



ACIPC

Australasian College  
for Infection Prevention and Control

## Credentiailling Position Statement

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### ACIPC Recommends

That infection prevention and control professionals work towards and achieve credentialling at the Primary, Advanced or Expert level.

### Introduction

In 2015, the Nursing and Midwifery Board of Australia (NMBA) released the *Specialist Recognition and the Nursing Profession* position statement based on the findings of a project exploring the need for registration of specialty practice within the nursing profession. The position of the NMBA with respect to registration of specialty practice in nursing is that:

- a variety of mechanisms are employed internationally to recognise and regulate specialty practice including credentialling processes;

specialist organisations representing specialty nursing groups in Australia have developed sound governance processes for specialty practice that provide an effective means of acknowledging advanced practice that may be recognised by employers and the health industry at large

### Definitions

The Coalition of National Nursing Organisations (CoNNO) in 2011 following the development of a national credentialling framework, defined credentialling as:

*The process by which an individual nurse is designated as having met established specialist professional nursing practice standards as determined by the CoNNO member organisation. In Australia, this is a voluntary process for nurses and credentialling is governed by professional nursing organisations.<sup>2</sup>*

### Literature Review

The literature demonstrates certain benefits to healthcare workers who are credentialed, namely, they achieve formal peer recognition, they increase in self-confidence, and credentialling can result in career advancement and increased salary.<sup>3-5</sup> A 2005 study from the United States found that the majority of managers (86%) preferred to employ someone who was credentialed as they considered them to have a demonstrated knowledge base in their specialty.<sup>6</sup>

While there are few studies that examine the impact of credentialling on patient outcomes, particularly in terms of infection prevention and control, there are some data to support the idea that credentialling achieves improvements in patient outcomes. For example, Mitchell et al.<sup>7</sup> surveyed 49 infection control units in 152 hospitals and examined the relationship between accreditation outcomes (pass versus met with merit) and whether or not the infection control

program was led by a credentialed infection control practitioner (ICP). They found that programs led by a credentialed ICP were significantly more likely to have been accredited with merit. In other studies, having a director that was certified (credentialed) resulted in significantly lower Methicillin-resistant *Staphylococcus aureus* rates, while infection control programs led by a credentialed ICP were more likely to have adopted evidence-based infection prevention and control practices.<sup>8,9</sup>

## ACIPC Recommends

The Australasian College for Infection Prevention and Control (ACIPC) will continue to provide recognition of specialty practice in infection prevention and control to members through the well-established ACIPC credentialing process. In doing so, ACIPC reaffirms its position that credentialing in infection prevention and control:

- designates specialist expertise,
- informs health consumers,
- establishes a national standard of practice,
- promotes career development; and,
- identifies a community of experts.<sup>10</sup>

ACIPC recommends that all infection prevention and control practitioners work towards and achieve credentialed status. This may be at Primary, Advanced or Expert levels as outlined on the ACIPC website under Credentialling.

## References

1. Nursing and Midwifery Board of Australia, February 2015. Position statement: Specialist recognition and the nursing profession. Accessed 27 May, 2015.  
<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Position-Statements/Specialistrecognition.aspx>
2. Coalition of National Nursing Organisations. (2011). CoNNO National Nurse Credentialling Framework and Resource Toolkit. Accessed 7 July, 2017.  
<http://www.conno.org.au/publications>
3. Ashley, C. & Australian College of Mental Health Nurses. (2014). Development of a professional recognition scheme for specialist nursing: Literature Review and Environmental Scan. Accessed 7 July, 2017  
[https://docs.wixstatic.com/ugd/b1f296\\_99293d13b6804c139ee7489b1a1ccc59.pdf](https://docs.wixstatic.com/ugd/b1f296_99293d13b6804c139ee7489b1a1ccc59.pdf)
4. Canadian Nurses Association. (2014). Accessed 7 July, 2017.  
<http://www.nurseone.ca/Default.aspx?portlet=StaticHtmlViewerPortlet&stmd=False&plan g=1&ptdi=153>
5. Marshall, V. (2009). Benefits of hospice and palliative care certification. *Home Healthcare Nurse*, 27(8): 463-467.
6. Stromberg, M., Niebuhr, B., Prevost, S., Fabrey, L., Muenzen, P., Spence, C., et al. (2005). More than a title. *Nursing Management*, 36(5): 36–46.

7. Mitchell, B., Hall, L., MacBeth, D., Gardner, A. (2015). Infection control standards and credentialling. *Am J Infect Control*, 43(2015): 1372-1381.
8. Krein, S., Hofer, T., Kowalski, C., Olmsted, R., Kauffman, C., Forman, J., et al. (2007). Use of central venous catheter-related bloodstream infection prevention practices by US hospitals. *Mayo Clin Proc*, 82:672-8.
9. Pogorzelska, M., Stone, P., Larson, E. (2012). Certification in infection control matters: Impact of infection control department characteristics and policies on rates of multidrug-resistant infections. *Am J Infect Control*, 40:96-101.
10. Macbeth, D. (1999). Pathway to credentials. *Australian Infect Control*, 4(4): 21-23.

Version	Date	Additions/Amendments	Author	Review By
1.0	October 2023		K.Dempsey ACIPC Practice and Credentialling Standards Committee Chair	