



Professional Development Framework
for
Infection Prevention and Control Nurses
in
Aotearoa New Zealand

VERSION 2

Reviewed and Updated May 2024

Foreword

Background

The need for a structured form of assessment for Infection Prevention and Control (IPC) nurses in Aotearoa New Zealand was first put forward in 2008 and was directly linked to the NZ Nursing Council competencies but with some additional IPC specific indicators. (Barnett and Brophy, 2008). However, for those pursuing a Professional Development Recognition Programme this meant that these were supplementary indicators in addition to the mandatory competencies where evidence is required by nursing council. Nevertheless, it did offer a form of assessment for those in the field of practice.

In 2017 this was reviewed and republished on the National IPC College (IPCNC) website as a Professional Development Framework for Infection Prevention and Control Nurses. (Boyne, 2017) Although this framework was still underpinned by the New Zealand Nursing Council (NZNC) competencies (reflecting that the majority of those working in the speciality are nurses), more specific IPC components of practice were expressed and more closely aligned with some international models. These included the Infection Prevention Society, (United Kingdom), Association for Professionals in Infection Control (United States) and Infection Prevention and Control Canada (IPAC Canada). It also included reference to some other speciality models in New Zealand (NZ College of Respiratory Nurses and Aotearoa College of Diabetes Nurses). This revised framework consisted of five key components for development and aligned the levels of practice (Registered nurse to CNS Level 3/Nurse Practitioner) and to a progression of education required to perform at that level. Following review by the college membership, the final version was published on the college website.

Review of the 2017 framework

The 2017 Professional Development Framework was due for review and updating in 2020 but the global pandemic interrupted this timeframe. This revision is informed by the following:

1. **Post pandemic environment.**
2. **2021 revised Ngā Paerewa Health and Disability Sector Standards IPC standards.**
3. **Consultation with the membership** on their views on the 2017 version via a survey sent to membership in September 2023.
4. **Review of other updated national and international competency frameworks.** Where feasible, these have been reflected in this update.

Key changes made in this 2024 version include:

1. A review of published international and national models of specialist practice have been included and provide the context for this updated framework.
2. Inclusion of definition of Clinical Nurse Specialists and advanced nursing practice which has confirmed the core components of a CNS role in IPC. Inclusion of a Specialty Nurse (previously CNS Level 1) reflects these.
3. The Nurse Practitioner has been retained in this framework. Although it does not appear in published competency frameworks currently, this may change in the future.
4. This framework is now more closely aligned with the Australasian College of Infection Prevention and Control credentialing pathway as an option available to those practicing in New Zealand.

Jane Barnett, RN, MSc, PGcert (Nursing) on behalf of the IPCNC

Thanks and acknowledgement to the following members of the panel who contributed to the final review of this document prior to publication:

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Introduction

Infection Prevention & Control (IPC) is recognized as a specialty field 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 ever-changing healthcare environment and emerging and reemerging diseases, which may pose significant infectious threats to the population. Between 2020 and 2022 IPC nurses played a significant role during the Covid-19 global pandemic response which resulted in disruption and loss of life on a scale not seen since the influenza pandemic in 1918. Although in New Zealand we were protected by our strong public health measures and 'stamp it out' approach, there was still a need for IPC to be key players in the wider emergency response. This combined with the ongoing challenges of increasing microbial resistant organisms in the healthcare setting should indicate that we are an essential component of service in any healthcare setting. The importance of this has been highlighted further by the publication of the Ngā Paerewa Health and Disability sector standards (2021) and the inclusion of governance and Te Tiriti o Waitangi as well as more robust standards on sterilisation departments and the monitoring of cleaning, waste, laundry, environment, construction and renovation and procurement.

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 have proven that they 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.

Prior to this review/update members of the IPCNC were consulted on their views on the existing document and this feedback has been incorporated into this version. In addition, other updated frameworks from national and international bodies have also been reviewed and reflected where considered useful.

Literature review

Several of the existing competency frameworks have undergone review since the 2017 version of this framework was published. Two of these are New Zealand knowledge and skills based frameworks. The updated Adult Respiratory framework (2020) has only minor amendments including a more user-friendly assessment scale and advise that if no assessor is available, the self-assessment tool can be used. The Aotearoa College of Diabetes Nurses (2018) now more explicitly links to Te Tiriti o Waitangi and links with a national accreditation process offered by the Aotearoa College of Diabetes Nurses. Both frameworks continue to interface with the NZNC domains.

A new framework published by the World Health Organisation (2020) provides an inventory of existing publicly-available documents and core competencies for two levels of IPC professionals. These are defined as newly-appointed IPC professional with up to 3 years practical IPC experience and a professional with more than 3 years experience and

higher levels of education. All of these international framework documents relate to infection prevention practitioners from a variety of multi-disciplinary professional backgrounds. In New Zealand the majority of practitioners in this field continue to be from a professional nursing background.

The international infection prevention and control specific competency frameworks have largely also been reviewed and updated. Of these, the Infection Prevention Society Competencies (Denton et al, 2019) has been redeveloped with an electronic interactive framework to encourage usability and assist with record keeping. This is an aspect that should be seriously investigated further with our framework.

IPAC Canada (2022) list core competencies for Infection Prevention and Control Professionals which they describe as being the minimum knowledge and skills required by a competent practitioner. The 183 competency statements (which excludes novice and expert levels) cover 15 areas and are grouped as foundational, applied and supporting core competencies. Overall, a complex approach which does not provide a development-based approach for the novice to expert continuum.

The Association for Professional in Infection Control and Epidemiology (APIC), reviewed and updated their 2012 model. (Billings et al, 2019) In this latest version, the authors acknowledge the complex landscape for IPC and increase the breadth of composition of the workforce from a largely nursing base to other fields such as laboratory science and public health. The APIC model has expanded from four domains to six (Leadership, Professional Stewardship, Quality Improvement, Infection Prevention and Control operations; Infection Prevention and Control Informatics and Research). It retains the patient at the centre of the model and the certificate in infection control (CIC) remains the gold standard by which to demonstrate competency. It also includes a 'becoming proficient' stage from novice to expert.

The Australasian College for Infection Prevention and Control (ACIPC) provides an alternative to the CIC approach in North America and a clear pathway for all professionals seeking a career in our discipline. It is three-tiered credentialing programme and combines the requirements for experience, formal education and training along with peer review. Credentialing is a three yearly review process and provides a good option for those at any stage of their career. Like the other international models it is multi-disciplinary and has three levels: Primary, Advanced and Expert. New Zealand members of ACIPC are able to join the credentialing programme. In their exploratory study of this credentialing pathway, MacBeth et al (2016) found that although there is no employer requirement or associated remuneration, the process itself may assist in supporting a practitioner's opportunity for reflection and feedback.

More recently, M da Silva Felix et al (2023) conducted a scoping review of published competency frameworks and an analysis of these identified that few IP competency assessment tools are available in the literature and there is lack of information on their development and validation process and reliability. The authors recommend a global

assessment tool that allows comparison internationally.

Nursing or Multi-disciplinary?

The international models for IPC clearly recognise that this area of practice is multi-disciplinary which does not require a nursing qualification. However, this is not currently the case in New Zealand where the only recognized specialty group (Infection Prevention and Control Nurses College, NZNO) requires registration as a nurse in order to be a full member (others may join as an associate member but have no voting rights and cannot contribute at a national committee level).

This will only change when there is acknowledgement that IPC is a multi-disciplinary function (as has happened elsewhere in the world) and there is an appetite to move to a new model. In the interim, this framework remains focused on a nursing development pathway and will be informed by nursing bodies and evidence as outlined below.

Advanced Nursing Practice

The NZNO position statement (2020) describes the evidence related to advanced nursing practice and is a useful resource to inform the context of nursing roles in IPC. The NZ Nursing Council (2011) characterizes advanced nursing practice as

'greater knowledge and skill, greater complexity, more effective integration of theory practice and experience and increasing degrees of autonomy in clinical judgements and interventions'.

Advanced practice roles in New Zealand include Nurse Practitioner and Clinical Nurse Specialist (CNS). In their prescription of these roles, the NZNC separate out Speciality Clinical Nurse roles (RNs who work in a speciality area of nursing practice) and the advanced practice roles of a CNS. The latter is therefore a defined level of practice and a specific role and being experienced within a speciality is not sufficient.

The Clinical Nurse Specialists Society NZ define a Clinical Nurse Specialist as

*'a registered nurse who works as a clinical expert in a specialized area of healthcare...utilizes advanced nursing knowledge, evidence based research and critical thinking to influence nursing practice and improve patient outcomes...a clinical leader...involved in **research, education and policy development**...the role is underpinned by post graduate study at masters level'.*

These components are therefore more prominently reflected in this updated version of the IPC framework with the previous CNS Level 1 being defined as a 'Speciality Nurse' i.e. who works in the speciality but is not functioning as a CNS. It is anticipated that this will support those who are in a development position as an RN and working towards employment as a CNS.

This framework continues to provide a continuum of nursing practice within the specialty of IPC and 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 advanced nursing practice capacity. This pathway is deliberate as we need to ensure that there is a clear route for development and growth as well as succession planning. Without this, there is a risk that

there will be inadequate human resources in the field of IPC to contribute to the increasingly complex nature of healthcare.

It guides the development of individual nurses in the context of the NZNC competencies for the Registered Nurse, which are described under the four umbrella domains: Professional Responsibility, Management of Nursing Care, Interpersonal Relationships and Interprofessional Health Care & Quality Improvement. As New Zealand practitioners can submit portfolios for assessment with ACIPC's credentialling programme this has been included in this framework as an option for those seeking to formalise their level of practice via a credentialling body. (Appendix 1)

Using the Professional Development Framework

IPC is a fundamental component of all nursing care. However some nurses become specialists, with the IPC component of their role recognised within their formal 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 the specialty area of practice.

Registered Nurse with designated IPC responsibility (Speciality Nurse): 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 Speciality nurse who is employed for a single part of the IPC programme such as surveillance.

Clinical Nurse Specialist IPC Advanced: this role has wider organizational and IPC programme responsibilities and either holds or is working towards advanced educational qualifications in IPC. They may be sole practitioners or working as part of an IPC team but will be recognized as a Clinical Nurse Specialist in their position description and functions. Individuals at this level are functioning at an advanced level of practice.

Clinical Nurse Specialist IPC (Expert): as well as being a recognized Clinical Nurse Specialist in IPC, this role may also be a designated IPC Leader/ Manager/ /Consultant or Nurse Practitioner who has the expertise and experience in the field to develop and lead the IPC programme and others. They will hold a post-graduate educational qualification of at least Masters level and will be functioning at an expert level of practice.

Note: Although there are currently no nurse practitioners with a focus on IPC in New Zealand and this may change in the future as the NP role develops and extends, so it has been retained in this framework.

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Overview of the 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:

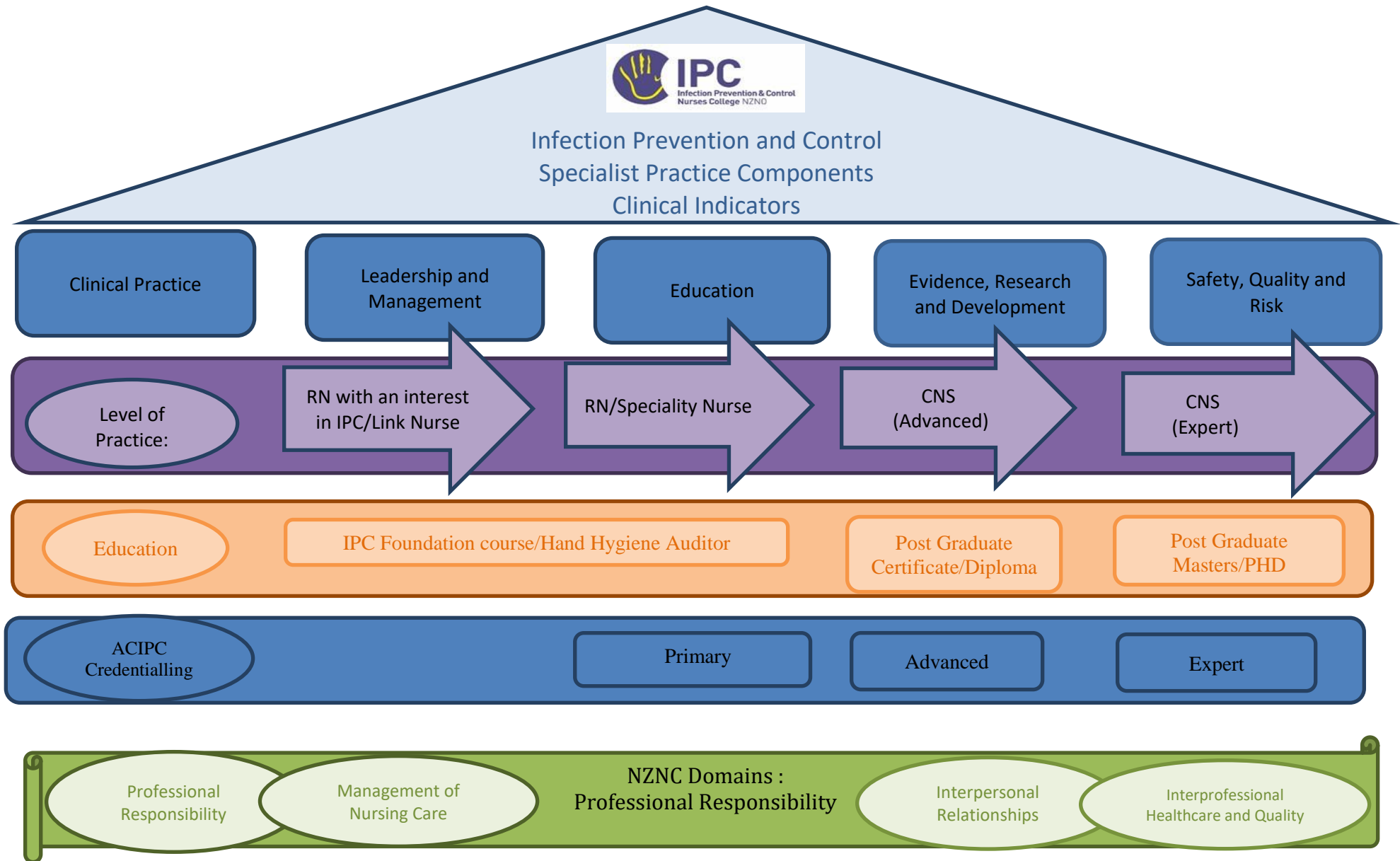
- Clinical practice specialty knowledge
- Leadership and management
- Education
- Research and policy development
- Quality and Risk Management

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

Appendix 2 provides a Professional Development form which can be used to assess and record the level of practice of an individual and assist with areas for development.

It is anticipated that this will be developed into an electronic format by the college (in line with other assessment forms that have been developed internationally) to make it easy to use.

Appendix 1:



Appendix 2

Clinical Indicators in IPC

1. Clinical Practice Specialty Knowledge

	RN with Interest in IPC/Link Nurse	IPC Speciality Nurse	IPC CNS (Advanced)	IPC CNS (Expert)
Applies knowledge of microbiology and infectious disease to prevent spread	Has a basic knowledge of microbiology and infectious disease and role models to others	Demonstrates an understanding of the fundamentals 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
Interprets the relevance of diagnostic and laboratory reports and communicates these effectively	Has a basic understanding of diagnostic test results and the potential impact on patient care activities	Has a fundamental understanding of diagnostic test results and is able to apply these to patient care as needed	Demonstrates a good understanding of diagnostic test results and is able to discuss these with the wider interdisciplinary team to influence patient care	Demonstrates a strong understanding and interpretation of diagnostic test results and can lead others in the application of these to patient care
Investigates and manages IPC incidents or outbreaks of infection	Supports incident/outbreak management activities where necessary	Demonstrates a fundamental 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. Contributes to national outbreak guidelines or investigations.

	RN with Interest in IPC/Link Nurse	IPC Speciality Nurse	IPC CNS (Advanced)	IPC CNS (Expert)
Decontamination (cleaning, disinfection and sterilisation) of equipment and environment	Has a basic understanding of the principles of decontamination and applies these where necessary	Demonstrates a knowledge and understanding of the fundamentals 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 and policy development related to these
Applies knowledge of asepsis and is aware of the negative impact of non-compliance	Understands the principles of asepsis and knows how to apply these to own practice and role model to others	Demonstrates knowledge and understanding of why the principles of asepsis are important to avoid negative outcomes but seeks further support where needed e.g. when teaching theory to others	Has a sound knowledge of asepsis, why it is important and how to measure effective implementation of asepsis in the workplace e.g. audit of insertion of a peripheral line	Leads the organization in the development of guidelines/policies on asepsis (e.g. minimum requirements and skin decontamination) and drives audit of practice to assess how effectively it is implemented
Contributes to design/renovation and construction projects in the healthcare environment	Supports the controls necessary during building/renovation activities	Demonstrates a fundamental knowledge and understanding of the controls and oversight needed during design/renovation/construction but seeks further expertise/support where necessary	Demonstrates a sound knowledge and understanding of the controls and oversight needed during design/renovation/construction and guides others in the application of these principles	Has robust knowledge and understanding of the controls and oversight needed during design/renovation/construction and can provide leadership to the organisation in the appropriate actions
Applies epidemiological knowledge and analyses data to direct infection surveillance programmes and interventions	Contributes to data collection for surveillance in the clinical setting where possible	Demonstrates a fundamental knowledge and understanding of the purpose of surveillance and data collection and analysis but seeks further expertise/support where necessary	Demonstrates a sound knowledge and understanding of the purpose and process of data collection, analysis and guides others in the application of surveillance principles	Leads the organisation in the appropriate surveillance programmes incorporating data collection and analysis options which may be available. Contributes to national surveillance programmes

	RN with Interest in IPC/Link Nurse	IPC Speciality Nurse	IPC CNS (Advanced)	IPC CNS (Expert)
Responsive to emergency situations and applies principles of emergency planning as required (including pandemic response)	Supports emergency responses/incidents in IPC where possible	Demonstrates a fundamental 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 (including pandemic planning). Contributes to national emergency planning and response to IPC-related matters
Contributes to decisions about new products and equipment to ensure these support patient and HCW safety regarding use, cleaning and disposal	Participates in product evaluations	Assists in product review and organization of product evaluations	Demonstrates awareness of the process of introducing new products into the organisation and IPC considerations	Demonstrates ability to collaborate with procurement/supply specialists during the process of product evaluation and transition to new products
Incorporates occupational health components into IPC programme where position dictates (influenza vaccination, blood and body fluid exposure, pre- employment screens)	Promotes the implementation of immunization and reporting of IPC related occupational health issues	Demonstrates a fundamental 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
Plays an integral part in antimicrobial stewardship (AMS) in the healthcare setting	Demonstrates awareness of the importance of AMS and contributes to best practices for antimicrobial prescribing	Promotes AMS and the AMS programme by contributing to audit of practice and AMS improvement activities	Demonstrates a sound knowledge of the AMS programme and supports the audit activities including contributing to the reporting of audit outcomes	Contributes to the development of the AMS programme for the organisation and supports any audit activities used to monitor AMS. Contributes to reports and feedback to senior leadership.

2. Leadership and Management

	RN with Interest in IPC/Link Nurse	IPC Speciality Nurse	IPC CNS (Advanced)	IPC CNS (Expert)
Contributes to the development of the IPC programme in an organisation	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
Implements change management in IPC where this is required to conform to minimum standards/accepted best practice	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 is able to provide evidence of where this has been applied; guides others in the application of these principles.	Leads change management at an organizational level and ensures changes are embedded and sustainable. Contributes to any national changes in IPC practices
Demonstrates communication skills and collaborative approach with others (patients/colleagues)	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 with diverse occupational and patient groups and guides others in the application of these	Demonstrates excellent communication skills at an organizational level

Applies the principles of Te Tiriti o Waitangi in relation to IPC	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 Te Tiriti o Waitangi is reflected in IPC practice and guidelines and supports others in their implementation. Seeks Māori health adviser/leader guidance as necessary	Demonstrates a collaborative approach to the implementation of the principles of Te Tiriti o Waitangi in IPC at an organizational level. Ensures this approach is clearly articulated in policy and procedures and these are developed and reviewed in consultation with Māori health advisers/leaders
Recognises and resolves conflict	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 a local and organizational level and supports others with this as needed
Demonstrates prioritisation of IPC service provision	Can prioritise patients with IPC requirements in the clinical area	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 necessary	Can lead service prioritization at an organizational level

3.a Education (personal and professional development)

	RN with Interest in IPC/Link Nurse	IPC Speciality Nurse	IPC CNS (Advanced)	IPC CNS (Expert)
Makes appropriate use of IPC learning opportunities	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 and seeks opportunities to attend IPC educational events and contributes to these as a representative of the organization e.g. presenting at conferences both nationally and internationally to share knowledge
Demonstrates appropriate level of knowledge for the role	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 knowledge related to IPC at post graduate diploma or masters level and above
Uses reflection as a tool for self development prioritisation	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 supported and prioritised at organizational level

3.b Education (facilitation of learning in others)

	RN with Interest in IPC/Link Nurse	IPC Speciality Nurse	IPC CNS (Advanced)	IPC CNS (Expert)
Uses effective strategies to help others to improve knowledge about IPC	Takes opportunities to guide others in principles of IPC in clinical setting	Demonstrates an ability to educate others about IPC but still requires guidance support and feedback.	Demonstrates strong educational/teaching skills and is able to support/guide others as necessary	Demonstrates excellent educational/teaching skills and contributes to education programmes/conferences both inside and outside the organization e.g. national conference/IPC educational events
Supports others in application of theory into practice	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
Demonstrates ability to pass on information in encouraging and supportive manner	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

	RN with Interest in IPC/Link Nurse	IPC Speciality Nurse	IPC CNS (Advanced)	IPC CNS (Expert)
Seeks to evaluate education provided in order to improve effectiveness of own teaching	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. Contributes to the evaluation of national IPC education events.

4. Research and Development

	RN with Interest in IPC/Link Nurse	IPC Speciality Nurse	IPC CNS (Advanced)	IPC CNS (Expert)
Accesses relevant information upon which to base evidence based recommendations	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
Applies critical analysis of the reliability and validity of published literature	Has an appreciation of how to critically review published literature	Demonstrate effective skills in the critical analysis of published literature but seeks support with this as necessary	Demonstrates sound skills in the critical analysis of published literature and guides others as required	Demonstrates excellent skills in the critical analysis of published data and is able to incorporate this into organizational level reports or policy development
Is able to integrate theory into practice	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
Contributes to policy development and review in the organisation	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 policies but requires support when developing and reviewing these	Demonstrates sound awareness of the IPC policies and guides others in development and review of these	Demonstrates excellent skills in the development, review and implementation of IPC policies at an organizational level and national level.

	RN with Interest in IPC/Link Nurse	IPC Speciality Nurse	IPC CNS (Advanced)	IPC CNS (Expert)
Recognises and contributes to research processes/opportunities for research	Supports evidence based practice and contributes ideas for research where available in the clinical setting	Contributes to the identification of research opportunities or implementation of research under the guidance of others	Contributes to the identification of research opportunities/implementation of research and supports others	Initiates and leads the implementation of IPC research within the organisation and contributes to body of knowledge through publication

5. Safety, Quality and Risk

	RN with Interest in IPC/Link Nurse	IPC Speciality Nurse	IPC CNS (Advanced)	IPC CNS (Expert)
Applies principles of risk assessment in IPC	Has a basic understanding of risk assessment and is able to apply these	Demonstrates an awareness of the fundamentals 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. Contributes to national IPC risk assessment frameworks and guidelines
Implements IPC patient quality improvement activities ensuring they are people-centred, there is access and equity, care is safe, effective and efficient	Contributes to quality improvement activities and is inclusive in the approach to this e.g. seeks consumer feedback	Is a member of a quality improvement project in IPC and is able to contribute to the implementation of a patient safety project e.g. hand hygiene and asepsis	Is a member of a quality improvement project in IPC and contributes to the evaluation of the quality improvement on patient safety e.g. the impact of improved hand hygiene during aseptic procedures	Leads quality improvement projects and evaluation in the organization and may contribute to these at a national level
Implements audit and surveillance as a means of measuring quality outcomes	Contributes to IPC audit and surveillance activities in the clinical setting	Implements IPC audit and surveillance and seeks guidance as necessary	Implements IPC audit and surveillance and guides and supports others as necessary	Leads the implementation of IPC audit and surveillance activities within the organization and contributes to national audits as needed
Interprets findings and disseminates results of audit or surveillance activities	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 and support with the development of reports as necessary	Interprets IPC audit and surveillance results and guides others in this and with the use of data to develop quality improvement reports	Leads the formulation of IPC audit and surveillance reports within the organisation and uses data generated to implement and embed quality improvement

	RN with Interest in IPC/Link Nurse	IPC Speciality Nurse	IPC CNS (Advanced)	IPC CNS (Expert)
Contributes to organisation wide compliance audits which reflect the requirements of the NZ Health and Disability Sector standards	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
Incorporates national quality and patient safety initiatives into the IPC programme and review of practices	Contributes to implementation of national quality and patient safety initiatives and role models these to others e.g. good hand hygiene	Demonstrates a good knowledge and understanding of the national quality initiatives but seeks further expertise and guidance where necessary	Demonstrates a sound knowledge and understanding of national quality initiatives and guides others in their implementation	Drives the implementation of national quality initiatives at an organisational level and reports on the delivery of these to senior management/national programme leads

Appendix 3– Assessment form and plan for professional development

Criteria	RN with Interest in IPC/Link nurse	IPC Specialty nurse	IPC CNS (Adv)	IPC CNS (Exp)	Link to NZNC domain	Evidence/example from current practice	Plan for Professional Development	
<p>1. Clinical Practice Specialty Knowledge * where a criteria is not part of the employee’s role, record this as NA in the assessment form</p>								
a.	Applies knowledge of microbiology and infectious disease to prevent spread					1.4; 2.1; 2.7		
b.	Interprets the relevance of diagnostic and laboratory reports and communicates these effectively							
c.	Investigates and manages IPC incidents or outbreaks of infection					1.3; 1.4; 2.1; 2.2; 2.3;2.7		
d.	Applies knowledge of decontamination (cleaning, disinfection and sterilization) of equipment and the environment					1.4		
e.	Applies knowledge of asepsis and is aware of the negative impact of non-compliance							
f.	Contributes to renovation or design/construction					1.4		

	projects in the healthcare environment							
g.	Applies epidemiological knowledge and analyses data to direct infection surveillance programmes and interventions					1.4; 2.3;		
h.	Responsive to emergency situations and applies principles of emergency planning as required (including pandemic planning)					1.3; 1.4; 2.5		
i.	Contributes to decisions about new products and equipment to ensure these support patient and HCW safety regarding use, cleaning and disposal							
j.	Incorporates occupational health components into IPC programme where position dictates* (influenza vaccination, blood and body fluid exposure, pre-employment screening)							
j.	Plays an integral part in antimicrobial stewardship (AMS) in the healthcare setting							

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.	Implements change management in IPC where this is required to conform to minimum standards/accepted best practice					4.3		
c.	Demonstrates communication skills and collaborative approach with others (patients/colleagues)					3.1; 3.2; 3.3		
d.	Applies the principles of Te Tiriti o 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;		

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 self-development prioritisation					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
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.	Recognises and contributes to research processes/opportunities for research					4.3		

5. Safety, Quality and Risk

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.	Applies principles of risk assessment in IPC					1.1; 1.5; 2.1; 2.4		
b.	Implements IPC patient quality improvement activities ensuring they are people-centred, there is access and equity, care is safe, effective and efficient					4.3		
c..	Implements audit and surveillance as a means of measuring quality outcomes					4.3		
d.	Contributes to organisation wide audits which reflect the requirements of the NZ Health and Disability sector standards					4.3		

e.	Incorporates national quality and patient safety initiatives into the IPC programme and review of practices							
Name:					Signature:			Date:

The above form is the basis of my Specialty Professional Practice plan and I have shared this plan with the following individual*:

Name of individual endorsing plan:	Signature:	Date:
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*It is recommended that the following individuals endorse and support this plan: Line Manager and Education Lead