

ACCREDITATION, CERTIFICATION & CREDENTIALING IN MENTAL HEALTH NURSING

A REVIEW OF SELECTED LITERATURE

Prepared for the Ministry of Health, and
the New Zealand College of Mental Health Nurses / Te Ao Maramatanga
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Executive summary

This review of literature has been undertaken to provide background information, designed to assist in the development of a mental health accreditation, certification and credentialing framework for New Zealand.

Accreditation and credentialing are becoming increasingly common throughout the world, and are proving to be valuable tools in ensuring that the role and expertise of specialist mental health nurses are recognised. New Zealand is in a good position to learn from the experience of other nursing jurisdictions, in developing a system that works for us. To assist in the development of such a system, this review briefly examines accreditation, certification and credentialing processes in the UK, Canada, Australia and the United States, and discusses some of the issues that can arise. The current state of these processes in the New Zealand health system are also outlined.

The review concludes that the New Zealand College of Mental Health Nurses/Te Ao Maramatanga (NZCMHN) is well-placed to implement a mental health accreditation, certification and credentialing system, with the support of the New Zealand Nursing Council (NZNC) and international partners such as the International Council of Nurses (ICN).

Introduction

This review of selected literature has been undertaken to provide background information that may assist in the development of an accreditation and credentialing framework for specialist mental health nurses in New Zealand. Aspects of this review will also be used in a consultation paper on the nature of an accreditation and credentialing framework.

The review summarises processes used in establishing credentialing frameworks in a range of countries; examines some of the issues that have arisen as a result and considers how these issues can be managed in the nursing environment in New Zealand.

Definitions

Accreditation and credentialing are sometimes not well-understood. Note too, that 'accreditation', 'certification' and 'credentialing' are sometimes used interchangeably. Although they are part of the same system, the proposed system for mental health nursing in New Zealand uses distinctive definitions, as summarised below:

Accreditation is the process for formally recognising mental health services and providers, by meeting a set of standards.¹

Credentialing is a process used to assign specific clinical responsibilities to health practitioners on the basis of their education. It commences on appointment and continues for the period of employment.

Certification is the formal recognition that an individual meets the standards of mental health nursing, established by the NZCMHN.

Accreditation, certification and credentialing are all responsibilities delegated to professional bodies.

A fuller definition of credentialing is offered by Styles and Affara:

“Credentialing is a term applied to processes used to designate that an individual, programme, institution or produce have met established standards set by an agent (governmental or non-governmental) recognized as qualified to carry out this task. The standards may be minimal and mandatory or above the minimum and voluntary. Licensure, registration, accreditation, approval, certification, recognition or endorsement may be used to describe different credentialing processes but this terminology is not applied consistently across different settings and countries. Credentials are marks or “stamps” of quality and achievement communicating to employers, payers, and consumers what to expect from a ‘credentialed’ nurse, specialist, course or programme of study, institution of higher education, hospital or health service, or health care product, technology or device. Credentials may be periodically renewed as a means of assuring continued quality and they may be withdrawn when standards of competence or behaviour are no longer met.” (Styles and Affara, 1997).

The Ministry of Health (NZ) also notes that:

‘Accreditation and credentialing are quality and risk management tools that protect consumers, practitioners, and organisations. The focus of accreditation is to assess mental health care providers and organisations to ensure minimum standards are met. Credentialing is on the competence of an individual to perform agreed clinical activities. Credentialing complements the existing performance review process by confirming the current credentialed status of the

¹ In this project this will refer to the NZCMHN standards

practitioner. Accreditation and credentialing is a periodic, peer-led process to evaluate current practice and anticipate future workforce and service development needs' (Ministry of Health, 2001).

Context

This review is undertaken as part of a project to develop and operationalise a mental health nursing accreditation, certification and credentialing framework in New Zealand. Although accreditation and credentialing have been 'on the agenda' for the NZCMHN and other organisations for some time, this project has been given impetus as a result of particular concerns and the keen interest of the NZCMHN to implement a framework without further delay.

In particular this project has arisen as a result of concerns expressed by the NZCMHN and others, about the appropriateness of health practitioners assessing 'competence' for the purpose of the Protection of Personal and Property Rights Act (PPPR Act). An assessment to the effect that an individual is not competent to manage his or her affairs is a significant imposition that needs to be undertaken carefully and on the basis of the best possible assessment.

Assessing competence is complex and requires skills in assessment within a particular context. It may also require the person undertaking the assessment to defend their assessment in court. Until relatively recently, the ability to undertake such an assessment has been the domain of medical practitioners. The PPPR Act was amended in September 2008 to enable a wider group of 'medical practitioners' including registered nurses to assess an individual for competence. The NZCMHN takes the view that such a task requires specialist expertise in intellectual disability, mental health and psycho-geriatric nursing and that such expertise should be able to proven; in this instance, through credentialing.

To assist in consideration of the issues involved, the Ministry of Health has contracted for the development of a framework which includes processes against which registered nurses can be assessed in order to be credentialed for their ability to undertake such work. The NZCMHN will be responsible for the operationalisation and administration of the framework.

Parameters of the literature review

This literature review provides background information on some of the issues that have arisen in the course of introducing accreditation, certification and credentialing regimes internationally. It also provides information on how such

processes might be implemented and points out issues that may arise along the way.

This review does not debate the appropriateness of this system for New Zealand; rather, it provides a brief outline of such systems in other countries, and presents some of the issues that need to be considered here.

International experience

Internationally, countries approach accreditation, certification and credentialing in different ways. Despite these variations, these processes seem to be increasingly accepted as an appropriate way to formally recognise certain expertise, particularly in advanced nursing practice.

In its 2009 report on nursing education, the World Health Organisation (WHO) notes that, in addition to the need for a significant increase in the number of nurses required (particularly in the developing world), ‘the professional health workforce of the future must not only be stronger in numbers but must also have greater capacity to serve the priority and evolving health needs of their countries’ (WHO, 2009).

Furthermore, the WHO report notes that accreditation of educational institutions (public and private) and certification or licensing are key factors in ensuring both better education and an improved workforce (WHO, 2009).

Although the process of credentialing varies somewhat between countries, it is primarily focused on identifying specialist mental health nurses as distinct from other people practising in the field of mental health (in New Zealand, this is ‘certification’). In some instances it includes specialist mental health nursing skills that may be held by people other than mental health nurses. Credentialing can be an effective way of having the skills and expertise that have been acquired since graduation recognised, and requires ongoing commitment that maintains a focus on learning.

Effective certification and credentialing rely on a collaborative approach between national nursing organizations and regulatory bodies, although this varies between countries. There is an apparent trend towards regulatory organisations taking in an increased role in standard setting and competency assurance. At the same time, they appear to be reducing their role in the accreditation of nursing programmes.

The implementation of the proposed framework for mental health nurses needs to be supported by providers that are accredited in delivering training and developing competencies. This then assists the certification and credentialing

process by enabling nurses to have access to recognised experience and learning.

The NZCMHN has developed standards that can be used as the basis for accreditation. That means that a service or provider needs to meet those standards in terms of the practice of their staff in order to be accredited by the college. It also ensures that education programmes and employers support nurses to reach and maintain these standards. These standards require the practitioner to:

- Ensures his or her practice is culturally safe
- Establishes partnerships as the basis for a therapeutic relationship with consumers
- Provides nursing care that reflects contemporary nursing practice and is consistent with the therapeutic plan
- Promotes health and wellness in the context of his/her practice
- Is committed to ongoing education and contributes to the continuing development of the theory and practice of mental health nursing
- Is a health professional who demonstrates the qualities of identity, independence, authority and partnership

The advanced practice standard – that is, the standard to which nurses would be expected to reach for credentialing, is defined as ‘mental health nurses demonstrate advanced practice when they are able to integrate at a level of excellence the six previous standards using skills in clinical practice, leadership, management, research and education’. Nurses seeking to be credentialed will also need to demonstrate these standards.

There is a range of ways in which nurses can be authorised to undertake certain specialist responsibilities. These include:

- Restrictive approach – activities or roles are authorized by a regulator.
- Credentialing – another body credentials nurses in a specialty area of practice
- Permissive – the regulator does not determine the limits of practice, but leaves it up to the individual practitioner (NZNC, 2009)

The first two options are the most common at an international level.

New Zealand

Although there are no formal certification or credentialing programmes for registered mental health nurses in New Zealand, current employment processes contain a number of elements that can be identified as elements of credentialing, ranging from the checks undertaken on appointment for annual reviews and professional development and recognition programmes.

Although this process is not referred to as 'credentialing' the NZNC is currently able to authorise suitably trained and skilled nurses to undertake the following responsibilities:

- colposcopy
- emergency contraceptive pill supply
- first surgical assistant
- diagnostic imaging
- nurse practitioner prescribing

The Midwifery Council of New Zealand is responsible for maintaining the certification of practising midwives, and offers a comprehensive recertification process and supporting information on its website. It also requires training provides to be approved by the Council before delivering particular types of training, including compulsory training for certification. Although not referred to as accreditation on the website, the process appears to be similar in form and intent.

Accreditation of medical student teaching programmes is delivered by the Australian Medical Council (AMC), and takes place on a regular basis both in Australia and New Zealand. The AMC provides guidelines to assist education agencies in making submissions in support of accreditation and requires ongoing reporting.

There is strong support from the NZCMHN for the use of a specialist college of peers for certification and credentialing purposes. This means that any registered nurse wishing to be certified as a mental health nurse, or credentialed as being able to undertake certain responsibilities, will need to go through the process administered by the NZCMHN. This approach is consistent with that in other countries, where certification and credentialing are administered by a specialist organisation rather than a regulatory body.

The Ministry of Health has undertaken preliminary work on the development of a credentialing framework for health professionals. The focus of their work to date has been largely on medical practitioners, and does not include nursing. The Ministry's report notes that 'further organisational credentialing for nurses will be restricted to specific registered nurse scope of practice' (Ministry of Health, 2009). The report has not yet been widely considered outside the Ministry and District Health Boards. Although this report is a useful start, and provides guiding principles for the development of a credentialing framework, there is considerable room for additional input, including but not limited to mental health nurses, consumers of mental health services and providers including non-government organisations (NGOs).

Australia

The Australian College of Mental Health Nurses (ACMNH) manages a Credentialing for Practice Programme. This is supported by the Royal College of Nursing (RCN) Australia, which provides education programmes or accreditation programmes and is currently increasing resources to support this. This appears to be similar to the proposed certification process in New Zealand.

A brief search of relevant Australian websites indicates that credentialing is increasingly becoming a requirement for some programmes, such as the mental health nurse incentive programme². This indicates that service providers are taking a particular interest in expertise beyond that which is demonstrated on registration. The ACMHN notes that 'the credential demonstrates to employers, professional colleagues, patients and carers that an individual nurse has achieved the professional standard for practice in mental health nursing'. Furthermore, it is noted that the credentialing process also increases awareness of the contribution of mental health nursing to the community.

In order to be credentialed, an applicant must meet the following criteria:

- Hold a current licence to practice as a registered nurse in Australia
- Hold a recognised specialist / post-graduate mental health nursing qualification or similar
- Have at least 12 months experience since completing specialist – post-graduate qualification OR have three years experience as a registered nurse working in mental health
- Have been practicing within the last three years
- Have acquired minimum continuing professional development points for education and practice
- Are supported by two professional referees
- Have completed a professional declaration agreeing to uphold the standards of the profession.

The ACMNH website provides detailed guidance on the credentialing process and credentials are valid for three years.

The ACMHN also has an Accreditation Committee with responsibility for accrediting programmes of study relevant to mental health nursing and endorsing educational events and products awarding Continuing Professional Education points for mental health nurses. Applications for committee members are currently being sought and mechanisms for managing accreditation are currently being developed by the ACMHN.

Interestingly, the ACMHN also provides an endorsement service, through which mental health events and education can be endorsed as meeting the standards of the College. This is not currently under consideration in New Zealand.

² www.medicareaustralia.govt.au/provider/incentives/mental-health.

United Kingdom

England, Scotland, Wales and Northern Ireland have individual arrangements for post-registration education. However, the Royal College of Nursing (RCN) is involved in accrediting a range of training programmes and providers and the Nursing and Midwifery Council sets standards for nursing, midwifery and health visiting care.

Examples of programmes accredited by the RCN include:

- Clinical leadership programme
- Expertise and practice
- Accredited facilitator
- Mental health
- Emergency nursing
- Workplace accreditation
- Standards for higher level practice for consultant nurses
- Nursing and midwifery council practitioner programmes.

The RCN follows a detailed process of accreditation including systems for recruiting applications to programmes, registering and tracking applicants and the collection and verification of evidence. The accreditation process involves accreditation involves peer review by expert representatives drawn from clinical, management and educational fields of practice who have the appropriate professional background and experience.

The Royal College of Psychiatrists accredits a range of mental health services and training, including inpatient mental health services, dementia care, electro-convulsive therapy and others. This process is based on standards issues by the College.

United States

The American Nurses Credentialing Center (ANCC) is a subsidiary of the American Nurses' Association, and is the most significant nurse credentialing organization in the United States. Like the ACMHN in Australia, the ANCC uses the term 'credentialing' to refer to a process that in New Zealand, is referred to as certification. The ANCC offers 25 examinations in different specialty areas, including several aspects of mental health nursing. Examinations can be taken electronically, and the website also provides information and support, and advice about relevant seminars and other forums across the country. Certifications must be renewed every 5 years, with applications for renewal due at least 3 months before certification expiration date.

The ANCC also offers accreditation to providers of continuing nursing education (see below). The Credentialing Center:

- Accredits eligible providers of continuing nursing education (CNE) — organizations that plan, deliver, and implement continuing education programs — that meet ANCC Accreditation standards.
- Accredits eligible approvers of continuing nursing education (CNE) — constituent members of ANA, specialty nursing organizations, federal nursing services — that can assume sole responsibility for governing the peer review process to evaluate CNE accreditation applications using the ANCC Accreditation standards (ANCC, 2010)

The American Board of Nursing Specialties (ABNS) also accredits specialty nursing certification examination programmes, including credentialing programmes offered by the ANCC.

Canada

The Canadian Nurses' Association (CNA) offers certification credentialing in 19 different areas, including mental health nursing, through the Canadian Federation of mental health nurses (CFMHN). Certification is valid for five years and can be renewed either by means of examination or by continuous learning. The CNA website advises that most nurses maintain their certification credential by means of continuous learning, and provides advice on how this should be undertaken.

The site describes the certification credential as 'an important indicator to patients, employers, the public and professional licensing bodies that the certified nurse is qualified, competent and current in a nursing specialty/area of nursing practice. Certified nurses have met rigorous requirements to achieve this expert credential'.

Discussion

New Zealand is fortunate in that we have a single registration agency for nurses, and one representative organisation for mental health nurses. We also have a clear definition of 'mental health nurse', although there are concerns that this may be under threat from the increasing number of nurses who, although they work with people with mental health problems, do not have specialist training in mental health. This has been an issue in other countries, including Australia. This is expressed in the view that 'practice in the mental health field should be reserved for those who have gained specialized knowledge and skill by completing an accredited course in psychiatric/mental health nursing' (Happell, 2006).

It is also apparent that there are some situations in which a registered nurse will be required to undertake responsibilities that require specialist mental health skills. The most obvious situation, and that which has given rise to the current accreditation and credentialing project, is the occasion where an assessment needs to be made of the competence of an individual who is the subject of an application for an order under the PPPR Act.

To this end, registered nurses working in the disability or geriatric sector should be able to receive training from an accredited provider, and have their expertise acknowledged by way of the credentialing process. This process does not, however, imply that a nurse who is credentialed in assessing competence (for example) is able to undertake other specialist mental health tasks, and it will need to be renewed at specified intervals (e.g. every three years).

The International Council of Nurses (ICN) provides an opportunity, through its nurse practitioner/advanced practice network (NP/APN) and other forums, for New Zealand to learn from the best of international accreditation and credentialing experiences. For example, the ICN has undertaken a pilot study of 32 respondents from 18 countries (repeated as a full study in 2008), about the role of nurse practitioners and advanced practice nurses. Among other finds, the survey discovered that there were 13 different roles that came within the scope of nurse practitioners/advanced practice nurse. The survey also found that many countries required nurses in these roles to maintain their credentials. The survey also found evidence that some agencies or individuals were opposed to the role of NP/APN, and this will need to be managed in New Zealand. Respondents noted that support is generally received at government level and from professional organisations, while opposition appears to come from other nurses and domestic physician organisations. These issues are among others that will need to be managed in the New Zealand context.

Emerging issues in accreditation and credentialing

Because accreditation and credentialing have been in place for some time in other countries, New Zealand is in a fortunate position where we can learn from their experience. For the most part, issues arise where there are different jurisdictions within a country and where regional or state regulations and practices are not aligned with those upheld by a national body. In the US, the potential for a proliferation of credentialing exams resulted in a comprehensive logical job analysis designed to ensure that a single advanced practice examination would be appropriate for the roles of both PMH-CS and PMH-NP. (Rice, Moller, DePascale and Skinner, 2007)

Perhaps the most immediate issue that requires continued clarification is the difference between accreditation and credentialing. Furthermore, there is scope for these terms to be confused with 'registration'; for example, by referring to

someone as 'an accredited mental health nurse'. It is therefore critical for all those involved in the administration of an accrediting and credentialing framework to maintain a clear distinction between these various terms.

Care must also be taken to ensure that accreditation and credentialing processes do not simply provide another level of regulation, or result in barriers being placed on advanced nurse practitioners (Lyons, 2003).

Accreditation of services and education providers also needs to be based on a robust system that is able to adapt to changes in practice and any legislative changes. A British study indicates that since the introduction of accreditation for programmes providing training in psychosocial interventions, there has been an emerging gap in the ways in which such programmes respond to developments in practice. Among other results, the study found a wide range in the ways in which the programmes assessed competencies, provided supervision to students and recommended the development of a 'core curriculum grounded in good practice' as the basis for further training in psychosocial interventions (Mairs and Arkle, 2007).

Employers also need to be encouraged to recognise the [added] value of the accreditation and credentialing process, and to reflect this in employment agreements. This issue is closely aligned to the lack of recognition of the specialist nature of mental health nursing, and in some cases, its complete omission from policies purporting to relating to nursing in general. This concern is reflected in a submission to the National Health and Hospital Reform Committee, in which the ACMHN recommended that 'any reforms in health care recognise that relevant and effective care for the community involves mental health nurses'.

Even where credentialing has been in place for some time (e.g. US) controversies remain and difficulties arise from time to time. Some of these issues are discussed at length in an article by Pamela Bjorklund, in which she explores the issues relating to credentialing requirements and the role of the advanced psychiatric nurse. In doing so, she notes that the role of the psychiatric nurse practitioner has emerged during a decade (the 1990s) which was 'remarkable for the pace and magnitude of change in health care and information technologies, neuroscience, health economic and health policy' (Bjorklund, 2003). She further discusses the difference between titling and credentialing, and outlines some of the challenges that arise in the course of establishing suitable credentialing mechanisms, and the range of registered nurses to whom they might apply. In conclusion, the article notes that 'psychiatric clients can only benefit from psychiatric nurses continuing to take the lead in defining the standards, scope of practice, educational preparation and ... the certification requirements for the practitioners who will care for them.'

As noted elsewhere in this review, New Zealand is in a good position to learn from the experience of other countries, in introducing a mental health

accreditation and credentialing system. Perhaps some of the most useful information that is nationally available is that based on the views of nurses themselves. The research covers a wide range of disciplines, but in general reflects a positive attitude towards credentialing, particularly where it involves national credentialing (sometimes referred to as 'certification'). For example, an article in the *Journal of Nursing Administration* notes that 'nurses who are certified have higher perceptions of empowerment' (Piazza et al, 2006).

Credentialing requires managers and administrators to recognise the importance of advanced practice, and to this end, there need to be well-articulated benefits apparent to employers. A study of advanced practice roles in ophthalmic nursing noted confusion in titles and position descriptions, and also identified barriers and incentives to these roles. In particular, the study identified that fact that few of the nurses were able to access external education (because of staffing constraints) with the result that almost all training was undertaken 'in house'. The study concluded that there is a need for both employers and nurses to ensure that education is undertaken systematically and effectively, without ad-hoc training (Marsden and Shaw, 2007).

How nurses perceive credentialing

Nurses around the world have been strong advocates for credentialing and certification. In some cases, this interest has arisen from frustration at the lack of recognition of nurses with the experience and training to provide the best care for people in mental health services. This is exacerbated by significant variations in the quality of mental health nursing training and education, and the lack of guidance available for employers about the necessity of having appropriately qualified staff (Smolenski, 2008). Financial pressures, poor understanding of the complex nature of mental health care and the lack of a robust certification system all contribute to less-than-optimal outcomes for consumers of mental health services.

The New Zealand Nurses' Organisation (NZNO) has expressed considerable interest in the development of a system of nurse credentialing. To date, this work has not progressed to the stage where it can be implemented for mental health nurses, although the NZNO is generally supportive of the NZCMHN taking ownership at this stage. This reflects the general international trend towards professional organisations being responsible for specialist accreditation and credentialing.

The Ministry of Health's report notes (p30) that 'the success of credentialing relies on practitioners proactively taking ownership of the process and voluntarily receiving advice and comment on their practice from peers and external reviewers'. This is a key aspect of effective credentialing.

Although nurses have been keen supporters of the concepts of certification and credentialing, formal studies of the impact of these processes are only recently starting to emerge.

In March 2006 the ANCC undertook a survey of public health nurses, with a view to assessing to look at the extent to which public health nurses value credentialing and how they perceive specific barriers concerning a community public health nursing credential. The study discovered that although credentialing is highly valued at a personal level by public health nurses, it seems to have a lower value in terms of external recognition. This is reported to be similar for other fields of nursing (Bekemeier, 2007 and 2009). Issues concerning extrinsic value include increased salary, employer recognition and consumer confidence, and are also reflected in the findings of the study outlined below.

In December 2006, the American Board of Nursing Specialties published a study of nurses' perceptions, values and behaviours in relation to specialty nursing certification. This study involved a web-based survey of certified and non-certified nurses and a sub-sample of nurse managers across 20 different specialty nursing certification organisations. Although the list of participating organisations does not include mental health nursing, the results are likely to be relevant. The resulting white paper examines incentives and barriers to certification, as well as the perceptions of nurses and nurse managers about the value of certification. Among a range of other findings, it was noted that 'many nurses pursue certification for the important intrinsic values it brings' and that employers, managers and speciality nursing organisations need to address barriers to certification, including increasing incentives (ABNS, 2006).

We should not necessarily let these issues argue against a robust certification / credentialing system for New Zealand. Rather, they may serve as indicators of the need to manage perceptions among nurses, employers and consumers and to reinforce the intrinsic value of the certification and credentialing process among mental health nurses.

Next steps

In implementing a mental health nursing accreditation and credentialing structure in New Zealand, it is important to find or develop models that work for the benefit of all those involved; the administering agency/agencies, specialist mental health nurses, service and education providers and ultimately, the people who access those services.

There are numerous ways of developing a process that enables mental health nurses to demonstrate their competence for credentialing, including examinations, continuous learning and professional portfolios (Smolenski, 2008).

It is clear that credentialing is about more than the ability to 'pass a test', and includes the assessment of aspects of practice that cannot be determined through an examination process (e.g. attitudes, critical thinking and evidence of competence in practice).

It is apparent that there are some benefits to a portfolio approach, with or without other mechanisms such as testing. For example, portfolio evaluation may be:

- Formative; evaluated as the individual's career and/or education progresses;
- summative; evaluated at the completion of a designated period;
- a combination of formative and summative evaluation.

(Smolenski, 2008)

The Ministry of Health's report on credentialing for health professionals purports to provide a generic framework for credentialing for all health professions. The accreditation and credentialing project will need to consider the extent to which this framework and others (e.g. ICN) are appropriate or need adaptations to fit the needs of mental health nurses in New Zealand.

The NZCMHN will need to consider a range of issues in developing an effective accreditation and credentialing process. Such issues include:

- Incentives and barriers for providers and services to become accredited
- Incentives and barriers for nurses to become credentialed
- The skill sets that will be considered for credentialing
- The ways in which accreditation and credentialing will be managed
- Costs to services and individuals
- Relationship with other credentialing agencies

These issues are part of the next stage in the project; namely, developing a framework. The 'APPLE test' may prove a useful step forward in assessing future credentialing options.

APPLE

Administratively feasible

Publicly credible

Professional acceptable

Legally defensible

Economically affordable

(Smolenski, 2008)

This test can be applied to each stage of the accreditation, certification and credentialing process. Further resources that may be useful can be found on the ANCC and ABNS websites.

In establishing an accreditation, certification and credentialing framework, consideration should also be given to the principles of credentialing, set out in the Ministry of Health's 2009 report. These principles are:

- Protect health service consumers
- Promote professional practice development among health practitioners
- Improve risk management in provider organisations
- Support clinical improvement activity
- Allow some credentialing information to be accessible between organisations
- Be able to be audited nationally
- Improve public confidence in the health system

It may also be worth bearing in mind any implications arising from recruitment of internationally trained nurses to meet shortfalls in mental health nursing in New Zealand. Although processes already exist to facilitate registration of internationally trained nurses, and to enable their employment in New Zealand, consideration will need to be given to the ways in which mental health nurses can be considered for certification, without delaying employment. In their recent article, Singh and Sochan recommend a number of policy steps designed to streamline credentialing (read: certification) for internationally trained nurses. Although much of the article relates to Canada and Canadian nursing organisations, its findings provide valuable information for consideration in the New Zealand context. To this end, it is important for the NZCMHN to work closely with the NCNZ to ensure that certification does not present an additional barrier to mental health nurses wishing to work in New Zealand.

Conclusion

New Zealand is in the process of developing a mental health accreditation, certification and credentialing system, led by the NZCMHN. In doing so, we have the opportunity to learn from international experience, and to develop a system that reflects both the best of international practice and the unique cultural aspects of New Zealand.

Certification and credentialing both enable nurses to be recognised as having reached a certain standard of advanced practice, and the requirements of a rapidly changing health sector to be addressed more effectively. The focus of certification and credentialing needs to remain on the practitioner, with their active participation in all aspects of the process.

A certification and credentialing framework will best be supported by a robust accreditation process, designed to ensure that employers and training providers ensure their processes support the development of specialist mental health skills.

In conclusion, the New Zealand College of Mental Health Nurses/Te Ao Maramatanga (NZCMHN) is well-placed to implement a mental health accreditation and credentialing system, with the support of the Nursing Council of New Zealand (NCNZ) and international partners such as the International Council of Nurses (ICN).

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