



**Northern Ireland Practice and Education Council  
for Nursing and Midwifery**

***Professional Guidance  
Supporting  
Consultant Nurse & Consultant Midwife  
Roles***

***Final Project Report***

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## **ACKNOWLEDGEMENTS**

The Chief Nursing Officer (CNO) commissioned the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) to lead the development of *Professional Guidance Supporting Consultant Nurse and Consultant Midwife Roles* in Health and Social Care (HSC) across Northern Ireland (NI).

It has been a pleasure to Chair this Steering Group with nursing, midwifery and education colleagues, to develop this *Professional Guidance* which will provide clarity in regard to the Government's policy, for practitioners, employers, managers, education providers, commissioners and workforce planners.

The *Professional Guidance* will facilitate the development of Consultant Nurses and Consultant Midwives in the relevant area of clinical practice to enable them to meet the challenging demands of the Minister's reform agenda *Health and Wellbeing 2026: Delivering Together* (Department of Health 2016).

I have valued the excellent contribution and support of the members of the Steering Group who ensured that the Project achieved the objectives within the agreed timeframe and who facilitated the engagement of all those to whom this Guidance applied. I am also indebted to my Executive Director of Nursing and Midwifery colleagues and other organisational Heads of the Nursing and Midwifery professions who helped shape the content of the Guidance.

As Chair of the Steering Group I commend this Professional Guidance to you.



**Brenda Creaney**

**Executive Director of Nursing & User Experience  
Belfast HSC Trust**

## SECTION 1: BACKGROUND

### Introduction

1.1 The policy for the establishment of Nurse, Midwife and Health Visitor Consultants<sup>1</sup> was first introduced in NI in 2000 (DHSSPS 2004). The posts were created to help provide better outcomes for patients/clients, strengthening clinical leadership and providing new career opportunities with the hope of retaining expert practitioners in clinical practice.

1.2 The policy guidance (DHSSPS, 2004) required that all Consultant Nurse and Midwife posts:

“must be firmly based in nursing, midwifery or health visiting practice and involve working directly<sup>2</sup> with patients, clients or communities for at least fifty percent of the time available (“communities” may be relevant in the case of a nurse working in public health).”

*(Annex A, Section B, para 6)*

1.3 The policy guidance also identified four principal functions<sup>3</sup> for Consultant roles “irrespective of the field of practice, setting or service in which it (the role) is based”:

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

### Background

1.4 In 2013-2014 a project to develop an *Advanced Nursing Framework* (DHSSPS 2014) was led by NIPEC and chaired by Brenda Creaney, Executive Director of Nursing, Belfast Health and Social Care Trust. One of the recommendations made as part of this project was:

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<sup>1</sup> Although the policy refers to nurse, midwife and health visitor consultants the title to be used from 2016 is Consultant Nurse or Consultant Midwife.

<sup>2</sup> “working directly with” also includes practice which directly impacts upon the care of patients/clients or communities.

<sup>3</sup> The four principal functions are referred to as the four core competencies in the *Professional Guidance*

*As a result of the development of the Advanced Nursing Practice Framework including core competencies and learning outcomes a project should be commenced to review the role of Nurse Consultants in NI.*

*(p.21 Final Project Report (NIPEC 2014))*

- 1.5 On behalf of the Chief Nursing Officer, NIPEC agreed as part of its 2016-2017 business plan, to develop professional guidance to support Consultant Nurse and Consultant Midwife roles in NI.

## **SECTION 2: PROJECT PLAN AND APPROACH**

2.1 To ensure the success of the project NIPEC requested an Executive Director of Nursing Brenda Creaney, Belfast HSC Trust to lead a Steering Group made up of the key stakeholders and decision makers comprising Senior Nurses and Midwives and where available Consultant Nurses/Midwives from the following organisations: HSC Trusts, Public Health Agency, Clinical Education Centre, Department of Health (DoH), Royal College of Nursing, Royal College of Midwifery, Trade Union Forum, Queen's University Belfast, Ulster University and NIPEC Council. See Appendix One for the Membership of the Steering Group.

2.2 The project plan aim and objectives were as follows:

### **Project Aim**

2.3 The Project Steering Group will develop professional guidance to support Consultant Nurse and Midwife Roles across Health and Social Care in Northern Ireland. This guidance will be designed to meet the needs of Consultant Nurses and Midwives, commissioners and workforce planners.

### **Project Objectives**

2.4 The objectives of the Project were to:

- explore the current roles and responsibilities of Consultant Nurse and Midwife roles across Health and Social Care
- agree a definition for Consultant Nurse and Midwife roles developed in light of the DoH policy circular and current literature
- align Consultant Nurse and Midwife roles to the *Advanced Nursing Practice Framework (revised)* (DHSSPS 2016), in particular, to the core competencies, educational requirements and ongoing continuous professional development
- develop a career framework to support Consultant Nurse and Consultant Midwife roles
- explore the adoption of the *Role Development Guide* (NIPEC 2006) to guide the approach to strategic workforce planning for the development and succession planning for Consultant Nurse and Midwife roles.

## Project Implementation

- 2.5 A robust project management approach was implemented supported by a project plan. The Steering Group was responsible for overseeing the management of the project and five meetings were held between May 2016 and May 2017. These meetings also provided opportunities for members to provide feedback as representatives of their organisations and the Executive Directors of Nursing/Senior Nurse Leaders, where relevant. Progress against the objectives in the Project Plan was also monitored and reviewed at Steering Group meetings.
- 2.6 A writing sub-group was established from the membership of the Steering Group with the purpose of drafting the *Professional Guidance* (Appendix 1). This group met between Steering Group meetings. The sub-group completed the development of the components of the *Guidance* via face to face or virtual meetings. The virtual meetings were facilitated using teleconference facilities and “*go-to-meeting*” software. The latter enabled colleagues to view the document, in real time, whilst situated in different locations. This approach was evaluated by all sub-group members as very effective and efficient. The various stages of development of the *Guidance* were reported to the Steering Group, discussed and either approved or amendments were agreed.
- 2.7 The Steering Group wanted to ensure effective engagement and involvement of key stakeholders in the development of the *Professional Guidance*. The Chair of the Steering Group gave clear direction to members of the Group regarding their individual responsibility to share the approved drafts of the *document* within their organisations including with Executive Directors of Nursing and clinical teams. Each member was responsible for gathering views, getting agreement and providing feedback from their organisation to the Steering Group on the progressive development of the *Guidance*. This was achieved and there was a high level of engagement and seeking feedback in the organisations which employed practitioners in all the relevant roles.

## **SECTION 3: PROJECT OUTCOMES**

3.1 This section of the report provides information on the achievement of the project objectives, together with any difficulties or challenges experienced. All project objectives were achieved within the agreed timeframe.

### **Objective 1**

**Explore the current roles and responsibilities of Consultant Nurse and Midwife roles across Health and Social Care.**

### **Objective Achieved.**

By October 2016, the Executive Directors of Nursing agreed the verification of the current number of Consultant Nurse and Midwife posts in each of their HSC Trusts, see Table 1 overleaf:



**Table 1: Consultant Nurse and Consultant Midwife Roles in HSC Trusts as at October 2016**

HSC Trust	WTE	Area of Practice	AfC Band	In Post/ Vacant
Belfast	1.0	Nursing: Respiratory	8C	In Post
	1.0	Nursing: Critical Care (Resuscitation and Critical Care Outreach)	8B	In Post
	1.0	Nursing: Emergency Care	8B	In Post
	1.0	Palliative Care (joint appointment BHSCT/QUB/Marie Curie)	8A	In Post
	1.0	Midwifery	8B	In Post
	1.0	Nursing: Cystic Fibrosis	8B	Vacant *
Northern	1.0	Midwifery	8B	In Post
South Eastern	1.0	Nursing: Dementia	8B	In Post
	0.8	Nursing: Sexual Health (joint appointment SEHSCT/ QUB)	8B	In Post
Southern	1.0	Nursing: Older People	8B	In Post
Western	1.0	Nursing: Critical Care	8B	In Post

\*Consultant Nurse: Cystic Fibrosis, this post was appointed in January 2017.

## Objective 2

**Agree a definition for Consultant Nurse and Midwife roles developed in light of the DHSSPS (2004) policy circular and current literature.**

### Objective Achieved.

The *Professional Guidance* was developed in a style similar to that of the *Advanced Nursing Practice Framework* so that the Guidance could be easily understood by all to whom it would be relevant. Consultant Nurse and Midwife roles were defined in line with the DHSSPS policy guidance:

*“The Consultant Nurse and Consultant Midwife practises autonomously at an advanced level in the delivery of high quality, safe and effective care. The Consultant role blends a*

*significant proportion of direct, higher level clinical care with education, research, service development and evaluation activities. These practitioners work within multidisciplinary teams across organisational and professional boundaries. They lead and influence service and policy development at strategic level while continuing to provide a strong clinical commitment and expert advice to clinical colleagues” p. 3.*

(Department of Health 2017)

In addition, the use of the title Consultant Nurse or Consultant Midwife was debated and in line with the policy guidance (DHSSPS 2004) the following was agreed:

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

### **Objective 3**

**Align Consultant Nurse and Midwife roles to the *Advanced Nursing Practice Framework (revised)* (DHSSPS 2016), in particular, to the core competencies, educational requirements and ongoing continuous professional development.**

### **Objective Achieved.**

A writing sub-group comprising members of the Steering Group was established to review the competencies in the Advanced Nursing Practice Framework and develop relevant ones for the Consultant roles which would include nursing and midwifery. The Writing Group comprised: a Consultant Midwife, two Consultant Nurses, two HSC Trust nursing workforce leads, education provider and NIPEC Project Lead.

Core competencies were developed under the principal functions (see Figure 1.) which reflect Consultant Nurse and Midwife roles and can be used to support personal/career development, appraisal, supervision and design of education programmes. A minimum of Master's Degree Level study is a requirement of the role, enhanced by a post-graduate qualification in the area of practice. It was also agreed that continuous professional and

scholarly activity was essential this includes continuous study up to doctoral level, research experience and publication.

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



#### **Objective 4**

**Develop a career framework to support Consultant Nurse and Consultant Midwife roles.**

#### **Objective Achieved.**

The Professional Guidance developed for Consultant Nurse and Consultant Midwife roles is one of a suite of resources which supports nurses and midwives in clinical roles. The resources developed will be used to populate the clinical practice career pathway on the nursing and midwifery careers website. The core components of the relevant roles are presented in Appendix 2.

## **Objective 5**

**Explore the adoption of the *Role Development Guide* (NIPEC 2006) to guide the approach to strategic workforce planning for the development and succession planning for Consultant Nurse and Midwife roles.**

### **Objective Achieved.**

The *Role Development Guide* was commissioned research completed by Ulster University in 2006. The Steering Group agreed that the Role Development Guide was a useful tool and should be recommended for review by NIPEC.

## **SECTION 4: CONCLUSION AND RECOMMENDATIONS**

### **Conclusion**

- 4.1 The primary focus of the Project to develop *Professional Guidance Supporting Consultant Nurse and Consultant Midwife Roles* was to achieve a regionally agreed and standardised approach which would support the education, development and workforce planning for Consultant Nurse and Midwife roles in HSC Bodies.
- 4.2 All project objectives were achieved and the *Professional Guidance* was developed through effective engagement with and participation of nurses and midwives including: Consultant Nurses and Midwives, Managers, Educators, Executive Directors of Nursing.

### **Recommendations**

The following recommendations are made to support the effective implementation of the *Professional Guidance Supporting Consultant Nurse and Consultant Midwife Roles*:

#### **Recommendation 1**

Following endorsement of the *Guidance* by the CNO, Executive Directors of Nursing in HSC Bodies should promote the implementation of the *Professional Guidance* in their organisation to ensure all Consultant Nurses and Midwives are supported to meet the requirements of the guidance.

#### **Recommendation 2**

To facilitate the transformation agenda outlined in the Ministers vision, *Health and Wellbeing 2026: Delivering Together (2016)*, an implementation plan should be developed with HSC Bodies to ensure effective workforce planning for and commissioning of these roles. This should also include a plan for their evaluation.

### **Recommendation 3**

As per the DHSSPS (2004) policy guidance the title of Consultant Nurse or Consultant Midwife should only be used by those roles encompassing the four core competencies.

### **Recommendation 4**

As the Consultant Nurse and Consultant Midwife roles are continually evolving the elements contained within the *Professional Guidance* will require 3 yearly reviews.

### **Recommendation 5**

Executive Directors of Nursing of HSC Bodies should ensure effective support mechanisms are in place within their organisation for Consultant Nurse and Consultant Midwife roles including professional reporting arrangements and infrastructure.

### **Recommendation 6**

As a result of the development of the *Professional Guidance for Consultant Nurse and Consultant Midwife Roles*, the *Advanced Nursing Practice Framework* should be revised.

### **Recommendation 7**

A formal regional network of Consultant Nurses and Midwives should be established to provide peer support and influence the future development and support for these roles.

## REFERENCES

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

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

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

Northern Ireland Practice and Education Council (2006) *New Roles Guide*. Belfast: NIPEC  
[http://www.nipec.hscni.net/download/professional\\_information/resource\\_section/role\\_development/roleddevelopment\\_guide/newrolesguide.pdf](http://www.nipec.hscni.net/download/professional_information/resource_section/role_development/roleddevelopment_guide/newrolesguide.pdf)

Northern Ireland Practice and Education Council (2014) *Final Project Report: Advanced Nursing Practice Framework: Supporting Advanced Nursing Practice in Health and Social Care Trusts*. Belfast: NIPEC

### Membership of Project Steering Group

Brenda Creaney (Chair)	Executive Director of Nursing	BHSCT
Moira Mannion Annemarie Marley	Co-Director Nursing Consultant Nurse: Respiratory	BHSCT
Allison Hume Shona Hamilton	Assistant Director Nursing Consultant Midwife	NHSCT
Sharon McRoberts Carmel Kelly	Assistant Director Nursing Consultant Nurse: Sexual Health	SEHSCT
Dawn Ferguson Jane Greene	Nursing and Workforce Coordinator Consultant Nurse: Older People	SHSCT
Annetta Quigley Brian McFetridge	Lead Nurse: Workforce Planning & Development Consultant Nurse: Critical Care	WHSCT
Siobhan McIntyre	Regional Lead Nurse Consultant	Public Health Agency/ Health and Social Care Board
Garrett Martin	Deputy Director	Royal College of Nursing
Brenda Kelly	Midwifery Manager	Royal College of Midwives
Maura McKenna	Joint Chair Regional KSF Forum	Trade Union Forum
Marion Ritchie	Trade Union Chair (SE HSC Trust)	UNISON
Maurice Devine MBE	Assistant Head	Clinical Education Centre
Verena Wallace Heather Finlay	Midwifery Officer Nursing Officer	DoH DoH & Directors HR Forum
Dr Kevin Gormley Karen Murray	Senior Lecturer ( Nursing) Lecturer (Midwifery) (until December 2016)	Queen's University Belfast
Prof. Owen Barr	Head of School	Ulster University
Mr Paul Davidson	Lay Member	NIPEC Council
Cathy McCusker (Project Lead)	Senior Professional Officer	NIPEC



**Table 2. Distinguishing characteristics between Specialist Practice Nurse, Advanced Practice Nurse and Consultant Nurse and Midwife Roles**  
*Adapted from Advanced Nursing Practice Framework (DHSSPS, 2016)*

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

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



For further Information, please contact

**NIPEC**

Centre House  
79 Chichester Street  
BELFAST, BT1 4JE

**Tel:** 0300 300 0066

**Fax:** 028 9033 3298

This *Final Project Report* can be downloaded from the  
NIPEC website [www.nipec.hscni.net](http://www.nipec.hscni.net)

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