Framework for the development of Consultant Practitioner Posts

Introduction

This paper provides guidance for NHS organisations and Higher Education Institutions (HEIs) wishing to establish Consultant Practitioner posts in the following regulated professions:

- Art Therapy
- Dietetics
- Drama Therapy
- Midwifery
- Music Therapy
- Nursing
- Occupational Therapy
- Orthoptics
- Paramedic
- Physiotherapy
- Podiatry
- Radiography
- Specialist Community Public Health Nursing
- Speech and Language Therapy

The aim of Consultant Practitioner posts is to develop and deliver services in line with the Welsh Government’s policies to improve the health and wellbeing of people in Wales.

This guidance applies to approval of newly designated Consultant Practitioner posts as well as to the approval of established roles that have developed over time, such that they now meet the criteria for approval as a Consultant Practitioner post.

This guidance is for use at the employer level. It will be reviewed and updated as required by the Welsh Government.

Role Profile and Annual Work Plan

Role profiles and work plans should be developed in partnership between an NHS organisation/s and an appropriate education provider/s. The partnership arrangement, which could include a joint appointment or honorary title, must be specified when completing the section on internal relationships, accountabilities and job requirements of the Consultant Practitioner. A clear description should be given of the links between practice, education and research in the post. Some posts will be single employer based but others may require the Consultant Practitioner to work across a number of different employers/agencies. Innovative arrangements are welcomed but the partnership arrangements should be clearly described and evidence of participation of all parties included in the documentation. The role profile should include the following:

- The complexity and demands of expert advanced practice.
The breadth and complexity of the leadership and consultancy element.

The demands of the education, training and development aspect of the role.

The complexities and difficulties in leading on strategic service development.

The level of practice and expertise of colleagues for whom the Consultant Practitioner provides professional/clinical leadership, consultancy, advice and clinical supervision.

The need for the Consultant Practitioner to be leading by example in their area of practice.

The extent to which the post covers new areas and/or ways of working and the complexity of partnership, cross-boundary and/or inter-agency working or community development.

The extent to which the post involves activities and/or responsibilities at regional and/or national level.

Principles for establishing Consultant Practitioner posts

The prime purpose for establishing a Consultant Practitioner post should be to improve outcomes for patients, clients and/or communities by enhancing services and quality of care. Posts may be established in any service or area of practice where it is clear that doing so would contribute to the development of service/s in line with current health policies and strategies.

The Welsh Government is committed to focusing on partnership working and co-production, human rights and rights of the child; equal opportunities; integrated health and social care; prudent medicine; and sustainability. Consultant Practitioner posts are therefore likely to involve complex cross boundary and inter agency collaboration with a minimum of 50% of the Consultant Practitioner’s time focused on the provision of direct care.

The scope of the Consultant Practitioner post should reflect considerable breadth and depth of experience and expertise and require a high level of strategic thinking, knowledge and skills, commensurate with expert practice.

Clear distinctions must be made regarding the level of accountability of the Consultant Practitioner. Accountability should be at a high level of management, preferably at Board level but senior management as a minimum.

While the prime purpose of establishing a Consultant Practitioner post is to improve healthcare outcomes, the posts will also provide career opportunities at a high level. This in turn will help retain experienced and expert practitioners in clinical practice, strengthen leadership within the professions, facilitate strong partnerships between education and service and encourage cross-boundary working.
Use of the title Consultant Practitioner

The title Consultant Practitioner will only apply to posts approved under these arrangements as meeting the criteria for a Consultant Practitioner post. The process for approving Consultant Practitioner posts is set out in Annex (1). A Consultant Practitioner post may relate to a newly created role in line with service need, or to an established role that has developed over time such that the post now meets the criteria for a Consultant Practitioner post. Established posts that have developed must be submitted and approved before the post can be designated at Consultant level. In these circumstances, the current post holder would be expected to demonstrate that they have the requisite skills matching the revised job description in line with local employment policies.

The title ‘Consultant Practitioner’ must not be conferred on individuals simply in recognition of innovative or excellent practice. The title can only be used in conjunction with approved posts.

All Consultant Practitioner posts must be approved by the Local Consultant Practitioner Scrutiny Panel prior to advertisement and appointment to the post.
Definition and purpose of the Consultant Practitioner

The Consultant Practitioner is an expert in clinical practice, bringing innovation and influence to clinical leadership as well as strategic direction in a particular field for the benefit of patients/clients. The Consultant Practitioner would not normally be undertaking day to day operational management of services. A Consultant Practitioner will exercise the highest degree of professional autonomy and decision making and will work beyond the level of practice of Clinical Specialists and others with extended or enhanced roles.

The Consultant Practitioner will play a pivotal role in the integration of research evidence into clinical practice. Exceptional skills and advanced levels of clinical judgment, knowledge and experience will underpin their expertise and ability to promote delivery of the clinical governance agenda. They will do so by enhancing quality in all areas of assessment, diagnosis, management and evaluation, delivering improved outcomes for patients/clients and extending the parameters of their field of practice.

Consultant Practitioners will work strategically across a range of models of service delivery and are expected to influence policy and decision making where the impact is on patient/client outcomes.

While Consultant Practitioners are autonomous professionals, they must work within ethical, legal and professional frameworks and remain liable for their actions and omissions as registered practitioners. It is vital that the boundaries of responsibility, autonomy, authority and accountability of the post are clearly defined in any submission for approval.

The role and functions of a Consultant Practitioner

The posts should be structured around five key components:

i. expert advanced practice
ii. strategic service development
iii. leadership and consultancy
iv. education, training and development
v. research and evaluation

The primary function of expert advanced practice will be central to the role of the Consultant Practitioner and should involve a minimum of 50% of the Consultant’s time focused on provision of direct care.

The four supporting functions are essential to success of the role but may be weighted within the job description according to the purpose of the post.

i. Expert advanced practice

The expert advanced practice element will involve the Consultant Practitioner working with patients, clients and/or communities to provide an exceptionally
high level of clinical expertise. They will be able to make critical clinical judgements and decisions in circumstances where a precedent may not exist.

Indicative features of this element include:

- Responsibility for management of a complex caseload that must include providing and managing an expert clinical advisory service.
- Responsibility for delivering a whole system patient/client focused approach that incorporates the principles of co-production and shared decision-making.
- Depth and breadth of knowledge, skills and expertise within their sphere of practice.
- Promoting and demonstrating best practice.
- Facilitating integration of research evidence into practice.
- An advanced level of clinical reasoning and decision making across a spectrum of practice.
- Responsibility for ensuring there is adherence to the ethical and moral dimensions of practice.
- Exercising the highest level of professional autonomy involving complex situations that require analysis and interpretation of information and making decisions where a precedent may not exist.
- Creating and developing protocols and care pathways with the aim of providing best practice examples to others.
- Ensuring that local policies/practice/standards are evidence based to reflect the best available practice.
- Responsibility for facilitating and promoting a learning culture within the organisation, enabling others to develop to their full potential.
- Using a variety of mechanisms to critically examine and evaluate their own practice and performance, including self reflection and validation by patients/clients, carers and colleagues.
- Influencing other professions and the wider organisation, including working across organisational boundaries and engaging in inter-agency collaboration.
- Fulfilling a role in clinical governance, providing expert input and working to secure quality improvement across a wide spectrum of care provision.

ii. Strategic service development

- Leading and collaborating on the development of evidence-based protocol.
- Contributing to strategic planning and leading local implementation of relevant national policies and strategies.
- Evaluating the provision of clinical services to determine needs, leading to development of new services and/or redesign if indicated.
• Taking the lead in initiating and developing cross-disciplinary services and inter-agency working that contribute to multi-professional standards, guidelines and audit.
• Collating and presenting statistical information for the purpose of audit and using audit information to inform service developments.
• Using the principles of prudent medicine, explore opportunities to improve clinical and cost effectiveness of services, working collaboratively to influence allocation of resources to best meet service needs.
• Active involvement in implementing change/s in accordance with new evidence and/or strategic intent.

iii. Leadership and consultancy

Indicative features of this element include:

• Exercising a high degree of professional autonomy and acting as an expert resource.
• Making and receiving direct patient/client referrals; undertaking an assessment of individual need and drawing on appropriate inter-agency and cross-boundary collaboration and expertise to best meet the needs of the patient/client.
• Acting as an advocate for patient/client/community involvement, co-production and empowerment.
• Influencing the development of organisational structures and processes to best suit the needs of patients/clients.
• Providing effective leadership and example that inspires and sustains commitment of colleagues and facilitates empowerment of others.
• Facilitating the development of leadership qualities and management skills in others.
• An ability to challenge existing structures and identify organisational and professional barriers that limit/inhibit services and provide solutions to overcome these.

iv. Education, training and development

The nature of a Consultant Practitioner post requires a portfolio of career long learning and development. A Consultant Practitioner must have a minimum of a Masters Degree. In addition they should either have published research or have, or be working towards a doctorate.
Indicative features of this element include:

• Being proactive in identifying skills and competency requirements and developing work-based programmes to meet these requirements.
• Contributing to the development, delivery and evaluation of educational programmes, working collaboratively to ensure appropriate learning opportunities in the clinical environment.
• Using and promoting in others, assessment skills, critical analysis and synthesis of knowledge to enhance care delivery.
• Using innovative ways to gather consolidate and share information, acting as a resource across the organisation.
• Promoting and facilitating an active and positive learning environment to enable others to achieve their potential, particularly by encouraging and supporting reflective practice.

v. Research and Evaluation

The Consultant Practitioner is expected to lead research initiatives and/or audit in the clinical area and contribute to the wider research agenda. Indicative features of this function include:

• Supporting and encouraging dissemination of good practice, leading by example by seeking to have work published and supporting others in the publication and dissemination of project work results.
• Influencing local and national guidelines for clinical practice, based on best evidence/research.
• Generating research ideas relevant to practice and influencing the organisations research and development agenda.
• Promoting the development of theory from practice and practice from theory.
• Ensuring that high quality patient/client services are based on the best available evidence.
• Establishing research partnerships with HEIs and other research communities.

Support and Resources

In establishing a Consultant Practitioner post, account must be taken of the support infrastructure required. This will include funding and resources to ensure there is access to local, regional and national peer support networks and mentorship as well as continuing professional development. Consultants will need to be able to access professional advisory structures.

Employers will need to ensure that appropriate mentoring and supervisory structures are in place to support the levels of responsibility, autonomy and accountability appropriate to the grade of the post.

Consultant Practitioners will require both office and clinical accommodation in appropriate locations as well as administrative and clerical support and full IT resources. Specific roles may also require funding to support research, clinical equipment and/or travel.

Details of the support and resources associated with the post must be documented in the proposal. Signatures of support for the proposal/post from senior personnel within the collaborating organizations must be included.
**Minimum qualifications of applicants for a post as Consultant Practitioner**

The post requires a portfolio of career-long learning and development including both experience and formal education. The portfolio should include research experience, scholarship and some evidence of publication or dissemination/sharing of learning and expertise as well as extensive clinical experience and expertise.

Minimum essential criteria include the following:

- Registered practitioner, with active registration with the appropriate UK regulator.
- Doctorate or willingness to work towards a doctorate, or a strong published research portfolio.
- A record of scholarship and continuing professional development along with a Masters Degree. This should be in a subject area relevant to the sphere of practice of the Consultant post.
- Recent post registration experience in a position of responsibility in the area of practice defined for the post.
- Evidence of professional excellence.
- Evidence of leadership and innovation.
- Experience of teaching, assessing and developing professional staff and/or students in academic and clinical settings.
- Evidence of a sound understanding and application of research to practice with a track record of practice development based on evidence.

Additional essential criteria may be added, according to the requirements of the post and area of practice.
### Proforma for a Consultant Practitioner post

Employers must provide all the information referred to in this proforma when submitting proposals for approval to the local scrutiny panel.

<table>
<thead>
<tr>
<th>Section</th>
<th>Title of Post</th>
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<tbody>
<tr>
<td><strong>Guidance Note:</strong></td>
<td>Insert here the proposed title of the post. State whether this is a new post or one that has developed from an existing role.</td>
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<tr>
<th>Section</th>
<th>Work Base</th>
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<tr>
<td><strong>Guidance Note:</strong></td>
<td>Insert here the proposed accommodation arrangements and work base(s)/location(s) for the post, referring to collaborative arrangements where relevant.</td>
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<tr>
<th>Section</th>
<th>Outline of Post</th>
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<tr>
<td><strong>Guidance Note:</strong></td>
<td>The Consultant Practitioner will be an expert in their clinical field. They will bring clinical leadership and strategic direction to their particular area of expertise by expanding and developing practice, and delivering improved outcomes for patients/clients. The expert advanced practice function of the post must comprise the most significant part of their role (minimum 50%) with the remaining functions varying from post to post, dependent on the service or specialty in which they are established. The Outline of Post should be specific to the intended area of practice and should comprise a concise statement of no more than 100 words.</td>
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<th>Section</th>
<th>Details of Lines of Accountability</th>
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| **Guidance Note:** | Include information on:  
- Levels of responsibility  
- Supervisory arrangements  
- Risk management and monitoring arrangements  
- Describe how the post links with other consultant networks  
- Clear lines of accountability should be stated. |

<table>
<thead>
<tr>
<th>Section</th>
<th>Description of links to Higher Education Institution(s)/Professional Bodies</th>
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<tr>
<td><strong>Guidance Note:</strong></td>
<td>Include here information on how the post links with healthcare providers / Higher Education Institutions and /or Professional Bodies to promote Continuous Professional Development and to meet the research/teaching components of the post.</td>
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<tr>
<th>Section</th>
<th>Description of infrastructure and staffing report</th>
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| **Guidance Note:** | Include here where appropriate, information on:  
- Administration and clerical support  
- Information technology support  
- Continuous Professional Development support |

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- Description of infrastructure and staffing

7. **Anticipated Pay Band/Range**  
   **Guidance Note:**  
   Include here the proposed pay range/band – for example, Agenda for Change (NHS posts).

8. **Details of funding for the post and all support**  
   **Guidance Note:**  
   Include here details of funding for the post and all support costs appropriate to the job description. Examples of inclusion of support costs might include:  
   - Continuing Professional Development  
   - Information Technology  
   - Research Assistant  
   - Administration and clerical  
   - Equipment  
   - Accommodation and travel expenses (the latter will depend on whether the post involves regional, national or international travel).

**Links to Corporate/National Agenda**

9. **Details of how the need for this post has been assessed**  
   **Guidance note**  
   - Background and rationale for the creation/development  
   - Link to priorities – to include National and Local, Professional and Policy.  
   - Added value to patient/client/community outcomes over and above what is currently available.  
   - Role differentiation & collaboration – how will this post differ from other current roles such as advanced practitioners, and its multi-professional working arrangements?  
   Include here the background to the post and the rationale for its development/creation.

10. **Key Objectives of the Post**  
    **Guidance Note:**  
    Include here the key objectives of the post.

11. **Evaluation of Objectives**  
    **Guidance Note:**  
    Indicate here how achievement of the objectives will be evaluated and when this evaluation will take place. This might include reference to audit/outcome tools/performance management.

12. **Role Differentiation**  
    **Guidance Note:**  
    Indicate here how this post will differ in terms of duties, responsibilities and anticipated contribution to service need/priorities from any other current roles (eg extended scope practitioner, specialist practitioner, advanced practitioner).

13. **Job Description**  
    **Guidance Note:**

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Ensure the Job Description includes a statement of internal relationships and levels of accountability, both managerially and professionally. The functions of the post should be listed under these headings:

1. Expert advanced practice 
2. Leadership and Consultancy 
3. Education Training and Development 
4. Strategic Service Development 
5. Research and Evaluation 

14. **Person Specification**

**Guidance Note:-**
The person specification should refer to specific expectations for example:

- A reputation for professional excellence and a track record of practice development
- Recognition as an expert and innovator in the field of practice concerned
- A requirement to contribute to the national and/or international evidence base of the practice area and to the development of new knowledge
- Information Technology skills

The position requires evidence of a portfolio of career – long learning, experience and formal education, understanding of research or research experience. These job requirements should be reflected in the person specifications.

15. **Organisational Chart**

**Guidance Note:-**
An Organisational Chart should be attached to this submission. This should clearly show the Organisational structures of the employing organisation, collaborating organisations where appropriate, and lines of accountability.

16. **Appointment Process and Timetable**

**Guidance Note:-**
Information on the proposed appointment process, including panel membership and an appointment timetable, should be included here.

17. **Signatures of Support**

**Guidance Note:-**
Signatures of support should be included here and include all collaborative arrangements. These will include a signature from the appropriate Chief Executive NHS Organisations in Wales, Senior Service Manager/Director and a Senior Representative from HEI/Head of School and where appropriate, signatures of Senior Representative from AHP Higher Education Institute/ collaborating organisation(s).
Principal processes and procedures for the Local Consultant Practitioner Scrutiny Panel and consideration of applications for approval of Consultant Practitioner posts

1. The employing organisation will organise and administer meetings of the Local Consultant Practitioner Scrutiny Panel.

2. A named staff member should be responsible for the Local Consultant Practitioner Scrutiny Panel and process of approval of Consultant Practitioner posts.

3. Advice and guidance to Local Consultant Practitioner Scrutiny Panel members, including the Chairperson, will be available from officers from the Welsh Government Department for Health and Social Services.

4. The Local Consultant Practitioner Scrutiny Panel must ensure that there is an external expert as a panel member. The expert will be commissioned by the relevant statutory advisory committee e.g. Welsh Nursing and Midwifery Committee/Welsh Therapies Advisory Committee. The Local Consultant Practitioner Scrutiny Panel is responsible for contacting the Chair (via the secretariat) of the relevant Committee to seek the commission.

5. The core membership of the Local Consultant Practitioner Scrutiny Panel should comprise:

   - An external expert
   - A Consultant Practitioner
   - Representative of the Partnership Forum
   - Representative of the HR Director
   - Representative of an HEI
   - Representative of the Executive lead for the profession
   - Representative from Community Health Councils or relevant patient group

6. In addition if a Local Consultant Practitioner Scrutiny Panel deems it necessary they can co-op further panel members from another source e.g.:

   - Consultant Nurse, Midwife and Allied Health Professions Cymru
   - Partnership Forum
   - Welsh Therapies Advisory Committee
   - Cyngor
   - NHS Chief Executives group
   - Welsh Scientific Advisory Committee
   - Welsh Nursing and Midwifery Advisory Committee
7. With the agreement of the panel ‘Chair’s action’ may be taken for approval of a Consultant Practitioner post following minor amendments/points of clarification.

8. The employing organisation will be responsible for storage of records relating to the Local Consultant Practitioner Scrutiny Panel and its work and will do so in accordance with current legislation on data and information.

9. All members of the Local Consultant Practitioner Scrutiny Panel must agree that all the criteria are met.
Guidance on the appointment process for a Consultant Practitioner Post

1. Appointment panels should be convened as soon as possible once the post has been agreed by the Local Consultant Practitioner Scrutiny Panel.
2. The title of ‘Consultant Practitioner’ can only be conferred on successful candidates that meet the essential minimum criteria therefore, only those candidates that meet the essential minimum criteria should be interviewed.
3. The panel should follow the local recruitment policy and ensure that the appointing panel membership has due regard for the consultant role that is to be appointed to.
4. The panel should record the interviews for each candidate on an appropriate form.
5. The successful candidate must fulfil all the minimum essential criteria identified in the guidance above.
6. The name and work contact details of the appointed Consultant Practitioner must be provided to the Welsh Government Chief Professional Officer for the profession and the Chair of the Consultant Nurse, Midwife and Allied Health Professions Cymru within 4 weeks of appointment.
Guidance on the Annual Work Plan for Consultant Practitioners

1. All Consultant Practitioners must have an annually agreed work plan that will reflect the role profile described above.

2. The work plan will form part of the annual appraisal for the individual and will help ensure the balance of the work undertaken by the individual continues to reflect the breadth and complexity of the role. The Work Plan must also give clear and precise information on how the five core functions will be achieved and assessed.

3. Where the post holder is not meeting the specification of the role an agreed action plan for them to do so must be developed and reviewed in line with the Capability Policy. If after following the Capability Policy the post holder continues to not meet the specification of the post, consideration should be given to removing the title of ‘Consultant’. Reference to the Local Consultant Practitioner Scrutiny Panel and the Human Resource Department should be made if guidance is needed.

4. The work plan will be agreed with the Consultant Practitioner, their Line Manager and Nurse Director.