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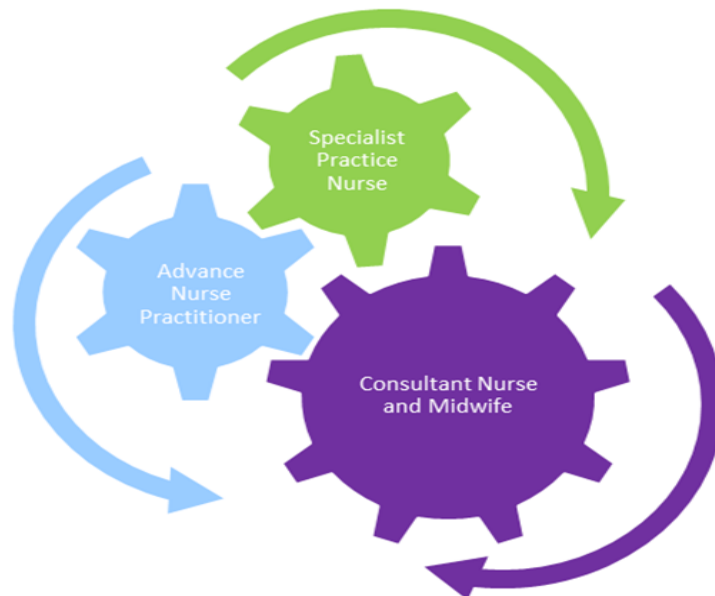
An Roinn Sláinte

Mánnystrie O Poustie

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PROFESSIONAL GUIDANCE FOR CONSULTANT ROLES

Supporting Consultant Nurses & Consultant Midwives
in Health and Social Care



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FOREWORD

Northern Ireland's Department of Health (DoH) introduced Consultant Nurse and Midwife roles in 2000, to act as the pinnacle of a clinical career pathway for the most experienced and expert practitioners, working at an advanced level of practice¹. These roles enable nurses and midwives to combine their role as clinician with the ability to have strategic influence and provide strong professional clinical leadership across the Health and Social Care System. *Health and Wellbeing 2026: Delivering Together*² sets out ambitious plans to transform health and social care. Delivering on this agenda requires all of us to work differently and at the highest standard of our practice.

I want the *Professional Guidance* to help reinvigorate this vital clinical, expert leadership role to drive the transformational changes required to deliver the world class service described in *Delivering Together*. Consultant Nurses and Midwives will also work within their multidisciplinary teams to ensure that services meet the needs of their populations through effective co-production with service users, collaborative engagement and impact measurement of outcomes.

This *Professional Guidance* is designed to support:

- practitioners in the Consultant role and those aspiring to the role;
- the introduction of new Consultant roles to facilitate service developments;
- education providers to enhance the professional development of these practitioners.

It will be reviewed three-yearly to ensure it stays aligned with other relevant professional resources and government policy.



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¹ Department of Health Social Services and Public Safety (2004) *Circular HSS (TC5) 1/2000 (GB Advance Letter (NM) 2/2000)*. Belfast: DHSSPS.

² Department of Health (2016) *Health and Wellbeing 2026: Delivering Together*. Belfast: DoH

1.0 Introduction

The policy for the establishment of Nurse, Midwife and Health Visitor Consultants³ was first introduced in Northern Ireland in 2000. The posts were created to help provide better outcomes for patients/clients, strengthening clinical leadership and providing new career opportunities with the hope of retaining expert practitioners in clinical practice.

The policy guidance requires that all Consultant Nurse and Midwife posts:

“must be firmly based in nursing, midwifery or health visiting practice and involve working directly⁴ with patients, clients or communities for at least fifty percent of the time available (“communities” may be relevant in the case of a nurse working in public health).”

(Annex A, Section B, para 6)

The policy guidance also identified four principal functions⁵ for Consultant roles

“irrespective of the field of practice, setting or service in which it (the role) is based”:

- Expert Practice
- Education, Training and Development
- Professional Leadership and Consultancy
- Practice and Service Development, Research and Evaluation

The professional guidance in this document is designed to provide clarity, regarding the government policy, for practitioners, employers, managers, education providers and workforce planners.

The title Consultant Nurse or Consultant Midwife is only to be used by those employed in the role which fulfils the four principal functions in the DHSSPS policy guidance (2004)¹.

³ Although the policy refers to nurse, midwife and health visitor consultants the title to be used from 2016 is Consultant Nurse or Consultant Midwife.

⁴ In this document “working directly with” also includes practice which directly impacts upon the care of patients/clients or communities.

⁵ The four principal functions hereafter are referred to as the four core competencies

2.0 Consultant Nurse and Consultant Midwife Roles

The Consultant Nurse and Consultant Midwife practises autonomously at an advanced level in the delivery of high quality, safe and effective care. The Consultant role blends a significant proportion of direct, higher level clinical care with education, research, service development and evaluation activities. These practitioners work within multidisciplinary teams across organisational, and professional boundaries,. They lead and influence service and policy development at strategic level while continuing to provide a strong clinical commitment and expert advice to clinical colleagues.

The core components of Consultant Nurse and Consultant Midwife roles are outlined in Table 1. The distinguishing characteristics between Consultant Nurse and Midwife Roles, Advanced Nurse Practitioner and Specialist Nurse Practitioner roles is provided in Table 2 adapted from NI Advanced Nursing Practice Framework⁶ (Annexe One, p. 11).

Table 1. Core Components of Consultant Nurse and Consultant Midwife Roles	
Expert Practice & Scope of Role	<ul style="list-style-type: none"> • exercise advanced levels of clinical judgment, knowledge and skill and possess a high degree of personal/professional autonomy to enable complex decision-making; • use an innovative, person-centred approach to contribute to better outcomes and experience for patients/clients, families, carers or communities; • provide strategic professional leadership to support improvements in professional practice, standards of care and effective identification and management of risk within the organisation's clinical governance framework; • act as an educator for colleagues wishing to develop advanced knowledge and skills and establish university links to provide academic and research support; • develop and influence professional practice locally and nationally through the promotion and evaluation of evidence-based practice, research and service development; • present and contribute to local/national professional conferences, special interest groups/working parties, research and relevant publication; and • lead and facilitate interprofessional working.
Supervision Requirement	<ul style="list-style-type: none"> • supervision relevant to the area of practice through local/national professional networks; and • professional nursing/midwifery supervision.
Service Improvement	<ul style="list-style-type: none"> • work with DoH and other relevant organisations to influence policy development and service/quality improvement; • lead on service/quality improvement initiatives at local, regional and national level; and • lead innovations across multidisciplinary teams.
Professional & Education Requirements	<ul style="list-style-type: none"> • live NMC registration; • have completed a Master's Degree as a minimum; • have completed a post-graduate qualification within the relevant area of practice; and • pursuing continuous professional and scholarly activity.

⁶ Department of Health, Social Services and Public Safety (2016) *Advanced Nursing Practice Framework: Supporting Advanced Nursing Practice in Health and Social Care Trusts*. Belfast: NIPEC

3.0 Core Competencies for Consultant Nurse and Consultant Midwife Roles

The Consultant roles are the pinnacle of advanced practice and comprise four core competencies (see Figure 1):

- Expert Practice
- Professional Leadership and Consultancy
- Education, Learning and Development
- Practice and Service Development, Research and Evaluation

Figure 1. Entry criteria and core competencies for Consultant Nurse and Consultant Midwife Roles



4.0 Application of Core Competencies

The four core competencies relevant to the Consultant Nurse and Consultant Midwife roles have specific core learning outcomes and are presented on pages 8 – 11. The learning outcomes in this *Guidance* should be followed for:

- future curriculum development of the MSc Educational and Training programmes (commissioned by DoH)
- development of job descriptions for the roles
- ongoing learning and development of the individual employed in the role.

The core competencies and core learning outcomes will complement other generic competency frameworks which are relevant to the Consultant Nurse and Consultant Midwife roles, such as Knowledge and Skills Framework (DH, 2004)⁷; Healthcare Leadership Model (NHS Leadership Academy 2013)⁸; Attributes Framework (DoH, 2016)⁹.

5.0 Continuing Professional Development (CPD) for Consultant Nurses and Consultant Midwives

The nature of Consultant Nurse and Midwife posts demand a portfolio of career long learning, experience and formal education, up to or beyond master's degree level; research experience and a record of scholarship and publication. Consultants should:

- seek opportunities to develop their knowledge and skills within all four core competency areas. It is important that the individual continues their portfolio of practice development, scholarship and research and is recognised as an expert and innovator in their field of practice
- develop their role in leading and influencing strategic planning, interprofessional and interagency working service developments and through co-production and co-design, facilitate improvement in services and patient/service user experience.
- have well established professional networks and collaborations associated with the area of practice, including Medical and Allied Health Professions colleagues, which will assist them with supervision and support them to develop their professional knowledge and leadership skills. These networks are an important element of the individual's CPD and can be local, regional, national and international.

⁷ Department of Health (2004) *The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process*. London: DH.

⁸ National Health Service Leadership Academy (2013) *Healthcare Leadership Model*. Available at <http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model>

⁹ Department of Health Social Services and Public Safety (DHSSPS) (2014) *Supporting Leadership for Quality Improvement and Safety: An Attributes Framework for Health and Social Care*. Belfast: Health and Social Care Board and Public Health Agency.

6.0 Core Competencies and Learning Outcomes

Core Competence: Expert Practice

NMC Code theme: Prioritise People, Practise Effectively & Preserve Safety KSF Core Dimension: Quality, Health, Safety & Security The Consultant Nurse/Midwife will	
1.	Exercise a high degree of personal and professional autonomy in making complex clinical decisions drawing on advanced knowledge, skills and behaviours.
2.	Make decisions where precedents do not exist, challenge as necessary and provide advice and support to colleagues where standard protocols do not apply within multidisciplinary teams across organisational, professional and agency boundaries.
3.	Lead and influence service and policy development at strategic level while continuing to provide a strong clinical commitment and expert advice to clinical colleagues.
4.	Demonstrate advanced skills for assessment, diagnosis, treatment, management and prescribing within the field of practice and make and receive referrals, where appropriate.
5.	Identify and adopt innovative clinical practice models, eg. implementation and evaluation of new treatments, technologies, and therapeutic techniques.
6.	Lead/collaborate in the design and conduct of quality improvement initiatives.
7.	Actively participate in formalised ongoing supervision with Consultant peers eg. peer review of clinical practice at Consultant level.
8.	As an expert, conduct and contribute to systematic reviews of clinical practice.
9.	Provide a professional opinion on and where relevant lead clinical investigations/reviews
10.	Lead and support authentic stakeholder engagement, through co-production and co-design, to facilitate improvement in services and patient/service user experience.

Core Competence: Professional Leadership and Consultancy

NMC Code theme: Prioritise People, Practise Effectively & Promote Professionalism and Trust

KSF Core Dimension: Communication

The Consultant Nurse/Midwife will

1.	Demonstrate professional leadership to support and inspire colleagues to improve standards, quality and professional practice.
2.	Have a significant role in Quality Improvement, providing expert input and influencing/challenging other professions, the wider organisation and across organisational boundaries to help deliver better services.
3.	Provide expert advice to others within and outside of the professions of Nursing/Midwifery, acting as a resources for others and also facilitating support within and outside of the organisation.
4.	Provide leadership to national/ international, as well as local, developments in their recognised area of expertise.
5.	Have the ability to challenge, motivate and inspire others, including other staff groups and organisations, to deliver the highest quality of care within their area of practice and beyond.
6.	Challenge organisational and professional barriers that limit or inhibit effective service delivery.
7.	Process complex, sensitive or contentious information in contributing to the development of strategic planning at local and national levels.
8.	Contribute to strategic planning to drive service change within and across health care organisations and across organisational boundaries and systems, where appropriate.
9.	Assume leadership roles, which promote broader advancement of clinical practice, eg. membership of editorial boards, leadership of position papers and development of advanced nursing practice standards.

Core Competence: Education, Learning and Development

NMC Code theme: Practise Effectively & Preserve Safety	
KSF Core Dimension: Development of self & others	
The Consultant Nurse/Midwife will	
1.	Contribute to the education, training and development of colleagues and others especially supporting experienced colleagues to develop advanced competencies.
2.	Support others in achieving their potential by acting as coaches, mentors and role models.
3.	Advocate and contribute to the development of an organisational culture that supports continuous learning and development, evidence-based and person centred practice and succession planning.
4.	Lead and contribute to a range of Quality Improvement, audit and evaluation strategies which inform education and learning.
5.	Work with key stakeholders, including Higher Education Institutes and other education providers, to develop and promote a range of learning opportunities.
6.	Self-development towards academic activity, leadership skills, service improvement methodology, leading/participating in multidisciplinary teams and peer supervision, publication and learning opportunities

Core Competence: Practice and Service Development, Research and Evaluation

NMC Code theme: Preserve Safety & Promote Professionalism & Trust	
KSF Core Dimension: Service Improvement, Equality & Diversity	
The Consultant Nurse/Midwife will	
1.	Provide direction for professional practice and service improvement within NI, nationally and/or internationally. Mentor colleagues and advise on personal development.
2.	Promote evidence-based, person-centred practice, setting of standards monitoring, management of risk and evaluation of care and services.
3.	Develop and advance professional practice to benefit patients/clients/carers and communities by creating, monitoring and evaluating practice protocols.
4.	Lead or collaborate in the application of research in practice, and develop research proposals with academic colleagues, business cases and funding applications, in addition to setting research objectives in line with the strategic direction of the organisation.
5.	Develop a research culture within the area of practice, act as a role model, establishing appropriate policies, support clinical research activity and contribute to publications and dissemination of work. Liaise and collaborate as appropriate with the Lead Research Nurse/Midwife in the HSC Trust.
6.	Maintain a publication record in relevant professional, peer reviewed journals and present at local, national and international conferences.
7.	Contribute to evaluations of service developments, which may lead to service redesign and the introduction of new models of care that are evidence-based and person-centred.

Table 2. Distinguishing characteristics between Specialist Practice Nurse, Advanced Nurse Practitioner and Consultant Nurse and Midwife Roles

Components of Practice	Specialist Practice Nurse	Advanced Nurse Practitioner	Consultant Nurse & Consultant Midwife
Clinical Practice & Scope of Role	<ul style="list-style-type: none"> work as member of a team, within a defined area of nursing practice; undertake comprehensive assessments with differential diagnoses and may diagnose; prescribe care and treatment or appropriately refers and may discharge; and contribute to education, innovation and research. 	<ul style="list-style-type: none"> work autonomously using a person-centred approach within the expanded scope of practice undertake comprehensive health assessment with differential diagnosis and will diagnose prescribe care and treatment or appropriately refers and/or discharges patients/clients provide complex care using expert decision-making skills act as an educator, leader, innovator and contributor to research. 	<ul style="list-style-type: none"> exercise advanced levels of clinical judgment, knowledge and skill and possess a high degree of personal/professional autonomy to enable complex decision-making use an innovative, person-centred approach to contribute to better outcomes and experience for patients/clients, families, carers or communities provide strategic professional leadership to support improvements in professional practice, standards of care and effective identification and management of risk within the organisation's clinical governance framework act as an educator for colleagues wishing to develop advanced knowledge and skills and establish university links to provide academic and research support develop and influence professional practice locally and nationally through the promotion and evaluation of evidence-based practice, research and service development present and contribute to local/national professional conferences, special interest groups/working parties, research and relevant publication lead and facilitate interprofessional working
Supervision Requirement	<ul style="list-style-type: none"> professional nursing supervision 	<ul style="list-style-type: none"> supervision relevant to the area of practice* professional nursing supervision. 	<ul style="list-style-type: none"> supervision relevant to the area of practice through local/national professional networks professional nursing/midwifery supervision.
Service Improvement	<ul style="list-style-type: none"> contribute to policy and service development contribute to service improvement initiatives 	<ul style="list-style-type: none"> responsible for policy development, implementation and service development lead on service improvement initiatives 	<ul style="list-style-type: none"> work with DoH and other relevant organisations to influence policy development and service/quality improvement lead on service/quality improvement initiatives at local, regional and national level lead innovations across multidisciplinary teams.
Education Requirement	<ul style="list-style-type: none"> live NMC registration BSc (Hons) in Nursing or other Health Related Subject; NMC recorded Specialist Practice qualification; and may require a NMC recorded Non-Medical Prescribing qualification. 	<ul style="list-style-type: none"> live NMC registration has completed a Master's programme in the relevant area of practice NMC recorded Non-Medical Prescribing V300. 	<ul style="list-style-type: none"> live NMC registration have completed a Master's Degree as a minimum have completed a post-graduate qualification within the relevant area of practice may require a NMC recorded Non-Medical Prescribing qualification. pursuing continuous professional and scholarly activity.

* The Advanced Nurse Practitioner should receive supervision from an expert within the relevant area of practice. In some instances this may be a practitioner from a discipline other than nursing for example a GMC registered Consultant/Specialty Doctor grade or equivalent

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