Consultant nurses and their potential impact upon health care delivery

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ABSTRACT – The role of the consultant nurse should be fully accepted by medical and nursing staff in order to develop new ways of working, delivering cost-effective quality patient care and meeting the agenda set out in the NHS plan. The involvement of the medical staff in identifying need, ensuring appropriate funding and subsequent training, and developing consultant-nurse posts is vital to their success. Several different healthcare professionals have or can attain the competencies that historically were considered to be the private domain of another profession.

The role of the consultant nurse represents an opportunity to assist with the successful implementation of the NHS plan[1]. An increase in the number of nurses in consultant roles is a national priority[2].

Involvement of medical staff

Medical staff should be involved in the initiation, development, selection, implementation and future monitoring of the post of consultant nurse. The eligibility, selection and recruitment procedures for appointments to consultant-nurse posts[3] are robust (Table 1); they reflect the importance and high level of responsibility attached to the posts. These posts are designed to be pioneering, which may explain the high level of qualifications and skills necessary to meet the eligibility requirements (Table 2). There is an inherent expectation that the post holders are likely to be responsible for some prescribing, but this will be mainly supplementary. This will require a medical practitioner to have made a diagnosis of the patient's condition and to have prepared a written treatment plan for the nurse to follow. Although this arrangement may undermine, to some extent, the autonomy and expertise of the nurse consultant (and of specialist nurses), it will be necessary to comply with the law.

Table 1. Recruitment and selection process.

The proposal for the post is submitted to the region for approval
Recruitment process begins if post approved
National advertisements
Suitable candidates invited for interview production of a professional portfolio presentation
Panel interview normally involving medical staff, regional nurse representation, chief nurse and other key stakeholders
Post offered to most suitable candidate (subject to health screening, etc)

Differences between specialist nurses and nurse consultants

There are significant differences between a specialist nurse and a consultant nurse. The main differences lie in the educational achievements and the level of experience attained by the consultant nurse. As a minimum, a consultant nurse is expected to have worked in his or her chosen field for at least five years and to have attained a Masters degree. There are no such requirements for specialist nurses, although individual employers may request a first degree and experience. Education to Masters level will equip the consultant nurse with the critical thinking skills necessary for higher level practice. In the future, consultant nurses will also require Higher Level of Practice registration. This initiative was introduced by the United Kingdom's Central Council for nurses, and requires nurses to provide evidence of various areas of competence.

In addition, consultant-nurse posts require regional approval before being advertised, and must include protected time for research, education and

Table 2. Eligibility criteria.

Portfolio of life-long learning, usually 'up to Masters level or beyond'
Research experience
Record of scholarship and publication
Substantial post-registration experience within the appropriate field
Demonstration of effective leadership
Track record of practice development

personal development; 50% of the time spent in post must be clinical. In contrast, specialist nurses have no protected time for research, education or personal development, and will often spend 90% of the available time in clinical practice.

A major difference between consultant nurses and specialist nurses is what is expected of them. A consultant-nurse post is a new concept, and is recognised and remunerated as such. For this reason it is essential for medical staff to be involved in the development of the nurses' skills, and in guiding the direction of the posts.

Impact upon medical staff

These new posts are not intended to replace medical staff but to extend the boundaries of current nursing practice to encompass roles that were traditionally undertaken by other professions; and this follows the Royal College of Physicians recommendations in the evolution of Skillmix[4]. This has been happening for many years on an informal *ad hoc* basis and, consequently, nurses have received little recognition for this work.

Progression in a clinical-nursing career for specialist and other clinical nurses has been sadly lacking: in order to obtain higher salaries they have had to abandon their clinical work and take up management or education roles. The advent of consultant-nurse posts reflects a cultural shift for the nursing profession whereby, for the first time, clinical skills are seen to be valued at least as much as management skills.

The importance of the medical staff's commitment to and support for the consultant-nurse post cannot be overstated: without it, the post will fail. Medical and nursing staff need to work in partnership to ensure that the new nursing role does not become that of a skilled technician. Removal of the core elements of nursing would undermine both the role and the nursing profession. Deployment of advanced clinical skills by the nurse at the time of consultation provides holistic care and benefits the patient, and should not be introduced simply because medical staff find it convenient to delegate a part of their role to the consultant nurse.

Funding

Appropriately funded and well-developed nursing care is fundamental to the progression and delivery of a modern health service. However, new monies for consultant-nurse posts have not been centrally funded and, therefore, funding must come from existing resources (Table 3). This should not be achieved by realigning existing resources but by earmarking new monies. The present clinical role of specialist nurses exceeds 50% of the available time, and there is little or no protected time for research, education and clinical leadership. However, the consultant-nurse role is expected to encompass the core functions[3] outlined in Table 4, and, because these are not an integral part of the specialist-nursing role, clinical time will be reduced. As a result, realignment of existing resources could increase the burden on existing staff in the short to medium term. Senior medical staff must ensure that realignment does not happen to the detriment of services, and they should support the development and funding of additional posts.

Table 3. Potential sources of funding.

Primary care trusts	Social services
Local universities	HAZ funds
Individual PMS sites	NSF funding
Acute hospital trusts	Selection of any of the above
Community hospital trusts	

PMS = Personal Medical Services; HAZ = Health Action Zone; NSF = National Service Framework.

Table 4. Core elements of the consultant-nurse role.

Expert practice (at least 50% of the available time to be spent in clinical practice)
Leadership and consultancy function
Education and training
Practice and service development/research and evaluation

Conclusion

Although there are numerous caveats to the successful introduction of the consultant-nurse role, the posts do provide an opportunity to implement a patient-centred model of care. The roles should not threaten those of specialist nurses or medical staff. Sensitive implementation and high-level nursing support, together with cooperation between doctors and nurses, could lead to the development of progressive healthcare, which will ultimately benefit patients.

References

1 Department of Health. *The NHS plan: a plan for investment, a plan for reform*. London: Department of Health, 2000.

2 Department of Health. *Modernising health and social services: national priorities guidance 2000/01–2002/03*. London: Department of Health, 2000.

3 Health Service Circular. *Nurse, midwife and health visitor consultant. Establishing posts and making appointments*. HSC 1999/217. London: Department of Health, 1999.

4 *Skillmix and the hospital doctor: new roles for the health care workforce*. Report of a working party of the Royal College of Physicians. London: Royal College of Physicians, 2001.

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