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Nursing competency standards in primary health care: an integrative review

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Abstract

Aims and objectives This paper reports an integrative review of the literature on nursing competency standards for nurses working in primary health care and, in particular, general practice. **Background** Internationally, there is growing emphasis on building a strong primary health care nursing workforce to meet the challenges of rising chronic and complex disease. However, there has been limited emphasis on examining the nursing workforce in this setting. **Design** Integrative review. **Methods** A comprehensive search of relevant electronic databases using keywords (e.g. 'competencies', 'competen*' and 'primary health care', 'general practice' and 'nurs*') was combined with searching of the Internet using the Google scholar search engine. Experts were approached to identify relevant grey literature. Key websites were also searched and the reference lists of retrieved sources were followed up. The search focussed on English language literature published since 2000. **Results** Limited published literature reports on competency standards for nurses working in general practice and primary health care. Of the literature that is available, there are differences in the reporting of how the competency standards were developed. A number of common themes were identified across the included competency standards, including clinical practice, communication, professionalism and health promotion. Many competency standards also included teamwork, education, research/evaluation, information technology and the primary health care environment. **Conclusion** Given the potential value of competency standards, further work is required to develop and test robust standards that can communicate the skills and knowledge required of nurses working in primary health care settings to policy makers, employers, other health professionals and consumers. **Relevance to clinical practice** Competency standards are important tools for communicating the role of nurses to consumers and other health professionals, as well as defining this role for employers, policy makers and educators. Understanding the content of competency standards internationally is an important step to understanding this growing workforce.

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Acknowledgements

Abstract

Aims & objectives. This paper reports an integrative review of the literature on nursing competency standards for nurses working in primary health care (PHC) and, in particular, general practice.

Background. Internationally there is growing emphasis on building a strong PHC nursing workforce to meet the challenges of rising chronic and complex disease. However, there has been limited emphasis on examining the nursing workforce in this setting.

Design. Integrative review.

Methods. A comprehensive search of relevant electronic databases using keywords (e.g. 'competencies','competen*' and 'primary health care', 'general practice' and 'nurs*') was combined with searching of the Internet using the Google scholar search engine. Experts were approached to identify relevant grey literature. Key websites were also searched and the reference lists of retrieved sources were followed up. The search focussed on English language literature published since 2005.

Results. Limited published literature reports on competency standards for nurses working in general practice and PHC. Of the literature that is available there are differences in the reporting of how the competency standards were developed. A number of common themes were identified across the included competency standards, including clinical practice, communication, professionalism and health promotion. Many competency standards also included teamwork, education, research / evaluation, information technology and the PHC environment.

Conclusion. Given the potential value of competency standards, further work is required to develop and test robust standards that can communicate the skills and knowledge required of nurses working in PHC settings to policy makers, employers, other health professionals and consumers.

Relevance to clinical practice. Competency standards are important tools for communicating the role of nurses to consumers and other health professionals, as well as defining this role for employers, policy makers and educators. Understanding the content of competency standards internationally is an important step to understanding this growing workforce.

What does this article contribute to the wider global clinical community?

- This review highlights that competency standards for nurses working in PHC have received limited attention. Those which have been developed vary in the quality of the development process.
- Common themes in competency standards for nurses in PHC across countries and PHC settings are evident.

Introduction

The nature of healthcare is changing internationally. A strong primary health care (PHC) system is required to provide the level of preventative health care and ongoing chronic disease management required for our ageing population (Francis *et al.* 2012, McCarthy *et al.* 2012, Oandasan *et al.* 2010, Witt & Almeida 2008). Wagner *et al.* (2001) has clearly demonstrated that this kind of health care is best delivered by multidisciplinary teams working together to provide integrated health care. To facilitate and maximize the integration between team members and optimize the distribution of tasks across the team, it is important that all team members understand the roles, scopes of practice and competence of each of the professions which comprise the team (McCarthy *et al.* 2012, Moaveni *et al.* 2010, Oandasan *et al.* 2010, Todd *et al.* 2007, White *et al.* 2008). Role confusion and role ambiguity have both been identified as key barriers to interprofessional collaboration (McInnes *et al.* 2015, Moaveni *et al.* 2010, Oandasan *et al.* 2010). Additionally, it is important that information about the roles of health providers is clearly conveyed to the consumers of health services to improve their access to and interactions with the service (Halcomb *et al.* 2013, Witt & Almeida 2008).

A key member of the multidisciplinary PHC team is the nurse (Australian Nursing Federation. 2009, Billingham 2003). Nurses are integral to the provision of safe, efficient and high quality PHC (Australian Nursing Federation. *et al.* 2008) and are seen as a key deliverer in the agenda for strengthening PHC services (Australian Nursing Federation. 2009, Billingham 2003, Irvine 2005, Sherlock 2003). The number of nurses employed in PHC internationally has risen exponentially in recent years as a result of positive policy environments and enhanced funding for the employment of nurses in PHC (Francis *et al.* 2012). The PHC nursing workforce has

also been augmented more recently by a growth in the number of nurse practitioners working in this setting (Australian Nursing Federation. *et al.* 2008, Gardner *et al.* 2006). Given the differences in scope of practice and regulatory requirements of nurse practitioners in comparison with nurses, and the concomitant literature that has focussed specifically on the nurse practitioner role (Australian Nursing Federation. *et al.* 2008, Currie *et al.* 2007, Gardner *et al.* 2006), they have necessarily been excluded from this review.

A significant body of literature exists that describes nursing roles in the general practice setting, which is one of the largest groups of nurses in PHC (Halcomb *et al.* 2008, Halcomb *et al.* 2014, McCarthy *et al.* 2012, Merrick *et al.* 2012, Pascoe *et al.* 2005, Patterson & McMurray 2003, Watts *et al.* 2004). However, most of these papers have focused upon functional tasks carried out by nurses in general practice, rather than exploring the broad scope of practice, roles, competence and capabilities of this workforce (Moaveni *et al.* 2010, Oandasan *et al.* 2010, White *et al.* 2008). Additionally, there is evidence that there is limited broad strategic planning around the development of nursing in PHC, but rather ad hoc development, whereby uptake of new initiatives is dependent upon individual clinical settings and their culture and enthusiasm to embrace the initiative (Forsdike *et al.* 2012). This ad hoc development has led to confusion about the nurses' scope of practice and competence which has led to the role of nurses being constrained (Australian Nursing Federation. *et al.* 2008, McCarthy *et al.* 2012, O'Connell & Gardner 2012). It is only by developing an understanding of the nurses' scope of professional practice and competence that other health professionals and consumers can develop a respect for and acceptance of the PHC nurses role and work collaboratively to optimize health service delivery (Lin *et al.* 2010, Moaveni *et al.* 2010, Todd *et al.* 2007, White *et al.* 2008). Effective

utilization of nurses to the full extent of their scope of practice can also improve job satisfaction and enhance recruitment and retention (White *et al.* 2008).

The International Council of Nurses defines *competence* as the "ongoing ability of a nurse to integrate and apply the knowledge, skills, judgments and personal attributes required to practice safely and ethically in a designated role and setting" (International Council of Nurses. 2006)(p. 2). The UK Department of Health (2008) define it more simply as "what individuals need to do and know in order to carry out specific work activities". Regardless of the specific definition, given the impact on health outcomes, competent practice is essential in nursing (Nontapet *et al.* 2008).

Whilst, as a profession, nursing is committed to improving health outcomes, the roles and educational preparation of individual nurses differ. Competency standards provide an opportunity for the profession to clearly articulate the scope of practice of a nurse in a particular setting (Watson *et al.* 2002). Nursing competency standards define the minimum levels of care that all nurses must meet when providing nursing services (Walker & Godfrey 2008). The literature identifies that competency standards serve multiple purposes. Firstly, they provide a framework for tertiary institutions to develop curricula and assess student performance (Chiarella *et al.* 2008, Nursing and Midwifery Boards of Australia. 2006, Watson *et al.* 2002, Witt & Almeida 2008). Secondly, they communicate nursing's scope of practice to other health professionals, stakeholders such as employers and consumers (Chiarella *et al.* 2008, General Practice Foundation Nursing Sub-group. 2012, Lin *et al.* 2010). Finally, they can be used to assess an individual's competence to practise either as part of regular renewals of practice certification, after breaks of service or in professional conduct disputes (Nursing and Midwifery Boards of Australia. 2006).

In addition to core competency standards for nurses (Nursing and Midwifery Boards of Australia. 2006), various specialty groups have developed documents which outline the scope of practice and competency standards appropriate within that area of nursing practice (Australian Nursing Federation 2005, Australian Nursing Federation. & Victorian School Nurses. 2012, NSW STI Programs Unit. 2012, Richmond *et al.* 2009). Whilst generic nursing standards are predominately developed by national nursing registration organisations following periods of consultation and debate, the development of the various specialist competency standards has been significantly less structured and undertaken largely by smaller organisations or groups of interested nurses. There is limited literature describing or debating methodological approaches for developing competency standards and formal criterion to guide education and continuing professional development of specialty nurses are lacking (O'Connell & Gardner 2012).

Aims & Methods

Aims

The primary aim of this integrative review of the literature was to review the current competency standards for nurses working in PHC. The secondary aim of this review was to inform the development of future competency standards for nurses working in the PHC setting.

Design

This integrative review was informed by the work of Whittemore and Knafl (2005). Data were extracted into summary tables. This matrix was then used to identify common themes and compare and contrast the included literature.

Search methods

From the outset it was identified that this review would need to capture the grey literature in addition to peer-reviewed materials. As such, a pragmatic approach to literature searching was taken, encompassing both traditional systematic search methods and extensive consultation to identify relevant documents. Searches of the electronic databases, EBSCO Host, CINAHL and Web of Science were conducted. Additionally, the Google search engine was used to identify the websites of key international professional organisations and locate relevant materials. Search terms included; competence, competency standards, competency statement, professional practice combined with PHC, general practice, community, office nursing and nurs*. Key stakeholders were individually emailed and asked to identify any materials they knew to be relevant. The reference lists of retrieved materials were searched for additional sources. Given the significant changes occurring in the PHC environment the search was limited items published since 2000. Due to resource constraints that precluded translations, only English language materials were included.

Search outcome

All database searches were directly imported into Endnote[©] Version 7 and grey literature sources were manually entered. Duplicate results were then removed. One author (EH) screened the titles and abstracts for compliance with the inclusion and exclusion criteria (Table 1). All authors reached consensus on the included papers. In total, 9 papers met the inclusion criteria for this integrative review (Figure 1).

INSERT TABLE 1 HERE

INSERT FIGURE 1 HERE

Quality appraisal

The descriptions of how the competency frameworks were developed varied in quality and level of detail. Few publications reported high-quality research methods underpinning their frameworks. Given this observation and the limited literature available, all studies were included regardless of methodological quality. This limitation needs to be considered when interpreting the findings of the review.

Given the variation in the research methodologies the Critical Appraisal Skills program (CASP) tool was modified for use in this review. The assessment of study quality can be seen in Table 2.

INSERT TABLE 2 HERE

Data abstraction and synthesis

A narrative synthesis was used to aggregate the data, given the heterogeneity of the included papers. Data was abstracted from each paper into a summary table and series of matrixes. The data were then read line by line and papers compared and contrasted to look for patterns and relationships.

Results

Nine competency standards for nurses in PHC were included in this review (Table 3). These Standards had been developed in several countries, including Australia, New Zealand, UK, Thailand, South Africa, Brazil and Canada. The focus of the standards ranged from specific standards for general or family practice nursing to general PHC standards.

The included papers varied significantly in terms of quality of reporting and scope. Firstly, whilst some papers provided a detailed description of the study methodology

and analysis, other documents failed to provide any real description of how the standards were developed. Secondly, the scope of the underpinning research differed across papers. Where some documents report a national approach to the consensus development of standards, others derived opinions from very small samples of local participants or key experts only. Finally, the included papers differed in terms of the degree of detail provided within the competency standards. Some documents provide very detailed descriptions of the skills that an individual nurse should be able to perform; however, others provide much broader statements of areas of clinical practice. Given the relatively small number of papers included each is described individually below before a synthesis of the findings is presented.

INSERT TABLE 3 HERE

Australia

In 2003, the Australian Nursing Federation (now the Australian Nursing and Midwifery Federation) commissioned a project to revise the competency standards for the advanced nurse and develop competency standards for both registered and enrolled general practice nurses. This project collected data via a literature and document analysis, focus and nominal group techniques, extensive stakeholder and nurse consultation and observations of clinical nursing practice. The final competency standards mapped competency standards for nurses working in general practice beside those of a generic nurse as determined by the Nursing and Midwifery Board of Australia (Australian Nursing Federation 2005).

United Kingdom

Literature from the UK reports three sets of competency standards developed specifically for general practice nurses. The first two are smaller local investigations

undertaken to facilitate professional development in their local area (Sherlock 2003, Webster *et al.* 2003). The third, and more recent, document was a national competency document (General Practice Foundation Nursing Sub-group. 2012).

The project conducted by Webster *et al.* (2003) was initiated in response to the locally identified need to improve the environment of nurses working in general practice in order to optimise their role. Competency standards identified in this project related to specific clinical tasks rather than broad areas of clinical practice. However, a key strength of this project was that the competency standards were subsequently tested and used to form the basis of position descriptions, nurse grading documents and peer feedback proformas (Webster *et al.* 2003). This ensured that the competency document was applicable to practice and also promoted engagement of clinicians. Another key feature of this project was that it categorised nurses into four levels based on both demonstration of competence and recommended duration of nursing experience. These levels were also linked to remuneration scales (Webster *et al.* 2003).

Simultaneously, Sherlock (2003) developed competency standards as part of creating a personal development plan for general practice nurse. These standards were comprised of basic core competency standards, additional core standards and specialist standards. The core competency standards identified were largely task orientated, whilst the specialist competency standards focused on specific disease processes or client groups. Individual nurses were asked to self-assess their competence on a 4-point Likert scale (1 – very confident to 4 – need to learn a lot). No outcomes data of this self-assessment are reported.

More recently, the UK General Practice Foundation (2012) has produced the UK General Practice Nursing Standards in response to concern about a variable quality of nursing care being provided in general practices. This document includes both "the common core competencies and the wider range of skills, knowledge and behaviours a nurse needs in order to be a fully proficient GPN"(p. 4)(General Practice Foundation Nursing Sub-group. 2012). The document is closely aligned with both the training curriculum for general practitioners and the World Organisation of Family Doctors (WONCA) characteristics of general practice, although the exact process of its development is unclear.

New Zealand

Similar to the UK example (General Practice Foundation Nursing Sub-group. 2012), New Zealand PHC nurses have competency standards embedded within a career and professional development framework (New Zealand College of Primary Health Care Nurses. 2007a). This framework identifies five levels of nurse; new graduate, competent, proficient, expert and nurse practitioner. Each level of nurse is defined by broad criteria and linked to suggested professional development activities (New Zealand College of Primary Health Care Nurses. 2007a). Additionally, local health boards have developed more detailed resources such as knowledge and skills frameworks (MidCentral District Health Board. 2013) to support nurses in developing and demonstrating competency standards within the general practice setting. Despite the comprehensive resources available, it is not clear from the literature how the competency standards were actually developed.

Compared to the UK standards (General Practice Foundation Nursing Sub-group. 2012), the New Zealand standards (New Zealand College of Primary Health Care

Nurses. 2007b) are much less detailed and consist of broader generic statements about areas in which the PHC nurse should demonstrate clinical competency.

Canada

Moaveni *et al.* (2010) reported a Delphi study which sought to achieve consensus on a role description and competency framework for nurses working in primary health care. The project sought to "learn from and describe the ways in which exemplary FP-RNs optimised their role in family practice settings" (Moaveni *et al.* 2010)(p. 52).

The Delphi process was undertaken with a panel of 37 local experts, including 19 registered nurses (6 were specifically family practice registered nurses), 2 nurse practitioners, 6 family physicians and 6 allied health professionals. The process of building the framework involved three rounds of questioning. The two initial rounds asked participants to: (a) rate each role description and enabling competency on a 5 point Likert scale (1-strongly disagree to 5-strongly agree); (b) provide feedback around the wording of each statement; (c) make suggestions for missing elements that should be included. Consensus was defined as 80% agreement or a mean score of 4.0 or above on each statement. The final round involved a face-to-face meeting and discussion. Interestingly, the work of the exemplary nurse was not described by a defined skills set but rather by a broader set of identifying roles. Therefore, the data which emerged described who the exemplary practice nurse is rather than what the exemplary practice nurse does.

Thailand

Nontapet et al. (2008) used a two-stage process to develop their competency framework. The first stage involved a systematic review, whilst the second stage

comprised interviews with public health staff (n=8), nurse experts (n=3), directors of primary care units (n=7) and primary care nurses who had been working in primary care for more than three years (n=8). Included literature had a significant focus on nurse practitioner competency standards, particularly from the USA and Canada (6 of 11 reports), despite the fact that Nontapet et al. (2008) did not focus on nurse practitioners.

Of the four core primary care competency standards identified, Nontapet et al. (2008) argue that two standards (interpersonal relationship and professional accountability) were congruent with the international literature, whilst the remaining two standards (care management and integrated health care) were conceptually different as a result of the Thai context. Nontapet et al. (2008) viewed care management as being primarily administrative, involving aspects of work such as organisation, finance, service systems and quality of care. The competency standard of integrated health care encompassed health promotion, disease prevention, clinical treatment and rehabilitation.

South Africa

Similar to the work of Moaveni *et al.* (2010), Strasser (2005) conducted a Delphi study. Strasser (2005) sought to identify core competency standards of "clinic nurses" and develop a tool for evaluation of competence in primary care nurses. This study engaged not only local experts and clinicians but also expert opinion from the USA and Canada. This consultation led Strasser (2005) to identify nine core competency standards. It was argued that focussing education and training around these competency standards may assist in rapidly producing work-ready nurses to undertake work in PHC settings.

Brazil

In 2008 Witt and Almeida sought to identify and analyse both the general and specific competency standards of Brazilian nurses working in primary care. This work built on previous work by a number of Brazilian authors published in non-English publications. This three-round Delphi study used a sample of 52 PHC nurses who had been employed in PHC for more than 2 years and 57 other specialists, including public health and community nurses (Witt & Almeida 2008). A 75% response rate of 4 (agree) or 5 (strongly agree) was defined as consensus.

Common themes

Table 4 presents an overview of the common themes of the included competency standards. From this table it is clear to see that despite their differences, the included competency standards share many commonalities. Clearly the areas of clinical practice, communication, professionalism and health promotion are common threads across most competency standards. Additionally, many standards have included aspects of teamwork, education, research / evaluation, information technology and the PHC environment. A smaller number of standards have highlighted problem solving, infection control and cultural safety.

INSERT TABLE 4 HERE

Discussion

This review has reported a critical synthesis of the published competency standards for nurses working in PHC internationally. Many of the standards included in this review offered limited description of the processes used in their development. This makes it difficult to draw conclusions on the quality of the approach taken. It would appear likely, that very few of the published standards were developed based on

rigorous methods of development. There was also limited evidence found of any attempt at evaluation of the standards developed within clinical settings. This highlights an area for future research, to ensure published standards are both rigorously developed and reflect the realities of clinical practice. It also highlights that care needs to be taken in synthesising and drawing conclusions from these papers.

Nursing practice in PHC is diverse and the specific tasks undertaken are directly related to the context in which the nurse is providing care (Halcomb *et al.* 2008, Patterson *et al.* 1999). Therefore, standards for PHC nurses need to be sufficiently flexible to allow nurses to demonstrate their attainment in different ways. As can be seen from the themes that emerged in this review, many of the included standards were broad. However, some of the included standards took a very prescriptive approach and appeared more like a series of task lists. The use of broad statements has implications if these documents are to be used as a means of communicating the role of nurses' to other health professionals and consumers (McCarthy *et al.* 2012, Moaveni *et al.* 2010, Oandasan *et al.* 2010, Todd *et al.* 2007, White *et al.* 2008). However, the development of task style lists risks reducing nursing work to being seen as purely task orientated (Cowan *et al.* 2005). In the future consideration needs to be given to the development of standards that provide sufficient detail to allow for clarity by a range of readers but which also avoid providing so much detail that the document is task orientated and prescriptive.

There is a body of literature which describes the development of competency standards for various specialty nursing groups within the acute care sector in addition to the literature included in this review (Davey 1995, Davis *et al.* 2008, Dunn *et al.* 2000, Gardner *et al.* 2006). The methods used to develop the competency standards are also reported in these papers with varying degrees of detail. However,

there is limited attention paid specifically to the methodologies used, with the methodological literature largely silent in this area. Given the importance of competency standards to the profession, it is clear that these documents should be drawn from a strong evidence-base and rigorous development. This review highlights a gap in the methodological literature that represents an area worthy of further debate.

Limitations

There are a number of limitations that the reader needs to consider when interpreting this review. Firstly, this review included competency standards from across the world and various PHC settings. Each of the countries from which these papers were drawn has a different health system and nurses likely have somewhat different roles. Additionally, the various settings likely impacted on the specific nursing role. Despite this it was evident that common themes emerged. On one hand this evidences the common aspects of the nursing role in PHC, but on the other, highlights that competency standards for clinical specialties or settings need to be more specific to the context of nursing practice in the target environment.

Secondly, several included standards did not report the methods used to develop the reports. Whilst two attempts were made via email to contact the authors of these reports for clarification, some authors did not respond. Therefore, the judgements in this review are based on the information provided in the publications.

Conclusion

This review has identified and synthesised the competency standards that have been developed for nurses working in PHC and, in particular, general practice. It has

highlighted that whilst a range of competency standards for nurses have been developed in various PHC settings, these share common themes around the nurses' role. Given the potential value of competency standards, further work is required to develop and test robust standards that can communicate the skills and knowledge required of nurses working in PHC settings to policy makers, employers, other health professionals and consumers.

Relevance to clinical practice

As PHC continues to be a key focus of health systems internationally, competency standards for nurses working in PHC provide a valuable tool to assist policy makers, and to guide professional practice. At a national level, evidence based standards may assist in articulating the scope of nurses in these settings, and the value of the PHC nursing role within health systems, including where nursing roles may overlap with those of other members of the healthcare team. The standards may also be drivers for change by identifying potential future nursing roles in PHC redesign. In some jurisdictions, evidence based competency standards for nurses working in PHC may also be used in conjunction with other professional standards and codes to assess continuing competence or professional performance in these settings.

Where PHC nurses are employed in small enterprises such as in general practices, the availability of competency standards provides a framework which may assist in the employment and selection of nurses, including the expected capability of employees, any additional education which may be required for novice employees, and potential use of nursing skills within individual settings. They may also be used as part of an employee performance review process, providing agreed standards by which all nurses in the practice setting will be assessed and monitored and future

professional and practice development needs be identified. Evidence based competency standards may also inform the development of PHC content in nursing curricula. This may enhance the work readiness of undergraduate and post graduate students and better prepare them to work in PHC settings.

Importantly, well designed competency standards provide a tool to communicate to the broader nursing community, other health professionals and consumers the standard of care which can be expected from nurses working in PHC. They may also be used to publically promote the role and/or potential role of nurses working in these settings. Given the importance of competency standards it is vital that these documents are the product of thorough research and consultation to ensure that they meet both professional and clinical needs.

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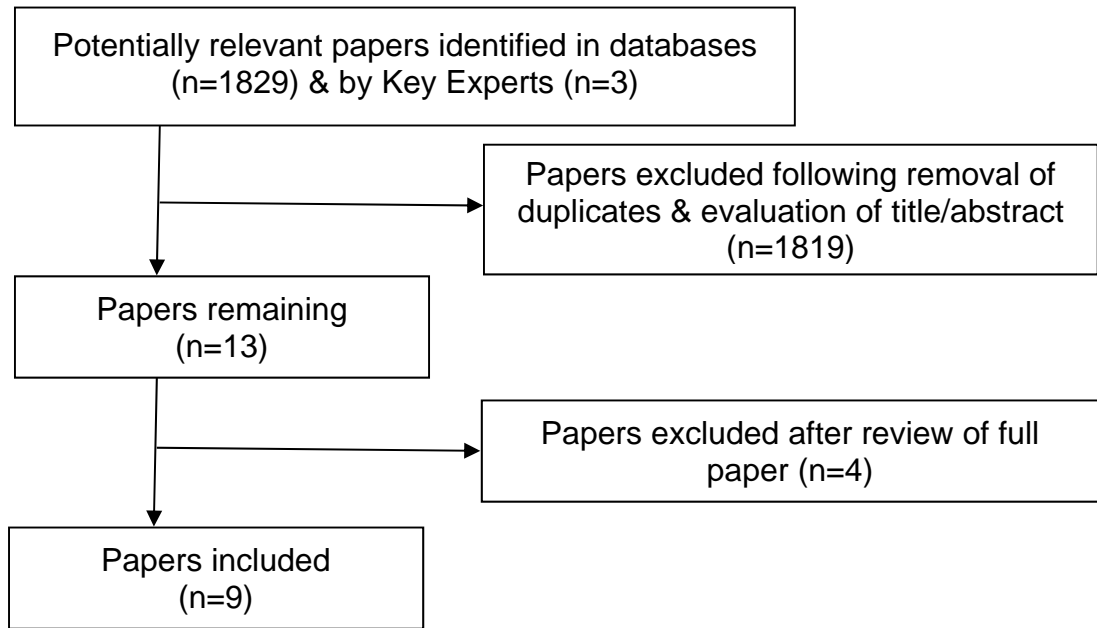
FIGURE 1. Process of paper selection – Prisma Flow diagram

Table 1. Inclusion and Exclusion criteria

Inclusion criteria	Exclusion criteria
Published between 2000-2013	Published prior to 2000
Published in English language	Published in language other than English
Reported competency standards for nurses working in general practice or generic primary health care.	Focussed on competency standards for a specific aspect of primary health care (e.g. cardiac disease, travel clinics)
Contained search keywords	Did not contain search keywords

Table 2. Quality appraisal

1. Was the research design appropriate to address the aims of the research?
2. Was the recruitment strategy appropriate to the aims of the research?
3. Was the data collected in a way that addressed the research issue?
4. Is the achieved sample size sufficient for the study aims and to warrant conclusions drawn?
5. Was the data analysis sufficiently rigorous?
6. Is there a clear statement of the study findings?
7. Are the limitations or weaknesses of the study acknowledged?
8. Is the research valuable?

	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Australian Nursing Federation (2005)	X	X	X	X	X	X	X	X
Moaveni et al. (2010)	X	X	X	X	X	X	X	X
Nontapet et al. (2008)	X	X	X	X	X	X	X	X
NZNO NCPHN (2007a)	unclear							
Sherlock (2003)	unclear							
Strasser (2005)	X	unclear				X	-	V
UK General Practice Foundation (2012)	unclear							
Webster et al. (2003)	unclear							
Witt et al. (2008)	X	X	X	X	X	X	X	X

Table 3. Summary of Included Papers

Reference	Country	Sample	Research Method	Overview of Competency Standards
Australian Nursing Federation (2005)	Australia	Not stated	literature and document analysis, focus and nominal group techniques, extensive stakeholder and nurse consultation and observations of nursing	Builds on competency standards for RN Competency standards describing three levels of practice: Enrolled Nurses Registered Nurses Advanced Registered Nurses
Moaveni et al. (2010)	Canada	27 informants identified as local experts	Delphi Study using findings from previous qualitative data	Six Distinct Roles with a total of 16 core competencies
Nontapet et al. (2008)	Thailand	8 Public Health staff 3 Nursing Experts 7 Directors PCU 8 PCU Nurses	Literature review and interviews with local participants (n=18)	Four Core Competencies
NZNO NCPHN (2007a)	NZ	Not stated	Not stated	Position statement with 9 broad core competencies 30 core competencies building in complexity across a professional development framework
Sherlock (2003)	UK	Not stated	Skills based assessment tool developed by steering group from existing literature	6 Basic core competencies, a further 15 'Additional core competencies'' and 8 'Specialist competencies
Strasser (2005)	South Africa	18 participants at initial reference groups meetings 6 respondents first round 2 respondents second round	Delphi	Nine Core Competency Standards
UK General Practice Foundation (2012)	UK	Not stated	Not stated	7 Areas of practice comprising 30 core competencies

Reference	Country	Sample	Research Method	Overview of Competency Standards
Webster et al. (2003)	UK	Not stated	Consensus	Minimum no. years experience together with list of tasks with increasing complexity Graded Basic E through to Advanced H
Witt et al. (2008)	Brazil	52 PHC nurses & 57 others, including public health and community nurses.	Three-round Delphi study	10 domains Nurse Group -17 competencies Specialists Group – 19 competencies

Table 4. Common themes in PHC nursing competency standards

Theme	United Kingdom			NZNO NCPHN (2007a)	Australian Nursing Federation (2005)	Nontapet et al. (2008)	Moaveni et al. (2010)	Strasser (2005)	Witt et al. (2008)
	Webster et al. (2003)	Sherlock (2003)	UK GPF (2012)						
Working together			Communication within teams	Work in collaboration with other health professionals to offer access to comprehensive services that improve, maintain & restore health	Actively seeks out opportunities and resources to manage professional isolation	Integrated Healthcare Service	Synergist	Identifies when & where to refer	Teamwork
Clinical practice	Clinical Skills – detailed clinical skills list	Clinical Skills	Clinical Skills – detailed clinical skills list	Use a wellness focus when applying the nursing process to achieve identified client outcomes	Demonstrates comprehensive & accurate knowledge & skills in providing episodic & ongoing care.	Care Management	Expert	Capable of managing common conditions	Basic Public Health Sciences
		Basic Life Support							
		Health & Safety	Health, Safety & Security	Ensures the safety of clients / health team members & other				Capable of providing general clinic management	Health Care
Communication		Communication / Attitude skills	Communication / Communication with Patients	Provide health education appropriate to the needs of the client	Ensures clinical nursing decisions are communicated to the team.	Interpersonal Relationship	Communicator	Demonstrates effective communication & counseling skills	Communication
				Communicate effectively with clients & health team members	Liaises with relevant community and health care agencies.			Demonstrates a caring, confident approach	

Theme	United Kingdom		NZNO NCPHN	Australian	Nontapet et	Moaveni et al.	Strasser (2005)	Witt et al.
Professional	Clinical supervision	Personal & People Development	Accepts responsibility for ensuring that their nursing practice meets the standards of the nursing profession Provides leadership through the NZCPHCN	Professional practice	Professional Accountability	Professional		Professional Values
Education		Teaching & Assessing	Learning & Development / Development & Innovation		Recognises the need for ongoing education & training to maintain competence for nursing practice		Life-long learner		Education
Problem Solving								Able to problem solve	Problem Solving
Health Promotion	Health Promotion	Health Promotion	Health Promotion	Conducts nursing clinics (individually or groups) and is active in health promotion and illness prevention and management	Collects information about practice population to inform health promotion & illness prevention strategies	Health promotion	Health Educator		Health Promotion

Theme	United Kingdom			NZNO NCPHN	Australian	Nontapet et	Moaveni et al.	Strasser (2005)	Witt et al.
Working in Context		Context of the NHS	Equality & Diversity	enable individuals & communities to increase control over the determinants of health	Practice is based on primary, preventative care or early intervention health care approaches			Demonstrates a community orientation	Community Orientation
Information Technology	IT skills	Information Technology	Information & Knowledge		Demonstrates proficiency in the use of information management technology & systems to inform clinical care	Information management		Capable of accessing & using information	
Research & Evaluation	Audit / Research	Practice Profiling	Quality & Service Improvement	participates in continuous quality improvement activities to monitor & improve standards of nursing	Uses best available research to inform clinical care management	Quality management			
Other		Infection Control		Evidence of cultural safety and application of Te Tiriti o Waitangi within practice				Able to apply rational drug use	Management