Consultant Nurses, Midwives & Allied Health Professionals (NMAHPs)

Guidance for NHS Boards
1. Introduction

Consultant nurses, midwives and allied health professionals (NMAHPs) make an increasingly important contribution to the development and delivery of health and wellbeing services. Following the release in early 2009 of the NHS Scotland Career Framework Guidance\(^1\), CNO Directorate and Health Workforce colleagues in SGHD are keen to support the consistent and sustainable implementation of Consultant NMAHP roles across NHS Scotland.

Linked to parallel guidance on Advanced Practice Nursing roles, this new guidance sets out for NHS Boards the context for Consultant NMAHP posts and the processes through which they should be established in the future.

It must be emphasised, however, that it is for NHS Boards to determine where these posts should be established in light of service needs and to develop detailed job and person specifications appropriate to the competencies required to fulfil the role.

Boards should look at all aspects of service development, delivery and governance in the process. This means that, when reviewing or considering the development of a Consultant NMAHP role, Nurse and AHP Directors must consider:
- service needs assessment, including local and national drivers;
- how anticipated impact can be articulated, including key deliverables and how they will be delivered;
- evidence of support of key stakeholders;
- sustainability; and
- robust governance and accountability arrangements.

2. Background

Consultant posts for nursing and midwifery were introduced in Scotland in 1999, and for the allied health professions in 2002. The Scottish Executive Health Department circulated guidance on Consultant posts to NHS Scotland in 1999 and 2001 (nursing and midwifery) and in 2003 (allied health professions).

Several drivers that have appeared since then are now having a significant impact on the development of Consultant roles, including:
- emerging expert practice roles;
- Better Health, Better Care: Action Plan;
- A Force for Improvement;
- Curam;
- The National Quality Strategy;
- Modernising Nursing Careers, Midwifery 2020 and Modernising Healthcare Careers
- The NHS Career Framework, service redesign and role development; and
- pay modernisation, especially the implementation of Agenda for Change.

With over one hundred Consultant NMAHP roles now in place across NHS Scotland, the Chief Nursing Officer (CNO) and Chief Health Professions Officer (CHPO) believe it is now time for joint guidance on Consultant posts for nurses, midwives and allied health professionals to be disseminated. They have previously established a national working group with representatives from NHS Scotland, the Scottish Government, the Scottish Workforce and Staff Governance Committee, NHS Education for Scotland and Higher Education Institutions (HEIs) to create this new guidance to support NHS Boards to develop Consultant posts.

3. Principles of Consultant NMAHP posts

Consultant NMAHP posts are underpinned by a number of key principles.

Consultant NMAHPs will:
- contribute to better outcomes for patients, families, carers and communities;
- improve patient pathways and service delivery through influence and innovation at strategic level;
- sit within a range of models of practice, teams, settings and service configurations;
- exercise advanced levels of clinical judgement, knowledge and experience;
- participate in, and influence, practice and service decision-making at NHS Board, regional and national level; and
- in order to enhance practice, seek development through a range of routes and opportunities to ensure an education and career pathway supported by the NHS Career Framework, the Agenda for Change pay modernisation principles and the Knowledge and Skills Framework (KSF).

NHS Boards should take these underpinning principles into consideration when developing Consultant posts.

4. Consultant NMAHP role

It is anticipated that Consultant NMAHP posts will be structured around four key themes:
- clinical/professional leadership;
- expert practice;
- policy and service development, research and evaluation; and
- education and professional development.

Clinical/professional leadership

Consultant NMAHPs are expected to contribute to national, as well as local, developments in their recognised area of expertise.

The Consultant role must encompass the key skill of “effective communication”. The post-holder must have proven ability in motivating and inspiring others, including other staff groups and organisations, to deliver the highest quality of care within their
field of practice and beyond. Consultant NMAHPs must be in a position to challenge organisational and professional barriers that limit or inhibit effective service delivery.

Consultants will need to be able to effectively process complex, sensitive or contentious information in contributing to the development of strategic planning at local and national levels. Their contribution to strategic planning will drive service change within and across health care organisations and across organisational boundaries and systems, where appropriate.

Post-holders may find themselves responsible for leading or managing clinical staff from other professions, depending on how the role is developed locally. NHS Boards must ensure that staff from other professions continue to receive profession-specific leadership and supervision to comply with professional regulations and to meet clinical governance requirements. It will be up to individual NHS Boards to set out appropriate management and accountability arrangements to support the Consultant role (and their team if appropriate), taking account of the senior level of these posts.

**Expert practice**

Expert practice is a key element of the Consultant NMAHP role. Consultants work within multidisciplinary teams across organisational, professional and agency boundaries and possess a high degree of personal and professional autonomy in making complex clinical decisions. Consultant NMAHPs are expected to lead and influence service and policy development at strategic level while continuing to provide a strong clinical commitment and expert advice to clinical colleagues.

**Policy, service development, research and evaluation**

Consultant NMAHPs will work with colleagues to provide direction for professional practice and service improvement. This part of their function will involve the development and implementation of policies, key recommendations and evaluation strategies to improve services at local and national level. Consultants will be able to articulate the impact of developments they have initiated and will contribute to evaluations of service provision, which in turn may lead to service redesign and the introduction of new models of care. In this way, Consultant NMAHPs will play their part in ensuring that new ways of working are evidence-based and person-centred.

Consultants will make a significant contribution to the health research agenda by:

- analysing, synthesising and interpreting the evidence base to underpin practice within their clinical area;
- ensuring that services are based on high-quality evidence;
- identifying gaps in the evidence base and communicating their findings to appropriate clinical, policy and research communities;
- initiating, facilitating or undertaking appropriate high-quality research;
- collaborating with appropriate research partners;
- gathering, collating and communicating appropriate clinical data to enable audit, service evaluation and clinical research;
- evaluating service developments resulting from the role and opening the results of their evaluations to peer review; and
• developing a research culture within the NMAHP community, acting as role models, establishing appropriate policies and ensuring support for clinical research activity.

Education and professional development

Consultant NMAHPs, in partnership with clinical leaders, managers and educators, will promote and facilitate positive learning environments and influence the strategic development of organisational learning to enhance patients' experiences of services.

Consultant NMAHPs will also:
• support others in achieving their potential by acting as coaches, mentors and role models;
• work with key stakeholders, including HEIs and other education providers, to develop and promote a range of learning opportunities; and
• demonstrate a commitment to lifelong learning and take responsibility for meeting their own development needs.

Regarding the professional/operational management of Consultant NMAHPs themselves, it is seen as essential that there is clear management support for such roles within the professional structure which ensure operational commitment without constraining the wider innovation and development elements of the role.

5. Qualifications and expertise of appointees to Consultant NMAHP posts

Individual person specifications for NMAHP Consultant posts will outline the essential competencies required. The nature and context of Consultant NMAHP posts demand that post-holders have:
• extensive clinical expertise;
• strategic awareness;
• career-long learning and development;
• an active engagement with research and evaluation; and
• formal education links with an education establishment.

The post holder should also have experience in presenting and contributing to local, regional and national professional conferences, special interest groups and/or working parties, research experience and a substantial contribution to scholarship and relevant publication.

Defining the appropriate academic level of educational programmes to support Consultant level practice has generated considerable debate, and we are aware that many practitioners and service leads are wary of some kind of ‘grade inflation’. The issue is further complicated by the different professional development pathways across Nursing, Midwifery and the Allied Health Professions. Nonetheless, the expectations of Consultant level practice, as identified by the key functions, are such that preparation to SCQF11/12 are appropriate requirements and that post-holders with such an underpinning will be more likely to be able take forward, sustain and fully develop these roles.
The implementation of such roles has so far been limited by a failure to benchmark the level of academic development required at this level of practice and to prepare practitioners appropriately so that we are able to consistently recruit to new posts/roles or succession plan for existing roles. The mapping of academic levels to NHS Career Framework levels (appendix 2) acknowledges the current context, but also articulates a developmental position.

Therefore, whilst recognising the transitional phase of development for this role across professions, the principle is that the Consultant NMAHP post-holder will have a Master’s degree and, where relevant to the expectations of the post, will be pursuing doctoral level studies or equivalent activity. In addition, the post-holder must be able to evidence a level of competency that allows them to undertake the duties and role described above.

6. Post Approval process for NHS Scotland Boards

Previously, a central national process of approval of initiatives supporting the development of new Consultant NMAHP posts has been in place to ensure that the core criteria of the role have been met. This process, coupled with evidence from other evaluations, has revealed a number of key factors regarding the success of the post.

These include:
- evidence of service need
- extensive early engagement with key stakeholders;
- partnership and leadership with other Consultants (such as physicians and geriatricians);
- robust governance and accountability arrangements;
- robust evaluation of service impact delivered through the role; and
- evidence of an effective contribution to ongoing developments at national level.

We are keen to support a nationally consistent, but locally governed, process of approval for the development of advanced practice nursing posts and therefore seek to support robust decision making regarding both the establishment of such posts and the use of the ‘Consultant NMAHP’ title. Indeed, the Agenda for Change pay modernisation initiative makes it possible to match existing NMAHP job descriptions to national profiles labelled “Consultant”, but job evaluations can also be carried out through local evaluations.

Some posts evaluated through local mechanisms may emerge with similar pay bands and post content to those matched to the national Consultant profiles; the job evaluation scheme is therefore a suitable and sufficiently robust mechanism by which to assess Consultant posts and uses very similar criteria to those described in this national guidance. It allows NHS Boards to adopt consistent approaches to local accreditation of the use of the Consultant title by taking national guidance into account, but without the need for recourse to a central approval mechanism.

From experience so far Consultant level NMAHP posts based on the key criteria have been matched between AfC Bands 8(a) and 8(d)/9. This reflects the different
roles and levels of accountability currently associated with such posts. It is acknowledged that the level of activity for the domains described above will vary according to the expectations of the post and that a Consultant NMAHP role matching to AfC Band 8(d) will have a different role from one matched at 8(a). Nevertheless, all posts using the title of Consultant NMAHP should meet the four key functions identified previously.

Therefore it is important to note that;

- No NMAHP posts below Band 8a should be permitted to use the ‘Consultant’ title since the post would not meet the level of knowledge, training and experience to be able to undertake the role.

- There are a number of NMAHP posts which may be matched to AfC Band 8(a) and above, but are not focused on the Consultant level practice themes e.g. professional manager, education lead.

- There may be posts in specific contexts where the Consultant level criteria apply but where particular additional responsibilities are also included and thus AfC matching may be to a higher banding.

Importantly, existing AfC mechanisms exist to support job matching for new posts and also allow for the establishment of training posts, linked to structured education, through which practitioners can be supported to meet particular outcomes and role expectations. Therefore, this guidance seeks not to limit NHS Boards in the development of specific posts, but to provide a benchmark for this important level of practice.

This should support NHS Boards to adopt consistent approaches to local governance around the use of the term Consultant NMAHP without the need for recourse to a central approval mechanism. To support local and national planning, and in line with national guidance, NHS Boards should maintain appropriate records for audit and planning purposes and these should be linked to the national SWISS data.

### 7. Procedure

**Development of new post/service redesign**

NHS Boards will need to determine whether new NMAHP posts are required at “Consultant” level by considering the provisions of this national guidance and the following (see Figure 1.):

- Service needs analysis and the submitted case for establishment of the new post;
- Proposed job description and KSF outline for the post; and
- Locally evaluated summary report for the post with CAJE number

If the Board considers that the new NMAHP post should be afforded the title “Consultant”, details of the post should be recorded and maintained at Board level and collated and held centrally on Scottish Workforce Information Standard System (SWISS) to allow national review and analysis through ISD.
Existing Post Holders

As part of the annual PDP/KSF process both practitioners and line managers should review job descriptions, roles, responsibilities and objectives. The following opportunities arise:

• If, on review, a post is recognised as matching the NMAHP Consultant criteria, then this can be acknowledged through use of the title.
• If a post does not match, but the practitioner identifies a desire to ‘work towards’ such a role, then the PDP can reflect this development. Importantly, such individual development will not automatically result in any re-designation of the post or post holder, but it does support succession planning for further NMAHP Consultant roles.

Decision making process and infrastructure

This guidance sets out to support greater governance regarding the implementation of NMAHP Consultant roles across Scotland, but does not seek to create additional bureaucracy or parallel HR processes.

Whilst it is acknowledged that a commitment to robust PDP/KSF review for all existing and aspirant NMAHP Consultants will require significant engagement it is a key element of the national AfC agreement and is likely to streamline, expedite and ensure consistency on processes across Board areas. This is particularly important given the increasing number of posts/job titles which currently either make reference to ‘Consultant’ or might be considered to be at that level. The NES Succession Planning Pathway process and the proposed regional implementation support is designed to support such decision making and to provide routes for practitioner development.

Recognising that we are in a transitional position with regard to the roll-out and use of these types of posts we anticipate that this process can be managed over a staged timescale for existing posts, linked to annual reviews, and that all new posts should be routinely planned in this way, with opportunities for ‘training/development’ posts to be established to encourage skills/competence acquisition.

Such a staged approach, linking the national guidance to appraisal and the annual PDP process should support both individual practitioners and managers by matching the role development clearly to the job profiles and KSF outlines for the post.
New NMAHP Consultant post proposal

Job description and KSF outline agreed

Matched to AfC National Consultant profile for the appropriate profession, in line with agreed local matching procedure

Locally evaluated to determine AfC band, in line with agreed local procedure for evaluating posts

Comparison of band outcome to the National NMAHP Consultant profile for the profession

Consultant NMAHP post proposed

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**NHS Board NMAHP Consultant agreement/review process**

Consideration by NHS Board of proposals for NMAHP Consultant posts using the national evidence and the following processes:

- Service need analysis
- Job description;
- KSF outline;
- Matched job report (CAJE number), or;
- Local evaluation report (CAJE number), or;
- Education/Development plan (for training posts).

Approval decision

Post Created

Information held by NHS Board/SWISS
8. Record-keeping

In accordance with the management of Agenda for Change and as part of established processes, the following documents should be held by NHS Boards to provide an audit trail of local decision-making:

- job description and rationale/business case for the post;
- matching or locally evaluated summary report for the post with CAJE number;
- KSF outline for the post;
- KSF-based personal development plan for the individual in the post;
- local record of those NMAHP posts for which the use of the “Consultant” title is approved within the NHS Board.

- Nature and number of NMAHP Consultant posts to be reflected in the Boards’ SWISS data
Appendix 1 - NHS SCOTLAND CAREER FRAMEWORK MODEL

**LEVEL 9** – *[MORE SENIOR STAFF]*
Staff with ultimate responsibility for decision-making and full on-call accountability.

**LEVEL 8** – *[CONSULTANT PRACTITIONERS]*
Staff working at a very high level of clinical expertise and/or have responsibility for planning services.
Non-clinical examples might be, for example ‘Divisional Manager’.

**LEVEL 7** – *[ADVANCED PRACTITIONERS]*
Experienced clinical practitioners with high level of skill and theoretical knowledge. Will make high level clinical decisions and manage own workload.
Non-clinical staff will typically be managing a number of service areas.

**LEVEL 6** – *[SENIOR PRACTITIONERS]*
A higher degree of autonomy and responsibility than level 5 in the clinical environment.
Non-clinical staff who would be managing one or more service areas.

**LEVEL 5** – *[PRACTITIONERS]*
Registered practitioners consolidating pre-registration experience and getting ready for a higher level of functioning.
Non-clinical examples might include Management Accountant.

**LEVEL 4** – *[ASSISTANT PRACTITIONERS]*
Some work involving protocol based care under the supervision of a registered practitioner.
Non-clinical roles can include IT support worker and Technician.

**LEVEL 3** – *[SENIOR HEALTHCARE SUPPORT WORKERS]*
Higher level of responsibility than Healthcare Support Worker.
Non-clinical roles can include ward clerk and community food worker.

**LEVEL 2** – *[HEALTHCARE SUPPORT WORKERS]*
Works under the direction and supervision of healthcare professionals and supports the multidisciplinary team in the delivery of high quality care.
Non-clinical examples are housekeeper and receptionist.

**LEVEL 1** – *[SUPPORT WORKERS]*
Non-clinical staff in roles that require very little formal education such as catering assistant or domestic assistant.
Appendix 2. Relationship between Academic and Career Framework levels.  
(NHS Scotland Career Framework Guidance 2009)

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<tr>
<th>CAREER FRAMEWORK LEVEL</th>
<th>INDICATIVE SCQF LEVELS</th>
<th>EXAMPLE QUALIFICATIONS</th>
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<tr>
<td>LEVEL 9</td>
<td>Level 11/12</td>
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<td>Workers (HCSW)</td>
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Note: The levels on the framework are indicative only. They can be broadly linked to qualifications and SCQF levels but this will only be a rough guide – there will be exceptions.

Learning required at each level will vary according to the occupational groups into which the role falls and the KSF outline for each particular role. However, in general, the following level(s) of qualification (in areas related to the work being undertaken) might be expected for roles which appear at the same level of the Career Framework.

The learning required for each role should be considered in conjunction with the Career Framework level descriptors [www.skillsforhealth.org.uk/page/career-framework](http://www.skillsforhealth.org.uk/page/career-framework).