

# Credentiailling proposal: a report on responses to questions

## Introduction

A subcommittee of AICA was set up in 1996, with the brief of establishing, firstly, competency standards for practice and then a process for credentiailling infection control practice.

To date, that subcommittee has achieved considerable progress in that we are working towards establishing the competency standard and have finalised a process for credentiailling.

A draft proposal for credentiailling the infection control practitioner was published in the summer 1997 issue of this journal. Developed through the AICA credentiailling and certification subcommittee, the proposal was published in the journal to promote widespread discussion and allow all AICA members to contribute to this important direction we are taking as a health-care specialty.

The credentiailling and certification subcommittee, together with the AICA executive, wishes to ensure that all members' interests are served and that members are fully informed of the issues, opportunities and consequences of a credentiailling policy.

To this end, I have collated the questions raised in response to the draft proposal and the answers and explanations given, plus the action that has or will be taken in response to these questions. They are set out below in point form.

Readers are advised to carefully review the original draft proposal document<sup>1</sup>, since points made in the following discussion were generated by the original publication.

## Credentiailling is voluntary

- Members of the subcommittee acknowledge that the most acceptable form of credentiailling is completion of an accredited tertiary education course. Such courses are becoming available with the increased recognition of a need for tertiary education for infection control practitioners. Currently, however, there are ICPs whose levels

of skill, knowledge and professionalism go beyond the objectives of a specialty course. The draft proposal outlines an interim process of recognition and certification for such practitioners. The credentiailling process is voluntary and not a substitute for formal education.

- Any credentiailling process should seek to secure and maintain a high standard of professional practice within the specialised field of infection control, rather than perpetuating the widely held but erroneous belief that nurses and other health professionals can step from any clinical area into infection control and be considered competent.
- Setting the 'bar' high at the outset ensures that those of our peers who have worked long and hard – through continuing education as well as participation in state and national infection control organisations – to ensure that their knowledge and skills are of a high standard should now have their efforts recognised by their peers and chosen profession. Those not yet at this point will have a clear direction for future education. In addition, setting a high standard helps ensure best practice, which can only lead to positive outcomes for patients, health-care facilities and the profession as a whole.

## Credentiailling and recredentiailling

- In relation to recredentiailling, it was always envisaged as a requirement of any credentiailling process – at least in terms of demonstrating a commitment to ongoing professional development. However, the issue of recredentiailling was omitted at this stage because the proposal outlines an interim process only – it is envisaged that a competency-based credentiailling process will be in place before recredentiailling is required. In the United States certification is for a period of 5 years and this time-frame seems reasonable with respect to the need for recredentiailling.

- Regarding the exclusivity of practice setting associated with the proposal, it is important to note that there are all types of clinical practice. In the event that an ICP is developing policy which will affect areas of practice, this is also considered clinical practice. Likewise for ICPs self-employed in private practice – provided these ICPs can meet the criteria outlined in the proposal, either in their current practice or through previous experience, there is no reason why they should be excluded from the credentialling process.
- The Credentialling Board will be assisted in establishing criteria for the assessment of submitted professional portfolios by the AICA credentialling and certification subcommittee; the latter will provide draft criteria for consideration by the credentialling board.

### Exclusivity

At this point in time the proposed credentialling process would be limited to registered nurses, primarily because it is linked to the National Nursing Organisations' endeavour in relation to specialised areas of nursing practice, which cur-

rently do not include dental assistants or enrolled nurses. Once the competency-based credentialling process is devised, it may in fact address this issue by providing various levels of competency standards.

### Cost of credentialling

Currently it is anticipated that the cost associated with the proposed model will be minimal, consisting mainly of photocopying and postage costs. It is further envisaged that this cost will be borne by the ICP seeking credentialling, through a fee paid to AICA. However, the credentialling board will consider this matter in greater detail. As to whether the cost will be tax-deductible, ICPs will need to discuss this with their accountants.

**Dolly Olesen**

**Chair, AICA credentialling and certification subcommittee**

### Reference

1. Gardner G & Macbeth D. Credentialling the infection control practitioner – draft proposal. *Aust Infect Cont* 2(4):19-20.

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