



***Competences of the Clinical Nurse specialist (CNS):
Common plinth of competences for the Common
Training Framework of each specialty***

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Abbreviations

AACN : American Association of the college of Nursing
CNS : Clinical Nurse Specialist
CTF : Common Training Framework
ESNO : European Specialist Nurse Organisation
ICN : International Council of Nurses
EU : European Union

Executive Summary

ESNO is the recognized and unified voice of specialist nurses in Europe. The Members of ESNO consist of individual European specialist nurses organizations. The vision of ESNO is to have qualified specialist nurses with academically accredited training programs to ensure safety and quality of care and mobility of workforce within Europe.

Introduction

We are living in European community and it is obvious that the work field of specialist nurses should not be restricted to their own country, first because they want to change environment, get to know other countries and cultures, or because they have to go abroad consequently to unemployment in their own country.

The recent ESNO Survey¹ on specialist nurses and mobility within Europe (281 responses) highlights inter alia that 1/3 want to work abroad, 1/3 may want to work abroad and 1/3 don't want to work abroad. This fact has to be considered and measures have to be taken to facilitate this mobility.

The role of the specialist nurse in Europe is still not homogeneously defined across Europe. Despite the fact that some formal training are existing for years like Nurse Anesthetist, operating room nurse, Intensive care, mental health nurse, practice, status, training duration and content may be drastically different from country to another. Some other specialist's roles have been established in Europe, with a professional transnational collaboration like Diabetes, Dialysis, Urology, and Oncology. Moreover, the development of higher medical technologies and more sophisticated treatment require specialist nurses in order to ensure quality and safety of the care but also advanced practice nursing roles in their professional field to palliate physician shortage.

With the new directive 2013/55/EU on the recognition of professional qualification it is now possible to use the common training framework (CTF) for nurses which profession or training program are regulated in the national countries. The Common Training Framework, based on a common set of knowledge, skills and competences agreed by at least 1/3 of the member states (10 countries), would facilitate the harmonization of the qualification and an automatic recognition of these qualification in Europe while fully respecting Member State's national competence to define the national training of specialist nurses. So far, each National authority are able to benchmark their national programme according to the EU CTF. It aims to ensure the same objective: providing patients with the highest quality and safety of care.

The circulation of nurses in Europe would be then facilitated and a maintain of workforce also promoted.

It became obvious for ESNO that common plinth competences for specialist nurses should be clearly defined in order to establish the profile of specialist nurse in the health care arena at European level but also at national level. Indeed the above-mentioned Directive mentions the general care nurse but not specialist nurse.

¹ www.esno.org

I Role of specialist nurses

a) Definition

There are already definitions of specialist nurse and advanced practice nurse from various bodies.

ICN defines in its: « Nursing Care Continuum Framework and competencies » the nurse specialist as “the nurse specialist (NS) is a nurse prepared beyond the level of a nurse generalist and authorized to practice as a specialist with advanced expertise in a branch of the nursing field. Specialist practice includes clinical, teaching, administration, research and consultant roles” and Advanced Practice Nurse as “the advanced practice nurse APN is a registered nurse who has acquired an expert knowledge base, complex decision making skills and clinical competencies for expanded practice”. Those definitions are very useful, however there is much overlap between the definition of Specialist Nurse and advanced practice nurse.

The AACN defines the CNS as « The Clinical Nurse Specialist (CNS) is an advanced practice Nurse prepared in a clinical specialty at the master’s, post master’s or doctoral level as specialist ».

This definition retains our attention because it states that the CNS is an advanced practice nurse. That’s why we took this model as basis for the work and defines the CNS as follows.

« The Clinical Nurse Specialist (CNS) is an advanced practice Nurse prepared as a specialist within a clinical specialty at the master’s, post master’s or doctoral level »

The ESNO core competencies should be considered as a reference, template and guidance for the different specialties and should allow each specialty to have the most freedom as possible to define their own knowledge, skills and attitude” with respect to national local legislation.

b) Added value of specialist nurses

The effectiveness of the nurse specialist on patient outcomes has been already shown in several research works all around the world. Emergency nurse practitioner service has a positive impact on quality of care, patient satisfaction and waiting times². CNS can successfully lead and direct a community initiative and influence others in changing behavior to enhance their state of health³. Advanced practice nurses can improve access to services and reduce waiting times and are able to deliver the same quality of care as doctors for a range of patients, including those with minor illnesses and those requiring routine follow-up⁴. Moreover, an economic modeling analysis by Macmillan Cancer

² Jennings N, Clifford S, Fox AR3, O’Connell J, Gardner G (2015) The impact of nurse practitioner services on cost, quality of care, satisfaction and waiting times in the emergency department: a systematic review. *Int J Nurs Stud.* 2015 Jan;52(1):421-35. doi: 10.1016/j.ijnurstu.2014.07.006. Epub 2014 Jul 24.

³ DeJong, S ; (2004) The effectiveness of a CNS-led community-based COPD screening and intervention program. *Clin Nurse Spec.* 2004 Mar-Apr;18(2):72-9.

⁴ Delamaire, M. and G. Lafortune (2010), “Nurses in Advanced Roles: A Description and Evaluation of Experiences in 12 Developed Countries”, *OECD Health Working Papers*, No. 54, OECD Publishing. <http://dx.doi.org/10.1787/5kmbrcfms5g7-en>
NACNS (National Association of Clinical Nurse Specialists) Impact of the clinical Nurse Specialist on the Costs and Quality of Health Care Dec 2013

Support in 2009, focusing on the role of the CNS, showed that service improvements along the cancer pathway could release about 10% of cancer expenditure in the Manchester area⁵.

c) Relation with other healthcare professionals

The nurse specialist works in closed collaboration with all health care professionals regardless the specialty.

II - Competence of specialist nurses

a. Relation to national and European qualification framework

The competences of CNS are designed according to the descriptor defining levels in the European Qualifications Framework and corresponds to the level 7 and 8 depending on the legislation of the different EU countries, above the level 6 described in the appendix.

1. The descriptor for the second cycle in the Framework for Qualifications of the European Higher Education Area corresponds to the learning outcomes for EQF level 7
2. The descriptor for the third cycle in the Framework for Qualifications of the European Higher Education Area corresponds to the learning outcomes for EQF level 8.

b. Description of the competences

Generic competences	Competence description	Learning outcomes
Clinical role	The ability to <ol style="list-style-type: none"> 1. Assess, diagnose, implement corrective actions and treat patient with complex health/illness states and/or in complex medical care units requiring specialist clinical knowledge and skills in the specialty concerned 2. Maintain wellness and ensure safety and quality of care in complex and acute situations 3. Prevent of illness and injury 4. Interpret, Record and use advanced monitoring data 5. Take on advanced technical skills to support complex 	Is able to deliver care by demonstrating high level of expertise and autonomy decision making within the scope of expertise (Advanced knowledge in Anatomy, Physiology, pathophysiology and pharmacology)

⁵ Macmillan Cancer Support, Demonstrating the economic value of co-ordinated cancer services. An examination of resource utilization in Manchester, March 2010

	<p>nursing activity</p> <p>6. According to local legislation, the ability to: screen for and diagnose health issues; prescribe screening, medication or represcribe medication prescribed by the physician; ammend therapies;, refer patients to others professionals; and where indicated admit patient into hospital.</p> <p>7. With a high level of expertise</p>	
Patient relationship	The capacity to demonstrate a personal, collaborative, and evidence based therapeutic approach, which enhances the effectiveness of holistic patient care and self care.	Is able to use of communication tool and demonstrate empathic capacity to establish a confident relationship with the patient enhancing effectiveness of the care.
Patient Teaching/coaching	The capacity to teach by imparting evidence based knowledge and skills for self-care to the patient. The ability to coach by involving the skills of advocacy, support, and reinforcement.	Is able to teach the patient self-care management strategies.
Mentoring	The capacity to provide expert knowledge (evidence based) and skill in a specialized area of practice to other nurses and the multidisciplinary health care team, particularly for complex or critically ill patient The capacity to serve as mentor to other nursing professionals to advance the practice of nurses and other HC professionals concerned.	Is able to transfer knowledge and mentor other nurses and other health care professionals concerned.
Research	The capacity to <ol style="list-style-type: none"> 1. Translate and integrate research 2. Produce evidence based practice to improve safety, efficiency and effectiveness of care. 	Is able to evolve nursing practices by using and contributing to the evidence base for practice, to ensure safety and to enhance the efficacy and quality of care.
Organization and management	The capacity and ability to lead multidisciplinary groups in	Is able to lead multidisciplinary groups in

	designing, implementing and monitoring innovative solutions that address system problems and patient care issues, e.g. psychosocial and economic.	planning and implementing the delivery of holistic patient care within a specialist environment.
Communication and teamwork	The capacity <ol style="list-style-type: none"> 1. To be aware of their professional role and responsibility within the multi-professional team 2. To be confident and competent to practice in a collaborative manner with all members of the team(s). 	Is able to collaborate with all health care professionals regardless the specialty.
Ethic and decision making	The capacity to <ol style="list-style-type: none"> 1. Provide care and make decision with respect to the human rights, the culture and belief of the patient 2. Observe patient autonomy, rights and ensure safety 3. Observe legal aspects of healthcare and the profession, social and healthcare legislation 4. Observe confidentiality and disclosure. 	Is able to provide care and work in a ethically sustainable way.
Leadership /policy making	The capacity to demonstrate professional leadership by taking an active role in the formulation and implementation of such policies at the community, state and national and international levels.	Is able to be a leader in order to represent and advocate for nurses and patients and to evolve evidence based nursing practice and ensure safety and quality of care and equity of access.
Public health ⁶	The capacity to develop and put in place intervention in : <ol style="list-style-type: none"> 1. Surveillance of population health and well being 2. Disease prevention at the 3 levels of prevention (primary, secondary, tertiary prevention) including screening and vaccination 	Is able to promote health and prevent disease.

⁶ http://www.euro.who.int/_data/assets/pdf_file/0009/278073/Case-Investing-Public-Health.pdf?ua=1

	<ol style="list-style-type: none"> 3. Monitoring and response to health hazards and emergencies 4. Health promotion including actions to address social determinants and healthy inequities 5. Advocacy, communication and social mobilization for health advancing public health 6. Research to inform policy and practice 	
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Conclusion

The definition of the competences of the CNS should clarify the position of the nurse specialist in Europe and should permit each specialty to build its own Framework according to the specificities of their specialty. Moreover and that is the vision of ESNO, it should allow nurse specialist to move within the member states Europe easily and work there ensuring safety and quality of care because they will have the same level of competences. But they will also work in better condition and with serenity knowing that they will work with colleagues with the same level of qualification. This should impact the quality of work and may retain the workforce.

References :

AACN (American Association of Colleges of Nursing) (2004) : Statement of Support for Clinical Nurse Specialists

C. Dury, C. Hall, FHEA, JL. Danan , J. Mondoux, M.C. Aguiar Barbieri-Figueiredo , M.A.M. Costa, C.Debout (2014) Specialist nurse in Europe: education, regulation and rôle, *International nursing Review*

Currie, E.J. & Carr-Hill, R.A. (2013) What is a nurse? Is there an international consensus? *International Nursing Review*, **60**, 67–74.

Cynthia Ann LaSala, Patricia M. Connors, Jill Taylor, Marion Phipps The role of the Clinical Nurse Specialist in promoting Evidence-Based practice and effective Positive Patient Outcomes, *The journal of Continuing Education in Nursing* Nov. Dec 2007. Vol 38, N° 36

Delamaire, M. and G. Lafortune (2010), "Nurses in Advanced Roles: A Description and Evaluation of Experiences in 12 Developed Countries", *OECD Health Working Papers*, No. 54, OECD Publishing. <http://dx.doi.org/10.1787/5kmbrcfms5g7-en>
NACNS (National Association of Clinical Nurse Specialists) Impact of the clinical Nurse Specialist on the Costs and Quality of Health Care Dec 2013

DeJong, S ; (2004) The effectiveness of a CNS-led community-based COPD screening and intervention program. *Clin Nurse Spec.* 2004 Mar-Apr;18(2):72-9.

Directive 2013/55/EU (2013) Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System ('the IMI Regulation'). *Official Journal of the European Union*. Available at: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2013:354:0132:0170:en:PDF> (accessed 13 January 2014).

European Commission (2008) Descriptors Defining Levels in the European Qualifications Framework (EQF). Available at: http://ec.europa.eu/eqf/home_en.htm (accessed 3 May 2014).

Faith Donald et al (2014) A Systematic Review of the Cost-Effectiveness of Nurse Practitioners and Clinical Nurse Specialists: What Is the Quality of the Evidence? *Nurs Res Pract.* 2014; 2014: 896587

ICN regulation series Nursing Care Continuum Framework and Competencies

Jennings N, Clifford S, Fox AR3, O'Connell J, Gardner G (2015) The impact of nurse practitioner services on cost, quality of care, satisfaction and waiting times in the emergency department: a systematic review. *Int J Nurs Stud.* 2015 Jan;52(1):421-35. doi: 10.1016/j.ijnurstu.2014.07.006. Epub 2014 Jul 24.

Kathleen H. Mooney (2004) Promoting Professional oncology nursing practice through position papers Seminars in Oncology Nursing, Vol 20, No 2 (May), 2004: pp 74-88

Macmillan Cancer Support, Demonstrating the economic value of co-ordinated cancer services. An examination of resource utilization in Manchester, March 2010

National Association of Clinical Nurse Specialists. (2004). Statement on clinical nurse specialist practice and education. Harrisburg, PA: Author.

APPENDIX

EQF Level	Knowledge	Skills	Competences
	In the context of EQF, knowledge is described as theoretical and/or factual.	In the context of EQF, skills are described as cognitive (involving the use of logical, intuitive and creative thinking), and practical (involving manual dexterity and the use of methods, materials, tools and instruments) .	In the context of EQF, competence is described in terms of responsibility and autonomy.
EQF Level 6	Advanced knowledge of a field of work or study, involving a critical understanding of theories and principles.	Advanced skills, demonstrating mastery and innovation, required to solve complex and unpredictable problems in a specialised field of work or study.	Manage complex technical or professional activities or projects, taking responsibility for decision-making in unpredictable work or study contexts; take responsibility for managing professional development of individuals and groups.
EQF Level	Knowledge	Skills	Competences
	In the context of EQF, knowledge is described as theoretical and/or factual.	In the context of EQF, skills are described as cognitive (involving the use of logical, intuitive and creative thinking), and practical (involving manual dexterity and the use of methods, materials, tools and instruments).	In the context of EQF, competence is described in terms of responsibility and autonomy.
EQF Level 7	Highly specialised knowledge, some of which is at the forefront of knowledge in a field of work or study, as the basis for original	Specialised problem-solving skills required in research and/or innovation in order to develop new knowledge and	Manage and transform work or study contexts that are complex, unpredictable and require new

	<p>thinking and/or research Critical awareness of knowledge issues in a field and at the interface between different fields..</p>	<p>procedures and to integrate knowledge from different fields.</p>	<p>strategic approaches; take responsibility for contributing to professional knowledge and practice and/or for reviewing the strategic performance of team.</p>
EQF Level 8	<p>Knowledge at the most advanced frontier of a field of work or study and at the interface between fields.</p>	<p>The most advanced and specialised skills and techniques, including synthesis and evaluation, required to solve critical problems in research and/or innovation and to extend and redefine existing knowledge or professional practice.</p>	<p>Demonstrate substantial authority, innovation, autonomy, scholarly and professional integrity and sustained commitment to the development of new ideas or processes at the forefront of work or study contexts including research.</p>