8 CNS Role and Practice in Ireland

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Abstract

CNS posts have a short history in Ireland, but none the less they have developed across all practice areas and disciplines of nursing (mental health, children, adult/general, intellectual disability) and midwifery. CNSs practise within the core concepts of the role (patient/client care, patient/client advocacy, education and training, audit and research, consultancy) and exhibit a range of competencies related to their knowledge, communication, organization, liaison, management, leadership, care/service provision, teamwork and decision-making. However, given the different pathways to CNS post, there is a need for those CNSs who did not hold the education level to engage in continuing education, and this education should be a postgraduate diploma (level 9) to master's level. In addition, there is a need for regulatory support to guide the development of national standards for CNS posts through key performance indicators to facilitate benchmarking and standardization of CNS roles. While the expectation to fulfil many roles can lead to role overload, there is also a need to ensure CNS fulfil each component of their role including research and audit in order to demonstrate their value and make their contribution visible. Thereby administration support may be a necessary consideration for services/organizations in order to support CNSs to fulfil their role and reach their full potential and grow advanced nurse practitioners (ANPs).

This chapter has been written before the 2020 APN ICN guidelines were published and reflects the views of the authors.

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8.1 Brief History of CNS Role and Practice

The origins of Irish CNSs stem back to the Working Party on General Nursing Report (Department of Health—DoH 1980). However, the role of CNS was not recognized until the late 1990s when after a period of industrial unrest, the nursing board and health service employers produced a collaborative report. The resulting Report of the Commission on Nursing (Government of Ireland—GoI 1998) recommended the establishment of the National Council for the Professional Development of Nursing and Midwifery (NCPDNM) and recognized the need to endorse nursing as a career. The NCPDNM was established in 1999; however, in the absence of a framework for CNS development, it resulted in a diverse group of individuals practising with minimal support (Doody and Bailey 2011). To address this issue, the NCPDNM published a framework for CNS which identified three independent pathways (immediate, intermediate and future) through which nurses working in a specialty could attain acknowledgement of their experience and learning (NCPDNM 2001, 2004a, 2007, 2008). The introduction of a formal pathway, definition and core functions of CNS in 2001 permitted the development of CNS posts in Ireland to begin. The introduction of CNS posts in Ireland supported a key function of the NCPDNM which was to develop a clinical career pathway for nurses working in a specialist area of practice in order to progress from staff nurse to CNS (NCPDNM 2002) and supported national policy (Department of Health and Children—DoHC 2001). CNS posts are one of two clinical career posts available to staff in Ireland with the NCPDNM developing advanced nurse practitioner (ANP) posts in tandem with CNS.

8.2 Definition of CNS

In Ireland a CNS is defined as a nurse specialist in clinical practice who has undertaken formal recognized post-registration education relevant to his/her area of specialist practice at level 8 or above on the National Qualification Authority of Ireland (NQAI) framework. Such formal education is underpinned by extensive experience and clinical expertise in the relevant specialist area. The level of practice of a CNS is higher than that expected of a staff nurse (NCPDNM 2008). In conjunction with defining CNS, the NCPDNM (2007, 2008) defined an area of specialty as an area of nursing practice that requires application of specially focused knowledge and skills, which are both in demand and required to improve the quality of client/patient care.

8.3 Conceptualizations/Model(s) of CNS Practice

In Ireland CNS practice is conceptualized within what the NCPDNM described as the five core concepts of the CNS role. These core concepts were adapted from Hamric's (1989) role components (expert practitioner, educator, consultant and researcher) and broadened to include advocacy (Doody and Bailey 2011). Each core concept needs to be embraced within CNS practice, and to support CNSs the NCPDNM identified broad descriptors attributed to each core concept (Table 8.1).

8.4 CNS Practice Competencies

Within Ireland competence of a CNS encompasses those of a nurse and those for specialist practice, which are based on the core concepts of the role (NCPDNM 2008) and specific employer/specialist job descriptions (Table 8.2). The core competencies of the CNS are shared by all who practise at specialist level based on the core concepts of the role. Specific competencies are those identified as specific to the practice role and setting, and the responsibility for detailing specific competencies lies with service providers and should be outlined in the job description.

8.5 Outcome Measures and Evaluation

Irish research studies indicate that CNSs contribute positively to patient/client and healthcare outcomes. However, such studies are descriptive and small-scale and do not involve comparisons. Nationally two evaluations (NCPDNM 2004b and Begley

Table 8.1 Core concepts for the CNS specialist role (NCPDNM 2004a, 2007, 2008)

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

Table 8.2 Area and associated competencies as per core concepts (NCPDNM) and employer job description

Core concept	Associated competencies	Domain	Associated competencies
Client focused	Articulates and demonstrates the concept of nursing specialist practice within the framework of relevant legislation, the *Scope of Nursing and Midwifery Practice Framework* (An Bord Altranais 2000a), *The Code of Professional Conduct and Ethics* (An Bord Altranais 2000c) and *Guidelines for Midwives* (An Bord Altranais 2001)	Professional knowledge	Practice in accordance with relevant legislation and with regard to the Scope of Nursing and Midwifery Practice Framework (Nursing and Midwifery Board of Ireland 2015) and the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (Nursing and Midwifery Board of Ireland 2014)
	Possesses specially focused knowledge and skills in a defined area of nursing practice at a higher level than that of a staff nurse		Maintain a high standard of professional behaviour and be professionally accountable for actions/omissions. Take measures to develop and maintain the competences required for professional practice
	Performs a nursing assessment, plans and initiates care and treatment modalities within agreed interdisciplinary protocols to achieve patient-/client-centred outcomes and evaluates their effectiveness		Adhere to the nursing and midwifery values of care, compassion and commitment (DoH 2016)
	Identifies health promotion priorities in the area of specialist practice		Adhere to national, regional and local HSE pathways and policies, procedures, protocols and guidelines
	Implements health promotion strategies for patient/client groups in accordance with public health agenda		Adhere to relevant legislation and regulation
			Adhere to appropriate lines of authority within the nurse/midwife management structure In-depth knowledge of the pathophysiology

Table 8.2 (continued)

Core concept	Associated competencies	Domain	Associated competencies
			The ability to undertake a comprehensive assessment of the patient, including taking an accurate history of their condition and presenting problem The ability to employ appropriate diagnostic interventions to support clinical decision-making and the patients' self-management planning The ability to formulate a plan of care based on findings and evidence-based standards of care and practice guidelines The ability to follow up and evaluate a plan of care Knowledge of health promotion principles/coaching/self-management strategies that will enable people to take greater control over decisions and actions that affect their health and wellbeing An understanding of the principles of clinical governance and risk management as they apply directly to their role and the wider health service Evidence of teaching in the clinical area A working knowledge of audit and research processes Evidence of computer skills including use of Microsoft Word, Excel, e-mail, PowerPoint
Patient/client advocacy	Enables patients/clients, families and communities to participate in decisions about their health needs Articulates and represents patient/client interests in collaboration with the interdisciplinary team	Communication and interpersonal skills	Effective communication skills Ability to build and maintain relationships particularly in the context of MDT working

(continued)

Table 8.2 (continued)

Core concept	Associated competencies	Domain	Associated competencies
	Implements changes in healthcare service in response to patient/client need and service demand		Ability to present information in a clear and concise manner Ability to manage groups through the learning process Ability to provide constructive feedback to encourage future learning Effective presentation skills
Education and training	Provides mentorship, preceptorship, teaching, facilitation and professional supervisory skills for nurses training and other healthcare workers Educates patients/clients, families and communities in relation to their healthcare needs in the specialist area of practice Identifies own continuing professional development (CPD) needs and engages accordingly	Organization and management skills	Evidence of effective organizational skills including awareness of appropriate resource management Ability to attain designated targets, manage deadlines and multiple tasks Ability to be self-directed, work on own initiative A willingness to be flexible in response to changing local/organizational requirements
Audit and research	Identifies, critically analyses, disseminates and integrates nursing and other evidence into the area of specialist practice Initiates, participates in and evaluates audit Uses the outcomes of audit to improve service provision Contributes to service planning and budgetary processes through use of audit data and specialist knowledge	Building and maintaining relationships including team and leadership skills	Leadership, change management and team management skills including the ability to work with MDT colleagues
Consultancy	Provides leadership in clinical practice and acts as a resource and role model for specialist practice Generates and contributes to the development of clinical standards and guidelines	Commitment to providing a quality service	Awareness and respect for the patient's views in relation to their care Evidence of providing quality improvement programmes

Table 8.2 (continued)

Core concept	Associated competencies	Domain	Associated competencies
	Uses specialist knowledge to support and enhance generalist nursing practice		Evidence of conducting audit Evidence of motivation by ongoing professional development
		Analysing and decision-making	Effective analytical, problem-solving and decision-making skills

et al. 2010) have been conducted in Ireland. Within the NCPDNM (2004b), evaluation outcomes related to patient/client care were evident (numbers seen, effectiveness of interventions, referrals received/made, telephone consultations, waiting times, patient/client satisfaction, quality of life indicators and a reduction in hospital general practitioner/emergency department admissions/attendance/visits). Of note within the evaluation was the recognition that some CNS roles lend themselves to performance measurement more readily than others, that many CNSs were executing outcome measurement but were using different terminology to describe the task and that, when measurements become more complex, the number of CNSs measuring those decreases (NCPDNM 2004b). Building on the 2004 evaluation, Begley et al's. (2010) evaluation identified patient/client, staff and service/healthcare outcomes. Patient/client outcomes identified include patient satisfaction, reduction of morbidity and promotion of self-management. Staff-related outcomes include increased knowledge, empowerment, retention and work satisfaction. Service/healthcare (delivery/development, quality) outcomes include waiting times, continuity, research, leadership and collaboration (Begley et al. 2010). Broader research identifies Irish CNS's contribution to the management of cystic fibrosis (Savage 2007), views of nurse prescribing (Lockwood and Fealy 2008), use of dependency and prioritization tools in palliative care (Bracken et al. 2011), activities in an acute hospital (Wickham 2011), community palliative care CNSs (Quinn and Bailey 2011), lesser recognized roles (Wickham 2015), perceived outcomes of research and audit activities (Begley et al. 2015), examining the contribution of intellectual disability CNSs (Doody et al. 2017a), activities of intellectual disability CNSs (Doody et al. 2017b), families' perception of intellectual disability CNSs (Doody et al. 2018) and multidisciplinary team members' perspectives on intellectual disability CNSs contribution (Doody et al. 2019).

8.6 CNS Education

The expectation for CNS is a recognized post-registration education programme relevant to his/her area of specialist practice at level 8 or above on the National Qualification Authority of Ireland (NQAI) framework. However, in the establishment of CNS post in Ireland, three pathways were in operation. First is the

immediate pathway, for registered nurses already performing in the role of CNS at the time of implementation of the framework where the nurse held an appropriate post-registration qualification and/or a minimum of 5 years' experience in the area of specialty. This route was available up to 30 April 2001. The second pathway was the intermediate pathway for newly appointed CNSs (1 May 2001–31 August 2010) where a newly appointed CNS must achieve the academic qualifications and professional experience within a specified timeframe of appointment (agreed locally). Finally, the future pathway which identifies the academic qualifications and professional experience which a newly appointed CNS must hold prior to appointment (minimum of 5 years' post-registration experience, 2 years of practice in a specialist area and a post-registration diploma minimum level 8 of the National Qualifications Authority of Ireland related to the area of specialist practice). This pathway took effect on 1 September 2010. These pathways have given rise to a diverse group of CNSs who may or may not have an advanced level of education.

8.7 Credentialing: Regulatory, Legal and Certification Requirements

To become a CNS, one should fulfil the requirements determined by the NCPDNM (2008) in their framework for the establishment of CNS posts. After the Nurse Act (2011), the NCPDNM was subsumed under the Nursing and Midwifery Board of Ireland (NMBI), and the responsibility for CNS approval lies with the Health Service Executive (HSE) Office of the Nursing and Midwifery Services Director (ONMSD) for applications from HSE-funded organizations on an interim basis under the delegated authority of the DoH, while the Nursing and Midwifery Planning and Development Units (NMPDUs) and the ONMSD will approve applications for statutory and voluntary organizations on an interim basis under the delegated authority of the DoH.

The CNS is guided by their Scope of Nursing and Midwifery Practice Framework which considers:

- Competence
- Responsibility, accountability and autonomy
- Continuing professional development
- Support for professional nursing and midwifery practice
- Delegation and supervision
- Practice setting
- Collaborative practice
- Expanded practice and emergency situations

In addition as a specialist, the CNS also has an expanded scope of practice that incorporates the interpretation and application of advanced nursing theory and research, higher-level decision-making and autonomy in practice, which are consistent with their education level and clinical experience.

All registered nurses in Ireland are bound by the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (Nursing and Midwifery Board of Ireland 2014) which guides nurses in their day-to-day practice and helps them to understand their professional responsibilities in caring for patients in a safe, ethical and effective way. The code is guided by five principles:

- Principle 1: Respect for the dignity of the person
- Principle 2: Professional responsibility and accountability
- Principle 3: Quality of practice
- Principle 4: Trust and confidentiality
- Principle 5: Collaboration with others

8.8 Moving Forward: Challenges and Opportunities

CNSs play an important role in providing specialist knowledge and skills; but they need ongoing support from their managers and medical colleagues, and they require real opportunities to participate in continuing professional development for the CNS to operate at a higher level of practice, making decisions at specialist practice level, and where appropriate to develop nurse-led services. CNSs must claim ownership of their own practice; highlight their contribution to quality, safe and cost-effective care; and make their role visible. In addition there is a need for CNSs who entered on the immediate or intermediate pathway to advance their educational level to that of their international colleagues if they have not done so to date.

Given the different pathways individuals may have taken to their CNS post, there is a need for those CNSs who did not hold the education level to engage in continuing education, and this education should be a postgraduate diploma (level 9) to master's level in order to support them in their role particularly audit and research. With the diverse roles and practice areas that CNSs are employed, there is a need for regulatory support and guidance and to development national standards for CNS posts highlighting key performance indicators that would facilitate benchmarking and standardization of CNS roles. CNSs fulfil many roles which can lead to role overload, and this has to be considered in light of the fact that CNSs also need to ensure they fulfil each component of their role including research and audit in order to demonstrate their value and make their contribution visible. Thereby administration support may be a necessary consideration for services/organizations in order to support CNSs to fulfil their role and reach their full potential and grow advanced nurse practitioners (ANPs).

8.9 Exemplar of Clinical Nurse Specialist Practice: The MS CNS

(a) Description of specialty area of practice (patient population, nature of care, etc.).

Multiple sclerosis (MS) is a chronic, progressive neurological disease affecting the central nervous system (Harrison 2014) that tends to manifest early in

life, usually between the ages of 20 and 40 years (Bjorgvinsdottir and Halldorsdottir 2014). It is an autoimmune disease which causes neuroinflammation, demyelination and axonal degeneration, resulting in lesion formation throughout the central nervous system which alters function (Kalb and Reitman 2014). It is estimated that 2.5 million people worldwide are affected by the disease, and there is evidence that the incidence and prevalence of MS is increasing globally (Multiple Sclerosis International Federation—MSIF 2016; Lonergan et al. 2011; O'Connell et al. 2017). Disease-modifying therapies (DMTs) in MS have hugely expanded in recent years, as has the high cost of drug treatment. Furthermore, recommendations from MS experts advise that DMTs should be initiated early in the disease course in order to prevent demyelination and brain atrophy, as damage to the brain and nervous system starts long before the first clinical symptom (Giovannoni et al. 2017).

(b) Describe a case or project that is exemplary of CNS practice in the specialty.

CNS roles are a comparatively new specialism in the care of MS patients internationally, and there can be huge variation in the actual role of the CNS in terms of levels of clinical autonomy, education and clinical setting (Matthews 2015). Many CNSs are not just involved with MS but also 'general neurology' responsible for caring for patients with a wide range of neurological diseases, i.e. epilepsy, motor neurone disease and Parkinson's disease, while some CNS roles purely focus on MS patients. The CNS also has varying titles as well as roles, such as specialist nurse, MS nurse specialist, CNS MS, MS nurse and neurology nurse specialist.

In working with patients with MS, a key aspect of care provision is the education and support to both patients, families and carers throughout their journey. Adjustment to the diagnosis of MS for patients and families is difficult due to the complex unpredictable nature of the disease. The chronic nature of the disease means patients are never discharged from care, and MS is a disease that impacts on the whole family unit. Therefore, long-term relationships can develop between the MS patients, their families and carers and the CNS. The purpose of CNS's roles includes improving the quality of clinical care, providing leadership, auditing and research activity in the nursing profession. The role has expanded recently and is more involved with diagnosis, management and support of MS patients. CNSs also play a significant role in the overall management of DMTs and particularly in promoting adherence to therapy (Burke et al. 2011). The huge expansion in pharmacological MS therapies has impacted significantly on the workload of the CNS, the role has moved more towards a 'high-tech' monitoring role, and this may have implications on the workload and ability of the CNS to provide care to patients. MS CNSs need to be highly educated and skilled to monitor patients on drug therapies, as some of the potential side effects are fatal (Abel and Embrey 2018). Also MS CNSs play an important role in averting accident and emergency admissions and unnecessary hospital admissions (Mynors et al. 2015). However, the role of the CNS is changing rapidly with the explosion of pharmacological treatments, and this may impact on patient care.

Management of MS endeavours to shorten and prevent relapses, and reduce severity of relapses, preventing the accumulation of disability. There are currently 14 approved drug therapies, and huge advancements have been made in the treatment of MS which has radically altered how drug therapies are initiated (Comi et al. 2017). This has resulted in an individualized, tailored approach to DMT, which requires the CNS MS to have an in-depth knowledge of drug mechanisms and side effects to monitor the patient safely. However, there are limited treatments for those with advanced MS, and many patients with advanced MS feel abandoned and that resources and are concentrated on pharmacological treatments for relapsing-remitting multiple sclerosis (RRMS) patients (Abel and Embrey 2018).

(c) Describe practice competencies used in the specialty practice.

Within the role of MS CNS, competencies relate to professional knowledge, condition/specialist knowledge, communication and interpersonal skills, organization, liaison and management skills, building and maintaining relationships (individual, family and team), leadership skills, providing a quality care/service, analysing and decision-making are utilized and demonstrated across the core concepts of the role: client/patient focused, patient/client advocacy, education and training, audit and research and consultancy. CNS competencies are supported and guided in practice by the HSE and NCPDNM (2008) resource pack.

(d) Identify typical outcomes of CNS practice in the specialty.

Warner et al. (2005) demonstrate how specialist nursing services can initiate change in service delivery that ultimately improves outcomes in patient care identifying a threefold increase in treatment and at least 85% of patients are treated within 10 days of reporting symptoms to a CNS as compared to the previous 12% rate of treatment within 10 days, demonstrating that CNSs work at an advanced-level, developed specialist practice which can effectively manage patients experiencing a relapse through enabling prompt access to services and treatment. Smithson et al. (2006) highlight that CNSs are identified as being the most knowledgeable of all healthcare professionals by patients who also expressed a desire for seeing the CNS rather than any other professional and regarded the CNS as an alternative to the neurologist. In addition, patients saw the CNS as a link between primary and secondary care and in the best position to provide individualized co-ordinated care as they knew the patient and understand their unique needs (Aspinal et al. 2012; Smithson et al. 2006).

Having a CNS involved in care impacts positively and helps sustain improvements in the choice, quality and the delivery of MS care (Forbes et al. 2006), and CNSs are seen as the appropriate professionals to provide specialist care (While et al. 2009). The MS CNS addresses many broad care needs, including information regarding MS and general health, bowel and bladder problems, sexual dysfunction, financial advice, weight loss, relapse management, advice regarding family planning and pain (While et al. 2009). The MS CNS is a versatile role where the CNS contributes to all elements of continuity of care for people with long-term neurological conditions (Aspinal et al. 2012) as the MS

CNS has specialist knowledge, knowledge of local services and a co-ordinating role and are flexible, holistic and collaborative in their approach to practice, all of which are key attributes in the promotion of continuity of care (Methley et al. 2017; Aspinal et al. 2012). Key within the care process is 'person-centred care', where the MS CNS has developed a relationship based on trust and continuity and this provides psychosocial support and reduced anxiety levels for patients (Methley et al. 2017). Being person-centred and involving patients in their care enabled patients to feel listened to, and as a result they reported feeling more satisfied with their treatment choices and overall experiences of healthcare services (Methley et al. 2017; Tintoré et al. 2017). However, Mynors et al. (2015) findings from the 'Generating Evidence in Multiple Sclerosis Services (GEMSS) MS specialist nurse evaluation project' highlighted that CNSs lack the skills, time, tools and motivation to collect data about their service. This raises the question of their visibility and contribution which would help define their value and demonstrate the service they provide is effective.

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