

Credentiailling the infection control practitioner – draft proposal

From the AICA credentialling and certification subcommittee

Introduction

The following proposal is submitted by the AICA's credentialling and certification subcommittee for your consideration. It outlines a process and procedure for interim credentialling of infection control practitioners. In submitting this proposal, the subcommittee acknowledges that, while competency-based education is the preferred process for credentialling, there are clinicians who, in the absence of educational opportunities, have developed a specialist level of competency in infection control practice through self-education and experience. Committee members also recognise the need for self-regulation of accrediting processes, to maintain standards in practice and support members in their clinical roles. We ask you to review the following proposal and invite your comments and critique, to be received by the last week in January 1998. Please refer all feedback to:

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Preamble

Credentialling has been defined as "the establishment of a self-regulatory process instituted by the appropriate professional body to determine and acknowledge that an individual has demonstrated the prescribed competence of the relevant specialist nursing role"¹. There is general agreement and acknowledgment within the AICA credentialling and certification subcommittee that any process of credentialling has to be closely related to education and competency standards. Consequently, the most effective process for credentialling is the successful completion of an accredited and competency-based education program. In this process, an academic qualification is also a competency-based credential. However, until the last few years, access to formal education in infection control has been very limited for Australian clini-

cians, and this has resulted in many infection control clinicians gaining tertiary education in other fields and/or pursuing other formal and informal educational pathways to attain a high standard of practice in infection control¹.

In recognition of these factors, we propose that a process of voluntary credentialling be made available to those clinicians who consider that they have achieved a standard of competence in infection control practice that is equivalent to the aims of an accredited course in infection control. This approach is by definition short-term and will only be available to existing infection control clinicians who have attained this level of expertise in practice without the benefit of formal education. It is recommended that future credentialling be firmly linked to accredited tertiary courses.

Process

It is proposed that a credentialling framework, comprising the following elements, be established.

A credentialling board

An initial 'grandmothering' process, to establish a small group of certified clinicians who can set up the credentialling board. This group should consist of two or three widely respected senior nurse clinicians with a demonstrated record of leadership, clinical excellence and commitment to infection control practice. The nascent credentialling board will then provide a credentialling review process for nominated representatives from each state. Thus, the eventual full board will consist of certified members who represent the association at both national and state levels. Once established, the credentialling board would also function as an accrediting panel for tertiary courses in infection control.

Competency standards

The development of comprehensive competence standards for practice is a lengthy process requiring broadly-based research, consultation and consensus. This process is cur-

rently being sponsored by the AICA credentialling and certification subcommittee. To expedite the credentialling process it is proposed that interim measures be established to support it; these could be expressed as a content framework to be used for credentialling requirements.

Framework

To provide a content framework for the credentialling process, we propose five dimensions of infection control practice. A person seeking credentials in infection control would need to satisfy the credentialling board that he or she has achieved competency in each of these dimensions.

While there is a significant practice overlap across the dimensions, they do define the boundaries for the credentialling process.

- **Technical/scientific**
- **Health-care practice**
- **Education**
- **Collaborative/interpersonal**
- **Research/problem-solving**
- **Management/legal ethical.**

Assessment process

We propose that those seeking a credential in infection control practice formally demonstrate their knowledge and skills by submitting a professional portfolio for assessment.

This portfolio would contain the following components:

- a detailed description of a specific outbreak situation they have managed and which should include:
 - a critical review of the scientific literature;
 - the processes of data collection and analysis used;
 - measures taken to contain the outbreak;
 - actual or potential legal and or ethical issues, and
 - reflective commentary on their professional development and learning progress as a result of their role in this event;
- a peer review of applicants' management practices and interpersonal skills, including reviewers' commentary on:
 - participation in multidisciplinary committees (such as an infection control, product evaluation or clinical practice committee);
 - management of staff health issues (for example, body substance exposure, hepatitis B vaccination, pre-employment screening), and

- policy development and implementation;
- the design of an educational program (either health promotion or staff/patient teaching) they have implemented, together with participant evaluation results;
- a detailed description of professional development activities, including:
 - continuing education activities;
 - academic qualifications, and
 - conference attendance;
- a critical review of their own contribution to infection control, including:
 - publications;
 - conference presentations;
 - involvement in education programs, and
 - membership of a professional body (level of involvement).

The credentialling board will establish the criteria for assessment of submitted professional portfolios.

Eligibility

Voluntary credentialling will be available to those who meet the following criteria:

- registered nurse;
- holding a degree or equivalent from a recognised institution, and
- currently employed (full- or part-time) or self-employed in infection control.

Those seeking to apply for credentialling will be supplied with the assessment criteria and requirements for completion of the professional portfolio.

Submitted on behalf of the AICA credentialling and certification subcommittee by Dr Glenn Gardner, ICPAQ and Deborah Macbeth, ICPAQ

Reference

1. Bailey S. Preliminary discussion paper on credentialling in critical care nursing. *Aust Crit Care* 1996; 9(4):128, 131-33, 135.