RCN Professional Development Framework – Levels of Nursing

Consultant Level Nursing

RCN Professional Development Framework – Levels of Practice

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Introduction

The Royal College of Nursing (RCN) has worked with our members, including RCN Forums and Fellows, to define the levels of nursing beyond the point of registration: enhanced, advanced and consultant level nursing.

The Nursing and Midwifery Council (NMC) sets the standards of proficiency for the registered nurse (NMC, 2018). These standards represent the knowledge, skills, and behaviours that all nurses must have.

The NMC also sets the standards framework for nursing (and midwifery) education, to ensure that the standards of proficiency are met in practice (NMC, 2024).

Beyond the point of registration, the levels at which nurses work are evolving within all settings, including primary, secondary, and tertiary care, the independent sector and social care.

The RCN has developed definitions and standards for the enhanced, advanced and consultant levels of nursing to provide clarity for those aspiring to practice at these levels, as well as for employers and higher education institutions (HEIs).

Whilst consultant and advanced clinical practitioners have been recognised within nursing, previously they have not been defined clearly for all health care settings and nursing roles.

The new and updated definitions and standards will further clarify nursing levels and bring together country-specific frameworks. It is intended that through the use of a shared language, ambiguity can be removed, and the levels of practice can be recognised by service users and professionals.

The RCN is now working on bringing the same consistency of approach to defining supportive and assistive (or associate) roles within the nursing workforce.

Consultant level of nursing

In 1999, the Department of Health (DH) published *Making a Difference* which aimed to strengthen the nursing, midwifery and health visiting contribution to health and health care. Within this a milestone was set to establish nurse, midwife, and health visitor consultant posts for the first time in the UK. Prior to this the term "consultant" had predominantly been used for doctors or to describe someone providing consultancy services based on their credibility and expertise.

Two pioneers in nursing, Steve Wright and Alan Pearson, established the consultant role with older people in nursing development units. However, a primary driver for the government decision was a seminal three-year action research study to operationalise the role of the nurse consultant, published by Professor Kim Manley CBE in 1997. She recognised that nurses working at this level of the career ladder could add significant value to health care systems through facilitating quality care, services and creating transformational cultures.

Other drivers to the DH announcement were the need to strengthen leadership and provide an extension of career and pay opportunities to address the recruitment and retention challenges affecting these professions. The goal was to provide a top clinical role to which experienced nurses, midwives and health visitors could aspire, much in the same way as medical consultants do in their profession. Key features would be a significant clinical component, with 50% recommended, as well as incorporating education, leadership, and research elements.

The NHS Plan (DH, 2000) went on to set a target for 1,000 nurse consultants to be employed in the NHS by 2004. Consequently, posts emerged in a range of health care settings. Guest et al., (2004) undertook an early evaluating examining the effectiveness of the nurse consultant role. This identified nursing posts in mental health, learning disabilities, community and primary care, specialties within a clinical area (such as emergency care, critical care and intermediate care) and specialties specific to conditions such as cancer and diabetes, and midwifery (Redfern, 2006).

The launch of *Modernising Nursing Careers* (DH – CNO's Directorate, 2006) acted as a springboard to further interest in the benefit of nurse consultants within nursing careers and their potential at this level to improve patient outcomes and enhance the quality of health care services. With increased visibility of nurse consultants and publication of evaluations (such as Kennedy et al., 2012) and personal experiences, all four countries of the UK have subsequently provided information on consultant level nursing (National Leadership and Innovation Agency for Healthcare NHS Wales, 2014; DHSSPS Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC), 2017; Health Education England (HEE), 2020; CNOD Scottish Government, 2021; NHS Education Scotland, 2021; NHS Wales, 2023). These roles are aligned to Level 8 of the career framework (Skills for Health, 2020).

The title given for this level remains nurse consultant in some posts but more recently the variation consultant nurse has gained popularity. This seemed to arise from a public perception that nurse consultant implied an external business model (see below), rather than it having parallels with its use in medicine to recognise a level of practice.

Internationally it is notable that the International Council of Nurses (ICN) only uses the term "consultant" in relation to consultancy via credible and visible expert nurses who can contribute to ICN initiatives and can consult with governments, health care institutions and national government organisations seeking the nursing perspective (ICN, 2023). This reflects the way that the term is used in the USA. However, other countries use the term in different ways. For example, Australia has had the clinical nurse consultant since 1992 which is a term that spans the continuum of enhanced to consultant level (Baldwin et al., 2012), while nurse consultant posts are widely advertised in Canada. However, the term tends to be used as an equivalent to advanced nurse practitioner and clinical nurse specialist roles rather than indicating a distinctly higher level that transcends the clinical, education, leadership, and research pillars of nursing.

Skills for Health (2020), DHSSPS Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) (2018), HEE (2020), NHS Education Scotland (2021), the CNOD Scottish Government (2021) and NHS Wales (2023) highlight to function at this level, the practitioner will require highly specialised knowledge and skills, some being at the forefront of knowledge in a field of work, which they use as the basis for original and strategic thinking. They need to be able to hold considerable responsibility and accountability at a senior level.

Two notable terms are used in the literature for this level are:

Systems leadership, which Dreier et al., (2019a) has defined as 'a set of skills and capacities that any individual or organisation can use to catalyse, enable, and support the process of systems-level change. It combines collaborative leadership, coalition building, and systems insight to mobilise innovation and action across a large, decentralised network' (p.13).

Clinical credibility has been identified as an essential enabler to transformation of health care across systems. Manley et al., (2016) defines this as 'The leadership approach that drives integration across boundaries based on specialised clinical credibility working with shared purposes to break down silos and deliver person-centred, safe and effective care with continuity' (p.5).

The evidence base for the benefits of this system level impact includes Welborn et al., (2012) identifying positive impact on improving patient experience and improvement in response to changing population needs (Dreier et al., 2019b). Young et al., (2015) also noted improvement in staff turnover demonstrating an important benefit for the workforce.

HEE has since published its *Multi-professional Consultant-level Practice Capability and Impact Framework* (2020). This was produced by two highly

esteemed nurses, Professor Kim Manley CBE, and Professor Rob Crouch OBE (Consultant Nurse Emergency Care). The methodology for its development utilised co-creation with over 1,000 participants and key professional bodies across the UK (Manley et al., 2022) and research extending over 30 years (Manley et al., 2019). The HEE framework has been welcomed by the RCN and is broadly consistent with the descriptions published in Wales, Northern Ireland, and Scotland.

All publications reviewed to date, have focused on nurses and other health care professionals who are employed in clinical-facing roles.

The following definition, standards and capabilities have been created through appraisal and synthesis of key content from pertinent past and current publications by the four UK countries (NLIAH NHS Wales, 2014; DHSSPS/NIPEC, 2018; HEE, 2020; Skills for Health, 2010; CNOD Scottish Government, 2021; NHS Education Scotland, 2021; NHS Wales, 2023) and integration of relevant academic descriptors for this level (SEEC, 2021; QAA, 2014; SCQF, 2022; Ofqual, 2023). The comprehensive College of Radiographers *Education and Career Framework for the Radiography Workforce – 4th edition* (2022) was used as a professional reference point. An RCN Levels of Practice Workstream group further developed the content for generic application across all contexts in which nurses work. Feedback from Professor Kim Manley and Professor Rob Crouch has been used to shape this work.

Appendix I provides key supporting background information taken from current RCN policy and relevant publications by the four UK countries and international sources.

Enhanced Level of Nursing definition: https://www.rcn.org.uk/Professional-Development/levels-of-nursing/enhanced

Advanced Level of Nursing definition: https://www.rcn.org.uk/Professional-Development/levels-of-nursing/advanced

RCN POSITION: Consultant Level Nursing

The RCN strongly supports the ongoing development of consultant level registered nurses across all areas related to health and social care.

The RCN has recognised that the concept of consultant level can and should be applied across all contexts in which registered nurses work, including leaders, managers, educators, and researchers, to ensure that all are valued and their ultimate impact on the quality of patient care is acknowledged.

In all contexts, the *Principles of Nursing* (RCN, 2023) and *Standards of proficiency for Registered Nurses* (NMC, 2018) are the professional foundation of consultant level nursing.

Definition

Consultant level nursing describes a level which can only be delivered by registered nurses who have progressed from an advanced level within their field through gaining considerable relevant experience* in all the aspects described below to reach a significantly higher level commensurate with Level 8 doctoral level descriptors (or Scottish equivalent Level 12).** The concept of consultant level can be applied to the full range of registered nurses' careers, and not solely particular roles or specific organisational contexts. It is differentiated from other levels by the registered nurses:

a) Expertise*** aided by credibility in the consultant's own professional practice.
b) Strategic and enabling leadership embracing the key skillset for systems leadership and systems transformation.
c) Learning, developing, and improving across the system and
d) Research and innovation as an embedded researcher.

Consultant level nursing is underpinned by a comprehensive range of capabilities and integrated expertise in the four pillars of nursing, namely clinical practice, education, research, and leadership. All four are underpinned by consultancy as the foundations of putting expertise in place across systems of health and social care to sustain quality. These dimensions, together with critical reflection, enable the consultant level registered nurse to function to their full potential and the highest degree of autonomy**** possible within their context of employment.

(Adapted from Manley and Crouch, 2020)

***Experience** - This term is used here to emphasise the fact that a registered nurse cannot progress to a consultant level as described in this definition and core standards, based purely on knowledge and skills acquired through education. Similarly meaningful learning from experience does not take place automatically according to the time served as a registered nurse (Rolfe et al., 2001). Rather, development of the expected level of expertise will require **critical reflective practice** incorporating testing, integration and refinement of theoretical and practical knowledge, skills, and behaviours in real-life situations, including those with that are less familiar, complicated, complex, unpredictable, challenging, and high risk (Dreyfus and Dreyfus, 1980). While Dreyfus and Dreyfus developed this perspective within the field of Social Work, Benner researched and verified its application to nursing in her seminal work (Benner, 1984). From this she concluded that through relevant experience, key nursing attributes can be developed along the novice to expert continuum such as appreciation of the whole situation, the capability to establish priorities within this, and mastery from establishment of a comprehensive knowledge or skill in a particular subject or activity (Benner, 1984). Choperena et al., (2019) have echoed the importance of looking back to past experiences, creating space for dialogue, and bringing the worlds of theory and practice closer together, promoting nursing narratives as an effective vehicle to support this activity. In addition, please refer to the RCN resources on Clinical Supervision. RCN position on clinical supervision | Royal College of Nursing

It is difficult to quantify the amount of time that it might take to achieve consultant level. Many post-qualifying master's programmes are of three years' duration and expect applicants to have a minimum of two years post initial professional registration as an entry requirement. However, Manley and Garbett (2000) have highlighted that from the RCN Expertise in Practice Project that length of experience does not necessarily result in expertise.

**** Demonstration of level 8 descriptors or equivalent**

SEEC Descriptors – Credit Level Descriptors for Higher Education (2021) Level 8 – Doctoral level SEEC-Credit-Level-Descriptors-2021.pdf

These can assist with identifying the level of learning derived from the higher education and workplace (formal/informal, employed, or voluntary) as part of formal work-based or work-integrated learning programmes. Assessment is normally derived from evidence of learning generated through a range of strategies and the SEEC credit level descriptors can inform judgements about the level of learning achievement demonstrated.

Level 8 for England, Wales and Northern Ireland is explained by the Quality Assurance Agency QAA The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies (qaa.ac.uk)

Its equivalent in Scotland is defined as Level 12 in the Scottish Credit and Qualifications Framework (SCQF) Home | Scottish Credit and Qualifications Framework (scqf.org.uk)

In all four countries, this level of academic attainment is traditionally demonstrated in the health and social care sector via two types of award: a PhD where a doctoral degree is awarded on the basis of original research or through completion of a Professional Doctorate where there is a substantial taught element in addition to the research component. The latter aim to develop an individual's professional practice and to support them in producing contribution to (professional) knowledge. In other sectors, certificates and diplomas at Level 8 are available.

Building on the *Multi-professional Consultant Practice Framework* (HEE, 2020), NHS England has launched a **Consultant Practice self-assessment tool (2023)** to support career progression from advanced to consultant level practice. This recognises that pathways to consultant level are unique to the needs of the individual, work setting and service. Therefore, through self-assessment individuals can assess and track their planned or achieved impact. This informs priorities for an individual development towards consultant level. This can be accessed via advanced-practice.hee.nhs.uk/consultant-practice-self-assessment

***Expertise – can be defined as a hybrid of practical and theoretical knowledge which develops when a nurse tests and refines both aspects in actual situations to influence nurses' judgement (Benner, 1984; McHugh and Lake, 2010). Knowledge and skills employed by the expert reflect a thorough understanding of the work context and situations that arise. Conversely, understanding practice shapes and organises knowledge (Hutchinson et al., 2016).

Benner's seminal research (1984) identified five possible expertise levels: novice, advanced beginner, competent, proficient, and expert building on the continuum proposed by Dreyfus and Dreyfus (1981). Expert nurses recognise unexpected outcomes and can alert others to potential problems before they occur. Experts have an intuitive grasp of whole situations and can accurately identify the root of a problem and respond without wasteful consideration of ineffective possibilities. Because of their superior performance, expert nurses are often consulted by others and relied upon to be supervisors and mentors. A feature of expertise is the capacity to recognise subtle features of context and adapt accordingly.

A critical analysis of this concept for nursing by Hutchinson et al., (2016) suggested that the conditions required for development of expertise were time, experience and theory/knowledge and a conducive environment which facilitates perception and sensitivity to the reality, develops speed of reasoning and provides opportunities for complex performance.

**** Autonomy – this word is widely used as a defining characteristic of a profession (Friedson, 1970) and it is notable that with the professionalisation of nursing in the 1980's the importance of their ability to demonstrate autonomous practice has featured widely in the literature, nursing policy and regulatory standards (Skar, 2010). The dictionary defines autonomy as "The right or state of self-government, freedom to determine one's own actions, behaviours, etc". Laperriere (2008) added to this saying autonomy is not only freedom for action but also freedom for thought.

However, autonomy is a highly debated concept with arguments that no clinicians including consultant level doctors can truly work autonomously in a health and social care environment where clinical governance, evidence-based practice standards, ethical frameworks, organisational structures and management systems, and external quality assurance, regulatory, legislative and budgetary controls prevent true freedom to practice and self-governance. In addition, the shared decision-making model has challenged the power dynamic implied by the clinician's autonomy to acknowledge the importance of the patients own autonomy (Entwistle et al., 2010). Clearly at its extreme there is a fine line between freedom to practice autonomously and total freedom of action, which can lead to unsafe, maverick practitioners.

Writers such as Cassidy and McIntosh (2014) have described a middle-ground where nurses autonomy can be expressed within conditions determined by their scope of practice and the set-up in which they work. Friedson (1994) called this the "zone of discretion" where the individual deploys their autonomy as micro-level power a blend of knowledge, research evidence, professional expertise and peoples' perspectives, for making decisions and to enact their responsibilities in the complex context of health and social care. It would be impractical and highly inefficient for registered nurses to rely on others to sanction every decision and action that they take. Therefore, having the opportunity to utilise their autonomy to the full and grasping this within parameters set by the organisation, profession, and legislation amongst others, is key.

It is within this context that the word autonomy is used here.

Establishing the level for consultant nurses

Within HEE's publication (2020) Manley and Crouch have co-created a capability framework giving important detail that can be applied to registered nurses working at consultant level. This identifies five key areas, described below, explains how consultant level is higher than that expected for a health care professional working at an advanced level.

The following has been adapted beyond the clinical context to meet the RCN's broader focus for this level of nursing.

Expert practice

Purpose: help firmly establish values-based professional practice across pathways, services, organisations, and systems, working with people and populations.

This goes beyond the advanced level expectations of developing expertise in professional practice and independent decision making in complex and unpredictable situations to incorporating both expertise and evidence-based practice across pathways, services, organisations, and the system, working with people, populations, and partners.

Strategic and enabling leadership

Purpose: provide values-based leadership across the organisation, services, and systems in complex and changing situations.

This goes beyond clinical and service leadership to influencing how joined-up future health care systems are developed – locally, regionally, and nationally, based on the four pillars, to guide how provision is commissioned and transformed.

Learning, developing, and improving across the system

Purpose: develop staff potential, add to, and transform the workforce, and help people to learn, develop and improve (in and from practice) to promote excellence.

This goes beyond helping to increase levels of complexity in learning, improving, and developing, to transform the workplace. It uses the workplace as a key resource for encouraging cultural change and interdisciplinary and system learning and influencing higher education curriculums and broader approaches to adding to a workforce and its capabilities regionally and nationally.

Research and innovation

Purpose: develop a "knowledge-rich and inquiry" culture across the service and system, that contributes to research outputs and has a positive effect on

development, quality, innovation, increasing capacity and capability and making systems more effective.

This goes beyond using and enabling evidence-based professional practice, data, and audits to continually evaluating and improving practice, creating knowledge-rich and inquiring cultures, supervising research, working in and leading interdisciplinary research and innovation programmes to contribute to the knowledge base, and adding capacity and capability in research and evaluation across the system and beyond.

Consultancy approaches for putting in place and sustaining expertise across the system

Purpose: establishing expertise across the system by using consultancy approaches and opportunities that have maximum impact on practice, services, communities, and populations, and which add to and sustain workforce capacity and capability.

This goes beyond providing direct advice, consultancy and expertise to individuals and interdisciplinary teams in a wide range of situations, to providing expertise across the system to achieve a significant impact across the general population and adds to the capacity and capability of the workforce.

Core standards for consultant level nursing

It is expected that registered nurses will reach and consolidate their achievements at an advanced level before progressing to the consultant level described here.

The knowledge base and skills for this level of nursing is influenced by the context in which individuals practice but all consultant level registered nurses will demonstrate the capability to act within highly abstract and complex contexts to:

- take full responsibility for and optimise their freedom to act, with commitment to, and evidence of, operating at the highest standards across all aspects of consultant level nursing.
- operate at the forefront of their area requiring systematic acquisition, selection, development, and innovative application of a substantial body of highly advanced and specialist knowledge and techniques.
- apply a comprehensive understanding of theoretical and practical knowledge, techniques, and methodologies at the forefront of the discipline to drive production of new knowledge and significant sustained change.
- develop and apply innovative and highly advanced problem-solving strategies, methods, and techniques to design comprehensive investigations that critically evaluate problems to generate new information and data.
- model and promote expert critical thinking by analysing, evaluating, and synthesising information, which may not be complete, to address complex or novel problems so an informed judgement can be made.
- comprehensively synthesize highly advanced and specialist information and ideas and formulate and develop new and transformative proposals to address and challenge issues or opportunities at the forefront of knowledge.

All consultant level registered nurses will demonstrate the full range of capabilities listed under the following four pillars.

Clinical pillar

- Act as an expert resource in their area of professional practice, including utilisation of nursing expertise.
- Role model high levels of nursing professionalism to people across the system, locally, regionally, nationally, and internationally.
- Model high quality, values-based* professional practice, using a positive approach to working with difference and diversity, that improves people's experiences, supporting them to make decisions in complex situations.
- Share decision making with people and partners from service to systems level.
- Comprehensively organise and communicate ideas and new and highly advanced information clearly and effectively using a broad range of approaches tailored to people's individual needs and specialist and non-specialist audiences.
- Lead the ongoing development of evidence-based ways of working and improvement of quality, safety and health and service outcomes, including learning from research and quality improvement data, performance indicators, simultaneous issues, formal strategies for reflection and learning from errors.
- Lead the ongoing development of, and implementation and review of, services, standards, policies, guidelines, quality improvement projects and accreditation activity.
- Utilise a high level of political and economic intelligence regarding their impact on all aspects of health and social care to influence collective decision-making.

- Comprehensively apply a highly advanced awareness of ethical and professional values and individual and collective accountability, working with others to formulate and implement innovative solutions.
- Lead how risk is managed in unpredictable and complex situations, and where a precedent has not been set.

*Values based – refers to working with service users, the public, staff, and students to uphold values of compassionate, respectful, person-centred, safe, evidence-based and integrated care, relationships, and services that challenge stigma, are inclusive, work together and use limited public money carefully (HEE, 2020)

Education pillar

- Act as a role model for consultant level nursing.
- Lead and is accountable for the comprehensive and critical evaluation of own and others' capabilities, performance, and development, applying innovative and transformative educational approaches.
- Actively create a learning culture across the system, providing opportunities for shared learning, development, and improvement and for others to develop their capabilities.
- Develop the workforce so that staff can fulfil their potential, make progress in their careers within and beyond traditional boundaries and meet the future needs of the system.
- Motivate individuals and teams to develop capacity and capability across the health economy and sectors at regional and national levels.
- Work with higher education to make sure professional curriculums reflect excellence, the needs of service, current evidence, and ways of working to inspire students and academic staff to contribute to future health and care, regionally and nationally.

Research pillar

- Promote a knowledge-rich and inquiry culture across professional boundaries and the system that has a positive impact on quality, effectiveness, increasing capacity and capability, innovation, and overall development.
- Identify gaps in best evidence and challenge existing situations, with the aim of finding better and more effective ways of delivering quality.
- Initiate, design, and undertake research, utilising a critical understanding of applicable techniques for research, advanced academic inquiry, and methods of analysis, to extend the current understanding within the area of expertise.

- Conceptualise, design, and implement a project for the generation of new knowledge, applications or understanding at the forefront of the discipline and adjust the project design in the light of unforeseen problems.
- Comprehensively and critically analyse and evaluate incomplete and/or contradictory data and evidence at the forefront of knowledge, developing innovative methodologies to explain, support, challenge and drive the production of new knowledge.
- Actively involve staff in evaluating the impact of research, inquiry, and innovation, utilising local review, ethical and governance systems.
- Synthesise knowledge, evidence and experience of national and international developments related to health and social care to influence how future health and care services are developed across disciplines beyond institutions.
- Act as a peer reviewer of research, inquiry and innovation and evaluation projects, locally, regionally, and internationally.
- Helping other to contribute to knowledge through comprehensive research, innovation, and inquiry, building academic networks and research partnerships and working with higher-education institutions and commercial and charity sectors.
- Lead on activities utilising mixed media and a range of audience-appropriate methods to optimise accessibility to new high-quality research, innovations, outcome indicators and examples of best practice.

Leadership pillar

- Demonstrate strategic leadership by supporting the creation and development of environments, systems, and cultures and ensuring that current approaches are continuously reviewed and improved.
- Integrate clinical, education and research findings to transform own and/others learning, work or practice.
- Model a strong, visible presence and open and trusting relationships with both internal and external partners to achieve service objectives.
- Apply and develop highly advanced interpersonal, team and networking skills to enhance team performance and innovatively contribute to specialist professional communities.
- Develop collective leadership capability and capacity within and across the system, by building a network of leaders who can work together to deliver service, organisational and system objectives and respond positively and creatively to changing situations.
- Proactively form networks that allow for high levels of joint working within and across organisations and sectors.
- Create a culture of safety, effectiveness, inclusiveness, and excellence across how services are delivered to develop high performing, independent teams across the system where all people are valued.

- Design and develop highly advanced, specialist and innovative projects and/or activities to transform own and/others learning, work or practice.
- Innovate, motivate, and influence local and national networks and agendas.
- Horizon scan for opportunities across the system, seize and facilitate the creation of momentum to optimise effective and sustainable change.
- Drive transformation with full accountability for self and others.
- Lead and contribute to national and international forums, conferences, guideline development groups, steering groups, high quality publications, policy, and strategy development for area of expertise.
- Operate effectively at board level, and senior management level as a minimum.

The four pillars are underpinned by consultancy demonstrated through the following capabilities.

- Provide expertise and advice at every of consultancy practice in a way that helps senior leaders to improve their decision making and problem solving.
- Providing direct and indirect consultancy in different situations at every level of the system, nationally and internationally, sharing expertise with the widest possible audience,
- Provide expertise through learning and development opportunities, keynote conferences and consultancy, with evidence of formal links between education, research, and practice.
- Lead development of capacity and capability building for consultancy in others.

Appendix I: Supporting background information.

The following summarises key current publications that were used to inform this paper and support the RCN decision making related to the Levels of Practice workstream and in creating associated resources.

It collates the various definitions associated with consultant level practice that are provided in policy and professional documents, capturing the position of the four countries of the UK where available.

They have been analysed and grouped into the following categories and are provided below:

- nursing specific definitions
- multi-professional definitions.

Nursing specific definitions

Prevision RCN position

The RCN has not previously published a definition of consultant level nursing practice; however, this term was referred to as a level of practice within the *Career Pathway and Education Framework for Cancer Care* (RCN, 2022).

DHSSPS Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) (2017) *Professional Guidance for Consultant Roles – Supporting Consultant Nurses & Consultant Midwives in Health and Social Care*

Microsoft Word - FINAL PROFESS GUIDANCE ConsultantNMJun17 (health-ni.gov.uk)

Consultant nurse = Core components – Expert practice and Scope of role

- 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 publications.
- Lead and facilitate multi-professional working.
- Work with the DH 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.

CNOD Scottish Government (2021) *Transforming Nursing, Midwifery and Health Professions' (NMaHP) Roles; Paper 8 Review of Clinical Nurse Specialist and Nurse Practitioner Roles within Scotland*

Transforming Nursing, Midwifery and Health Professions' Roles: Review of Clinical Nurse Specialist and Nurse Practitioner Roles within Scotland (www.gov.scot)

Consultant

Clinical leaders with considerable responsibility, highly specialised knowledge, and the ability to research and analyse complex processes for service improvement.

Multi-professional definitions

Health Education England (2020) *Multi-professional consultant-level practice capability and impact framework* [NOTE Co-creation led by Professor Kim Manley CBE and Professor Rob Crouch OBE who are both nurses].

hee.nhs.uk/sites/default/files/documents/Sept%202020%20HEE%20Consultant%20Practice%20Capability%20and%20Impact%20Framework.pdf

This document does not provide a definition but uses the following approach to "define" consultant-level practice.

Section 1: Overall Framework: The Four pillars of:

- expert practice (the consultant's main health- or social-care profession)
- strategic and enabling leadership.
- learning, developing, and improving across the system.
- research and innovation.

All are underpinned by consultancy: the foundations of putting expertise in place across systems of health and social care.

Section 2: Capability framework: This provides the purpose of each pillar and then lists the capabilities under each pillar. It notably also includes statements that differentiate this level of practice from advanced level.

Expert practice

Purpose: help firmly establish values-based (*gives meaning as a sub-note*) professional practice across pathways, services, organisations and systems, working with individuals, families, carers and communities and others.

This goes beyond developing expertise in professional practice and independent decision making in complex and unpredictable situations to incorporating both expertise and evidence-based practice across pathways, services, organisations and the system, working with service users, communities and partners.

Strategic and enabling leadership

Purpose: provide values-based leadership across the care pathway, services and systems in complex and changing situations.

This goes beyond clinical and service leadership to influencing how joined-up future health care systems are developed – locally, regionally and nationally, based on the four pillars, to guide how care and services are commissioned and transformed.

Learning, developing and improving across the system

Purpose: develop staff potential, add to and transform the workforce, and help people to learn, develop and improve (in and from practice) to promote excellence.

This goes beyond helping to increase levels of complexity in learning, improving and developing, to transform the workplace. It uses the workplace as a key resource for encouraging cultural change and interdisciplinary and system learning and influencing higher-education curriculums and broader approaches to adding to a workforce and its capabilities regionally and nationally.

Research and innovation

Purpose: develop a “knowledge-rich and inquiry” culture across the service and system, that contributes to research outputs and has a positive effect on development, quality, innovation, increasing capacity and capability and making systems more effective.

This does beyond using and enabling evidence-based professional practice, data and audits to continually evaluating and improving practice, creating knowledge-rich and inquiring cultures, supervising research, working in and leading interdisciplinary research and innovation programmes to contribute to the

knowledge base, and adding capacity and capability in research and evaluation across the system and beyond.

Consultancy approaches for putting in place and sustaining expertise across the system.

Purpose: establishing expertise across the system by using consultancy approaches and opportunities that have maximum impact on practice, services, communities and populations, and which add to and sustain workforce capacity and capability.

This goes beyond providing direct advice, consultancy and expertise to individuals and interdisciplinary teams in a wide range of situations, to providing expertise across the system to achieve a significant impact across the general population and adds to the capacity and capability of the workforce.

The full HEE (2020) document listing all of the capabilities is available at: hee.nhs.uk/sites/default/files/documents/Sept%202020%20HEE%20Consultant%20Practice%20Capability%20and%20Impact%20Framework.pdf

NHS Education Scotland (2021) *Nursing, Midwifery and Allied Health Professions (NMAHP) Development Framework*

nmahpdevelopmentframework.nes.scot.nhs.uk

Level 8 - Consultant practitioner

People at level 8 of the career framework require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research. They are leaders with considerable responsibility, and the ability to research and analyse complex processes. They have responsibility for service improvement or development. They may have considerable clinical and /or management responsibilities, be accountable for service delivery or have a leading education or commissioning role.

This definition is accompanied in the framework by key knowledge, skills and behaviours listed under four pillars of nursing: clinical practice, facilitating learning, leadership and evidence, research and development.

Skills for Health (2020) *NHS Career Framework* (Version 2)

skillsforhealth.org.uk/wp-content/uploads/2020/11/Career_framework_key_elements-1.pdf

LEVEL 8 = Consultant

People at Level 8 of the career framework require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research. They are leaders with

considerable responsibility, and the ability to research and analyse complex processes. They have responsibility for service improvement and development. They may have considerable clinical and/or management responsibilities, be accountable for service delivery or have a leading education commissioning role.

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heiw.nhs.wales/workforce/workforce-development/professional-framework-for-enhanced-advanced-and-consultant-clinical-practice

Career framework level descriptors for consultant practitioner

- Demonstrates an expert knowledge, base, highly complex decision-making skills, clinical competence, and judgement in their area of specialist practice.
- Is an expert in clinical practice, bringing innovation and influence on clinical leadership.
- Can initiate, design, and undertake research to extend the field of practice resulting in significant change.
- Can critically analyse, interpret, and evaluate complex information.
- Will exercise broad autonomy and judgement and leadership as a leading practitioner or academic.
- Will influence at a strategic level and is pivotal in the integration of clinical, education and research findings in practice.
- Has the ability to innovate, motivate and influence local and national agendas and has the expertise and responsibility for planning and delivery of services.
- Has a high level of political and emotional intelligence.
- Will be working at CQFW Level 8.

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