

# **The development of clinical nurse specialist roles in Ireland**

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## **Abstract**

While the term specialist in nursing can be traced to the turn of the 20th Century, it is only since 2001 that a framework was developed for a clinical career pathway in Ireland. This framework has promoted the development and expansion of the clinical nurse/midwife specialist (CNS/CMS) throughout Ireland over the past 10 years guided by the National Council for the Professional Development of Nursing and Midwifery (NCNM). To build upon the achievements of the NCNM and advance nursing practice, it is imperative that CNS/CMS's adopt and fulfil the components of their role. Since CNS/CMS practice is relatively new to Ireland, there is the opportunity to learn from experiences of other countries. This article outlines the development and challenges of the CNS role in Ireland.

**Key words:** Clinical nurse specialist, Ireland, Core concepts, Career pathway, Framework.

## **Introduction**

The historical development of clinical nurse/midwife specialist (CNS/CMS) is clearly identified in the literature (Hawkins and Thibodeau, 1996; Castledine and McGee, 1998; Hamric et al, 2005). Certainly, the idea of nurses having 'extra' knowledge and/or skills is still evolving, with specialization considered a mark of the advancement of the nursing profession (American Nurses' Association, 1992). It has been recommended that in order to specialize, a nurse must have practised nursing, must continue to practise, and must continue to evolve through practising nursing (Castledine, 1991). While the CNS role has been recognized in the US since the 1960s and the UK since the early 1980s (Daly and Carnwell, 2003), formal recognition in Ireland is relatively new (National Council for the Professional Development of Nursing and Midwifery (NCNM), 2001; 2004; 2007). In Ireland, the developing role of the CNS continues to be the subject of discussion and ongoing research (Bailey, 2004).

Historical development of the CNS in the UK and USA has documented the various roles, functions and characteristics of the CNS (Vooght and Richardson, 1996; McGough, 1997; Loftus and McDowell, 2000). While CNS's have advanced knowledge of a specific practice area, a wide variation in the CNS role has emerged, and in addition a proliferation of nursing positions referred to under the umbrella term of 'advanced nursing practice' have fuelled the confusion and role ambiguity described by Dyson (1997). These inconsistencies within roles and job titles of the CNS have been widely discussed in the literature and arguably illustrate the lack of clarity pertaining to the role (Dunn, 1997; Castledine, 1998; Cattini and Knowles, 1999; McCreddie, 2001). Internationally, this phenomenon has been and remains a concern as CNS posts have developed across a wide range of practice areas, frequently in an unplanned and reactive manner, with differences in the preparation for the role as identified by Deloughery and Grace (1995), McSharry (1995), Bousfield (1997) and Bailey (2004). In addition, the terms 'specialist' and 'advanced' have been used interchangeably in job titles without clear definition or detail as to what is expected of the nurse in the position (Melchoir-MacDougall, 1992;

Castledine, 2002; Schober, 2006). In order to understand the effect of this uncertainty in the Irish context and to prepare a foundation for further discourse and research in this area, it was appropriate to consider the development of the CNS role in Ireland.

### **Development of CNS/CMS in Ireland**

The development of specialist practice roles in Irish nursing is a component of the strategic development of the health service (Ryan et al, 2006) and such progress takes place against a backdrop of an evolving health and social policy (NCNM, 2008). The roots of specialist nursing in Ireland may be traced as far back as 1980 (Department of Health, 1980). However, it was nearly 20 years later that as a result of a collaborative report between the nursing board and the health service employers, The Report of the Commission on Nursing: A Blueprint for the Future (Government of Ireland, 1998), both fundamentals and roles for the nurse specialist were recognized (Table 1). This recognition originally lacked a framework for development with the result that a diverse group of individuals evolved, practising with minimal support (An Bord Altranais (Nursing Board), 2000; NCNM, 2001). Consequently, an initial framework for the national development of the CNS role was introduced by the NCNM (2001).

Table 1. Fundamentals and roles for the nurse specialist
<ul style="list-style-type: none"> <li>• Be prepared beyond the level of a generalist nurse</li> <li>• Have extensive experience and advanced expertise in the relevant area</li> <li>• Have undertaken a formally recognized relevant specialist post-registration course at minimum university or college diploma level</li> <li>• Will work with medical colleagues and/or interdisciplinary team within a specified area</li> <li>• May make variations in prescribed clinical options, within agreed protocols</li> <li>• Specialty practice includes clinical practice, teaching, research implementation and advisory roles.</li> </ul> <p style="text-align: right;">(Government of Ireland, 1998)</p>

### **Development of a national framework**

In 1999, the NCNM was established based on The Report of the Commission on Nursing: A Blueprint for the Future (Government of Ireland, 1998). A key function of the NCNM, supported by national policy (Department of Health and Children, 2001a), was to establish a clinical career pathway for nurses and midwives working in a specialist area of practice in order to progress from staff nurse to CNS/CMS (NCNM, 2002). In line with these recommendations, the NCNM published a framework for CNS/CMS' identifying three independent pathways through which nurses working in a specialty could achieve recognition of their experience and learning (NCNM, 2001; 2004; 2007; 2008) (Table 2).

Table 2. Career pathways for CNS/CMS. NCNM (2001; 2004; 2007; 2008)			
Career Pathway	Rationale	Qualification / function	Timescale
Immediate pathway For Registered General Nurses already performing in the role of CNS/CMS	To recognize nurses and midwives already functioning as CNS/CMS' at the time of implementation of the framework.	Holds an appropriate post- registration qualification and/or a minimum of 5 years experience in the area of specialty.	Closing date for applications was 30 April 2001. After this date applications were via Intermediate pathway

Intermediate pathway Newly appointed CNS/CMS Appointed between May 2001 and August 31 2010	To identify the academic qualifications and professional experience which a newly appointed CNS/CMS must achieve within a specified time frame of appointment (time frame agreed locally).	The NCNM (2002) published guidelines for higher level education programmes for the CNS/CNM in order to meet the learning needs of these nurses/midwives.	This pathway took effect from 1 May 2001.
Future pathway	To identify the academic qualifications and professional experience which a newly appointed CNS/CMS must hold prior to appointment.	All appointments of CNS/CMS' will require a minimum of 5 years post-registration experience, 2 years practice in a specialist area and a post- registration diploma (minimum level 8 National Qualifications Authority of Ireland (NQAI)) related to the area of specialist practice.	This pathway took effect from 1 September 2010

An area of specialty is defined by the NCNM (2007; 2008) as:

*'An area of nursing/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'*

In addition, the CNS/CMS is defined as:

*'A nurse or midwife specialist in clinical practice has undertaken formal recognised post-registration education relevant to his/her area of specialist practice at level 8 or above on the NQAI framework. Such formal education is underpinned by extensive experience and clinical expertise in the relevant specialist area. The level of practice of a CNS/CMS is higher than that expected of a staff nurse or midwife' (NCNM, 2008).*

Within this framework, the NCNM described the five core concepts of the CNS/CMS role based on an adaptation of Hamric's role components (1989). In addition to the components of expert practitioner, educator, consultant and researcher, the NCNM included advocacy as the fifth core concept. Supporting Hamric, (1989) the NCNM advocates that each CNS/CMS core concept needs to be enacted in order for the nurse to be considered a CNS/CMS. To support the development of the CNS/CMS, the NCNM further identified broad descriptors attributed to each core concept which are offered in Table 3. This framework facilitated the national development of CNS/CMS roles across the nursing and midwifery profession in services and organizations throughout Ireland. Services and organizations were actively involved in developing these roles according to local patient population and identified needs. An example of roles developed in Ireland can be seen in Table 4. O'Shea (2008) provides a

comprehensive list of CNS/CMS roles in Ireland, as do the updates on the NCNM website ([www.ncnm.ie](http://www.ncnm.ie)).

Core concept	Description
Clinical focus	Work must have a strong patient focus whereby the specialty defines itself as nursing or midwifery and subscribes to the overall purpose, functions and ethical standards of nursing or midwifery. The clinical practice role may be divided into direct and indirect care.
Patient/client advocate	Role involves communication, negotiation and representation of the patient/client values and decisions in collaboration with other healthcare workers and community resource providers
Education and training	Remit for education and training consists of structured and impromptu educational opportunities to facilitate staff development and patient/client education. Each CNS/CMS is responsible for his/her continuing professional development, thereby ensuring sustained clinical credibility among nursing/midwifery, medical and paramedical colleagues.
Audit and research	Audit of current nursing/midwifery practice and evaluation of improvements in the quality of patient/client care Knowledge of relevant current research to ensure evidence based practice and research utilization. Contribute to nursing/midwifery research relevant to his/her particular area of practice. Any outcomes of audit and/or research should contribute to the next service plan.
Consultancy	Inter and intra-disciplinary consultations, across sites and services. This consultative role also contributes to improved patient/client management.

General	Coronary care – diabetes - motor neuron disease – asthma - parkinson’s - palliative care – orthopaedic
Mental Health	Addiction counselling - community mental health - forensic mental health - acute mental health - adolescent mental health - crisis intervention – eating disorders
Intellectual Disability	Community – autism - complementary therapies - behaviour - early intervention - health promotion - older people
Midwifery	Lactation - drug liaison – diabetes and pregnancy – neonatology - neonatal and paediatric neurology - foetal assessment - ultrasonography

## Discussion

In Ireland, nurse education has undergone significant changes in recent years, notably in the pre-registration/undergraduate phase, having moved from certificate to diploma (1994) and then to degree-level programmes (2002). To effectively fulfil the CNS/CMS role, Hamric et al (2005) identified three primary criteria which must be attained before a nurse or midwife can be considered an advanced practitioner. This includes graduate education at master’s or doctoral level, professional certification for practice at an advanced level within a nursing specialty, and focused on patients and their families with direct clinical practice as a central focus.

While many CNS/CMS’ in Ireland came into post via the immediate pathway, this may be seen as what others have identified ‘as being in the right place at the right time’ (Harris and Redshaw, 1998; Bailey, 2004). This may have resulted in these

nurses being largely unprepared for the role, a factor which can predispose ‘role replication’ or ‘doing the same job as before’ (Nicholson, 1984). Bailey (2004) identified the challenges experienced by some of these nurses in developing their role and noted that minimal evidence exists as yet regarding CNS/CMS’ application and productivity within Ireland. According to the future pathway (NCNM, 2008), the CNS/CMS is now required to obtain post-graduate education in the specialist area of practice and access to such programmes generally requires a degree-level qualification. However, in recognition of prior learning and experience, the NCNM advocated that nurses/midwives who did not meet the normal academic requirements should be considered by third level institutes. In response, universities adopted a recognized prior learning (RPL) process (NCNM, 2004; 2007).

Recent statistics indicate that there are 2069 CNS posts (NCNM, 2009) and 120 advanced nurse practitioner (ANP) posts (NCNM, 2010) allocated within the Health Services Executive areas in Ireland. While these figures are accessible on the NCNM website and suggest regional activity, access to a detailed breakdown of CNS/CMS posts within each discipline is currently unavailable, e.g. palliative care, child and adolescent mental health, autism and breastfeeding. O’ Shea (2008) presents a listing of all CNS/CMS titles approved by the NCNM. However, from this it would appear there is an emergence of multiple role titles within specialist areas which arguably creates the appearance of an ad hoc development of posts (Table 5). This appears similar to the UK experience where Castledine (2002) noted that with little direction or control, an ad hoc system would continue and cause confusion regarding different specific specialist titles and their meanings. This is an area requiring further attention in order to provide greater clarity and transparency of professional nursing development.

General nursing CNS titles	Intellectual disability CNS titles	Mental health CNS titles
Cardiac disease	Early intervention	Adolescent mental health
Cardiac disease management	Early intervention disabilities	Child psychiatry
Cardiac	Early intervention rehabilitation	Child & adolescent mental health
Cardiac services	autism	Child & adolescent psychiatry
Cardiology	Pre-school learning disability	Child & adolescent psychiatry liaison
Cardiology/Chest pain	autism	Community child and adolescent psychiatry
	School children with special needs	

Given that CNS/CMS’ support the implementation of national health policy (Department of Health and Children, 2001a; 2001b; 2003a; 2003b), specialist nurses should be consulted and their views incorporated within organizational service planning. It is important for the integration of the CNS/CMS role that the post holders create strong professional relationships with key stakeholders in practice so that the CNS/CMS’ sit ‘at the table where decisions are made’ (Ferrel, 1998; O’ Shea, 2008) and are integral to the decision-making process.

In addition to research, audit, consultancy and education, the CNS/CMS role encompasses a major clinical focus, comprising of assessment, planning, delivery and evaluation of care provided to patients/clients and their families in all healthcare settings. While these are clearly identified roles for the CNS/CMS, one must also

consider that in the realities of practice, one aspect of the role will often take precedence over another. Given the current economic climate, there is a danger that the role of the CNS/CMS becomes focused on the clinical practice component. It is important that the other role components are not overlooked. As the emphasis of caring has changed from a task-oriented model to a holistic framework, the CNS/CMS must continuously strive for a leadership role to advance the boundaries of nursing practice.

In any new process, it is important to draw from the experiences of others and utilize this knowledge. In the UK, the necessity of prior experience and educational preparation has been identified (Bamford and Gibson, 1998; Gibson and Bamford, 2001). Through the implementation of the CNS/CMS framework (NCNM, 2001; 2004; 2007; 2008), Ireland is now at a stage where the criteria of experience and education are prerequisites for the role. However, literature (Dowling, 2000; Begley et al, 2010; Wickham, 2011) identifies numerous challenges for CNS/CMS' in fulfilling their roles. Such challenges include time pressures, lack of resources, suboptimal organizational support, lack of understanding about the role and poor administrative support (Table 6).

Table 6. Challenges within the CNS/CMS role
<ul style="list-style-type: none"> <li>• Time (Dowling, 2000; Gibson and Bamford, 2001)</li> <li>• Lack of resources (Begley et al, 2010; Wickham, 2011)</li> <li>• Organizational support (Booth et al, 2003; Wickham, 2011)</li> <li>• Team support (Bousfield, 1997; Begley et al, 2010)</li> <li>• Others perceptions (Bamford and Gibson, 1998; Wickham, 2011)</li> <li>• Administration support (Begley et al, 2010; Wickham, 2011)</li> </ul>

## Conclusion

In Ireland, nursing specialties have evolved across a wide range of practice areas with practitioners having a variety of levels of preparation. This paper has discussed the development of the CNS/CMS in Ireland. In order to build on the achievements of the NCNM and to achieve their vision for advancing nursing practice it is imperative that CNS/CMS' adopt and fulfil the components of their role to their full potential. While Ireland has a relatively new and short development of CNS/CMS practice, it has the opportunity to learn from the experiences of other countries. Given that the future framework was implemented in September 2010, it is timely to review current practices of CNS/CMS'. From this brief discussion, it would appear that role ambiguity persists and this needs to be addressed particularly in the context of role titles. From an education perspective, close collaboration with all relevant stakeholders and universities is required in order to achieve the provision of relevant programmes that are designed to reflect the needs of the consumer and stakeholder. Within practice, the CNS/CMS is well placed to assume a leadership role for the profession and should be supported in this objective. As little evidence is available regarding the practice outcomes of the CNS/CMS in Ireland, increased support is required to encourage and facilitate these nurse/midwifery specialists to publish the outcomes of their care.

## Key Points

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| <ul style="list-style-type: none"> <li>• Ireland is at an early stage in the development of CNS/CMS roles</li> <li>• There is a lack of clarity relating to role titles</li> </ul> |
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- The immediate and intermediate pathways have created diversity in relation to education levels of current post holders
- The current framework for CNS/CMS posts requires all new CNS/CMS' to have attained a postgraduate-level qualification since September 2010
- For the role of CNS/CMS to be effective, all role components need to be fulfilled
- As professional leaders, the CNS/CMS needs to be actively involved in contributing to service planning, organization and delivery

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