



# **Professional Development Framework for Infection Prevention and Control Nurses College**

## Foreword

Registered Nurses in New Zealand are required to prove their competence annually in order to obtain their practicing certificate. They may exclude themselves from the New Zealand Nursing Council (NZNC) audit of these competencies by taking part in the Professional Development and Recognition Process (PDRP) in which they give examples of their level of practice ranging from competent, proficient to expert. These programmes are available in both public and private sectors in New Zealand and if successfully achieved exempt individuals from audit for a period of three years. However, a stringent assessment of practice levels need to be undertaken which can be difficult to articulate in senior nursing/specialist practice areas such as Infection Prevention and Control (IPC).

To assist with this, there has been some development of knowledge and skills frameworks linked to the NZNC competencies in New Zealand in other specialties, although they appear quite cumbersome (Snell, 2009; Hart et al, 2010). There does not appear to have been an evaluation of these frameworks yet although the National Nursing Consortium has endorsed them (NZNO National Nursing Consortium, 2011). Frameworks that have been endorsed such as diabetes and respiratory nursing; have a strong focus on aspects of patient care unique to the specialty, something that is more difficult to articulate with IPC nursing. We have an influence in the care of patients in every specialty as well as having our own specialised body of knowledge that is not specifically patient orientated, as our reach is far wider and includes the environment and facilities as well as the patient.

It was therefore decided by the Infection Prevention and Control Nurses College (IPCNC) Committee in August 2015, that rather than pursue a knowledge and skills framework we would pursue a professional development framework for this specialist field, which would provide a measurable means of evaluating practice at different levels within the continuum and guide the development of individual nurses. It is hoped that such a framework will result in clarity of the role of IPC specialist nurses and enhance the quality of nursing care being delivered in any setting, and also provide a means of helping articulate practice which could also fit within the PDRP process.

We wish to acknowledge the work done by other Colleges and groups in NZ and elsewhere on developing their frameworks which were useful for us in the development of our own. The Committee particularly wishes to acknowledge the work of Jane Barnett who was contracted by IPCNC to put together an initial document which was then sent out to members for feedback. From this work a sub-committee was formed and this document is the result of their hard work. We thank them very much - Jane Barnett, Claire Underwood, Ruth Barrett, Adrienne Morgan and our NZNO Professional Nurse Advisor Wendy Blair. We hope you find this document a useful tool to help articulate evidence of your professional practice and/or guide you on the pathway to improvement.

Robyn Boyne  
Chairperson IPCNC June 2017.

## **List of Contributors**

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IPCNC College Membership

## Introduction

The Health Practitioners' Competence Assurance (HPCA) Act (2003) requires nurses to prove their level of competence. The main purpose of this legislation is to provide protection of the public by ensuring health practitioners are fit to practice and do not pose a risk to their safety.

Infection Prevention & Control (IPC) is a specialised area of nursing, which requires a significant breadth of knowledge and specific skills in order to maintain the safety of healthcare consumers and practitioners. IPC also needs to be responsive to the everchanging healthcare environment and emerging diseases, which may pose significant infectious threats to the population. In recent years IPC has responded to novel infectious disease threats such as pandemic influenza and Ebola Virus Disease as well as meeting the challenges of increasing microbial resistant organisms in the healthcare setting. Other skills include emergency response activity such as the earthquake in Christchurch and consultation in the design of new healthcare facilities. All of these complex situations require a response from the IPC community, which reflects the multifaceted nature of IPC as a specialty area of nursing. Those practicing in this field can make a defining difference to healthcare outcomes and are a hugely valuable resource. They need to provide robust expertise, advice and support in order to contribute to the prevention of healthcare acquired infection and do this in a constantly evolving environment.

This framework aims to provide professional standards and a measurable way of evaluating IPC practice and guides the development of individual nurses in the context of the New Zealand Nursing Council (NZNC) competencies, which are described under four domains:

**DOMAIN ONE** – Professional Responsibility

**DOMAIN TWO** – Management of Nursing Care

**DOMAIN THREE** – Interpersonal Relationships

**DOMAIN FOUR** – Interprofessional Health Care & Quality Improvement

A similar structure to the one used by the Respiratory Nurses (Hart et al, 2010) has been used to express the continuum of nursing practice within the specialty of IPC (Appendix 1). This structure recognises the development of nurses from those in a 'link' role to those who are functioning at the higher end of the continuum in an expert advisory capacity. In addition to the New Zealand frameworks, other overseas IPC competency models have been used to inform this document (Burnett et al, 2011; Carrico et al, 2008; Moralejo et al, 2016; Murphy et al, 2012).

## Areas of Practice

IPC is a fundamental component of all nursing care; however some nurses become specialists, with the IPC component of their role recognised within their employment.

For all of these areas of practice, a framework within which an individual can articulate their level of practice and be able to set personal development goals is required. It can assist the employer and nurse to set goals and provide a more structured pathway to a higher level of practice.

**All Registered Nurses (RN):** This document acknowledges that all RNs are required to comply with basic practices in IPC in order to maintain the safety of their patients. This can be clearly articulated in NZNC competency 1.4:

Promotes an environment that enables client safety, independence, quality of life and health.

Indicator: Maintains infection control principles

In any setting an RN will have to work with the wider team to keep the patient safe from infection risks and have a fundamental knowledge of the mechanisms of IPC.

**Registered Nurse with an interest in IPC e.g. IPC link/resource nurses:** Many RNs take on a link/resource nurse role for IPC in their area of work and may have a designated IPC link role position description. They are key personnel in the role modeling of good practice to their colleagues and can act as change agents. This can be a developmental role from which link nurses may move into a specialist role.

**Registered Nurse with designated IPC responsibility:** This role requires specialist knowledge and skills that are often developed during a period of appointment rather than being a pre-employment requirement. The role is usually clearly defined within the employment job description. Examples include but are not limited to: an IPC Specialty nurse who is employed for a single part of the IPC programme such as surveillance, a Clinical Nurse Specialist IPC, an IPC Nurse Manager who is in charge of a team of IPC specialist nurses or an RN who has the responsibility for IPC within an aged residential care facility.

**Nurse Practitioner scope:** There are currently no nurse practitioners with a focus on IPC in New Zealand but this may change in the future as the NP role develops and extends.

## References

Burnett E. 2011. Outcome competences for practitioners in infection prevention and control: Infection Prevention Society and Competency Steering group.

Retrieved from: [http://apic.org/resource/\\_tinymcefilemanager/education/epi-201resources/ips\\_outcome\\_competencies\\_for\\_ip\\_j\\_infect\\_prevention\\_2011.pdf](http://apic.org/resource/_tinymcefilemanager/education/epi-201resources/ips_outcome_competencies_for_ip_j_infect_prevention_2011.pdf)

Carrico et al. 2008. Infection prevention and control competencies for hospital-based healthcare personnel. American Journal of Infection Control. 36. 10. 691-701

Hart et al. New Zealand Adult Respiratory Nursing Knowledge and Skills Framework. 2010

Moralejo D et al. 2016. IPAC Canada Core Competencies for Infection Control Professionals. IPAC Canada

Murphy et al. 2012. Competency in infection prevention: a conceptual approach to guide current and future practice. American Journal of Infection Control. 40. 296-303.

Snell H. National Diabetes Nursing Knowledge and Skills Framework. 2009.

NZNO. The National Nursing Consortium: specialty standards endorsement. February 2011

## **IPCNC Framework for Professional Development**

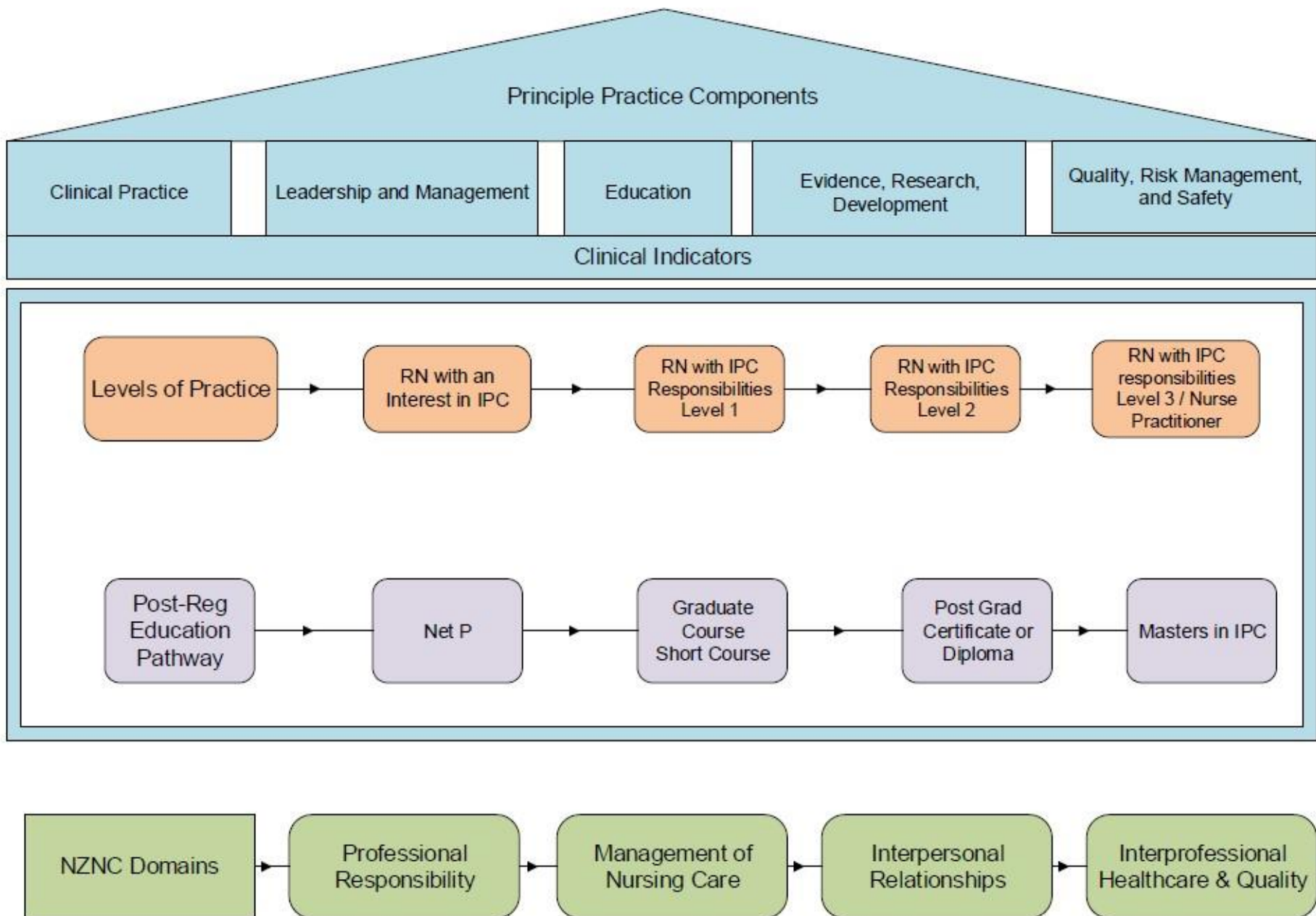
This framework provides a measurable means of evaluating different levels of practice within the specialty and guides the professional development of individual nurses.

The specialty has selected the following components of practice:

- Clinical practice specialty knowledge
- Leadership and management
- Education
- Research and development - Quality

The overall context of these has been set out below and clinical indicators have been developed for each principle practice component.

Appendix 1 provides a Professional Development form which can be used to measure the level of practice of an individual and assist with areas for development.





## Clinical Indicators in IPC

### 1. Clinical Practice Specialty Knowledge

	<b>RN with Interest in IPC</b>	<b>IPC L1</b>	<b>IPC L2</b>	<b>IPC L3/NP</b>
<b>Applies principles of risk assessment in IPC</b>	Has a fundamental understanding of risk assessment and is able to apply these	Demonstrates a basic awareness of risk assessment principles but seeks further expertise/support where necessary	Demonstrates a sound awareness and guides others in application of the risk assessment principles	Leads the application of risk assessment principles at an organizational level and incorporates this into organisation wide policy
<b>Applies knowledge of microbiology and infectious disease to prevent spread</b>	Has a fundamental knowledge of microbiology and infectious disease and role models to others	Demonstrates a basic understanding of microbiology and infectious diseases but seeks further expertise/support where necessary	Demonstrates a sound knowledge of microbiology and infectious disease and guides others where necessary	Leads the application of knowledge about microbiology and infectious disease and incorporates this into organisation wide policy
<b>Investigates and manages IPC incidents or outbreaks of infection</b>	Contributes to incident/outbreak management where necessary	Demonstrates a basic understanding of outbreak management principles but seeks further expertise/support where necessary	Demonstrates a sound understanding of outbreak principles and guides others in the investigation and management of these where necessary	Leads the investigation or management of incidents/outbreaks and contributes to organisation wide incident management response
<b>Promotes IPC to ensure safety of patients</b>	Integrates patient safety into care plans and role models this to others	Demonstrates a basic knowledge and understanding of IPC and patient safety but seeks further expertise/support where necessary	Demonstrates a sound knowledge of patient safety principles and guides others in the application of these	Leads the implementation of organisation wide patient safety programmes

<b>Applies knowledge of decontamination (cleaning, disinfection and sterilization) of equipment and environment</b>	Has a fundamental understanding of the principles of decontamination and applies these where necessary	Demonstrates a basic knowledge and understanding of decontamination but seeks further expertise/support where necessary	Demonstrates a sound knowledge of decontamination principles and guides others in the application of these	Leads the organisation in the appropriate decontamination options which may be available
<b>Contributes to renovation or design/construction in the build environment</b>	Contributes to the build environment where possible	Demonstrates a basic knowledge and understanding of renovation/design/construction but seeks further expertise/support where necessary	Demonstrates a sound knowledge of renovation/design/construction and guides others in the application of these principles	Can lead the organisation in the appropriate renovation/design/construction options which may be available
<b>Applies epidemiological knowledge and analyses data to direct infection surveillance programmes and interventions</b>	Contributes to data collection for surveillance in the clinical setting where possible	Demonstrates a basic knowledge and understanding of the purpose of surveillance and data collection and analysis but seeks further expertise/support where necessary	Demonstrates a sound knowledge of the purpose and process of data collection and analysis and guides others in the application of surveillance principles	Can lead the organisation in the appropriate data collection and analysis options which may be available
<b>Responsive to emergency situations and applies principles of emergency planning as required</b>	Contributes to emergency responses/incidents in IPC where possible	Demonstrates a basic knowledge and understanding of appropriate IPC emergency response but seeks further expertise/support where necessary	Demonstrates a sound knowledge of appropriate IPC emergency response and guides others in the application of these principles	Can lead the organisation in the appropriate IPC emergency response and contribute to wider strategic planning
<b>Reviews new products and equipment to ensure products HCW safety</b>	Participates in product evaluations	Assists in product review and organization of product new products into the evaluation and considerations	Demonstrates awareness of the process of introducing the process of transition to <b>maintain patient and use, cleaning and disposal</b>	Demonstrates ability to lead <b>and</b> product organisation and IPC new

**Incorporates occupational health components into IPC programme where position dictates (influenza vaccination, blood and body fluid exposure, preemployment screening)**

Promotes the implementation of immunization and reporting of IPC related occupational health issues

Demonstrates a basic knowledge and understanding of occupational health issues relating to IPC and assists with data collection

Demonstrates a sound knowledge and understanding of occupational health issues relating to IPC and organizes/plans and reports input into these

Demonstrates an ability to lead strategic planning and review of occupational health issues relating to IPC at an organizational level

## 2. Leadership and Management

	<b>RN with Interest in IPC</b>	<b>IPC L1</b>	<b>IPC L2</b>	<b>IPC L3/NP</b>
<b>Contributes to the development of the IPC programme in an organisation</b>	Contributes to the IPC programme objectives in the clinical environment	Contributes to programme with guidance from others	Contributes to programme and supports others to be part of its development	Leads the development of the programme and ensures it has recognition at a senior level in the organisation
<b>Acts as an agent for change in IPC</b>	Role models good IPC practice in the clinical environment	Demonstrates a basic understanding of change management principles but seeks further support where necessary	Demonstrates a sound knowledge of change management principles and guides others in the application of these	Leads change at an organizational level
<b>Demonstrates communication skills and collaborative approach with others (patients/colleagues)</b>	Role models effective communication skills in the clinical environment	Demonstrates effective communication and collaboration skills on IPC issues but seeks further support where necessary	Implements sound communication and collaboration skills and guides others in the application of these	Demonstrates excellent communication skills at an organizational level
<b>Applies the principles of Treaty of Waitangi in relation to IPC</b>	Is able to apply the principles of Treaty of Waitangi in own practice and role model this to others	Demonstrates an understanding of how to apply the principles of Treaty of Waitangi in IPC but seeks further support where necessary	Ensures the application of the principles of Treaty of Waitangi in IPC and guides others	Demonstrates a collaborative approach to the implementation of the principles of Treaty of Waitangi in IPC at an organizational level
<b>Recognises and resolves conflict</b>	Is able to recognise and resolve conflict in the clinical area	Demonstrates an ability to recognise and resolve conflict but still requires support	Demonstrates strong skills in conflict resolution and guides others in the application of these	Is able to apply excellent conflict resolution skills at and organizational level as needed
<b>Demonstrates prioritisation of IPC service provision</b>	Can prioritise patients with IPC requirements in the	Demonstrates an ability to prioritise IPC service delivery but still requires guidance	Demonstrates strong skills in service prioritization and is able to guide others as	Can lead service prioritization at an organizational level

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clinical area

necessary

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### 3.a Education (personal and professional development)

	RN with Interest in IPC	IPC L1	IPC L2	IPC L3/NP
<b>Makes appropriate use of IPC learning opportunities</b>	Has evidence of attendance at IPC educational opportunities within the organisation and outside where possible	Has evidence of attendance at IPC educational opportunities both within and outside the organisation to inform own practice	Has evidence of attendance at IPC educational opportunities both within and outside the organisation and provides feedback to inform practice of self and others	Has evidence of attendance at IPC educational opportunities and contributes to these as a representative of the organisation
<b>Demonstrates appropriate level of knowledge for the role</b>	Demonstrates graduate level IPC knowledge	Demonstrates graduate and strives for post graduate level IPC related knowledge	Has post graduate certificate level IPC related knowledge and supports others in their educational endeavours	Has achieved post graduate diploma or masters level knowledge related to IPC
<b>Uses reflection as a tool for self-development</b>	Is able to reflect on IPC practice and identify areas for development	Reflects on IPC guidance provided to others and seeks support and guidance to improve this where necessary	Reflects on IPC guidance provided to others and supports others to reflect as a way of improving role function	Is able to reflect on leadership skills to ensure that IPC is prioritised at organizational level

### 3.b Education (facilitation of learning in others)

	RN with Interest in IPC	IPC L1	IPC L2	IPC L3/NP
<b>Uses effective strategies to help others to improve knowledge about IPC</b>	Takes opportunities to guide others in principles of IPC in clinical setting	Demonstrates an ability to educate others about IPC but still requires guidance and support	Demonstrates strong educational skills and is able to guide others as necessary	Demonstrates excellent educational skills and contributes to education programmes both inside and outside the organisation
<b>Supports others in application of theory into practice</b>	Supports guidance in clinical setting referring to IPC policies which are based on best practice guidelines	Demonstrates a good knowledge of evidence based practice in IPC but still requires some guidance and support	Demonstrates a strong knowledge and understanding of IPC evidence based practice and guides others in their implementation	Demonstrates excellent knowledge and understanding of IPC evidence based practice and leads the implementation of these into organizational wide policies
<b>Demonstrates ability to pass on information in encouraging and supportive manner</b>	Is encouraging and supportive of others in the clinical setting when explaining IPC principles	Takes every opportunity to guide others in a supportive and encouraging manner but refers to others as necessary	Shows strong skills in the education of others and also provides guidance and support of others to do the same	Demonstrates high level skills in the communication of information and leads others
<b>Seeks to evaluate education provided in order to improve effectiveness of own teaching</b>	Requests evaluation and feedback on formal and informal education which is delivered in the clinical setting	Requests evaluation and feedback on all education delivered and incorporates this into future practice; seeks support and input of others into teaching practice	Ensures evaluation and feedback on all education delivered and incorporates this into future practice; provides support and feedback to others	Ensures evaluation and feedback on all education delivered takes place and applies strategies to improve teaching by self and others are put in place



#### 4. Research and Development

	RN with Interest in IPC	IPC L1	IPC L2	IPC L3/NP
<b>Accesses relevant information upon which to base evidence based recommendations</b>	Has an understanding of the major sources of evidence upon which IPC recommendations are based	Demonstrates basic knowledge of the relevant sources of IPC evidence but seeks guidance where necessary	Demonstrates sound knowledge and understanding of IPC evidence and guides others in how to access this	Demonstrates an excellent knowledge and awareness of the relevant sources of IPC evidence and leads the application of these to organizational level practice development
<b>Applies critical analysis of the reliability and published literature</b>	Has an appreciation of how to critically analyse published literature	Demonstrate effective skills in the critical appraisal of published literature but seeks support with this as necessary	Demonstrates sound skills in the critical appraisal of published literature and analysis of published data guides others as required	Demonstrates excellent <b>validity of</b> skills in the critical and is able to incorporate this into organizational level reports or policy development
<b>Is able to integrate theory into practice</b>	Has an understanding of how to integrate IPC theory into practice	Demonstrate effective skills in the integration of theoretical knowledge of IPC into practice but seeks support with this as necessary	Demonstrates sound skills in the integration of theoretical knowledge of IPC into practice and also guides others as required	Demonstrates excellent skills in the integration of theoretical knowledge of IPC into practice and is able to implement this at an organizational level
<b>Contributes to policy review</b>	Has an understanding of organizational IPC policies and is able to discuss these with others in the clinical setting	Demonstrates basic understanding of the IPC and guides others in when developing and reviewing these	Demonstrates sound awareness of the IPC policies and review of IPC development and review of these	Demonstrates excellent <b>development and in the organisation</b> policies and implements these at an organizational level



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<b>Recognises and contributes to research processes/activities</b>	Supports research processes and contributes ideas for research where available in the clinical setting	Contributes to the identification of research opportunities/implementation of research under the guidance of others	Contributes to the identification of research opportunities/implementation of research and supports others	Leads the identification and implementation of IPC research within the organisation and contributes to body of
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## 5. Quality

	RN with Interest in IPC	IPC L1	IPC L2	IPC L3/NP
<b>Implements IPC audit and/or surveillance in the clinical environment and supports/guides others to achieve improvements</b>	Contributes to IPC audit and/or surveillance activities in the clinical setting	Implements IPC audit and/or surveillance and seeks guidance as necessary	Implements IPC audit and/or surveillance and guides and supports others as necessary	Leads the implementation of IPC audit and/or surveillance within the organisation
<b>Interprets findings and disseminates results of audit or surveillance activities</b>	Contributes to audit and surveillance activities but has limited input into interpretation and dissemination of results	Interprets IPC audit and surveillance results and feedback but seeks guidance as necessary	Interprets IPC audit and surveillance results and guides others in this process	Leads the formulation of IPC audit or surveillance reports within the organisation
<b>Contributes to organisation wide audits which reflect the requirements of the NZ Health and Disability Sector standards (HDSS)</b>	Ensures implementation of HDSS in the clinical setting but has limited input into organizational wide audit	Contributes to internal assessment of compliance with HDSS but seeks assistance with this as necessary	Contributes to internal assessment of compliance with HDSS and guides others in this process	Leads the formulation of assessment of compliance with HDSS within the organisation and has input into organizational wide audit
<b>Incorporates national quality initiatives into audit and surveillance programme and review of practices</b>	Contributes to implementation of national quality programme objectives	Implements national quality initiatives but seeks guidance as necessary	Implements and guides others in national quality initiatives	Leads the implementation of national quality initiatives in IPC at an organisational level and escalates where further support for change is needed

## Appendix 1 – Plan for Professional Development

Criteria		RN with Interest in IPC	IPC L1	IPC L2	IPC L3/NP	Link to NZNC domain	Evidence/example from current practice	Plan for Professional Development
<b>1. Clinical Practice Specialty Knowledge</b>								
a.	Applies principles of risk assessment in IPC in a culturally safe manner					1.1; 1.5; 2.1; 2.4		
b.	Applies knowledge of microbiology and infectious disease to prevent spread					1.4; 2.1; 2.7		
c.	Investigates and manages IPC incidents or outbreaks of infection					1.3; 1.4; 2.1; 2.2; 2.3; 2.7		
d.	Promotes IPC to ensure safety of patients					1.4; 2.1; 2.6; 2.7		
e.	Applies knowledge of decontamination of equipment and environment					1.4		
f.	Contributes to renovation or design/construction in the build environment					1.4		
g.	Applies epidemiological knowledge and analyses data to inform knowledge					1.4; 2.3;		

h.	Responsive to emergency situations and applies principles of emergency planning as required					1.3; 1.4; 2.5		
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2. Leadership and management								
Criteria		RN with Interest in IPC	IPC L1	IPC L2	IPC L3/NP	Link to NZNC competency	Evidence/example from current practice	Plan for Professional Development
a.	Contributes to the development of IPC programme in an organisation					4.1; 4.2;		
b.	Acts as an agent for change in IPC					4.3		
c.	Demonstrates strong communication skills and collaborative approach with others (patients/colleagues)					3.1; 3.2; 3.3		
d.	Applies the principles of Treaty of Waitangi in relation to IPC					1.2; 3.2		
e.	Recognises and resolves conflict					3.2; 3.3		

f.	Demonstrates prioritisation of IPC service provision					4.1;		
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### 3.a Education

#### - personal and professional development

Criteria	RN with Interest in IPC	IPC L1	IPC L2	IPC L3/NP	Link to NZNC competency	Evidence/example from current practice	Plan for Professional Development
a.	Makes appropriate use of IPC learning opportunities				2.9		
b.	Demonstrates appropriate level of learning for the role				2.9		
c.	Uses reflection as a tool for prioritisation for selfdevelopment				2.8; 2.9		

### 3.b Education

#### - facilitation of learning in others

Criteria	RN with Interest in IPC	IPC L1	IPC L2	IPC L3/NP	Link to NZNC competency	Evidence/example from current practice	Plan for Professional Development
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a.	Uses effective strategies to help others to improve knowledge about IPC					2.7; 2.8; 2.9		
b.	Supports others in application of theory into practice					2.9; 4.1		
c.	Demonstrates ability to pass on information in encouraging and supportive manner					2.9; 4.1; 4.2		
d.	Seeks to evaluation education provided in order to improve effectiveness of own teaching					2.8; 2.9		

#### 4. Research and Development

Criteria		RN with Interest in IPC	IPC L1	IPC L2	IPC L3/NP	Link to NZNC competency	Evidence/example from current practice	Plan for Professional Development
a.	Accesses relevant information upon which to base evidence based recommendations					4.3		

b.	Applies critical analysis of the reliability and validity of published literature					4.1; 4.3		
c.	Is able to integrate theory into practice					4.3		
d.	Contributes to policy development and review in the organisation					4.1; 4.3		
e.	Identifies research opportunities					4.3		

## 5. Quality

Criteria		RN with Interest in IPC	IPC L1	IPC L2	IPC L3/NP	Link to NZNC competency	Evidence/example from current practice	Plan for Professional Development
a.	Implements IPC audit in the clinical environment and supports/guides others to achieve improvements					4.3		
b.	Interprets findings and disseminates results of audit or surveillance activities					4.3		

c.	Contributes to organisation wide audits which reflect the requirements of the NZ Health and Disability standards					4.3		
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The above form is the basis of my Specialty Professional Practice plan and I have shared this plan with the following individual\*:

<b>Name of individual endorsing plan:</b>	<b>Signature:</b>	<b>Date:</b>
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\*It is recommended that the following individuals endorse and support this plan: Manager, IPC Specialist Nurse, Nurse Educator

<b>Name of individual:</b>	<b>Signature:</b>	<b>Date:</b>
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