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Developments in nursing call for new nursing specialties

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Nurses over age 55 all remember the days of “post-school” training programs when nurses could acquire a specialty, mainly in cardiology and psychiatry. There was even a training program in midwifery for those thinking of practising in remote regions. Unfortunately, despite the excellent reputation of such specialized nurses, the programs were abolished in the early 1970s. Where training was concerned, the profession then became polarized around the question of whether a baccalaureate should be required as an entrance requirement — a debate that went on for two decades! The issue of enhancing basic training completely overshadowed the need for training in specific clinical fields. Two other factors also interfered with recognition for specialization in our profession: on the one hand, nurses’ wish to define themselves as generalists and, on the other hand, the desire to keep seniority as the criterion for all positions. Today, the increasing complexity of care is creating new challenges for the profession. If we are to meet them successfully, the Order feels that new specialties must be recognized.

An international trend

All over the world, nursing specialization is clearly a growing trend. The International Council of Nurses (ICN) maintains that specialties can be determined

based on clients’ age, such as pediatric care; on the type of illness, such as psychiatric care; on the practice setting, such as front-line care; or on the nature of care, such as critical care. Specialized training always assumes that the nurse has completed her general training targets a limited area of the field of practice and aims at acquiring specific skills that considerably exceed what generalist nurses learn about a given technique. Specialization concerns only clinical practice and does not include management, teaching or research. Most countries have recognized specialties, but have taken varying approaches. In France, for example, three specialties are regulated: anaesthetist nurses, operating room nurses and pediatric nurses. In the United States, certification agencies or nursing associations offer certification in a number of specialties. The first American certification program was founded back in 1973. In 2002, over 350,000 nurses in North America held one of the 40 different certifications granted by these agencies. In Canada, certification is overseen by the Canadian Nurses Association (CNA), which administers exams in 14 specialties. In Quebec, an estimated 300 nurses have passed one of the CNA examinations.

The situation in Quebec

Under Quebec’s professional system, specialization is considered a means of protecting the public, by offi-

cially recognizing those individuals entitled to call themselves specialists. Only professional orders are authorized to issue specialist's certificates. The best-known example is that of doctors: the Collège des médecins du Québec recognizes 35 specialties. Many nursing associations would like the Order to recognize their field of expertise as a specialty, in particular the Association québécoise des infirmières en oncologie (AQIO), the Association des infirmières en prévention des infections (API), the Association québécoise des infirmières et infirmiers en santé mentale (AQIISM), the Regroupement des infirmières et infirmiers en soins intensifs du Québec (RIISQ) and the Association des infirmières et infirmiers d'urgence du Québec (AIUQ) — in oncology, infection prevention, mental health, intensive care and emergency care, respectively. This year, a ministerial notice concerning nurses' contribution to cancer prevention and treatment and the Aucoin report on nosocomial infections strongly recommended that specialized nurses be trained in both these fields. We have also been informed of the preliminary findings of a report by an expert committee on mental health submitted to the Office des professions du Québec, recommending that nurses with specific university training in mental health be authorized to perform new activities related to this field.

In light of the current situation, the Bureau of the Order began documenting the question two years ago. Our studies and consultations have convinced us that nursing in a number of areas calls for more advanced skills. Although a nurse's permit allows her to practise anywhere, in theory, the Order would like to ensure that some specialized sectors can count on sufficient numbers of nurses specifically trained to perform more complex and potentially more dangerous acts, or to take on new roles. Recognition of specialties by the Order would contribute to greater public protection by spelling out the training and other criteria for issuing specialist's certificates.

In September, the Bureau came out in favour of creating nursing specialties in four priority areas: critical and emergency care, oncology care, mental health and psychiatry, and infection prevention.


In the months to come, the Order will hold consultations to arrive at a consensus in the profession on the terms and conditions for issuing such specialist's certificates. We must determine the eligibility conditions for these certificates, for instance university degrees, and other criteria for obtaining a certification, such as examinations. This is a crucial consideration, as we must prove to the Office des professions du

Québec that the specialty requires in-depth theoretical and practical training and cannot be taught merely through enriched basic training or a simple professional level opment course.

Recognition of experience

The regulations covering the Order require that there be a transitional provision, i.e. applicable for a limited time, when creating a specialty, so that nurses can obtain recognition for the knowledge and skills they have acquired in the specialty area. A nurse holding a DCS who meets the criteria as regards experience could apply to take the examination and possibly be granted a certificate in this specialty.

Just a few years ago, we managed to upgrade basic DCS training and championed the integrated DCS-BAC program. More recently, Bill 90 authorized nurse practitioners with master's-level training in nursing science. Overall, it extends our field of practice and creates demand for new roles, for instance front-line nurses in mental health or nurse navigators in oncology. Nursing specialization is clearly the missing link that will help us face new challenges, both an effective tool for protecting the public and a strategy of attracting new members to the profession thanks to the wide range of new careers in this clinical field. I am thoroughly convinced of the urgent need to train and recognize the specialized nurses our healthcare system so badly requires. ●



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