

Equity of Access and Outcome:- The future role of RNLDs in supporting people with learning disabilities to achieve the best health possible

RNLD Career Pathway – Project Group Workshop

20th March 2026

Venue: Linen Suite in Mossley Mill.

Time: 10am – 4pm

Welcome



Professor Linda Kelly

CO-CHAIR RNLD CAREER PATHWAY STEERING GROUP

Programme

- **Strategic Context** Paul McAleer Nursing Officer For Learning Disabilities Nursing
 - **We Matter Learning Disability Service Model** Sean Scullion Head of Policy Learning Disability Unit
 - **RNLD Career Pathway Steering Group** Prof Linda Kelly
 - RNLD Expert Reference Group [ERG] Prof Owen Barr
 - RNLD Communities of Practice [CoP] Clionagh McElhinney & Angela McCallan
 - **RNLD Liaison Nursing across Primary Secondary and Hospital Care in NI** - Frances Cannon
 - Competencies
 - Level of Practice
 - Education Requirements
- RNLD Liaison Nursing - Virtual visits** *What have we have learnt* Paul McAleer
- Annual Health Checks for people with a Learning disability Survey** Overview Julie Anne Colvin
- Group Work - **ALL**
 - **Close morning session** Prof Linda Kelly

Programme

Career and Development Model for Nursing and Midwifery Prof Linda Kelly

Core career pathways –

- ▶ clinical practice,
- ▶ operational management,
- ▶ education and research -

Clinical practice aligned to Career & Development Model Prof Owen Barr

- ▶ RNLD Core roles
- ▶ Learning & Development
- ▶ Delivering Care & Safe Staffing **Katy Rennick Deputy Chief Nursing Officer**
- ▶ **Group Work – ALL**
- ▶ **Close**

CAN YOU HEAR ME?
WILL YOU LISTEN?
WHAT WILL YOU DO?

WELCOME

Setting the Strategic Scene

Equality of Access and Outcome: The future role of RNLDs in supporting people with learning disabilities to achieve the best health possible

Paul McAleer



Parallel Challenges

- Increasing complexity of care
- Rising healthcare demand
- Health Inequalities
- Digital and technological advances
- Resource pressures
- Workforce challenges



Strategic Direction and System Reform: the Role of the RNLD

- Learning disability nurses play a critical role in improving health outcomes and reducing inequalities
- Northern Ireland is entering a period of significant health and social care reform
- Multiple policy drivers, inquiries and service reviews are shaping future delivery
- There is a clear expectation of improved quality, safety and accountability



CNO Vision and Key Priorities

Our *vision* is to build strong foundations that will maximise the potential of the nursing and midwifery family in a safe, inclusive and healthful culture whilst recognising the value of equality and diversity. We will work collectively to provide the resources and conditions to ensure that everyone involved in delivering nursing and midwifery services can confidently provide high quality evidence-based care to meet the population health needs of the people of Northern Ireland.

OUR VALUES
"It's about treating everyone as we would like to be treated"

Values shape everything we do... our interactions. They are the foundation of the culture we create. They are the compass that guides us. They are the heart of who we are.

WORKING TOGETHER
We work together and support each other. We share responsibility.

EXCELLENCE
We commit to excellence in quality, competence and development.

OPENNESS
We are open and transparent. We listen and learn.

COMPASSION
We are sensitive to the needs of our patients and colleagues. We care and we listen.

Reference: Health Service Research Unit (2018)

SHAPING OUR FUTURE
A Vision for Nursing and Midwifery in Northern Ireland: 2023 – 2028



Our strategic plan to deliver S.A.F.E care through...

S Stabilising the nursing and midwifery workforce, therefore ensuring safe and effective care.

A Assuring the public and the workforce of the effectiveness and impact of person-centred nursing and midwifery care.

F Facilitating the adoption of a population health approach across nursing and midwifery practice resulting in improved outcomes for people across the lifespan.

E Enabling the transformation of our health service both digitally and through enhancing the roles of nurses and midwives within and across a wide range of services.

How to stay informed: www.health-ni.gov.uk

This will be achieved through four initial key priorities:

- Education, Training and Regulation
- Workforce & Workload Planning
- Career Pathways & Leadership
- Quality Assurance Framework



Strategic and Policy Context

- Health and Social Care reform through Shaping Our Future is driving transformation and sustainability
- The Muckamore Abbey Hospital Inquiry has strengthened expectations around governance, safeguarding and accountability
- Equity of Access and Outcome highlights persistent health inequalities and system barriers
- Increasing emphasis on rights-based care and reasonable adjustments
- Stronger focus on measurable outcomes, population health and system performance



System Reset Agenda

- Focus on stabilising workforce pressures, waiting lists and financial sustainability
- Continued shift from hospital-centred care to community-based and preventative models
- Greater integration between health, social care and community services
- Strengthening governance, assurance and organisational accountability
- Increasing use of data, performance metrics and oversight to drive improvement
- Implications for RNLD: community focus, coordination and demonstrating impact



Neighbourhood Models of Care

- Services organised around local populations and delivered closer to home
- Integration of primary care, community services and social care
- Strong focus on prevention, early intervention and population health
- Opportunities to improve access to mainstream healthcare for people with learning disabilities
- RNLD role in health facilitation, care coordination and supporting primary care
- Requirement for cross-boundary working and multidisciplinary collaboration



Equity of Access and Outcome

- Identifies significant health inequalities, access barriers and inconsistent reasonable adjustments
- Structured around four pillars: workforce, education, quality assurance and career pathways
- Supported by enablers including data, governance and system alignment
- Progress includes workforce growth, expanded education pathways and advanced practice development
- Implementation driven through Oversight Group, RAG monitoring and system accountability
- RNLDs central to delivery, improvement and reducing health inequalities



“We Matter” – RNLD Headlines

- Clear shift towards community-based and person-centred service models
- Greater integration with mainstream health and social care services
- Development of clearer, more consistent care pathways across the system
- Expansion of RNLD roles across primary, community and specialist settings
- Stronger focus on outcomes including independence, inclusion and quality of life
- Significant opportunity for RNLDs to shape future service design



RNLD Role in System Reform

- Central role in reducing health inequalities and improving population health outcomes
- Supporting reasonable adjustments and access within mainstream healthcare services
- Leading delivery of community-based and neighbourhood models of care
- Strengthening clinical governance, safety and quality assurance
- Contributing to workforce development and professional leadership
- Influencing service redesign, policy implementation and system improvement



LEARNING DISABILITY SERVICE MODEL



Sean Scullion

Muckamore Abbey Review
Team/Learning Disability
Unit

Context - Learning Disability PoC

- Overall, 2.16% of the population are estimated to have a learning disability.
- 42,000 people who would meet the criteria for a diagnosis of learning disability.
- Adult learning disability services currently support approximately 9,000 adults and their families who are known to social services.
- Learning disability is the third largest programme of care by cost, approx £500 million per annum.



DoH

www.health-ni.gov.uk

Approach

- DoH established a Task & Finish Group in 2023 to finalise the draft Model.
- Desk-based review considered a broad range of documented material on people with learning disabilities, including in-house evaluation material, published research and HSC guidelines, and an internal review of statutory and independent sector data on people, services and workforce.
- The draft service model has been developed in collaboration with Trusts, independent sector providers and people that use HSC services.

Service Model Vision

- The Model is grounded in HSC values of working together, excellence, compassion, and being open and honest.
- Delivery will be underpinned by these values and principles.

Key Ambitions

- Life Changes
- Health and Wellbeing
- Carers and Families
- Meaningful Lives and Citizenship
- Home
- Mental Ill Health and Behaviours of Distress or Concern

Service Delivery Plan



We Matter Service Delivery Plan



August 2025



Implementation: Service Delivery Plan

- 3 year roadmap for transforming learning disability services in Northern Ireland.
- A regional approach to the management of Learning Disability services.
- Ensuring equity across the region.
- Better commissioning of the right level and blend of services to support people in the community at an earlier stage

Consultation Questions

To what extent do you agree or disagree with:

- The challenges;
- The vision for future services;
- The six Key Ambitions and outcomes

Consultation arrangements

- 5 regional in-person and online webinar engagement events.
- 345 people attended the 5 roadshows held in each Trust area.
- Consultation closed 25 November.

Roadshow themes

- Timescales for implementation
- Access to mainstream services for this cohort
- Unmet needs of those with complex needs
- Transitions planning
- Cross-Departmental working
- Workforce planning
- Respite/Short Breaks

Roadshow themes

- Day Opportunities/Day Care
- Digital Solutions eg Health Passport
- Data collection
- Transport
- Care for Carers
- Direct Payments
- Governance and Accountability

Consultation findings

- 264 responses to the consultation through Citizen Space, Easy Read questionnaires and by email.
- Initial analysis of the Citizen Space responses shows overall support for the direction of travel.
- Initial quantitative summary of responses to the consultation report on the Departmental website in January 2026.

Next Steps

- Full qualitative analysis report of the consultation feedback completed by spring
- Finalise the Service Model and associated Delivery Plan
- The service delivery plan will form the basis for an action plan which will determine ownership of actions, timeframes for delivery and priorities for the next 3 years.

Next Steps

- Once agreed by Minister, decisions required on how services need to be reconfigured, and any additional investment required
- Consider impact of recommendations in the Muckamore Abbey Hospital Inquiry Report, which we expect to be published in June

Next steps

- Roadshows feedback highlighted an urgency for change
- Some actions already progressing such as the Transitions Protocol under Life Changes ambition.

Next steps

Some areas where implementation arrangements are to be determined –

- LD Workforce Review,
- review of high-cost cases,
- review of inpatient bed provision,
- planned review of legislation, and
- governance structures for oversight and implementation.



DoH

www.health-ni.gov.uk

Interdependencies

- Some actions being addressed by other workstreams -
 - joint Transformation bid with DfE on improving transitions
 - Direct Payments exercise led by CSWO
 - Non- Emergency Transport Strategy review
 - Equity of Access Report implementation
- These clearly align to the direction of travel for the service model and there is a need to build effective relationships across relevant workstreams

RNLD INPUT

Key ambitions for Health and Wellbeing in the LDSM are closely aligned to the Equity of Access Report -

- annual health checks
- hospital passport
- healthcare facilitation with specific references to LD Nursing around individuals receiving holistic assessment and care and being supported for timely discharge from hospital
- timely access to RNLD's intervention with appropriate skills and level of expertise, working as part of the wider interdisciplinary team

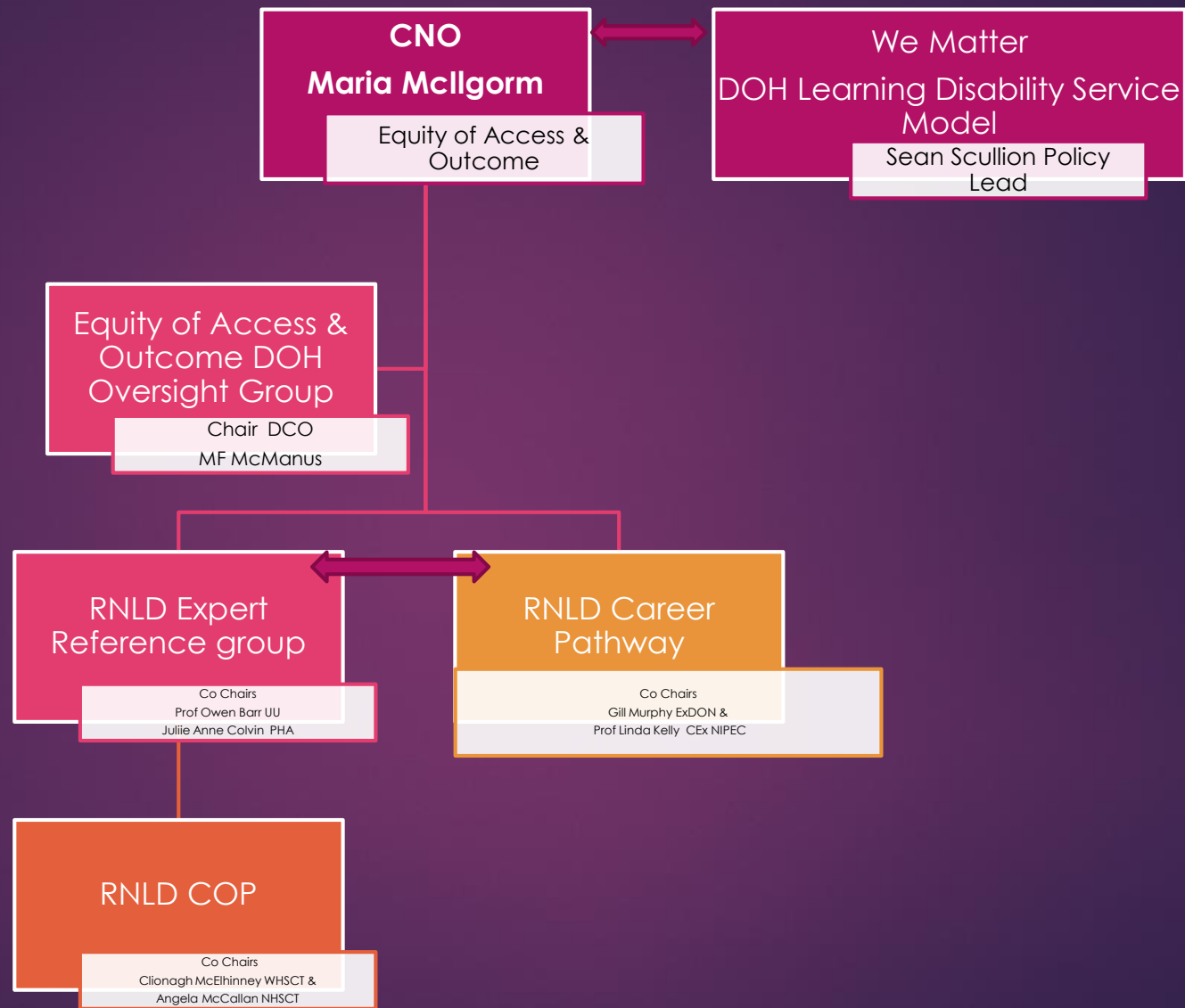
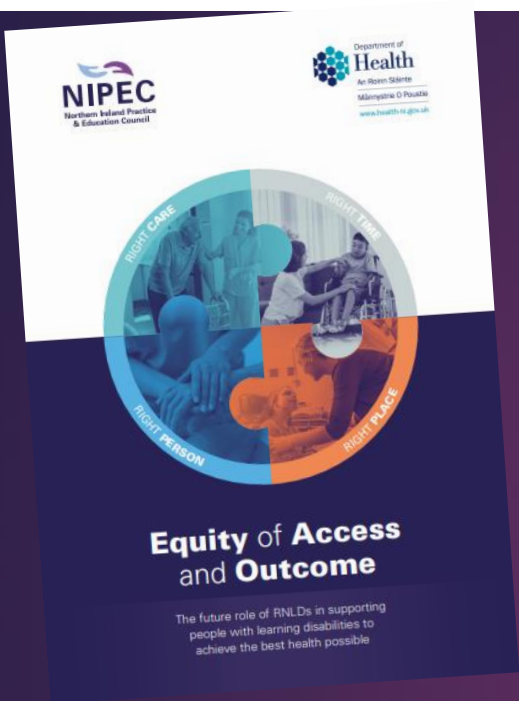
Questions?

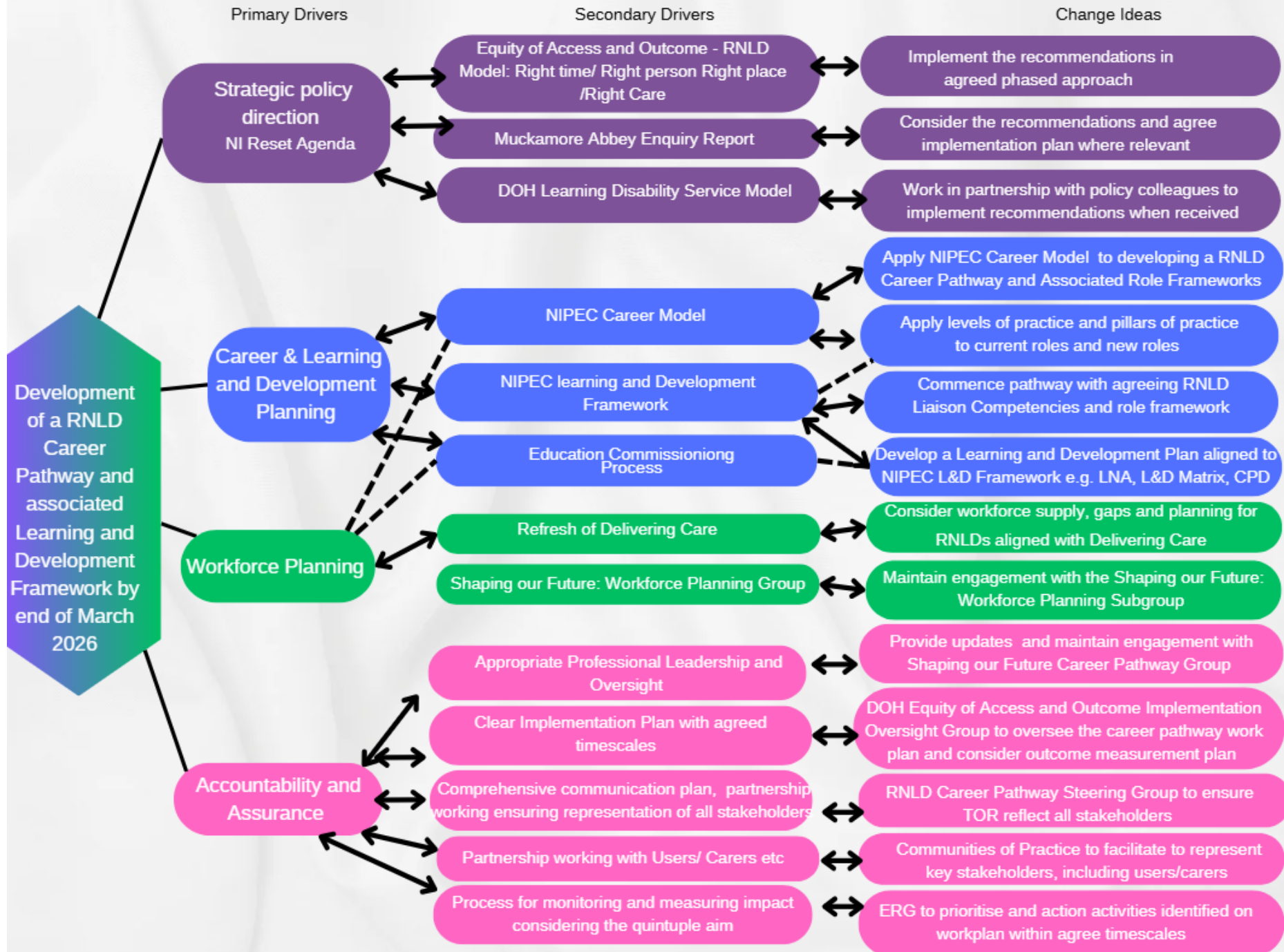
Thank you for listening



Professor Linda Kelly

CO-CHAIR RNLD CAREER PATHWAY STEERING GROUP





RNLD Expert Reference Group ERG

CO-CHAIR Prof Owen Barr

- ▶ The RNLD ERG is co-chaired by Professor Owen Barr & Julie Anne Colvin supported by a NIPEC Associate Senior Professional Office
- ▶ Membership includes representatives from a range of key stakeholder organisations
- ▶ The primary function of the RNLD ERG from the outset was to support the outworking's of the RNLD – Strategic Workforce Development Project Group
- ▶ Focus has now shifted to supporting the development of the RNLD Career Pathway and progressing relevant recommendations from the Equity of Access and Outcome report
- ▶ Raise Professional issues where relevant
- ▶ Annual Report of activity to CNO
- ▶ Support the activity of the RNLD Communities of Practice

Registered Nurse Learning Disabilities – Expert Reference Group (RNLD ERG) TOR

- ▶ **AIM:** Aligned to NIPECs regionally agreed career model the RNLD ERG will act as a resource and an expert reference group to agree the RNLD Career Pathway and associated learning and development framework

Objectives

- ▶ actively contribute to the development of a Nursing RNLD Career Pathway, to include specialist, advanced practice, consultant nurse and clinical academic roles across specialist learning disabilities services for children, adults and older people.
- ▶ participate in workshops/task and finish groups to support completion of the work
- ▶ link and liaise with colleagues, people who use services, and carers within their respective organisations to obtain timely feedback for the group or to those in work streams on proposals, decisions or actions
- ▶ where relevant lead particular aspects of the work to develop the RNLD Career Pathway
- ▶ take responsibility for providing awareness within their respective organisation and encouraging participation in the development of the RNLD Career Pathway
- ▶ were relevant or required raise professional issues by alerting either the RNLD ERG Co-chairs or project support officer in advance of meetings
- ▶ provide a resource for and support to all the nursing fields of practice and other professional groups who work with people with learning disabilities in Northern Ireland
- ▶ provide a regional resource through the sharing of knowledge, expertise, service development, and innovation that will promote, influence and enhance best practice and consistency in nursing practice of people with learning disability within services across N. Ireland
- ▶ provide a forum to identify continuing professional development opportunities and inform the commissioning of programmes that will enhance RNLD practice aligned to the outworking's of the Equity of Access and Outcome report.
- ▶ work with and utilise the RNLD Communities of Practice to engage with RNLDs across the region to take forward specific work streams/initiatives being progressed - promoting opportunities to enhance professional leadership capacity and capability within RNLD nursing

RNLD Communities Of Practice

Clionagh McElhinney Trainee Consultant
Nurse Learning Disabilities WHSCT
Angela McCallan ANP NHSCT



Definition

CoPs originated from Jean Lave and Etienne Wenger, this concept emphasises that learning is inherently social and develops through shared engagement.

Wenger's defined CoPs as "groups of people who engage in collective learning in a common area of interest"

Purpose

- ▶ To provide a mechanism to share best practice in learning disability nursing, promote continuous professional development and provide a platform to explore registration specific and wider professional issues.
- ▶ To champion professional recognition of the valuable and important role of learning disability nursing
- ▶ To provide networking opportunities which support and promote professional connectedness
- ▶ To provide a mechanism that facilitates communication with and to the learning disabilities nursing workforce on professional matters
- ▶ To support the development of links with other organisations as appropriate

RNLD COP

- ▶ **Co- Chairs COP – Angela McCallan(ANP NHSCT) Clionagh McElhinney Trainee Consultant Nurse WHSCT)**
- ▶ **Supported by NIPEC –Frances Cannon.**
- ▶ **Frequency – 3 times per year.**
- ▶ **The RNLD COP is advertised via NIPEC social media platforms and across the HSC systems by the members of the RNLD ERG.**
- ▶ **Participants are primarily RNLDs or nurses who work within Learning Disability services however medical staff, students and other professionals have attended.**
- ▶ **8 Virtual events to date.**
- ▶ **AVERAGE 82 attended**

The Launch of RNLD COP

- ▶ **The Communities of Practice (COP) - Learning Disabilities Nursing was launched on Friday 28TH April 2023. This marked the standing down of the RCN/NIPEC RNLD Professional forum.**
- ▶ **This previous forum was linked to the work of the NI Collaborative aligned to Strengthening the Commitment Report Modernising Learning Disabilities Nursing (2012) and the Strengthening the Commitment NI Action Plan (2014).**
- ▶ **Recommendations of the RNLD Strategic Workforce Development Group**

Agenda:

- ❑ An overview of the RNLD Strategic Workforce Development Project
- ❑ Update on workstreams aligned to the RNLD Strategic Workforce Development Project
- ❑ An update on the New Learning Disabilities Service Framework Model.
- ❑ **86 Participants attended .**

Topics



Resilience and Wellbeing Building
Professor Siobhan O'Neill Mental Health Champion

The Model for RNLD Nursing and the recommendations from the RNLD Strategic Workforce Development Project
Linda Kelly CEx NIPEC & Project Co-Chair

RNLD Acute Liaison Role
Emer Ferguson & Sinead Gallagher
RNLD Acute Liaison Service WHSCT

Updates on RNLD Model –Owen Barr

Topics

**Tissue Viability -
Jeannie Donnelly
Lead Nurse BHSCT**

**NMC Community
Standards of
proficiency for the
Community Nursing
Specialist Practice
Qualification Elaine
Robinson NMC**

**Outcome
measurement
Framework Professor
Owen Barr**

**Collaborative working
between RNLDs and
District Nursing -
Maureen Roberts
Trainee Consultant
Nurse & Caroline Rice,
District Nurse Team
Lead SHSCT**

**Overview of the
EOA&O Model and
recommendations**

Topics

Sleep
Counselling
Alyson
Brien
Sleep
Action

DOH
Education
Commission
Cycle
Sharon
Burnside
DOH

'Unlocking
Abilities'. *Michelle
Curran*
Consultant Nurse
Learning Disability
BHSCT

DOH Public
Consultation – Learning
Disability
Services
Model –
Group
Exercise

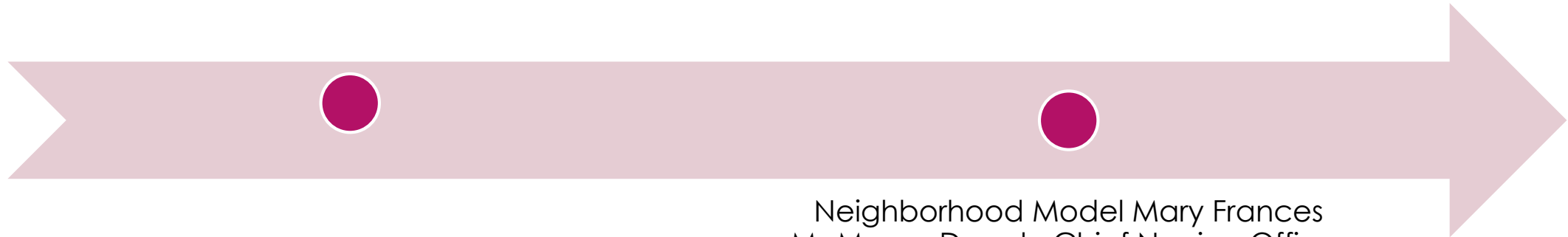
Sleep
counselling
implementa
tion in
practice
Zoe O'Brien

Be safe
when you
medicate'
*Deborah
Jones,*
Deputy
Manager
Iveagh
Children
Unit BHSCT

Tissue
Viability
*Aaron
Smyth*
NHSCT
[Rising Star
Award
RCN Nurse
of the Year
Awards
2025]

Topics

From restrictive to positive – minimising the use of restrictive practices
Rosaline Kelly
Senior Nurse Professional Practice, Royal College of Nursing



Neighborhood Model
Mary Frances McManus
Deputy Chief Nursing Officer

Representation

- RNLDs - HSCNI
- DOH
- PHA
- RQIA
- RCN
- INDEPENDENT SECTOR
- Education- CEC/Universities
- Students
- Other Professional Colleagues

Feedback

Excellent

Inspired

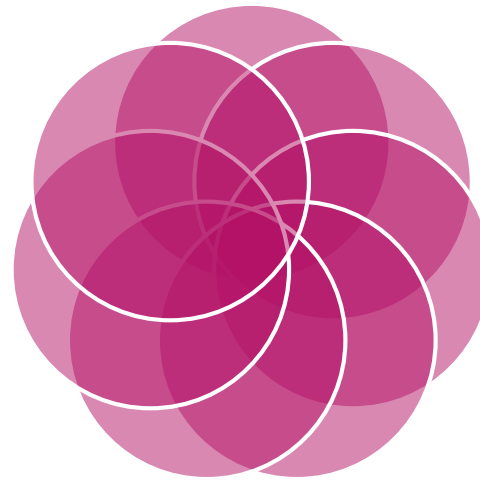
Fantastic

Innovative

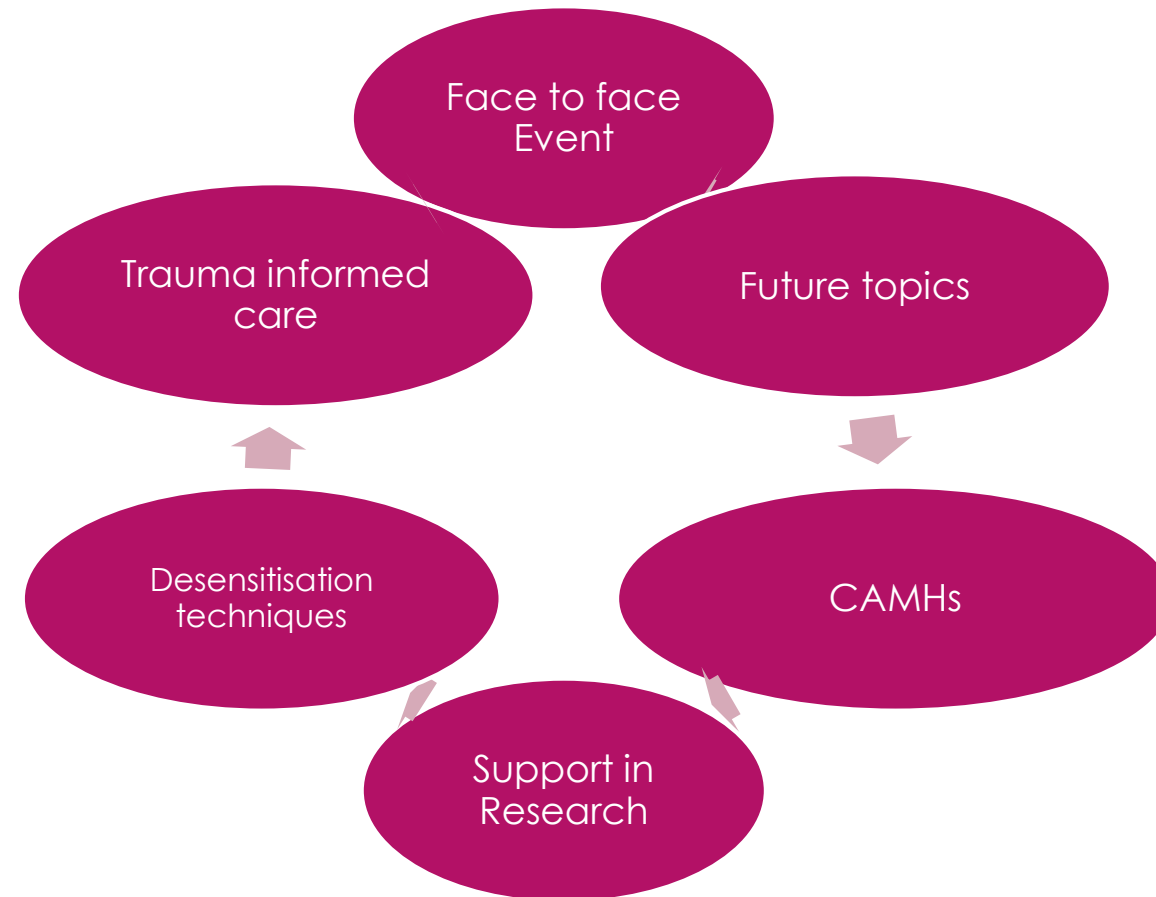
Informative

Beneficial

Interesting



Next Steps





Thank you for listening

RNLD LIAISON NURSING ACROSS PRIMARY, SECONDARY AND HOSPITAL CARE IN NORTHERN IRELAND

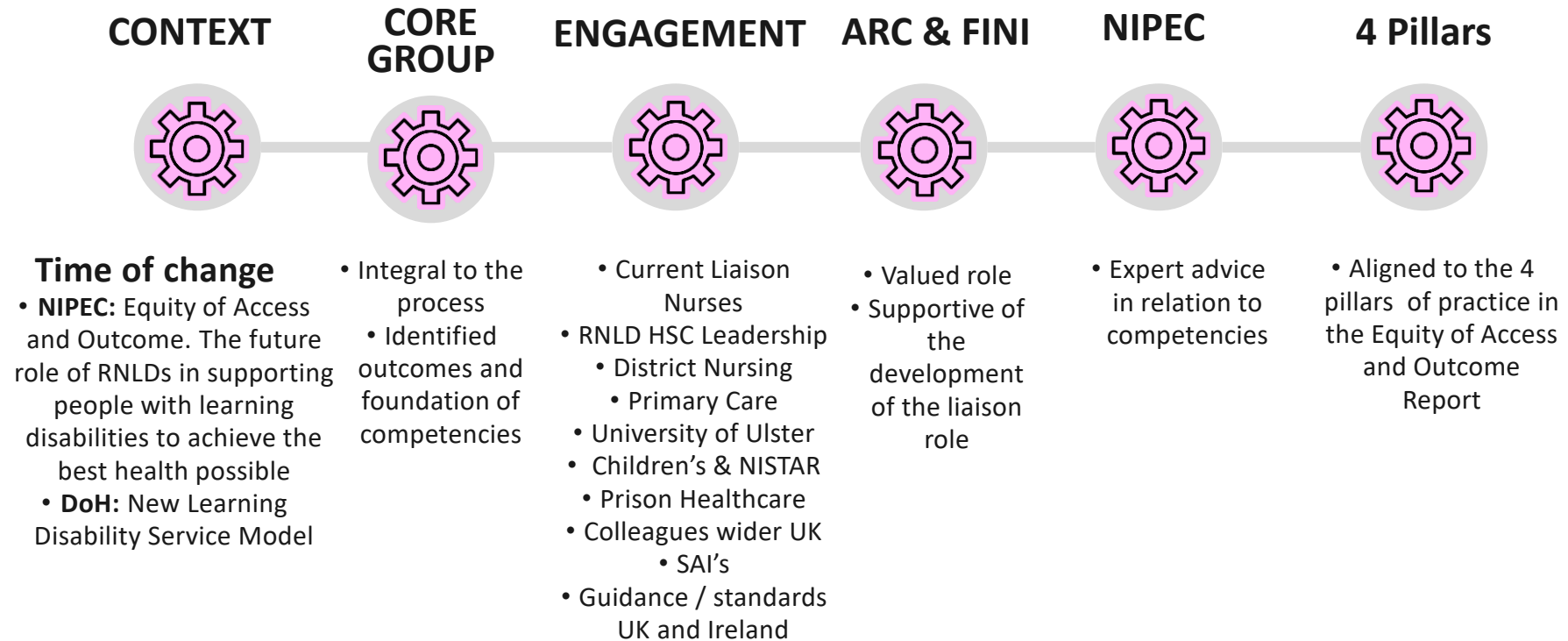
- ❖ Development of **COMPETENCIES**
- ❖ Level of Practice
- ❖ Education Requirements
- ❖ Suggested Education & Learning

Frances Cannon Associate SOP NIPEC



RNLD LIAISON NURSING ACROSS PRIMARY, SECONDARY AND HOSPITAL CARE IN NORTHERN IRELAND

Timeline



Equity of Access and Outcome

4 Pillars of practice

- ▶ Promoting wellness and prevention of ill health
- ▶ Support self-management, anticipatory care and intervention
- ▶ Respond to deterioration and acute needs
- ▶ Provide monitoring, assessment and treatment of long term condition including palliative and end of life care



Competencies of RNLD liaison roles

Practice Pillars: The RNLD Liaison skills and expertise will be maximised to ensure Continuity of Care across the lifespan for the person with a learning disability, focusing on the four pillars of practice:

Pillar 1: Promoting wellness and prevention of ill health

1. Recognise and implement the principles of population health, health promotion and interventions known to reduce health inequalities to improve access and outcomes for people with a learning disability¹
2. Work within strategic frameworks and legislation which uphold the human rights of people with a learning disability including Safeguarding, Mental Capacity and Restrictive Practices (DoH 2023), including Deprivation of Liberty Standards.
3. Advocate and enable people with a learning disability to maximise their involvement in all decisions that affect them, where possible reflecting individual wishes to enable early identification and agreed interventions that will maintain wellness.
4. Identify restrictive practice to minimise use and promote the principle of least restriction possible following requirement for decision making, reporting and governance (DoH, 2023).
5. Act as a resource and point of contact for people with a learning disability, their family/carer(s) and other professionals in navigating general health, social and community services across the Health and Social Care (HSC) System
6. Facilitate identification and overcoming of barriers through application of person specific reasonable adjustments to achieve equity of access and equity of outcome for people with learning disabilities when Health and Social Care (HSC).
7. Work as an effective member of the interdisciplinary team to achieve equity of access to and outcomes from health care services which are proactive and timely through:
 - monitoring of health and wellbeing;
 - prompt and coordinated access to assessment, diagnosis and treatment (scheduled and unscheduled), ensuring reasonable adjustments and preventing the risk of diagnostic overshadowing;
 - working in partnership with people with a learning disability and those closest to them to reflect 'what matters' to them (NICE 2024)
 - co-ordinator, progression and/or navigation of clinical care smoothly as the patient moves between different parts of the health and social care system across the lifespan

Pillar 2: Support self-management, anticipatory care and early intervention

1. Demonstrate knowledge of the complexity of physical and mental health abilities, and needs of people with a learning disability, across the lifespan.
2. Demonstrate knowledge of the increased risk and patterns of multimorbidity within or among people with a learning disability due to both genetic and lifestyle factors.
3. Use expert knowledge and skills to help the person understand and navigate their healthcare journey including interpretation of results, potential diagnosis, care and treatment options.
4. Provide learning disability specific advice and resources to help navigate and improve communication and understanding for the person with a learning disability including the use of social stories, easy read and de-stigmatisation techniques.
5. Ensure effective structures, processes and systems are in place to support the use of the person's Health Passport to inform decisions about care as the person moves through their healthcare journey.
6. Facilitate learning for professionals to help understand the abilities and to meet the biopsychosocial health needs of people with a learning disability.
7. Provide expert knowledge, skills and influence through opportunistic learning, role modelling and professional practice support and advice to provide person centred care and effect wider system change.
8. Demonstrate necessary knowledge of services and skills to provide appropriate guidance to diverse safe and effective transitions between community and secondary care, children, adult, older people and criminal justice healthcare services, to ensure continuity of care across the HSC system.
9. Contribute and advise on the development and review of policies and guidelines relevant to people with a learning disability.
10. In line with departmental policies:
 - Lead on the analysis of specific areas of need;
 - Work collaboratively to identify gaps in service provision;
 - Provide leadership in the co-design and development of new initiatives that takes account of the abilities and needs of people with learning disabilities and their family/carer(s).

* Additional to Acute Liaison

11. Provide early discharge planning, support and advice to the person with a Learning Disability, their family, the Multi-disciplinary Team, Patient Flow Team and relevant professionals, agencies and organisations across Primary and Community care, as appropriate.

** Additional to Primary and Community Liaison

12. Demonstrate knowledge, assessment and promotion of population screening and early action to address screening inequalities experienced by people with a learning disability.
13. Facilitate Annual Health Checks for people with learning disability from age 14+, making reasonable adjustments to achieve an increased uptake.
14. Support primary care staff in the development of individual health action plans and access to services to achieve equity of outcome appropriate to most identified needs.
15. Recognise barriers and provide reasonable adjustments to support Immunisation/vaccine uptake for preventable diseases across the lifespan.

¹ People with a learning disability includes those unknown to Health and Social Care (HSC) Learning Disability Services

Pillar 3: Respond to deterioration and acute needs

1. Provide person centred nursing intervention with appropriate skills and level of expertise, across the lifespan to recognise and respond to need as part of the wider interdisciplinary team with a biopsychosocial framework.
2. Act and respond to the deteriorating condition of individuals with a learning disability, in line with standards and guidelines through collaboration with health care professionals across social, community and healthcare settings.
3. Demonstrate expert understanding on how pain and distress may be presented and communicated by a person with a learning disability, including individuals with limited verbal communication to promote early identification, assessment and timely treatment, which will help to alleviate pain and distress and also in some circumstances avoid diagnostic overshadowing.
4. Contribute to developing and implementing structures and processes to enable the use of validated pain and distress assessment tools for people with a learning disability, including individuals with limited verbal communication.
5. When it is established that valid consent is not possible, work in conjunction with key stakeholders in the coordination of professional advice on mental capacity assessments and best interest decision making.
6. Working in partnership with families/carers (x) and key stakeholders, to deliver safe and effective person-centred care and to support best interest decision making when necessary.
7. Contribute to, and disseminate learning from best practice, compliments, complaints, clinical incidents and Serious Adverse Incidents.
8. Work collaboratively and be actively involved in preparation planning, prior to each contact within HSC services, making recommendations for reasonable adjustments to care as required.
9. Demonstrate knowledge and skills to enable navigation that will provide safe, effective and continuity in the delivery of care to and through the respective clinical pathway
 - For the Acute Liaison role this will also include discharge planning.

Pillar 4: Provide monitoring, assessment and treatment of long-term conditions including palliative and end of life care

1. Contribute to ensuring healthcare patient administration systems are aligned to provide the opportunity for people with a learning disability to be identified at the first point of contact with primary, secondary and hospital care services to ensure reasonable adjustments are put in place promptly.
2. Facilitate the development of structures and processes to ensure that outcome measures are clearly identified in person centred care plans.
3. Provide support and advice to professionals in the development of co-designed person-centred care plans and highlighting the importance of integrating evidence-based practices.
4. Identify, collate and analyse data pertinent to people with a learning disability, their health needs and outcomes, across community, primary, hospital and secondary care.
5. Contribute to the formation and review of an appropriate and accurate database of people with a learning disability. This may include accessing healthcare and identifying any comorbidities they may have.
6. Contribute to service improvement initiatives such as LeDurr with the aim to improve care, reduce health inequalities and prevent early deaths.
7. Act as a resource and provide professional advice to people with a learning disability, their family/carer(s) and other professionals in navigating Care Care Pathways including Advance Care planning

* Additional to Acute Liaison

6. Establish systems for alerting the Acute Liaison Nurses, of each admission to hospital of a person who has a learning disability
7. Collate data and inform clinical decision making across emergency and elective admissions, length of stay, and repeat attendances / admission

There is an expectation that there will be systems, processes and structures to facilitate regular communication between each of the liaison roles to ensure that effective communication and continuity of care is provided across the whole HSC system and across the lifespan of the individual

The competencies outlined

NIPEC
Northern Ireland Practice
& Education Council

NIPEC CLINICAL
CAREER PATHWAY

LEAD NURSE & SENIOR STAFF NURSE
CLINICAL NURSE
ADVANCED NURSE PRACTITIONER
SUPPORT NURSE AND
SUPPORT MIDWIFE

LEAD FRAMEWORKS -
PRACTICE LEVEL 5 - 9

NIPEC
Northern Ireland Practice
& Education Council
Date October 2025

RNLD LIAISON NURSING ACROSS PRIMARY, SECONDARY AND HOSPITAL CARE IN NORTHERN IRELAND

Mapping Exercise

- ❖ **Mapped to a Level 7 - Enhanced role level of Practice ***
NIPEC: Key Knowledge, Skills and Behaviour

Role Framework Pillars

- ❖ **Clinical Practice**
- ❖ **Education & Learning**
- ❖ **Leadership**
- ❖ **Research & Development**

Levels of Practice

Level	Role Overview
2	People at level 2 require basic factual knowledge of a field of work. They may carry out clinical, technical, scientific or administrative duties and provide safe, effective, person-centred care under the direction of a registrant.
3	People at level 3 require knowledge of facts, processes and general concepts in a field of work. They may carry out a wider range of duties than the person working at level 2 and will have more responsibility, with supervision by a registrant.
4	People at level 4 require factual and theoretical knowledge in broad contexts within a field of work. Work is guided by standard operating procedures, protocols or systems of work and they may have responsibility for supervision. BSc (Hons) or MSc to Registered Nurse and Registered Midwife.
BSc (Hons) or MSc to Registered Nurse and Registered Midwife	
5	People at level 5 will have a comprehensive, factual and theoretical knowledge on registration. They use knowledge to solve problems creatively, make judgements which require analysis and interpretation, and actively contribute to service development, supervision or training.
6	People at level 6 require a critical understanding of detailed theoretical and practical knowledge, are specialist and/or have management, education and leadership responsibilities. They demonstrate initiative and creativity in finding solutions with responsibility for team performance and development.
7	People at level 7 have a critical awareness of knowledge and issues in the field and at the interface between different fields. They are innovative and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment.
8	People at level 8 require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work. They are leaders with considerable responsibility, and the ability to research and analyse complex processes. They may lead policy, research, education or service delivery and improvement and have clinical, management or education responsibilities.
9	People working at level 9 require knowledge at the most advanced frontier of the field of work and at the interface between fields. They will have responsibility for the development and delivery of a service to a population or leading research at the highest level of the organisation.

RNLD LIAISON NURSING ACROSS PRIMARY, SECONDARY AND HOSPITAL CARE IN NORTHERN IRELAND

Pillars of Practice



Clinical Practice

Knowledge, skills and behaviours needed to provide high quality healthcare that is safe, effective and person centred.



Education & Learning

Knowledge, skills and behaviours needed to enable effective learning in the workplace.



Leadership

Knowledge, skills and behaviours needed to lead and to fulfil management responsibilities.



Research & Development

Knowledge, skills and behaviours needed to use evidence to inform practice and improve services.

Clinical Practice

- 1.0 Implement the principles of population health, health promotion and interventions known to reduce health inequalities to improve access and outcomes for people with a learning disability
- 1.1 Apply strategic frameworks and legislation which upholds the human rights of people with a learning disability including: Safeguarding, Mental Capacity and Restrictive Practices (DoH 2023), including Deprivation of Liberty Standards.
- 1.2 Advocate and empower people with a learning disability to maximise their involvement in all decisions that affect them, where possible reflecting individual's wishes to enable early identification and agreed interventions that will maintain wellness
- 1.4 Act as a resource and point of contact for people with a learning disability, their family/carer(s) and other professionals in navigating general health, social and community services across the Health and Social care (HSC)
- 1.6 Practice autonomously and as part of a team, assuming accountability and responsibility and appropriate delegation to achieve equity of access to and outcomes from health care services which are proactive and timely through:
- monitoring of health and wellbeing;
 - working in partnership with people with a learning disability and those closest to them to reflect 'what matters' to them (NICE 2024)
 - prompt and coordinated access to assessment, diagnosis and treatment (scheduled and unscheduled), ensuring reasonable adjustments and preventing the risk of diagnostic overshadowing.
 - co-ordination, progression and/or navigation of clinical care smoothly as the person with Learning Disability transitions between different parts of the health and social care system across the lifespan
- 2.1 Demonstrate knowledge of the complexity of physical and mental health abilities, and needs of people with a learning disability, across the lifespan.
- 2.2 Demonstrate knowledge of the risk and patterns of multimorbidity within or among people with a learning disability due to both genetic and lifestyle factors.
- 2.3 Use expert knowledge and skills to help the person understand and navigate their healthcare journey including interpretation of results, potential diagnosis, care and treatment options.
- 2.6 Develop and provide specific advice and resources to help navigate and improve communication and understanding for the person with a learning disability including the use of social stories, easy read and desensitisation techniques.
- 3.1 Holistically assess plan, implement person centred nursing intervention with appropriate skills and level of expertise, across the lifespan to recognise and respond to need as part of the wider interdisciplinary team with a biopsychosocial framework
- 3.2 Act and respond to the deteriorating condition of individuals with a learning disability, in line with standards and guidelines through collaboration with health care professionals across social, community and healthcare settings.
- 3.3 Demonstrate highly specialist understanding on how pain and distress may be presented and communicated by a person with a learning disability, including individuals with limited verbal communication to promote early identification, assessment and timely treatment, which will help to alleviate pain and distress and also in some circumstances avoid diagnostic overshadowing
- 3.6 Working in partnership with families/carer (s) and key stakeholders, to deliver safe and effective person-centred care and to advocate on their behalf to support the best interest decision making when necessary
- 4.2 Using clinical autonomy holistically assess plan, implement or direct care/interventions and evaluate effectiveness to ensure outcome measures are clearly identified in person centred care plans
- Act as an expert resource and provide professional advice to people with a learning disability, their family/carer(s) and other professionals in navigating Core Care Pathways including Advanced Care planning
- 3.5 When it is established that a person is unable to give valid consent for a specific decision, work in conjunction with key stake holders in the coordination of professional advice on mental capacity assessments and best interest decision making



Clinical Practice

Knowledge, skills and behaviours needed to provide high quality healthcare that is safe, effective and person centred.

Education and Learning



2.8 Provide learning for professionals to help understand the abilities and to meet the biopsychosocial health needs of people with a learning disability

2.9 Provide highly specialist knowledge, skills and influence through opportunistic learning, role modelling and professional practice support and advice to provide person centred care and effect wider system change.



Leadership



1.1 Apply strategic frameworks and legislation which upholds the human rights of people with a learning disability including: Safeguarding, Mental Capacity and Restrictive Practices (DoH 2023), including Deprivation of Liberty Standards.

1.2 Advocate and empower people with a learning disability to maximise their involvement in all decisions that affect them, where possible reflecting individual's wishes to enable early identification and agreed interventions that will maintain wellness

1.3 Lead on restrictive practice protocols to minimise use and promote the principle of least restriction possible following requirement for decision making, reporting and governance (DoH, 2023).

1.4 Act as a resource and point of contact for people with a learning disability, their family/carer(s) and other professionals in navigating general health, social and community services across the Health and Social care (HSC)

2.10 Utilise knowledge of services and skills to provide appropriate guidance to deliver safe and effective transitions between; community and secondary care, children's, adult, older people and criminal Justice healthcare to ensure continuity of care across the HSC system

2.12 Recognise and escalate specific areas of need and gaps in service provision

Lead on the analysis of specific areas of need;

Work collaboratively to identify and address gaps in service provision;

Provide leadership in the co-design and development of new initiatives and management of services that takes account of the abilities and needs of people with learning disabilities and their family/ carer(s).

Demonstrate knowledge and skills to enable navigation that will provide safe, effective and continuity in the delivery of care to and through the respective clinical pathways

For the Secondary and Hospital Care Liaison role this will also include discharge planning

4.3 Utilise advanced communication skills and strategies to communicate and advise professionals in the development of co-designed person-centred care plans and highlighting the importance of integrating evidence-based practice.



Research and Development



2.11 Lead and contribute to the development and review of policies and guidelines relevant to people with a learning disability.

3.7 Lead on the analysis of compliments, complaints, clinical incidents and Serious Adverse Incidents to identify and disseminate the learning for best practice

4.1 Ensure patient administration systems are utilised to provide the opportunity for people with a learning disability to be **identified at the first point of contact** with primary, secondary and hospital care services to ensure reasonable adjustments are put in place promptly

4.5 Use technology and information systems to collect, analyse and create an accurate database of people with a Learning Disability. This may include accessing healthcare and identifying any comorbidities they may have.

4.6 Lead on service improvement such as LeDeR, Quality Improvement initiatives, research projects with the aim to improve care, reduce health inequalities and prevent early deaths.



Research & Development

Knowledge, skills and behaviours needed to use evidence to inform practice and improve services.

Next Steps

- ▶ NIPEC Role Framework for Enhanced Roles
- ▶ To Include RNLD Liaison Competencies

RNLD Liaison: Registration & Education Requirements

- ❖ **Registered Nurse Learning Disabilities Level 1**
- ❖ **Advanced Communication Skills Training**
- ❖ **V300 Independent and Supplementary Prescribing course**
Health Assessment Module Level 7
- ❖ **Changing Health needs of people with a learning disability across the life span**

Changing Health needs of people with a learning disability across the life span

Aim: To prepare RNLDs to work in a liaison role across the lifespan in acute community and primary care settings.

Learning Outcomes:

- **Analyse and evaluate** the prevalence and progression of physiological, pathophysiological and mental health conditions across the lifespan, with specific reference to people with learning disabilities.
- **Critically examine** the requirements for reasonable adjustment and the legislative frameworks for equitable access and outcomes in health and social care (including safeguarding)
- **Apply evidence-based decision making** to develop and implement person-centred nursing care plans that address complex health abilities and needs and promote positive health outcomes across the lifespan
- **Demonstrate leadership skills** and effective inter-professional partnership working to advocate for and deliver equitable, inclusive services for people with learning disabilities

Suggested RNLD SPECIFIC Learning & Development – Enhanced Role

Advanced Communication Skills Training

Positive Behaviour Support BS

Restrictive Practices via Positive Steps

Phlebotomy Training

Introduction to population health needs for people with Learning Disability

QI level 2/3

Resilience Training

SPQ Programme

Collective leadership relevant programme (RCN)

Motivational Interviewing

Informed Consent Training

Safety Interventions

Trauma Informed care (Respond)

Stand Alone modules relevant to the area of practice for example:

Biopsychosocial Assessment /principles of assessing people with learning disability and mental health problems

Principles of working with people with learning disability and behaviours that challenge

CEC programmes that are relevant to the area of practice for example:

- Recognising the deteriorating patient

- Investigations: Routine blood tests and their interpretation*

- Biopsychosocial assessment and mental state examination

Effective Teaching and Practice (3 day)



RNLD Liaison Visits

KEY LEARNING

Structured review of acute Trusts across England

Scoping Approach:

- ▶ Focus on **public signalling of liaison provision**
- ▶ Review of Trust websites and operational documentation
- ▶ Data prioritised (2023–2025)
- ▶ Structured domains of analysis

Key domains:

- ▶ Liaison service visibility/maturity
- ▶ Hospital passport use
- ▶ Digital flagging systems
- ▶ Training / champion roles
- ▶ Operational documentation

***Interview Framework Developed From Scoping Data**

Virtual Visits January – March 2026

- ▶ **Scotland: NHS Lothian *Scott Taylor***
- ▶ **ROI: Cheeverstown Hospital *Suzanne Kennedy***
- ▶ **Wales: Michelle Hill RNLD & Emily Howells Aneurin Bevan UHB - Learning Disabilities**
- ▶ **Leeds: Acute Liaison Team *Rachael Davis***

RNLD Liaison Models

- ▶ Primarily set in acute services but not employed by acute
- ▶ All employed as part of the Learning Disability Directorate

There are pros and cons to this

- ▶ Wales – Acute and Primary – but separate services -same reporting lines
- ▶ ROI had supervision from acute services and from community learning disability services [had benefits]
- ▶ RNLD support to primary care – not employed by primary care –therefore dependent on individual GPs surgeries for access

Data & Outcomes (ROI/Scotland/Wales)

- ▶ Limited evidence of gathering data in terms of outcomes
- ▶ ROI – data on risk of re-admission
- ▶ Scotland - Good at demonstrating activity – not as clear with outcomes
- ▶ Wales – collecting some data on need but ad hoc and individualised

Outcomes could use information on:-

- ✓ Patient experience
- ✓ Length of stay
- ✓ Number of errors
- ✓ Datix information

Flagging and identification

- ▶ Variation
- ▶ No consistency
- ▶ Flagging system removed - In Scotland
- ▶ Majority of services offer support to people not known to specialist learning disability services
- ▶ Scotland are aiming to support acute services to access key information from health checks to enhance & communication & continuity of care

Training & Education

- ▶ Mark variation
- ▶ No additional requirements
- ▶ Scotland referenced the post graduate certificate in medical practice in adults with learning disability

Leeds Service: Overview

- ▶ **Large-scale, embedded acute liaison model**
- ▶ Five hospital sites
- ▶ ~5,000 referrals per year
- ▶ Across the lifespan
- ▶ Embedded within **corporate nursing / patient safety structures**

Leeds: Workforce & Model

- ▶ **Structured, multi-component team**
- ▶ RNLD Lead (governance & supervision)
- ▶ Quality Improvement function
- ▶ Education & training lead (champions model)
- ▶ 5 × Band 6 RNLDs
- ▶ Access to wider clinical advisors
- ▶ Focus on **complex cases and system navigation**
- ▶ Flagging system embedded (PAS)

Leeds: Impact & Key Learning

Liaison as a patient safety function

- ▶ Strong alignment with safeguarding and incident reporting
- ▶ Data-driven approach (trends, audits, outcomes)
- ▶ Annual reporting linked to governance
- ▶ Independent mortality review processes
- ▶ Significant focus on workforce upskilling

What Good Looks Like (Emerging Themes)

Characteristics of high-performing liaison models

- ▶ Clearly identifiable liaison service with defined pathways
- ▶ Integrated digital flagging and reasonable adjustment systems
- ▶ Strong education and champion infrastructure
- ▶ Embedded governance and reporting structures
- ▶ Evidence of audit, outcomes, and continuous improvement

What's Missing

- ▶ Specific levels of Education for Liaison Roles

Annual health Checks

Julie Anne Colvin



The Importance of Annual Health Checks



We Matter Service Delivery Plan

- ▶ **(2.2)** Individuals, families, and care givers can access **information and guidance** on **self-care and self-management**.
- ▶ **(2.3)** Individuals will receive a comprehensive **Annual Health Check** from the **age of 14 years** by a GP...
- ▶ **(2.4)** Individuals will have access to Healthcare Facilitation who will support them to **access mainstream health services**. Healthcare Facilitation is a process involving a range of professionals and programmes of care as opposed to a service....
- ▶ **(2.5)** Individuals will have a health and wellbeing section in their care plan. This section will focus **upon prevention, such as health screening programmes and early intervention activities**. This care plan will also include a section to outline **Physical Health Assessment and treatment needs**, as required. This will focus upon any **specialist treatment and support for long term health conditions**....
- ▶ **(2.7)** Individuals will be supported to **access all healthcare appointments**, when required...
- ▶ **(2.8)** Individuals will receive evidenced based **holistic assessment and care from Registered Nurses in Learning Disability**...
- ▶ **(2.9)** Individuals will experience timely access to **RNLD's intervention** from RNLDs with appropriate skills and level of expertise, working as part of the wider interdisciplinary team.



Annual Health Checks for People with a Learning Disability

Survey Findings

January 2026

Purpose of the Survey

- ▶ Assess alignment of NI Annual Health Check practice with NICE guidance.
- ▶ Survey piloted in NHSCT, then disseminated regionally in Dec 2025.
- ▶ Focus: RNLD and primary care involvement in the health check process.

Limitations

- ▶ Findings reflect only health checks involving HSCT Health Facilitation Teams.
- ▶ GP-led health checks without HSCT involvement are not captured.

Key Findings: Variation in Delivery

- ▶ Wide variation in how GP practices deliver annual health checks.
- ▶ Models range from joint GP/RNLD clinics to RNLD-only clinics.
- ▶ Some practices do not conduct annual health checks at all.
- ▶ Downward trend noted following changes to DES funding.
- ▶ Engagement from GP practices inconsistent across HSCTs.

Key Findings: Inequitable Access

- ▶ Most HSCTs offer checks from age 18+, despite NICE recommending 14+.
- ▶ Under-18s not routinely included due to governance limitations.
- ▶ People not known to specialist services are less likely to be offered checks.
- ▶ One HSCT notable for 40% uptake among those unknown to services.

Key Findings: Documentation Gaps

- ▶ Cardiff Health Model used regionally but missing elements.
- ▶ Limited review of communication needs and no carer assessment.
- ▶ Mental health prompts do not capture diagnosis or medication.
- ▶ Reasonable adjustments not consistently documented.

Key Findings: Health Action Plans

- ▶ NICE requires individuals to leave with a Health Action Plan.
- ▶ Significant variation across HSCTs in completion and sharing.
- ▶ Some Trusts do not complete plans at all; others only when needed.
- ▶ No regional agreement on distribution to other professionals.

Overall Conclusion

- ▶ Strong commitment evident but delivery inconsistent across NI.
- ▶ Access varies significantly by age, Trust, and service involvement.
- ▶ Current structures support activity (numbers) over outcomes.
- ▶ Current process limits continuity and long-term care coordination [1 annual health check appt]



Thank you for listening!
Questions



NIPEC CAREER AND DEVELOPMENT MODEL

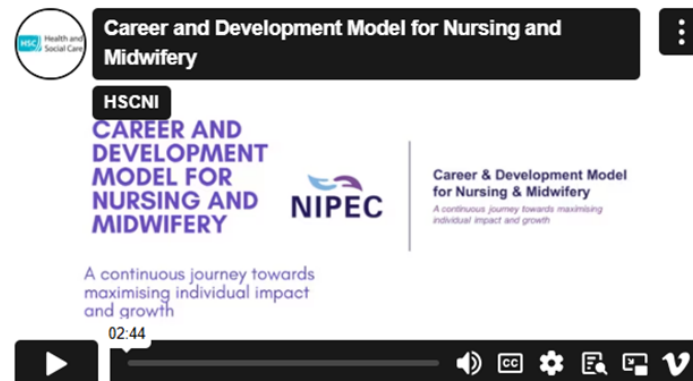
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20 March 2026

Professor Linda Kelly, Chief Executive NIPEC

Career and Development Model for Nursing and Midwifery

A continuous journey towards maximising individual impact and growth



Career and Development Model

➔ [Access the Model](#)

This section includes the structure of the model, levels and pillars of practice, who the model...

➔ [Career Pathways](#)

This section includes the routes to becoming a registered nurse or midwife and the different...

➔ [Learning & Developing Framework](#)

This section includes guidance to identify needs/areas for professional development and the range...

Nursing and Midwifery Information

[Want to become a Nurse or Midwife?](#)

To pursue an exciting career in Nursing or Midwifery choose your career...

[Information for Overseas Nurses and Midwives](#)

Northern Ireland is part of the United Kingdom (UK). The requirements for working...

[Are you returning to Practice?](#)

Now is an exciting and challenging time to be part of the professions and a good time...

[Maintaining your Registration?](#)

To continue working as a Nurse or Midwife in the UK (including Northern Ireland) you must renew...



[Real Life Stories](#)



[FAQs & Myth Busting](#)



[Feedback](#)

Access the Model

Welcome to the Career and Development Model for Nursing and Midwifery which is designed to support professional development and practice.



The Career and Development Model offers a structure with key knowledge, skills and behaviours to inform career, learning and workforce development.

It can help to benchmark knowledge and skills and support professional development at every level across a career journey.


It can also be used by practitioners, managers, educators and commissioners to support the development of a suitably skilled and resourced workforce.

It focuses on the essential knowledge, skills and behaviors needed to underpin good practice at all levels of the workforce, supporting safe and effective care delivery.

It recognises how complex roles have become and helps to explain the difference in expectations and learning for all levels of practice across the nursing and midwifery workforce.

Who the Model is For

The Career and Development Model is intended for the wider nursing...



Model Structure

The Career and Development Model is intended for the wider nursing...



Who the Model is For

The Career and Development Model is intended for the wider nursing and midwifery family including Nursing or Midwifery Assistants/Support Workers, Students and Registered Nurses and Midwives.

This includes those working in a range of settings and sectors across Northern Ireland, such as, hospital, community, primary care, general practice or the independent sector.

It can also be used to provide a structure for managers, educators and commissioners to support workforce planning and service delivery models which are linked to effective learning and development strategies, programmes and activities.

Examples of who the model is for are presented below.

- [+ Practitioners](#)
- [+ Managers](#)
- [+ Educators](#)
- [+ Strategy and Policy Leads](#)

Also in this area [Access the Model](#)

[➔ Model Structure](#)

Model Structure

The Career and Development Model is intended for the wider nursing and midwifery family, including Nursing or Midwifery Assistants/Support Workers working in a range of settings and sectors across Northern Ireland.

It can also be used to provide a structure for practitioners, managers, educators and commissioners to guide individual career journeys, support workforce planning and service delivery models which are linked to effective learning and development strategies, programmes and activities.

The Career and Development Model is presented in the diagram below and is further explained on each page of the website.

Northern Ireland Career & Development Model for Nursing & Midwifery

A continuous journey towards maximising individual impact and growth



2



COMPONENTS





Nursing & Midwifery Careers



The nursing and midwifery careers structure and guidance will support the establishment of a dynamic, future-ready nursing and midwifery workforce through three integrated career pathways: Clinical Practice, Operational Management, and Education & Research. Each pathway will provide structured progression and competency frameworks across all Levels of Practice—from non-registered staff, newly registered to advanced/expert roles. The careers resources will empower nursing and midwifery professionals to develop expertise, meet the reform agenda and deliver optimum care through having the *right person* delivery the *right care*. By investing in these pathways, we will strengthen workforce resilience, enhance patient/population outcomes and position nursing and midwifery as cornerstone professions in a modern health system.



Core Career Pathways

There are three Core Career Pathways to help prepare and develop the nursing...

Roles Frameworks

There are a range of roles (aligned to the levels of practice) along each of the three...

Levels and Pillars of Practice

Welcome to the Levels of Practice section. The Levels of Practice outline...

Service Specific Clinical Pathways & Frameworks

As a nurse or midwife, you can choose to specialise within a chosen...

 **Clinical Practice Pathway**

 **Education & Research Pathway**

 **Operational Management Pathway**



 Clinical Practice Pathway

	LEVEL OF PRACTICE	ROLE FRAMEWORK	INDICATIVE EDUCATION EQUIREMENT	ASSESSMENT TOOL
Assistant / Support Worker	2 – 4	Nursing Assistant Maternity Support Worker: Standards Competencies Core Skills		
Registered Practitioner General or Specialist Area	5	Registered Practitioner	Degree	Level 5
Senior Practitioner General or Specialist Area	6	Senior Practitioner	Degree Post Grad	Level 6
Clinical Specialist/ Practitioner With Special Interest	7	Specialist Nurse	Post Grad Masters	Level 7
Advanced Practitioner	8	Advanced Nurse Practitioner	Masters	Level 8
Consultant	9	Consultant Nurse	Masters Doctoral	Level 9

CLINICAL PRACTICE CAREER PATHWAY



ROLE FRAMEWORKS PRACTICE LEVEL 2 - 9

NURSING ASSISTANT/SUPPORT
REGISTERED STAFF NURSE/SENIOR
STAFF NURSE

SPECIALIST NURSE

ADVANCED NURSE PRACTITIONER

CONSULTANT NURSE &
CONSULTANT MIDWIFE



Career & Development Model
for Nursing & Midwifery

NIPEC CLINICAL CAREER PATHWAY



REGISTERED
STAFF NURSE
&
REGISTERED
SENIOR STAFF NURSE
ROLE FRAMEWORK



Career & Development Model
for Nursing & Midwifery

NIPEC CLINICAL CAREER PATHWAY



SPECIALIST NURSE
ROLE FRAMEWORK

NIPEC CLINICAL CAREER PATHWAY



CONSULTANT NURSE
&
CONSULTANT MIDWIFE
ROLE FRAMEWORK



Career & Development Model
for Nursing & Midwifery

NIPEC CLINICAL CAREER PATHWAY



ADVANCED NURSE
PRACTITIONER
ROLE FRAMEWORK

Roles Frameworks

There are a range of roles (aligned to the levels of practice) along each of the three career pathways. A Role Framework for defined roles at each level of practice outlines: summary profiles, competencies/proficiencies (knowledge, skills and behaviours) and is supplemented with a learning and development framework.

Each level includes associated Role Frameworks which contain key information including:



+ Role Profile Summary

+ Professional Registration Requirements (Levels 5-9)

+ Expected Education and/or Experience

+ Competencies

+ Additional Learning and Development Opportunities

+ Assessment and Development Tools



NI Career & Development Model
for Nursing & Midwifery

Staff Assessment and Development Tool Level of Practice 5 – Staff Nurse

Getting Started

The Staff Assessment and Development Tool is designed to help you reflect on your current job role and identify areas where further training, education, and development could enhance or advance your skills.

Upon completion, you will have a list of specific knowledge, skills, and behaviours (KSBs) you wish to develop, along with evidence statements to support your competence. If you have additional KSBs, university modules, or competency statements to include, there is a blank section for this purpose.

To access the assessment tool, please visit the Career Pathways/Role Frameworks section on the Careers Website and select the tool relevant to your level of practice. [Learning & Development Framework | Nursing and Midwifery Careers NI](#)

Sign Off

This tool is designed to support you in your appraisal and Personal Development Review (PDR) process, while also providing evidence of your ongoing continued professional development (CPD). There is a Sign Off template at the end of the tool to enable

STAFF ASSESSMENT AND DEVELOPMENT TOOL - LEVEL 9

Please review the knowledge, skills and behaviour statement and rate yourself using the rating scale below. Give careful thought to your assessment and how you might demonstrate proficiency of the knowledge, skills, and behaviours



1.	I need a lot of development
2.	I need some development
3.	I feel I am well developed

Knowledge, skills, behaviours	Rating			Evidence to support achievement	How you will achieve this outcome
	1	2	3		
1.1 Practise within their individual scope of practice and in line with their level of knowledge, experience, qualifications, training and employment role.					
1.3 Demonstrate professional accountability and capability in making complex evidence-informed decisions, managing varying degrees of risk, unpredictability and uncertainty while exercising					

Levels of Practice

Level	Role Overview
2	People at level 2 require basic factual knowledge of a field of work. They may carry out clinical, technical, scientific or administrative duties and provide safe, effective, person-centred care under the direction of a registrant.
3	People at level 3 require knowledge of facts, processes and general concepts in a field of work. They may carry out a wider range of duties than the person working at level 2 and will have more responsibility, with supervision by a registrant.
4	People at level 4 require factual and theoretical knowledge in broad contexts within a field of work. Work is guided by standard operating procedures, protocols or systems of work and they may have responsibility for supervision. BSc (Hons) or MSc to Registered Nurse and Registered Midwife.
BSc (Hons) or MSc to Registered Nurse and Registered Midwife	
5	People at level 5 will have a comprehensive, factual and theoretical knowledge on registration. They use knowledge to solve problems creatively, make judgements which require analysis and interpretation, and actively contribute to service development, supervision or training.
6	People at level 6 require a critical understanding of detailed theoretical and practical knowledge, are specialist and/or have management, education and leadership responsibilities. They demonstrate initiative and creativity in finding solutions with responsibility for team performance and development.
7	People at level 7 have a critical awareness of knowledge and issues in the field and at the interface between different fields. They are innovative and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment.
8	People at level 8 require highly specialised knowledge, some of which is at the forefront of knowledge in a field of work. They are leaders with considerable responsibility, and the ability to research and analyse complex processes. They may lead policy, research, education or service delivery and improvement and have clinical, management or education responsibilities.
9	People working at level 9 require knowledge at the most advanced frontier of the field of work and at the interface between fields. They will have responsibility for the development and delivery of a service to a population or leading research at the highest level of the organisation.

Pillars of Practice



Clinical Practice

Knowledge, skills and behaviours needed to provide high quality healthcare that is safe, effective and person centred.



Education & Learning

Knowledge, skills and behaviours needed to enable effective learning in the workplace.



Leadership

Knowledge, skills and behaviours needed to lead and to fulfil management responsibilities.



Research & Development

Knowledge, skills and behaviours needed to use evidence to inform practice and improve services.



Service Specific Clinical Pathways & Frameworks

As a nurse or midwife, you can choose to specialise within a chosen area or field during your career.

Service Specific Career Pathways outline additional competencies (knowledge, skills and behaviours) for roles (at each level of practice) within a specific clinical area/service, building on the relevant Core Career Pathways and associated Role Frameworks.

This approach facilitates career progression, workforce planning and design within a field of practice/service area.

Examples of Service Specific Pathways are listed below:

Clinical Practice Pathway

- [Cancer Nursing](#)
- [Critical Care Nursing](#)
- [District Nursing](#)
- [General Practice Nursing](#)
- [Perioperative Nursing](#)





CAREER PATHWAY FOR CRITICAL CARE NURSING





CAREER PATHWAY FOR PERIOPERATIVE NURSING

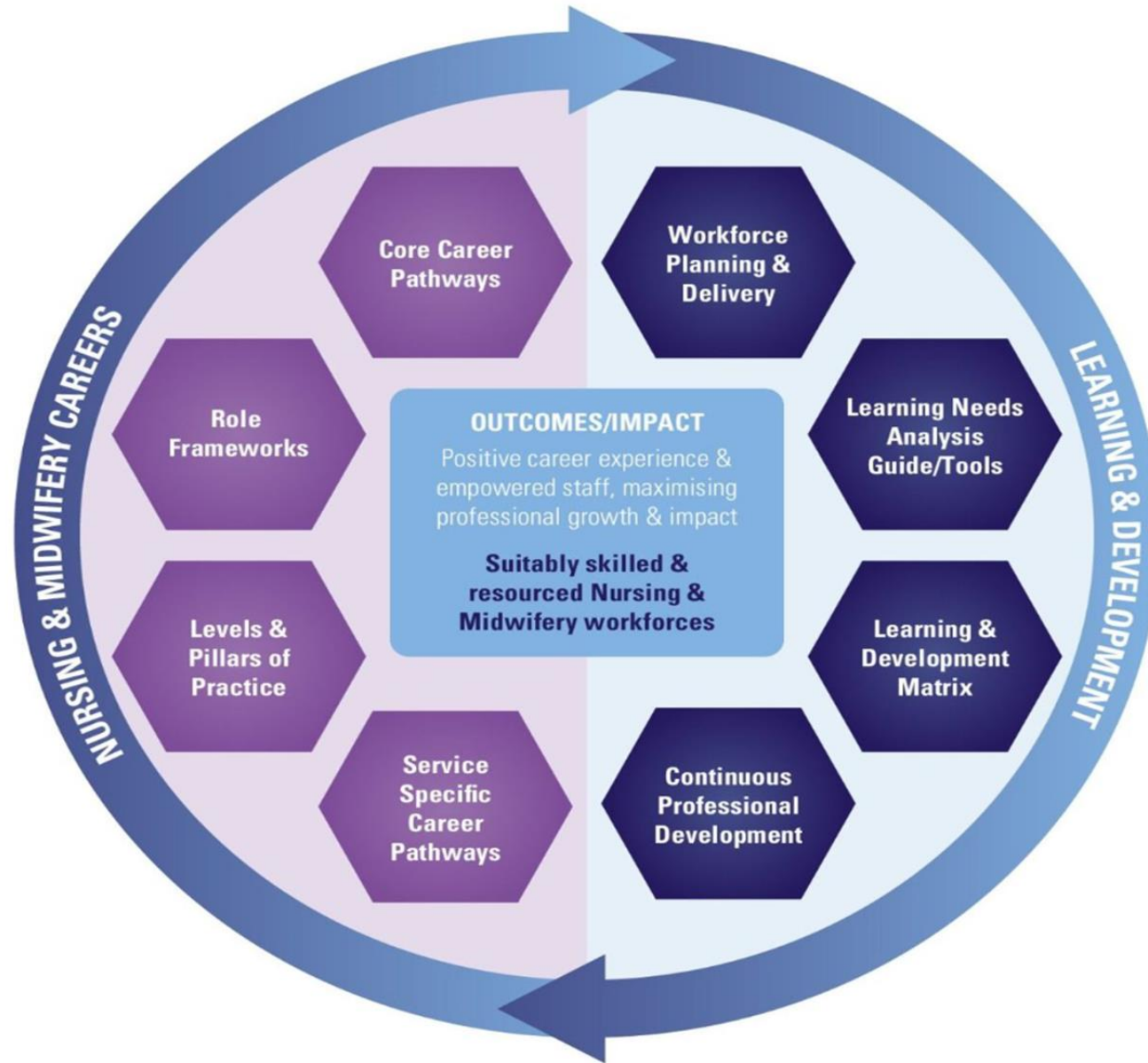




NORTHERN IRELAND CANCER NURSING

CLINICAL CAREER PATHWAY





Learning & Development Framework

A Learning and Development Framework is a critical tool for organisations seeking to develop and implement effective employee training and development programmes and activities.

It provides a plan and structured approach to build workforce capacity and develop capabilities, skills and competencies, resulting in better staff performance and outcomes for patients.

Workforce Planning & Delivery

Workforce planning and design of delivery models need to ensure an adequate...

Learning and Development Matrix

A Regional learning and development matrix provides information...

Learning Needs Analysis

Managers, at all levels, are responsible for identifying and prioritising...

Continuous Professional Development

The ongoing process for acquiring required knowledge, skills and...

Workforce Planning & Delivery

need to ensure an adequate staffing resource and ongoing supply to ensure people, communities and population health care needs are met. This requires employing: the right people, with the right skills, working in the right place, at the right time.

At the 31st March 2025 there were 29,966 Nurses and Midwives on the NMC register in Northern Ireland. Understanding the workforce learning and development needs is essential to support future service delivery models.

As the health and social care system reforms in response to evolving patient and population needs, technology and pharmaceutical advancements, the multi-professional workforce needs to develop knowledge and skills to work within existing and new models of care.

➔ [New Roles](#)



➔ [Six Steps Methodology to integrated Workforce Planning](#)

Learning Needs Analysis

Staff at all levels, are responsible for identifying and prioritising the Learning and Development needs of their Service Area(s) and the professional development goals of individuals and teams – ensuring these are aligned with their organisational priorities and the health needs of the population they serve.

Learning Needs Analysis Guide & Tool

The Regional Learning Needs Analysis Guide offers guidance, context and a framework for carrying out an effective Learning Needs Analysis that aligns with strategic policy, workforce planning, and service needs.

The Learning Needs Analysis Tool is a practical resource designed to help managers at all levels, to capture, organise, and prioritise their learning needs in a consistent and structured way.

These resources will support the development of the Knowledge, Skills and Behaviours aligned to Levels of Practice 2–9 for nurses, midwives and healthcare support workers.

[Learning Needs Analysis Guide](#)



[Learning Needs Analysis Tool](#)

These documents will be available on the NIPEC website in late December 2025.

Learning and Development Matrix

Entry Pre-Registration Nursing and Midwifery Programmes

Entry into Pre-Registration Nursing and Midwifery programmes



Mandatory Training

What mandatory training is, who is it for, and where it can be accessed

Post-Registration Academic Study

What Post-Registration academic study is, who is it for, and where courses / programmes can

Clinical Education

The HSC Clinical Education Centre (CEC) provides high-quality, evidence-based

Additional Learning and Development Resources

Additional Learning and Development resources including the HSC Clinical Education Centre (CEC)

Nursing

Queens University Belfast (QUB)

- 3 year undergraduate nursing degree programme
- 2 year general entry masters (GEMS) programme for those who hold an Honours degree in any subject and who have experience in caring.
- Programmes cover, Adult Nursing, Mental Health Nursing, Learning Disability Nursing, and Children and Young People.
- QUB Entry criteria can be found at [Undergraduate Courses | School of Nursing and Midwifery | Queen's University Belfast](#) by selecting the relevant programme.

Ulster University (UU) (Derry-Londonderry Campus)

- 3 year undergraduate nursing degree programme
- Programmes cover Adult Nursing and Mental Health Nursing.
- Entry Criteria can be found at [Ulster University School of Nursing and Paramedic Science](#) by selecting the relevant programme.

The Open University

- 4 year undergraduate nursing degree programme in partnership with all five Health and Social Care Trusts across Northern Ireland to provide Department of Health funded student nursing opportunities for staff employed in the Trusts.
- Partnered with the independent sector to provide employer-funded places on the Pre-Registration Nursing Programme for staff employed in the independent sector.
- Programmes cover, Adult Nursing, Mental Health Nursing, Learning Disability Nursing, and Children and Young People.

Entry Pre-registration Nursing and Midwifery Programmes

Midwifery

A Pre-registration Midwifery Programme is solely delivered by QUB. Applications are via UCAS. The QUB website will provide guidance of the entry criteria including which GCSE's, A-level's or further education qualifications are required. Following completion of the UCAS requirements, prospective students will be invited to an interview before being offered a place on the programme.

Pre-Registration Midwifery

This is a 3 year full time programme of which 50% takes place in university to prepare students for practice-based learning environments across a range of clinical settings including hospital and community and accounts for the other 50% of education.

This programme has fully funded commissioned places made available by the Department of Health for home students, including [full fees and a bursary](#), subject to eligibility criteria. Students on this programme are ineligible to apply for funding from the Student Loans Company.

Queens University Belfast

- [The Ultimate Guide to UCAS Applications | Student Hub | Queen's University Belfast](#)
- [Nursing and Midwifery Interviews | Study | Queen's University Belfast](#)

Those who have previously commenced or completed a Department of Health paid place/bursary for a pre-registration nursing, midwifery or AHP course in Northern Ireland will not be eligible for a funded place on this programme.

On successful completion of the programme, graduates are eligible to register with both the [Nursing and Midwifery Council \(NMC\)](#) in the UK and the [Nursing and Midwifery Board of Ireland \(NMBI\)](#) in ROI.

Entry requirements can be found at [Midwifery | Courses | Queen's University Belfast](#)

Masters in Midwifery

This is a 2 year programme for NMC registered adult nurses currently employed in a HSC Trust in Northern Ireland who want to move into a career in midwifery. Entry requirements can be found at [Masters in Midwifery | School of Nursing and Midwifery | Queen's University Belfast](#)

Entry Pre-registration Nursing and Midwifery Programmes

Queens University Belfast (QUB)

- 3 year undergraduate nursing degree programme
- 2 year general entry masters (GEMS) programme for those who hold an Honours degree in any subject and who have experience in caring.
- Programmes cover, Adult Nursing, Mental Health Nursing, Learning Disability Nursing, and Children and Young People.
- QUB Entry criteria can be found at [Undergraduate Courses | School of Nursing and Midwifery | Queen's University Belfast](#) by selecting the relevant programme.

Ulster University (UU) (Derry-Londonderry Campus)

- 3 year undergraduate nursing degree programme
- Programmes cover Adult Nursing and Mental Health Nursing.
- Entry Criteria can be found at [Ulster University School of Nursing and Paramedic Science](#) by selecting the relevant programme.

The Open University

- 4 year undergraduate nursing degree programme in partnership with all five Health and Social Care Trusts across Northern Ireland to provide Department of Health funded student nursing opportunities for staff employed in the Trusts.
- Partnered with the independent sector to provide employer-funded places on the Pre-Registration Nursing Programme for staff employed in the independent sector.
- Programmes cover, Adult Nursing, Mental Health Nursing, Learning Disability Nursing, and Children and Young People.

A Pre-registration Midwifery Programme is solely delivered by QUB. Applications are via UCAS. The QUB website will provide guidance of the entry criteria including which GCSE's, A-level's or further education qualifications are required. Following completion of the UCAS requirements, prospective students will be invited to an interview before being offered a place on the programme.

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Queens University Belfast

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Post-Registration Academic Study

Types of Post-Registration Academic Study

- ⊕ Who is Post Registration Academic Study for?
- ⊕ What is a Stand Alone Module/Credit Bearing Module?
- ⊕ What is a Short Course?
- ⊕ What is a Post Graduate Diploma?
- ⊕ What is a Post Graduate Diploma in Specialist Practice?
- ⊕ What is a Post Graduate Diploma in Specialist Community & Public Health Nursing (SCPHN)?
- ⊕ What is a Masters Degree (MSc)?
- ⊕ What is a MSc in Advanced Practice?



Education Commissioning Group (ECG)

A limited amount of post-registration academic study can be accessed through the Department of Health (DoH) Post-registration Nursing and Midwifery Education Commissioning Group (N&M ECG) for staff employed within HSC Trusts, however it is also possible for nurses/midwives to self-fund their own academic study. Programmes can be delivered at degree level which is academic level 6 or at Post-graduate level which is academic level 7.

The DoH Post-registration N&M ECG budget is allocated on an annual basis to the Chief Nursing Officer. The budget is managed through the N&M ECG where an annual education commissioning plan is developed to support the post-registration education and development needs of the N&M workforce in line with strategic priorities and organisational workforce planning.

There are three key objectives for Post- registration education commissioning: maintaining current services, enabling transformation of services, and retention and continuous professional development of staff.

Post-registration education commissioning is cyclical process consisting of 4 key phases (see Diagram 1) which commences a minimum of one year in advance of programmes commencement.

To secure a place on a DoH commissioned post-registration education programme, requests can be submitted via the organisation’s Education Lead to DoH ECG by the required timeline (usually late December/early January) each year. Requests received after the deadline cannot be considered as part of the annual ECG planning cycle.

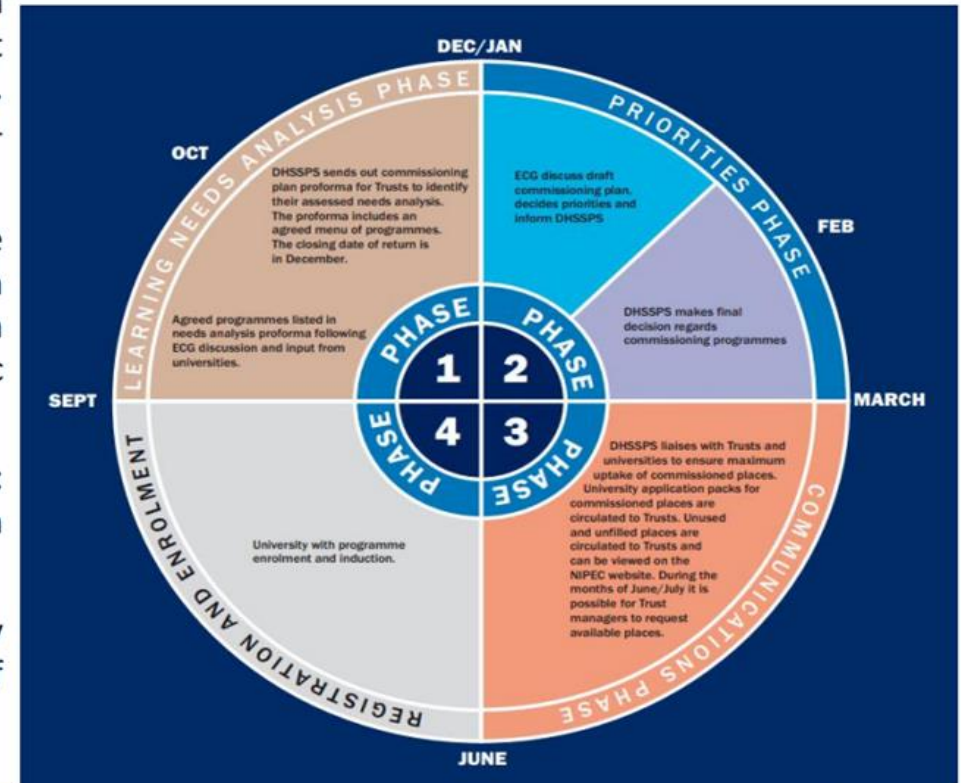


Diagram 1

Operational Management

[Back to main menu](#)

Course Name	Provider
Collective Leadership	UU
Developing person centred service improvement	RCN
Understanding human factors	RCN
What do you do when things go wrong	RCN
Improving Patient Safety: Developing skills to enable delivery of safe, effective patient centred care (4 day programme)	RCN
Understanding Workforce Planning (1 day programme)	RCN
Leading in a crisis for Nurse Managers in HSC Trusts and Nursing Homes (4 day programme)	RCN
Supporting and Developing Senior Nurses/ midwives Senior Nurse Managers' Toolkit Programme (4 day programme delivered over 3 months)	RCN
Managing Performance – Managing the Performance of Individuals, Teams and Organisations (1 day programme)	RCN
Preparing for a Post as Sister, Charge Nurse, Team Leader Developing Skills for the Complex World of Today's Healthcare Settings	RCN
Delegation of Care for BAND 8A, 8B and 8C.	RCN
Band 8 Senior Nurse Leaders Programme (4 day programme delivered over 3 months)	RCN
Aspiring Nurse & Midwifery Director	Florence Nightingale Foundation

Education & Research

Course Name	Type of Course	Academic Delivery Level	Provider
Academic Skills for Nursing and Paramedic Science Post Graduate Study	Stand alone module	Level 6	UU
Post Graduate Cert in Education for Healthcare Professionals	PgCert	Level 6 & 7	UU
Advanced Methods in Research and Development in Health and Social Care	Stand alone module	Level 7	UU
Motivational interviewing in Practice	Stand alone module	Level 7	UU
MSc Nursing	Masters	Level 7	UU
Practice Education in Health Care	PgCert	Level 7	QUB
Preparation for Degree Level Study	Short Course	Level 2	QUB
Theories and principles of Practice Education	Stand alone module	Level 7	QUB
Facilitating Learning in Practice	Stand alone module	Level 7	QUB
Enabling Interprofessional Practice	Short Course	Level 7	QUB
Practice Teaching and Learning for Health and Social Care Professionals (facilitating learning in practice)	Stand alone module	Level 7	QUB
Simulation based education, theory and practice in health care	Stand alone module	Level 7	QUB
Research Development in Clinical Practice	Stand alone module	Level 6	QUB

Clinical Practice

[Back to main menu](#)

[Generic Clinical Practice Courses –
applicable to all service areas](#)

[Peri-operative](#)

[Diabetes](#)

[Mental Health](#)

[Midwifery &
Women's Health](#)

[Orthopaedics](#)

[Cardiology](#)

[Dementia](#)

[Cancer & Palliative
Care](#)

[Emergency &
Critical Care](#)

[Respiratory](#)

[Learning Disability
& Intellectual
Disability](#)

[Public Health](#)

[Urology &
Continence](#)

[Neuroscience](#)

[Forensics](#)

[Primary Care &
Older People](#)

[Children & Young
People \(CYP\)](#)

[Skin & Burns](#)

[Imaging](#)

[Other](#)





Cancer & Palliative Care

Course Name	Type of Course	Academic Delivery Level	Provider
Palliative and End of Life Care	Stand alone module	Level 6	QUB
Understanding Cancer Treatment	Stand alone module	Level 6	QUB
Administration of Systemic Anti-Cancer Therapies	Stand alone module	Level 6	QUB
Haematology and Haematopoietic Stem Transplantation	Short Course	Level 6	QUB
Cytotoxic and Biological Therapies in the non-oncology setting	Stand alone module	Level 6	QUB
Specialist Practice in Nursing - Cancer Care - Oncology (not NMC recordable)	Specialist Practice	Level 7	QUB
Symptom Management in End of Life Care (30 credits)	Stand alone module	Level 7	UU
Advanced Knowledge in Symptom Management in Palliative Care (30 credits)	Stand alone module	Level 7	UU
Specialist Practice Nursing Qualification with integrated prescribing Palliative Care 1 year Full Time or 2 years Part Time	PgDip	Level 7	UU
Developing Awareness in End of Life Care	NA	NA	RCN
Princess Alice European Certificate in Essential Palliative Care	NA	NA	NI Hospice
Principles of Breast Cancer *Breast CNS (screening)	NA	NA	Royal Marsden School
Dermoscopy * Skin CNS online	Stand alone module	TBC	TBC

Clinical Practice

[Back to main menu](#)

[Generic Clinical Practice Courses –
applicable to all service areas](#)

[Peri-operative](#)

[Diabetes](#)

[Mental Health](#)

[Midwifery &
Women's Health](#)

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[Dementia](#)

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Care](#)

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Critical Care](#)

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[Learning Disability
& Intellectual
Disability](#)

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[Urology &
Continence](#)

[Neuroscience](#)

[Forensics](#)

[Primary &
Older People](#)

[Children & Young
People \(CYP\)](#)

[Skin & Burns](#)

[Imaging](#)

[Other](#)



Primary Care & Older People

Course Name	Type of Course	Academic Delivery Level	Provider
Diabetes Management in Primary Care	Stand alone module	Level 6 & 7	UU
Telephone Triage in Healthcare/Telephone Consultation for Healthcare / Telephone Consultation for Healthcare	Stand alone module	Level 6 & 7	UU
V150 Community Practitioner Nurse Prescribing	Stand alone module	Level 6 & 7	UU
V150 Community Practitioner Nurse Prescribing	Stand alone module	Level 6 & 7	UU
Advanced / Post Grad Certificate in General Practice Nursing	PgCert	Level 6 & 7	UU
Advanced / Post Grad Certificate in General Practice Nursing	PgCert	Level 6 & 7	UU
Adult Specialist Nursing: District Nursing (with integrated nurse prescribing)	Specialist Practice	Level 7	UU
PG DIP Specialist Practice Nursing Qualification with integrated prescribing Adult 1 year Full Time or 2 years Part Time	PgDip	Level 7	UU
Advanced Practice - Nursing Primary Care	Masters	Level 7	UU
Breast and Cervical Screening for Nurses, Midwives and Health visitors	Stand alone module	Level 6	QUB
Advanced Nursing Practice - Adult Medicine and Older People Care	Masters	Level 7	QUB
Specialist Practice in Nursing - Nursing Care of Older People (not NMC recordable)	Specialist Practice	Level 7	QUB
Asthma Diploma Level 5	NA	NA	Barrett McGrath
Chronic Obstructive Pulmonary Disease (COPD) update	NA	NA	Barrett McGrath

Mandatory Training

 What it is?

 Who it's for?

 Where can it be accessed?





Enter your search here



Login

CEC design and deliver education that supports Nurses, Midwives and Allied Health Professionals across Northern Ireland.

Additional Learning and Development Resources

- [Health and Social Care Modules | Health and Social Care | The Open University](#)
- [The home of free learning from the Open University | Open Learn – Open University](#)

There are 6 Further Education Colleges in Northern Ireland with courses applicable to health and social care, they are listed below.

- [Belfast Met](#)
- [From Here To Career | North West Regional College](#)
- [Northern Regional College](#)
- [South Eastern Regional College – SERC](#)
- [SWC | South West College](#)
- [Southern Regional College](#)



☰ HSC Leadership Centre

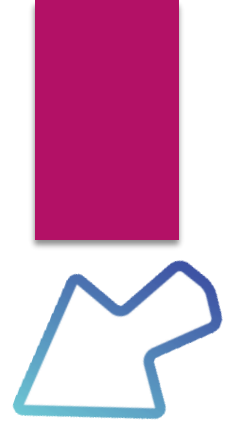
☰ Health and Social Care Quality Improvement (HSCQI)

☰ Royal College of Nursing (RCN)

☰ Royal College of Midwifery (RCM)

☰ Northern Ireland Social Care Council

Continuous Professional Development



Ethnic Diversity – equal access to education and leadership opportunities for all

Reflective Supervision

Preceptorship Framework NI

Quality Excellence Framework

Leadership: A Collective Leadership Framework for Nursing and Midwifery

Listen to the videos

Hear stories from nurses and midwives working in Northern Ireland



Stuart
Maternity Support Worker, SEHSCT



Anne
Medical Nurse Practitioner, Ulster Hospital, SEHSCT



Anne-Marie
Senior Education Manager, HSC Clinical Education Centre



Jenny
Sister - Band 6, Royal Victoria Hospital, BHSCT



Johanna
Nurse Lecturer, QUB



Helen
Emergency Nurse Practitioner, Antrim Area Hospital, NHSCT



Anne
Emergency Nurse Practitioner, Altnagelvin Hospital, WHSCT



Jill
Clinical Educator, SEHSCT



Olivia
Advanced Clinical Practitioner - Nursing, Royal Victoria Hospital



Laura
Emergency Nurse, Band 5, Altnagelvin Hospital



Joanne
Nurse Advisor, Western Urgent Care



Alison
General Practice Nurse, Grosvenor Road

[Home](#)

Real Life Stories

[Listen to the videos](#)

[Read about the Specific Roles](#)

All Career Direction All Area of Practice

All Settings

Order By: Order:

Neo Natal Titioner

Summary Neonatal Nurse Works Beyond Professional Work Within A Team/ Primary Team But Autonomy In With Local and Protocols....

[Read More](#)

Advanced Practitioner And Manager

Job/Role Summary When I Started My Career As A Registered Nurse Learning Disabilities (RNLD) In 2001, My First Post Was In Inpatient Setting For Individuals With An Intellectual Disability. Many...

[Read More](#)

Anaesthetic Nurse

Job/Role Summary Assisting In Anaesthesia During Routine Lists In Theatre Transfer Of Patients Between Hospitals For Example Head Injury Patients To Royal Hospital Or Children To Paediatric Intensive Care Attending...

[Read More](#)

Education for Midwife

Summary I Am For The And Of Antenatal The Southern Social Care Trust. I Manage A Team Of Midwives Who Provide Antenatal...

[Read More](#)

Antenatal Screening Co-Ordinator

Job/Role Summary I Co-Ordinate The Infectious Diseases In Pregnancy Screening Programme. I Deal With All Positive Results, Sample Errors And Electronic Transfer Of Results Within A Philosophy Of Women-Centred And...

[Read More](#)

Assistant Director Of Nursing

Job/Role Summary Provision Of Nursing Advice In All Aspects Of Community Care, Children's Issues, And Family Practitioner Services. Provision Of Nursing Advice On Child Protection Matters. Participation In Commissioning, Strategic...

[Read More](#)

Assistant Team Manager Community Mental Health Team For Older People

Job/Role Summary As Assistant Team Manager, I Assist The Team Manager In Ensuring The Smooth Day To Day Running Of The Team. My Role Involves Supporting And Advising Staff, Carrying...

[Read More](#)

Behaviour Nurse

Job/Role Summary In My Job As A Behaviour Nurse I Have Direct Clinical Involvement With My Patients. A Major Part Of My Job Is Conducting A Functional Assessment Of The...

[Read More](#)

Behaviour Nurse (Community)

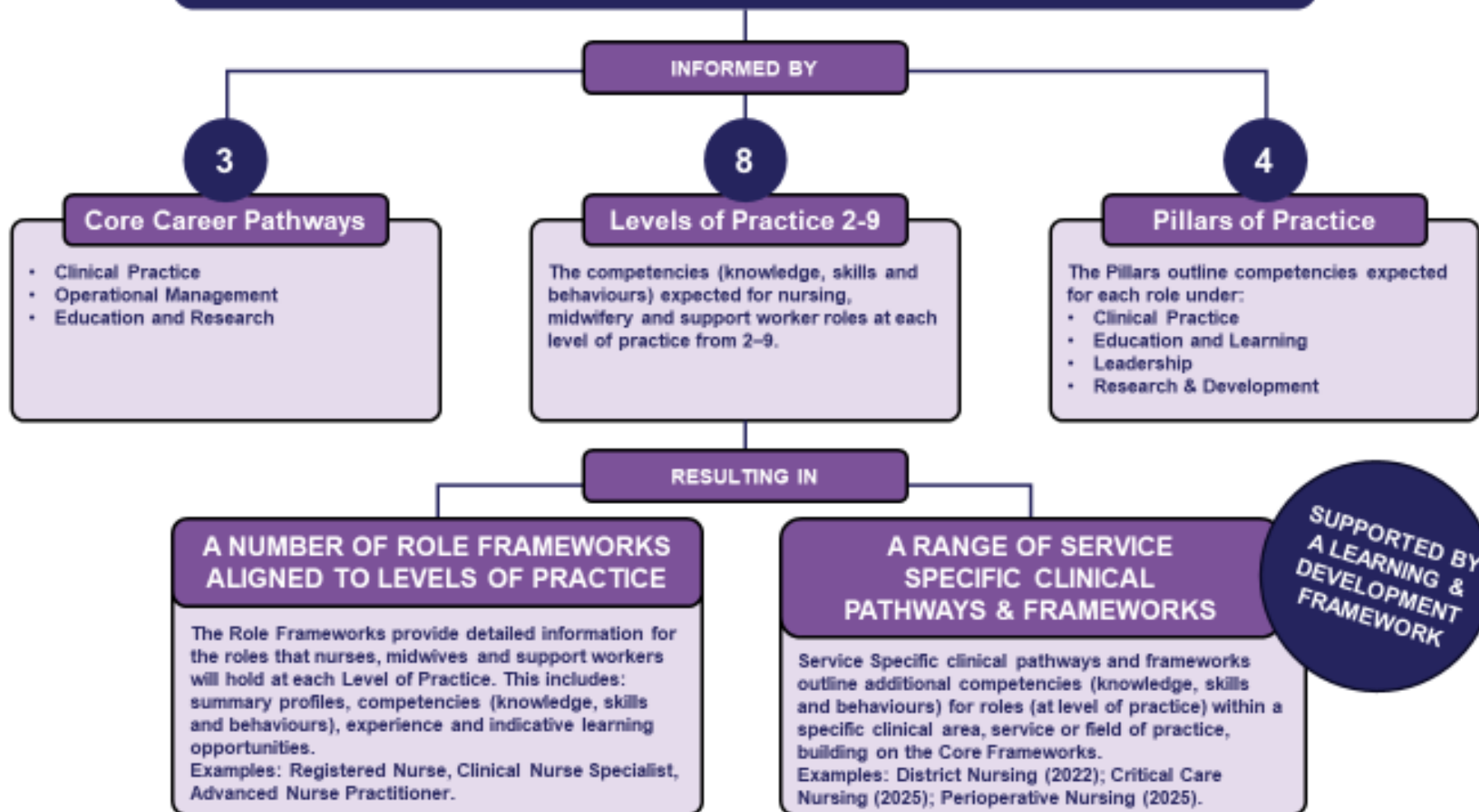
Job/Role Summary My Role Is Behaviour Nurse For The Intensive Support Service. I Work With Both Children And Adults With Severe Learning Disabilities Who Present With Challenging Behaviour. As Part...

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1 2 3 ... 17 Next

MODEL SUMMARY

NI CAREER & DEVELOPMENT MODEL FOR NURSING & MIDWIFERY



CAREER AND DEVELOPMENT MODEL FOR NURSING AND MIDWIFERY



A continuous journey towards
maximising individual impact
and growth

Career & Development Model for Nursing & Midwifery

*A continuous journey towards maximising
individual impact and growth*

Thank You for listening!

 **@NIPEC_online**

 **nipec.hscni.net**

Northern Ireland Practice and Education
Council for Nursing and Midwifery
4th Floor | James House | 2-4 Cromac
Avenue | Belfast | BT7 2JA



INVESTORS IN PEOPLE®
We invest in people Silver

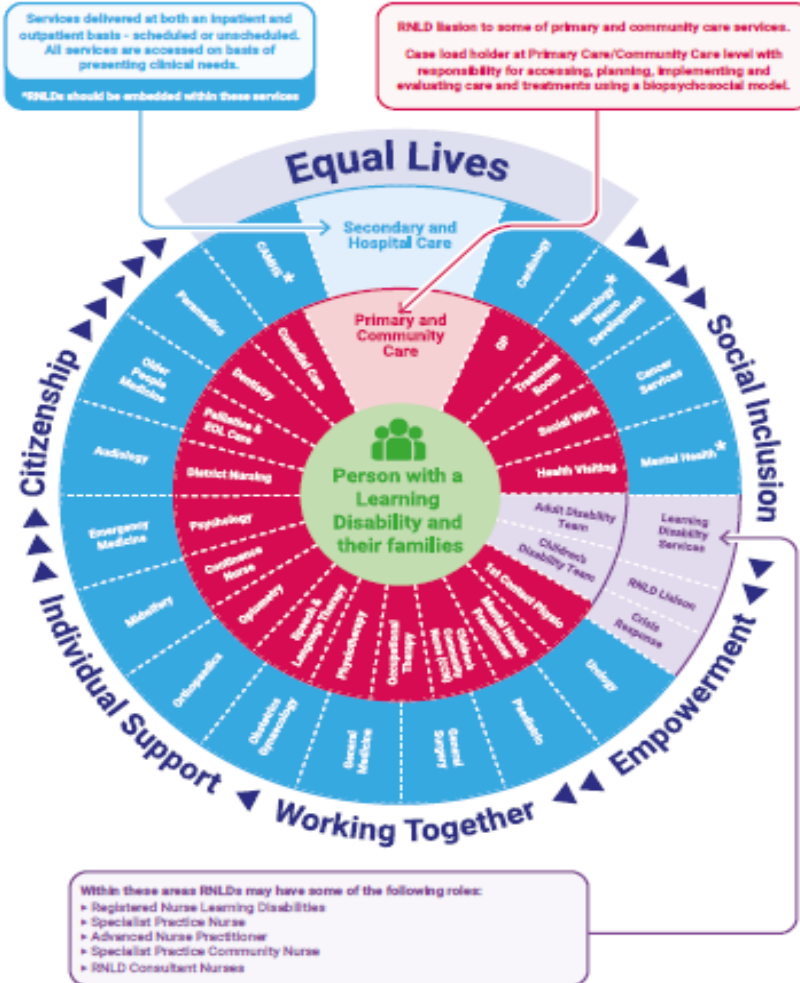
Nursing & Midwifery Core Career Pathways



RNLD Career Model					
	Level 5	Level 6	Level 7	Level 8	Level 9
Clinical Practice RNLD Career Pathway	Registered Nurse	Senior Registered Nurse	RNLD Specialist Nurse Enhanced Nurse – e.g. RNLD Liaison Nurse	RNLD Advanced Nurse Practitioner	RNLD Consultant Nurse
Operational Management RNLD Career Pathway			Ward Sister/Charge Nurse Team Lead	Professional Lead Nurse RNLD	
Education and Research RNLD Career Pathway			Practice Educator		

Figure 27: Range of settings where RNLDs will be employed

Collaborative systems of care between general and specialist Learning Disability services may require RNLDs to be embedded within a range of services where their expertise has greatest impact and improves health outcomes for the person with a learning disability



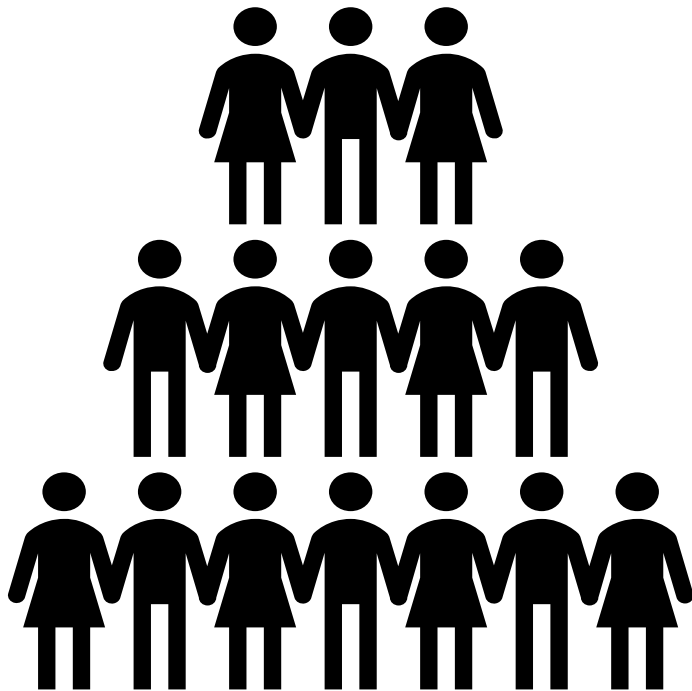
- Staff Nurse
- Senior Staff Nurse
- Specialist Practice Nurse
- Advanced Nurse Practitioner
- Specialist Practice Community Nurse
- RNLD Consultant Nurse

- Plus E

Refreshed Delivering Care Framework

DoH March 2026

Refreshed Delivering Care



Regionally consistent approach to determining safe and effective staffing levels and effective skill mix across all fields of nursing and midwifery.

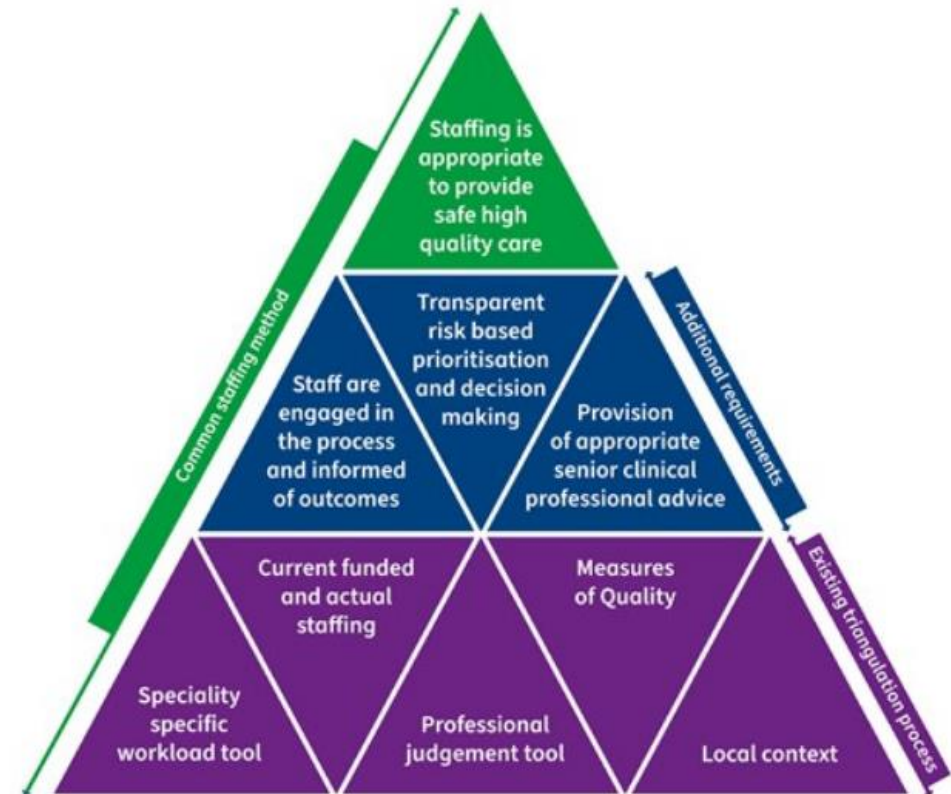
It supports the delivery of high-quality, person-centred care now and into the future

Establishing clear lines of accountability and responsibility for workforce and workload planning

Taking cognisance of future safe staffing legislation

Delivering Care Refresh

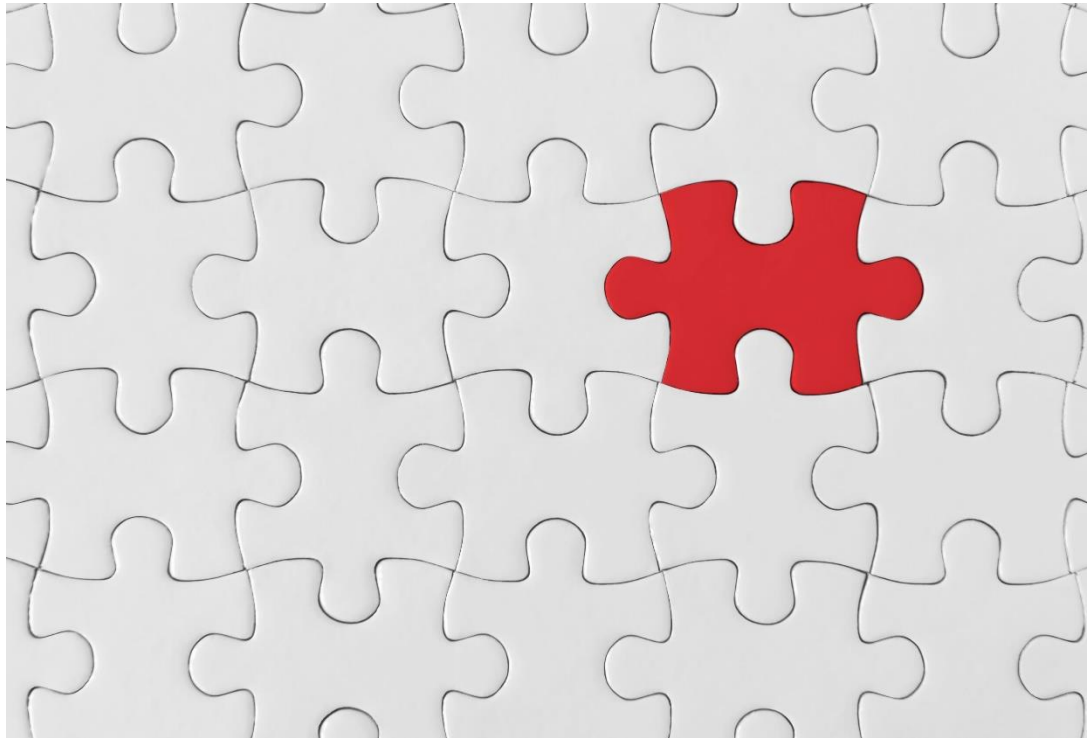
- A Population Health Approach
- Embedding Six Step Methodology
- & Common staffing method
- To Support Effective workforce & workload planning
- And delivery of safe & effective care



DOH

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Workforce/workload tools



- Imperial Safer Nursing Care Tools
- Scottish tools
- Welsh Levels of Care

- *Use of appropriate and where available evidence -based tools*

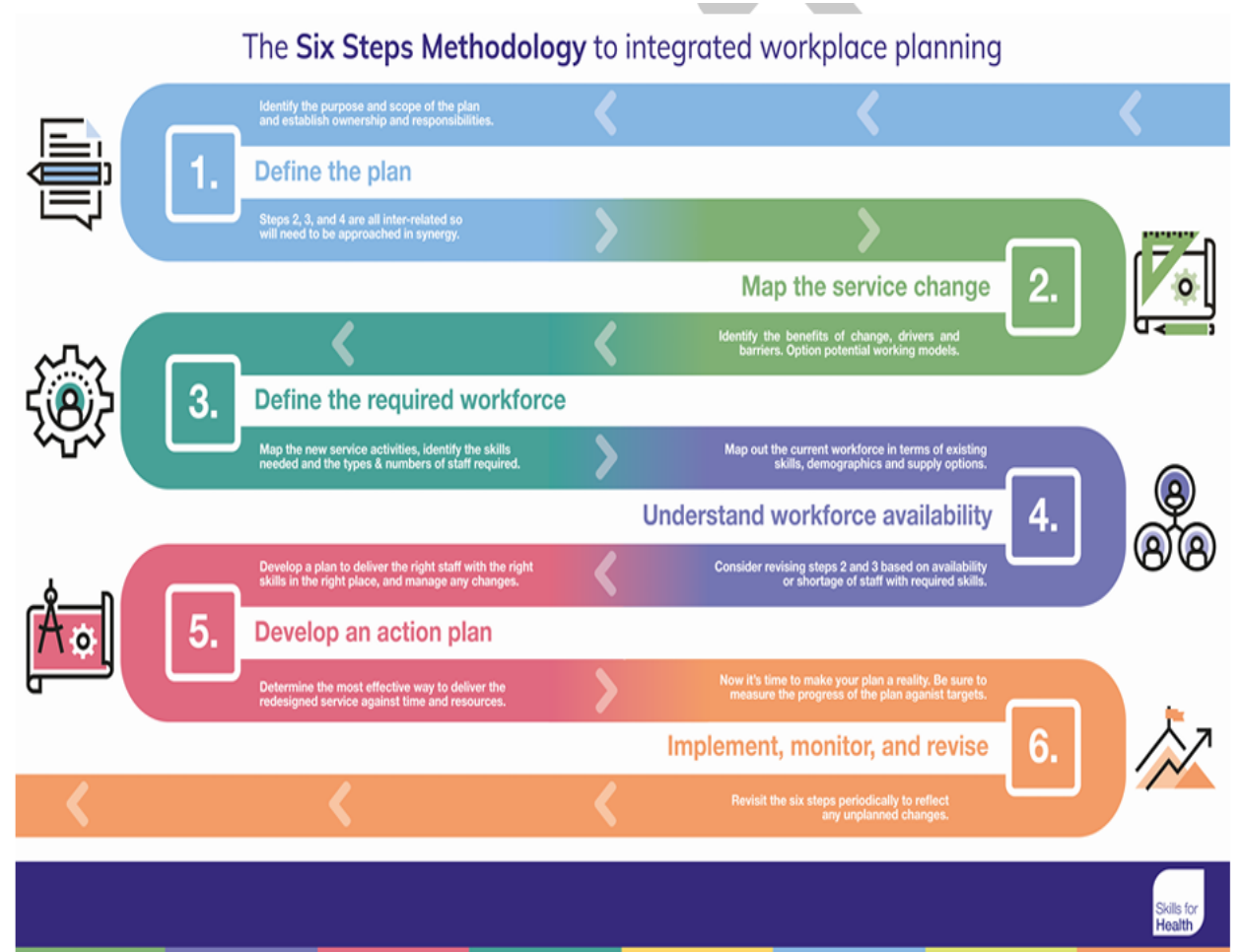
Enablers for implementation of Delivering Care

Once for Northern Ireland approach – standardisation and reduced variation

E-roster – regional policy

Training

- Common staffing method
- Effective e-rostering
- Band 7 toolkit
- 6 step workforce planning methodology



E-Roster Regional Skill Mix Optimisation Group

Contracts / Procurement

Education / Training

Data / Reporting

Workforce / Workload planning Tool



DoH

www.health-ni.gov.uk

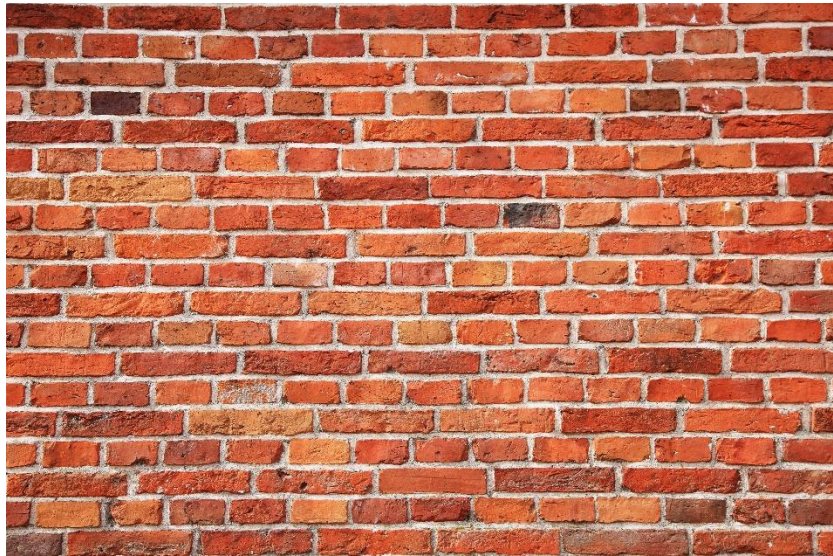
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Data and reporting

- Equip
- Standardise job roles and titles
- Workforce Metrics and reporting
- Data Access

Job Family	Job Function	Job	Grade/Ba	Min Gra	Max Gra	Stand
Administrative & Corporate Services	Governance & Risk	Governance & Risk Co Director (8D)	8D	8D	8D	37.5
Administrative & Corporate Services	Health & Social Care Admin	Health Administration Assistant (2)	2	2	2	37.5
Administrative & Corporate Services	Health & Social Care Admin	Health Administration Officer (3)	3	3	3	37.5
Administrative & Corporate Services	Health & Social Care Admin	Health Administration Officer (4)	4	4	4	37.5
Administrative & Corporate Services	Health & Social Care Admin	Health Administration Senior Officer (5)	5	5	5	37.5
Administrative & Corporate Services	Health & Social Care Admin	Health Administration Manager (6)	6	6	6	37.5
Administrative & Corporate Services	Health & Social Care Admin	Health Administration Manager (7)	7	7	7	37.5
Administrative & Corporate Services	Health & Social Care Admin	Health Administration Senior Manager (8A)	8A	8A	8A	37.5
Administrative & Corporate Services	Health & Social Care Admin	Health Administration Head of Service (8B)	8B	8B	8B	37.5
Administrative & Corporate Services	Health & Social Care Admin	Health Administration Assistant Director (8C)	8C	8C	8C	37.5
Administrative & Corporate Services	Health & Social Care Admin	Health Administration Co Director (8D)	8D	8D	8D	37.5
Administrative & Corporate Services	Health & Social Care Admin	Audio Typist (2)	2	2	2	37.5
Administrative & Corporate Services	Health & Social Care Admin	Audio Typist (3)	3	3	3	37.5
Administrative & Corporate Services	Health & Social Care Admin	Receptionist (2)	2	2	2	37.5
Administrative & Corporate Services	Health & Social Care Admin	Receptionist (3)	3	3	3	37.5
Administrative & Corporate Services	Health & Social Care Admin	Medical Secretary (3)	3	3	3	37.5
Administrative & Corporate Services	Health & Social Care Admin	Personal Secretary (3)	3	3	3	37.5
Administrative & Corporate Services	Health & Social Care Admin	Team Secretary (3)	3	3	3	37.5
Administrative & Corporate Services	Health & Social Care Admin	Social Services Admin Officer (3)	3	3	3	37.5
Administrative & Corporate Services	Health & Social Care Admin	Personal Secretary (4)	4	4	4	37.5
Administrative & Corporate Services	Health & Social Care Admin	Medical Secretary (4)	4	4	4	37.5
Administrative & Corporate Services	Health & Social Care Admin	Social Services Admin Officer (4)	4	4	4	37.5
Administrative & Corporate Services	Health & Social Care Admin	Personal Assistant (5)	5	5	5	37.5

Building workforce intelligence



PLANNING OF SERVICES

VISIBILITY OF WORKFORCE

INFORMED DECISION MAKING

CAREER PATHWAYS

EDUCATIONAL REQUIREMENTS

SUCCESSION PLANNING



DoH

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GROUP WORK

- ▶ **Table 1 – Staff Nurse**
- ▶ **Table 2 – Senior Staff Nurse**
- ▶ **Table 3 – Advanced Nurse & Consultant Nurse**

Registration and Education Requirements for all Clinical Roles

RNLD ROLE	Staff Nurse	Senior Staff Nurse	Enhanced Nurse/ Specialist Nurse	Advanced Nurse Practitioner	Consultant Nurse
Level of Practice	5	6	7	8	9
Essential criteria	Registered Nurse Learning Disabilities, on the live NMC register	Registered Nurse Learning Disabilities level 1, on the live NMC register Standalone module Health Assessment if required as part of role	Registered Nurse Learning Disabilities level 1, on the live NMC register Standalone module on changing health needs of people with a learning disability across the lifespan Short Course: V300: Nurse Independent/ Supplementary Prescribing Advanced Communication Skills Training	Registered Nurse Learning Disabilities level 1, on the live NMC register Level 1 MSc Advanced Nurse Practitioner Course To be taken as a module within the ANP Course or as a standalone module: Changing health needs of people with a learning disability across the lifespan V300: Nurse Independent/ Supplementary Prescribing Advanced Communication Skills Training	Registered Nurse Learning Disabilities level 1, on the live NMC register Master's degree or equivalent in a relevant area To be taken as a module within the MSC Course or as a standalone module: Changing health needs of people with a learning disability V300: Nurse Independent/ Supplementary Advanced Communication Skills Training

Suggested RNLD Specific Learning and Development *Hand out*

	Staff Nurse	Senior Staff Nurse	Enhanced Nurse/ Specialist Nurse	Advanced Nurse Practitioner	Consultant Nurse
Level of Practice	5	6	7	8	9
	Communication Skills Training PBS Restrictive Practices via Positive Steps Phlebotomy Training Introduction to population health needs for people with Learning Disability QI level 2 Resilience Training Motivational	Advanced Communication Skills Training PBS Restrictive Practices via Positive Steps Phlebotomy Training Introduction to population health needs for people with Learning Disability QI level 2/3 Resilience Training SPQ Programme	Advanced Communication Skills Training PBS Restrictive Practices via Positive Steps Phlebotomy Training Introduction to population health needs for people with Learning Disability QI level 2/3 Resilience Training SPQ Programme	Continuous professional development/ academic scholarly activity for ANP and Consultant Nurse Advanced Communication Skills Training PBS Restrictive Practices via Positive Steps Phlebotomy Training Introduction to population health needs for people with Learning Disability QI level 2/3 Resilience Training SPQ Programme	Continuous professional development/ academic scholarly activity for ANP and Consultant Nurse Advanced Communication Skills Training PBS Restrictive Practices via Positive Steps Phlebotomy Training Introduction to population health needs for people with Learning Disability QI level 2/3

Group Work: QUESTIONS

- ▶ Does the competencies in the core frameworks reflect RNLDs roles working at this level – what is not needed, what is missing?

If there is something missing suggest additional competencies

- ▶ Are the education requirements reflective of what is needed for RNLDs working at this level of practice – what is not needed, what is missing?
- ▶ Are the suggested learning and development, reflective of what is needed for RNLDs working at this level of practice – what is not needed, what is missing?

Writing Competencies

- ▶ Refers to a blend of skills, knowledge and attitudes that enable nurses to deliver high quality nursing care
- ▶ **Not a list of knowledge or skills**