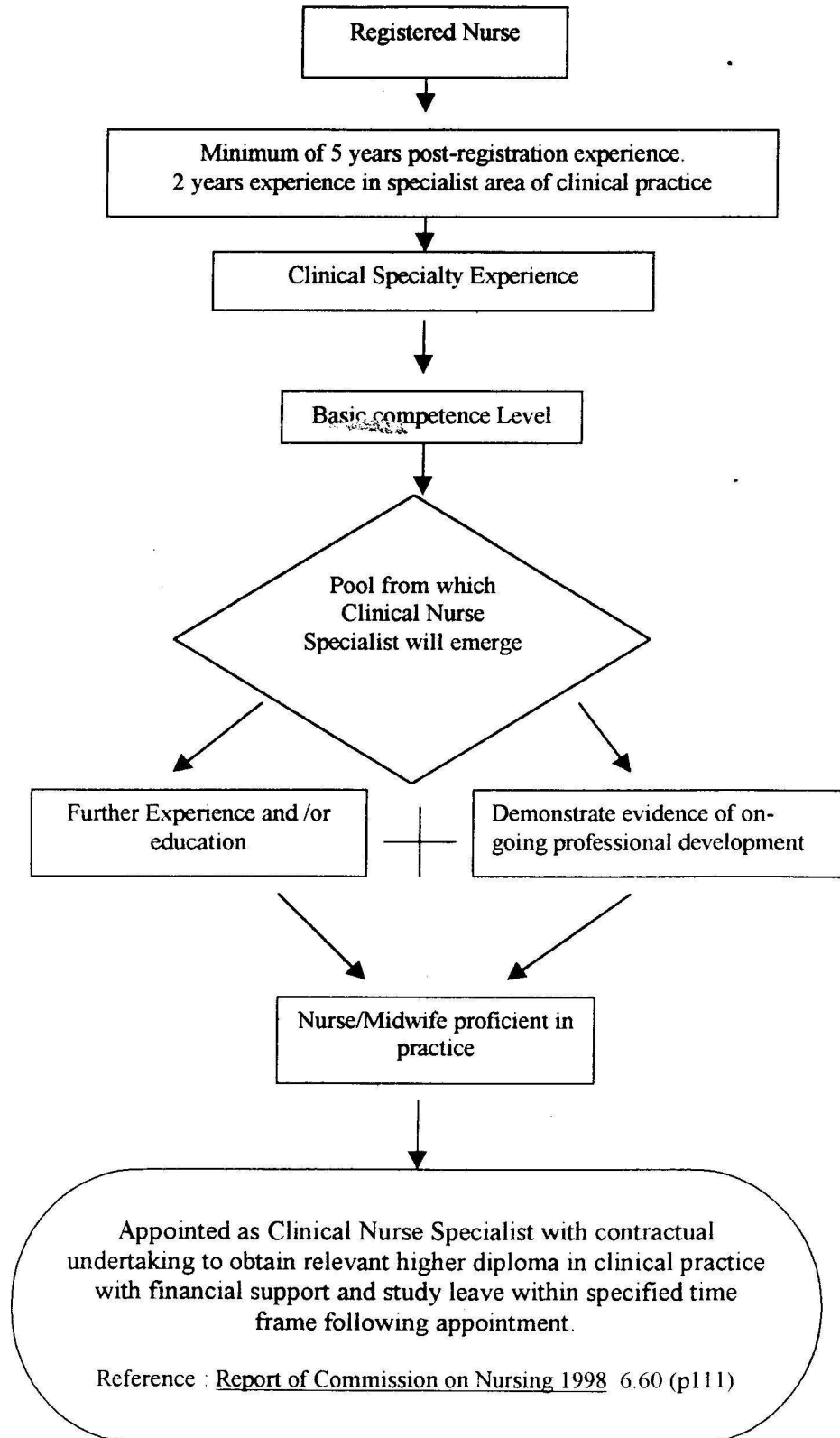
Criteria for Confirming Nurses **Currently** working in specialist roles/posts as Clinical Nurse Specialists. These posts **must broadly** match the definition of CNS/CMS as described by The National Council for the Professional Development of Nursing and Midwifery



**N.B** There may remain a small number of specialist roles that **do not fit** the criteria for immediate confirmation of CNS post. The Council giving due regard to the contribution of such posts to patient need and the professional development of nursing practice will consider these roles on an individual basis.

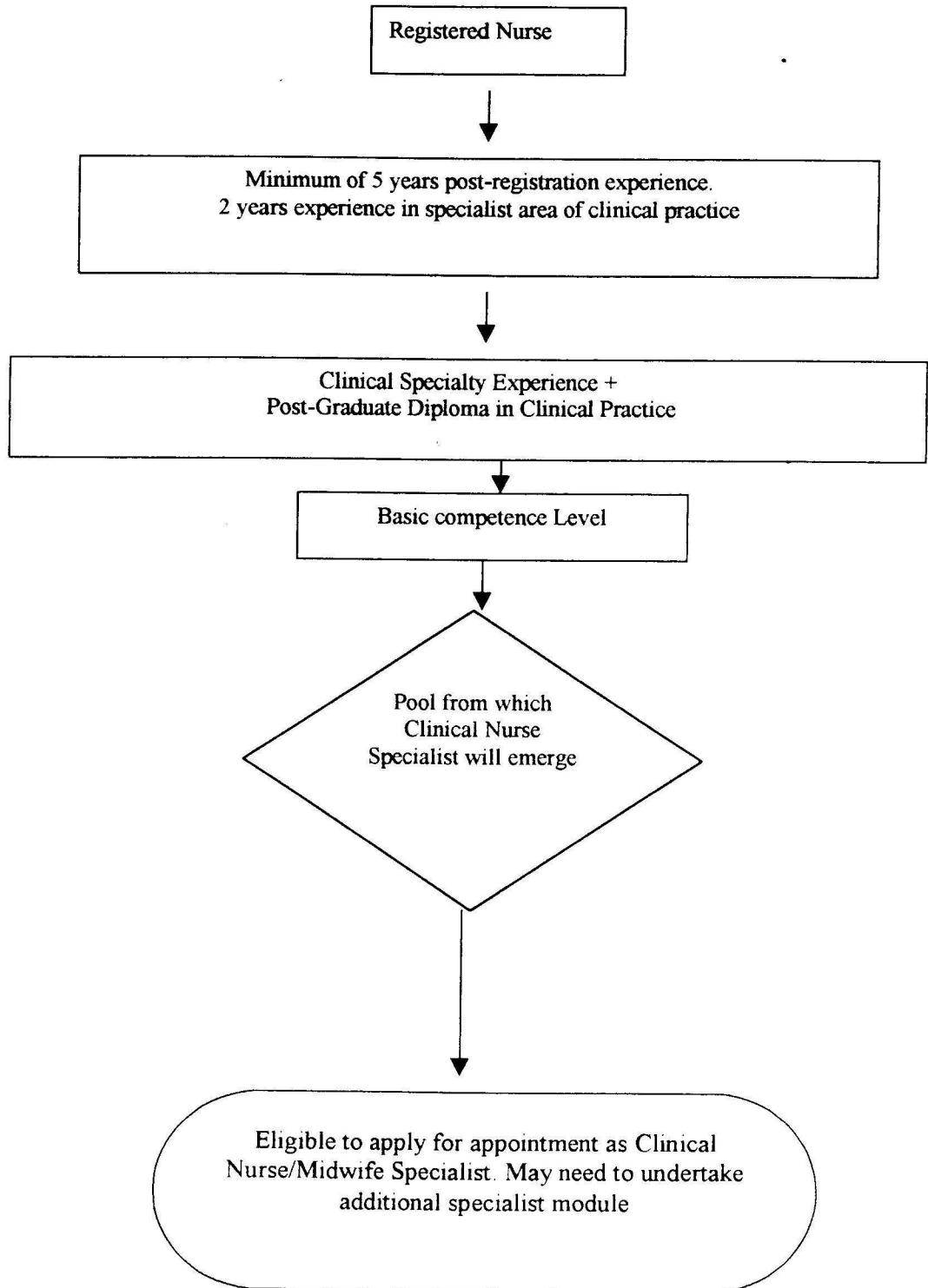
## Intermediate Career Pathway for Clinical Nurse/Midwifery Specialist.

*Criteria for nurses suitably qualified to go forward for consideration as CNS/CMS. Specialist posts **must match** the definition of CNS/CMS as described by The National Council for the Professional Development of Nursing and Midwifery*



## Future Career Pathway for Clinical Nurse/Midwifery Specialist Role

*CNS/CMS posts **must adhere** to the definition of clinical nurse specialist as described by The National Council for the Professional Development of Nursing and Midwifery*





### Aid to Managers, Specialist Nurses & Midwives

This form is to be completed by a manager and applicant when identifying to The National Council for Professional Development of Nursing and Midwifery, nurses & midwives currently working in specialist roles for confirmation as **Clinical Nurse Specialists & Midwifery Specialists**.

**APPLICANTS NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**POST:** \_\_\_\_\_

No. of years experience post registration: \_\_\_\_\_

No. of years experience in this speciality: \_\_\_\_\_

Educational achievements **with supporting documentation:**

- Degree  Higher diploma  Other
- Specialist certificate
- No formal post registration education
- Specific clinical experience in a specialist area

Please state length of course:

Other relevant supporting information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLINICAL PRACTICE:**

- Demonstrates advanced specialist knowledge YES  NO
- Develops relevant policies and clinical guidelines/initiates reviews YES  NO
- Provides leadership in specialist area YES  NO
- Participates in professional groups/organisations YES  NO
- Acts as a clinical resource person YES  NO

**PATIENT ADVOCATE:**

- Demonstrates effective communication skills YES  NO
- Collaborates with other professionals and community resource providers YES  NO
- Demonstrates knowledge of organisations structure, and availability of community resources YES  NO
- Advocates for and represents clients values and needs YES  NO

**EDUCATION AND STAFF DEVELOPMENT:**

- Initiates educational activities in clinical speciality YES  NO
- Participates in ward/unit/hospital educational programmes YES  NO
- Participates in patient/client teaching and health promotion activities as a clinical expert YES  NO
- Shows a strong commitment to continuing education (e.g. Conference, Seminar attendance, post registration studies) YES  NO

**CLINICALLY ORIENTATED AUDIT & RESEARCH:**

- Demonstrates commitment to developing an understanding of research YES  NO
- Keeps up to-date with current relevant research and actively encourages evidence based practice and research utilisation YES  NO
- Demonstrates commitment to identify and develop tools to audit current practice YES  NO
- Contributes to nursing or midwifery research YES  NO

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Manager

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant