RCSLT POLICY STATEMENT

SPEECH AND LANGUAGE THERAPISTS WORKING IN CONSULTANT ROLES

DECEMBER 2010
Executive Summary

This document has been written by the RCSLT Consultants’ forum, led by the RCSLT Councillor for Research and Development, it will be circulated to the RCSLT membership and may be shared with other stakeholders.

This document sets out the need for consultant led SLT services to improve quality, consistency, value for money. The training and redesign of roles within the SLT workforce requires clinical maturity and SLTs in consultant roles are the expert clinical leads who can negotiate service change to improve outcomes for service users and to ensure quality of service provision.

In depth knowledge of the evidence base is required to underpin service redesign and clinical leads will research and implement examples of efficient quality service delivery

1. Speech and Language Therapists working in consultant roles will have attained a high level of clinical expertise, providing a service which strives for a regional or national reputation for excellence.
2. They will have highly developed leadership and influencing skills recognised within the profession.
3. They will be involved in specialist research.
4. They will provide expert advice at regional/national level and to the professional body.
5. They are likely to have published research / have a record of publication &/or presentation at national & international conferences.
6. They will play a key role in integrating research evidence into practice in order to enhance service development and delivery.
7. They may provide high-level training on undergraduate and postgraduate training courses both within the SLT profession and, when appropriate, to other professions.
8. They will work in situations requiring a high level of autonomy, authority and discretion in clinical decision making. This will include working with high level colleagues across a range of professions, multi-disciplinary teams and multi-agency working in order to influence appropriately outside the SLT workforce.
9. The RCSLT has established a Consultants’ network to support the implementation of the RCSLT research strategy and to inform the RCSLT public affairs work.
10. The RCSLT, through its members’ clinical and academic research, holds the body of knowledge for the SLT workforce.

In the production of this document policy documents on consultant posts from Radiography, Physiotherapy and Occupational Therapy professional bodies have been considered. Also referred to are, Consultant SLT job descriptions and Department of Health documentation

The RCSLT Management Board and SLTs working in consultant roles have informed the development of this document.
## CONTENTS

- **OBJECTIVES** .............................................................................................................. 4
- **SCOPE OF THIS DOCUMENT** ...................................................................................... 4
- **CONTEXT** .................................................................................................................. 4
- **EXTERNAL DRIVERS** .................................................................................................. 5
- **SERVICE USER BENEFITS** .......................................................................................... 6
- **SERVICE BENEFITS** ................................................................................................... 7
- **RCSLT EXPECTATIONS FOR CONSULTANT ROLES** ...................................................... 7
- **EXPERT CLINICAL PRACTICE** .................................................................................... 7
- **PROFESSIONAL LEADERSHIP** .................................................................................... 8
- **PRACTICE AND SERVICE DEVELOPMENT AND EVALUATION** .................................... 8
- **RESEARCH DEVELOPMENT AND EVALUATION** ....................................................... 8
- **EDUCATION AND PROFESSIONAL DEVELOPMENT** .................................................. 8
- **POLICY RESPONSIBILITIES** .......................................................................................... 8
- **KNOWLEDGE AND SKILLS** ....................................................................................... 9
- **ADDITIONAL AREAS** .................................................................................................. 9
- **SUMMARY** ................................................................................................................. 10
- **APPENDIX 1** ............................................................................................................ 11
- **APPENDIX 2** ............................................................................................................ 13
- **APPENDIX 3** ............................................................................................................ 14
RCSLT POLICY STATEMENT
SLTS WORKING IN CONSULTANT ROLES

OBJECTIVES
1. In drawing up this Policy Statement the RCSLT hopes to meet the following objectives
   - To demonstrate that the establishment of consultant posts must be in the best interests of service users and enhancement of service delivery
   - To set out the RCSLT position on SLTs working in consultant posts for the SLT workforce and others
   - To support RCSLT members to understand the requirements of consultant posts
   - To support the SLT profession to achieve consultant roles
   - To demonstrate the unique added value from these posts
   - To define the principles and uniqueness of the consultant role

2. This policy statement has been prepared having obtained the views of the RCSLT Management Board, the RCSLT Consultant network and in consultation with the RCSLT membership.

SCOPE OF THIS DOCUMENT
3. This document aims to provide a framework to support local initiatives. It recognises that service specifications, salaries, working conditions and job descriptions are matters to be determined between employers and other agencies and stakeholders. The RCSLT is not a Trade Union and therefore will not be prescriptive about salaries or bandings

4. Details about the role of the AHP consultant and the process of developing these posts was published in AL PAM (PTA)2/2001. In providing guidance for developing consultant posts, AL PAM(PTA)2/2001 formally recognises the existence of advanced practice posts (clinical specialists or extended scope practitioners) in stating: ‘...consultant post holders will work with senior medical and nursing colleagues across hospital, community and primary care services in drawing up local care and referral protocols. Consultants will be experts in their clinical field. They will bring clinical leadership and strategic direction to their particular area of expertise, by expanding and developing practice, implementing clinical governance and delivering improved outcomes for patients.’

AL PAM(PTA)2/2001

CONTEXT
5. The NHS Plan for England (DoH 2000) announced that the AHP consultant would be in place by 2004. (The NHS plans for Scotland and Wales also make reference to AHP consultants.) The plan stated that the role of AHP consultants would be to develop clinical protocols alongside doctors and nurses. More information about the AHP consultant’s role was published in Meeting the Challenge: A Strategy for the Allied Health Professions (DoH 2000) which states that:
   ‘New consultant posts will provide better outcomes for patients, by retaining clinical excellence within the service’.

6. The primary purpose for establishing consultant posts must be the improvement of outcomes for service users by enhancing services and quality of care. SLTs in consultant roles will play a pivotal role in the integration of research evidence into clinical practice.

7. SLTs in consultant roles work with a range of organisations including Children's Trusts, Children and Young People's services, Local Authorities, Higher Education Institutions (HEIs), third sector organisations and within communities to develop services and care pathways as well as leading clinical research in their field.

8. They will work collaboratively with consultant colleagues across medical, nursing, AHP, education including HEIs, social care and third / voluntary sector organisations.
9. The RCSLT acknowledges that a consultant SLT is an expert in a specific area of clinical practice with responsibility to lead and develop staff and services through active involvement in research and contribution to and use of the evidence base for the SLT profession.

10. The RCSLT expect that a consultant SLT would be actively engaged with the professional body as a clinical adviser, as a board member or as a trustee.

11. The RCSLT expect SLTs in consultant roles to aim to establish and develop research partnerships with Higher Education Institutions and for research collaboration to be service user focussed to support the delivery of evidence based practice and to meet demographic need.

12. In Wales the following definition has been used for consultant posts:

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. A Consultant Practitioner will exercise the highest degree of personal 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 judgement, 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.

Guidance for the development of (non medical) Consultant Practitioner Posts (Health Inspectorate Wales, September 2007)

EXTERNAL DRIVERS

13. The policies, initiatives and documentation that have influenced the development of this policy statement and which the RCSLT believes are crucial to consider for the development of consultant roles are listed in the appendices.

14. Broadly the external drivers have been and continue to be:

- Increased range of choice for commissioners and users
- Workforce development initiatives – local and national
- Improved outcomes for service users
- Patient Public Interaction, service users and organisations representing the interests of service users
- The need to develop, retain and enhance clinical maturity in the NHS
- Clinical pathways
- Service redesign and evidence based practice

It must be noted that drivers will change over time and that when developing consultant roles the most up to date policies and documentation should be sought and referred to.
SERVICE USER BENEFITS
15. The needs of service users and the improvement of outcomes in health, education and social care must be the primary reason for service development and the focus of all roles within that service.

16. The RCSLT expect that the development of roles, in which SLTs are consultants, are in the interests of service users as set out below.

**Service users require appropriate treatment with minimal risk, this includes:**
- Access to high level expertise with highly specialist scientific knowledge
- Improved outcomes for service users by retaining clinical excellence within the service
- Expectation to be listened to and be supported to make informed decisions in relation to their care

**How the SLT in a consultant role can support meeting these requirements**
- Provide expert and high quality evidence based advice for service users with complex needs
- Provide a consultancy service to clinical teams and with service users who have complex or high risk needs
- Promoting the use of best evidence throughout clinical decision making

**Service users require choice which includes**
- Access to highest level specialist, clinical expertise and advice.

**How the SLT in a consultant role can support meeting these requirements**
- Through using clinical expertise the service can be more effective, efficient and provide value for money
- The consultant is able to work in partnership to encourage other professionals or providers to raise standards and implement best practice
- By establishing and reviewing inter-professional and, where necessary, inter-agency protocols/guidelines that support and promote independence, self-esteem and social inclusion for all service users
- Through knowledge of evidence based practice and evidence based clinical decision making, sound, justified, theoretically underpinned hypothesis based interventions & actions are undertaken, where the evidence base is limited or absent
- The SLT in a consultant role may have management responsibilities but will primarily provide clinical leadership
- The consultant SLT will be key to setting up new services or working in new areas where research is required but not yet possible.

**Service users require up to date intervention and services must seek to ensure that:**
- There are opportunities for service users to become involved in research activities and that service users will benefit from being engaged in research by having their views considered at a strategic level
- Research takes place at the point of delivery of intervention
- There is up to date knowledge and implementation of research evidence base
- Clinical interventions are evidenced based and delivered by an appropriately experienced practitioner

**How the SLT in a consultant role can support meeting these requirements**
- The consultant must actively seek out service users’ views on their requirements and on the service they have received and to analyse these as part of service enhancement and incorporate into service redesign / modification – overtly, so that service users can see their influence
- The consultant must be able to identify gaps in evidence based practice and to seek to address these in order to meet demographic need
- The consultant can lead in using and implementing the evidence base
SERVICE BENEFITS

17. The RCSLT considers that there would be the following benefits for services through SLTs working in consultant posts:

<table>
<thead>
<tr>
<th>Financial Benefits</th>
<th>Quality of Service Provision</th>
<th>Service and Workforce Development</th>
<th>Education benefits</th>
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<tbody>
<tr>
<td>Cost effective, streamlined services with capacity to work across agency and professional boundaries.</td>
<td>Practice based on rigorous evaluation and application of evidence, with risk management, audit and research.</td>
<td>Initiation and drive of innovative schemes that improve quality and user experience</td>
<td>High quality teaching &amp; placement for pre/post registration students to enhance workforce skill &amp; knowledge</td>
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<td>Enhanced profile of service / organisation, to attract new business, funds and / or improve recruitment and retention of staff.</td>
<td>Increase and promote inter professional understanding and respect, locally and nationally.</td>
<td>Inspired, creative models of multidisciplinary practice to ensure best use of resources.</td>
<td>Advice to Higher Education Institutions in respect of curriculum content &amp; support for students</td>
</tr>
<tr>
<td>Challenge existing systems and practices, precipitating change and modernisation, ensuring quality and value for money.</td>
<td>Experienced, rational and imaginative contributions to policy and strategic plans.</td>
<td>Design, co-ordination and delivery of education to expand the pool of expertise and promote the growth of future specialists.</td>
<td>Clinical research expertise &amp; collaborative partnerships</td>
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<tr>
<td></td>
<td>Outcome measures - both for clinical outcomes/objective measures</td>
<td>Outcome measures on service user feedback/ service user view of their intervention.</td>
<td>Ensure that the evidence base is included in prevention agendas</td>
</tr>
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RCSLT EXPECTATIONS FOR CONSULTANT ROLES

18. Listed below are the aspects that the RCSLT would expect to be integral to all roles where an SLT is working as a consultant. The RCSLT acknowledges that within local contexts the job descriptions for consultant roles will be significantly more detailed. The following paragraphs have been taken from Agenda for Change profiles which are reference in the appendices.

EXPERT CLINICAL PRACTICE

- Complex case and/or caseload management skills, including the provision of second opinions
- Having advanced knowledge, practice, skills and reasoning
- Autonomy to apply advanced clinical reasoning (with discretion) in the management of complex cases, and to have the authority to instigate/carry out the required actions. This may involve deviations from a defined clinical pathway when there is sound clinical evidence and rationale for doing so.
- Supervision – it is recognised that consultant SLTs may need to seek out supervision from external, alternate route to the norm and this must be part of the accountability process
- Being recognised and acting as a clinical expert nationally
- Ensuring evidence based care standards
- At least 50% of the time allocation to be spent on matters relating to clinical practice (both directly and indirectly)
- SLTs in consultant role within the multi disciplinary teams. eg SLT can manage communication between and within teams as well as with eg patient groups including people who have communication difficulties.
PROFESSIONAL LEADERSHIP
- Leading, motivating and inspiring others
- An acknowledged source of expertise recognised through activities such as peer reviewed publication & international conference presentations, acting in a professional adviser capacity, responding to national policy consultations
- Planning and driving change at a strategic level to ensure effective service delivery
- Working with all service providers to promote accessibility and inclusion of all people with communication support needs
- Research which enhances care and delivers evidence is essential to retain and embed best practice in SLT.

PRACTICE AND SERVICE DEVELOPMENT AND EVALUATION
- Establishing, implementing and maintaining protocols for evidence based practice
- Actively engaging in strategic planning and policy development
- Evaluation of service design and redesign
- Identification of where service delivery requires improvement
- Develop innovation in service delivery
- Actively engaged in clinical governance
- Working with all service providers to promote accessibility and inclusion of all people with communication support needs
- Role of disseminating good evidence based / hypothesis led practice

RESEARCH DEVELOPMENT AND EVALUATION
- Initiating, taking part in & publishing research projects
- Establishing research partnerships with Higher Education Institutions
- Implementation and critical appraisal of evidence based practice across the organisation / service
- Sourcing research funding

EDUCATION AND PROFESSIONAL DEVELOPMENT
- Partnership working with Higher Education Institutions in order to contribute to the quality assurance of pre- and post-registration training
- Promotion of continuing professional development across the workforce
- Being the strategic link between practice, the professional body, academic and research institutions
- Supporting CPD, providing & receiving supervision etc

POLICY RESPONSIBILITIES
Policy Development
- Contribute to the development of, and ensure adherence to, self-regulatory frameworks affecting their area of practice.
- Contribute towards developing strategies, setting standards, objectives and targets for their part of the service.
- Alert policy makers to professional issues that may have implications for national initiatives in health, education and social care
- Lobby to effect change at local, regional and national level.
- Influence the development of local and national clinical standards.
- Influence the development of relevant national and local policies and guidelines.
- Work jointly with commissioners to develop evidence based pathways and clinical standards for each client group
- Develop systems to measure the efficacy/appropriacy of the commissioning process for the relevant client groups
- Provide expert clinical advice to influence and support commissioning decisions and policies
- Liaise with RCSLT in development, lobbying and influencing of policies

Policy Integration
- Lead implementation strategy, policy and guidelines
- Contribute towards development of strategies in line with professional body guidelines.
- Actively participate in clinical/professional networks to ensure equality of quality care and to develop policies and guidelines.
- Develop robust systems for the interpreting and taking account of new statutory regulations and policies and identifying the implications and impact on their particular specialism and working practices.
- Ensuring that national policy from government and leading bodies is translated at a local level and that this is done through a risk management process.
- Provide expert clinical advice to assist commissioners with the creation and implementation of policies, guidelines, technology appraisals e.g. NICE guidelines.

**Policy Evaluation**
- Contribute positively towards the evaluation of national initiatives determining its implications for local service delivery.
- Analyse developing policies and strategies that demonstrate public and patient involvement and its influence on delivery.
- Collect, collate and use relevant information to inform policy decisions and to support short, medium and long term strategic planning and implementation.
- Provide evidence, monitor and review against relevant national standards.
- Provide expert clinical advice and information to support and shape decision making e.g. for exception panels.

**KNOWLEDGE AND SKILLS**

<table>
<thead>
<tr>
<th>Essential</th>
<th>Strongly Recommended</th>
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<tbody>
<tr>
<td>Advanced research skills having been enhanced throughout professional career by being research engaged or research active. Publication and conferences are essential to developing EBP and contribute to consultants remaining up-to-date in their field and to disseminate this knowledge through the workforce</td>
<td>PhD or a post graduate research qualification should be an aspiration for all SLTs in consultant roles</td>
</tr>
<tr>
<td>Comprehensive research skills: able to review papers, submissions &amp; documents - ability to search, appraise, review &amp; determine implementation plans as appropriate</td>
<td>Published research in peer reviewed publications or presented at international conference after submitting peer reviewed abstract (or similar)</td>
</tr>
<tr>
<td>Evidence of extensive clinical expertise in chosen field. Aware of the range of approaches relevant to the field &amp; their evidence base</td>
<td>Significant contribution to the development of the profession (internally and externally) through management and policy development and implementation. Having national standing within the profession</td>
</tr>
<tr>
<td>RCSLT Clinical Adviser and/or providing input to the strategic leadership of a specialist interest group (SIG)</td>
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<tr>
<td>Masters Degree or able to demonstrate equivalency in terms of clinical experience</td>
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**Additional Areas**

19. The RCSLT recognises that there will be variation between services on what is expected from people in consultant roles in terms of knowledge and skills. The above areas outline the key elements of the consultant role. Individual services may, in some circumstances, add on elements to this key role. This may include:
- Financial Management
- Human Resource Management
- Information Management
- Service Management
- Audit
SUMMARY

20. Speech and Language Therapists working in consultant roles will have attained a high level of clinical expertise, providing a service which strives for a regional or national reputation for excellence.

21. They will have highly developed leadership and influencing skills recognised within the profession.

22. They will be involved in specialist research.

23. They will provide expert advice at regional/national level and to the professional body.

24. They are likely to have published research / have a record of publication &/or presentation at national & international conferences.

25. They will play a key role in integrating research evidence into practice in order to enhance service development and delivery.

26. They may provide high-level training on undergraduate and postgraduate training courses both within the SLT profession and, when appropriate, to other professions.

27. They will work in situations requiring a high level of autonomy, authority and discretion in clinical decision making. This will include working with high level colleagues across a range of professions, MDTs and multi-agency working in order to influence appropriately outside the profession.

28. The RCSLT has established a Consultants’ network to support the implementation of the RCSLT research strategy and to inform the RCSLT public affairs work.

29. The RCSLT, through its members’ clinical and academic research, holds the body of knowledge for the SLT workforce.
## Appendix 1

### National Drivers

<table>
<thead>
<tr>
<th>National Drivers</th>
<th>Liberating the NHS 2010</th>
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<tbody>
<tr>
<td>National clinical guidelines e.g. from National Service Frameworks, NICE Guidelines, clinical strategy documents etc</td>
<td></td>
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<tr>
<td>Chief Health Professions’ Officer</td>
<td><a href="http://www.dh.gov.uk/en/Aboutus/Chiefprofessionalofficers/Chiefhealthprofessionsofficer/index.htm">http://www.dh.gov.uk/en/Aboutus/Chiefprofessionalofficers/Chiefhealthprofessionsofficer/index.htm</a></td>
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</table>

### Scottish Government Publications and Resources:

<table>
<thead>
<tr>
<th>Publications and Resources:</th>
<th>CURAM Spring 2009: Nurses, Midwives and Allied Health Professionals working for Scotland’s Health</th>
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<tbody>
<tr>
<td></td>
<td><a href="http://www.health.heacademy.ac.uk/themes/scotland/scotupload/curamspring09">http://www.health.heacademy.ac.uk/themes/scotland/scotupload/curamspring09</a></td>
</tr>
<tr>
<td>There will be other specific strategies eg National Stroke Strategy 2007 and Better Heart Disease and Stroke Care Action Plan (Scotland) but it is not feasible to list all these.</td>
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</table>

### Clinical Governance

<table>
<thead>
<tr>
<th>Clinical Governance</th>
<th>The ‘Quality’ agenda (e.g. High quality Care for all’, NICE &amp; NSF etc, Darzi, Bercow, Stroke strategy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialised Commissioning Health Services (Refer to RCSLT’s Commissioning Resource Manual)</td>
<td><a href="http://www.rcslt.org/speech_and_language_therapy/commissioning/intro">http://www.rcslt.org/speech_and_language_therapy/commissioning/intro</a></td>
</tr>
<tr>
<td>Expert clinician/consultant needed to ensure skills of the workforce are commensurate with roles</td>
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</table>

### Research Governance

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<tr>
<th>Research Governance</th>
<th>Research Governance Framework for Health and Social care</th>
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<tr>
<td>NIHR Research Capability programmes within health and social care</td>
<td><a href="http://www.nihr.ac.uk/systems/Pages/Research_Capability_Programme.aspx">http://www.nihr.ac.uk/systems/Pages/Research_Capability_Programme.aspx</a></td>
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<tr>
<td>Ethics (NRES) – National Research Ethics Scheme</td>
<td><a href="http://www.nres.npsa.nhs.uk/">http://www.nres.npsa.nhs.uk/</a></td>
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### Professional Drivers

<table>
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<tr>
<th>Professional Drivers</th>
<th>RCSLT position papers on advanced clinical skills and evolving roles</th>
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<tr>
<td></td>
<td><a href="http://www.rcslt.org/members/publications/downloadable">http://www.rcslt.org/members/publications/downloadable</a></td>
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<tr>
<td></td>
<td>RCSLT professional standards (e.g. CQ3, RCSLT Commissioning Resource Manual)</td>
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<tr>
<td></td>
<td><a href="http://www.rcslt.org/speech_and_language_therapy/commissioning/intro">http://www.rcslt.org/speech_and_language_therapy/commissioning/intro</a></td>
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</table>
### Professional Drivers

AHP strategy documents (e.g. Meeting the Challenge)


Professionals standards for CPD (via RCSLT and HPC)

[http://www.rcslt.org/members/cpd/background](http://www.rcslt.org/members/cpd/background)


Pre- and Post-registration training and the need to demonstrate quality assurance and public protection in the development of all training

[http://www.rcslt.org/about/work_with_educators/work_with_educators](http://www.rcslt.org/about/work_with_educators/work_with_educators)

### AHP Drivers

Development of the workforce and the need to ensure appropriate skills mix to meet demographic need

Workforce design and strategy initiatives via ‘Skills for Health’

Access to local, integrated quality services

Consultant clinical lead needed to negotiate service development changes

Expert clinical lead to negotiate SLT role in a multi agency environment

Users shaping service development. Expert clinical lead needed with authority to act

Need for clinical skills development in a multi agency context

### International Drivers

The Chief Health Professions Officer (CHPO) for Scotland has been working on behalf of the World Health Organisation (WHO) and in partnership with the UK and international CHPOs to develop a model of support for international inter-professional networking called the Health Professionals Global Network (HPGN), with the overall aim to promote a multi-disciplinary and inter-disciplinary collaborative approach towards achieving global health related outcomes. One of the key strands of HPGN, was to establish a Global Community of Practice for Rehabilitation (GCoPR), an online forum open to all who are working in the field of rehabilitation, which was successfully launched 1 June 2009. (from Scottish Government website: [http://www.scotland.gov.uk/Topics/Health/NHS-Scotland](http://www.scotland.gov.uk/Topics/Health/NHS-Scotland)

### National References

England: [http://www.dh.gov.uk/assetRoot/04/01/10/04/04011004.pdf](http://www.dh.gov.uk/assetRoot/04/01/10/04/04011004.pdf)

Scotland: [http://www.sehd.scot.nhs.uk/ahp/consultants.htm](http://www.sehd.scot.nhs.uk/ahp/consultants.htm)

Wales: [http://www.hiw.org.uk/](http://www.hiw.org.uk/)

Northern Ireland - [http://www.dhsspsni.gov.uk/print/ahp_strategy](http://www.dhsspsni.gov.uk/print/ahp_strategy)

### Scotland


Nursing Advanced Practice


### Wales

There is specific guidance on Consultant AHP posts in Wales on the WAG NHS Division website which was done in 2002/2003. This guidance is very specific and includes proformas which are helpful for preparing consultant post bids.


### Additional Reference Documents


Appendix 2

Summary of key and supporting functions for consultant roles across the UK

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<thead>
<tr>
<th>KEY FUNCTION FOR CONSULTANT ROLES</th>
<th>SUPPORTING FUNCTIONS</th>
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<td><strong>DH</strong></td>
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<tr>
<td>1 Expert clinical practice</td>
<td>2 Professional</td>
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<td>leadership</td>
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<td>3a Practice and</td>
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<td>service development</td>
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<td>3b Research and</td>
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<td>4 Education and</td>
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<td>professional development</td>
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<td><strong>WALES</strong></td>
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<td>1 Expert advanced practice</td>
<td>2 Leadership and</td>
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<td>consultancy</td>
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<td>3 Strategic service</td>
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<td>development</td>
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<td>5 Education, training</td>
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<td>and development</td>
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<td><strong>SCOTLAND</strong></td>
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<td>1 Expert practice</td>
<td>2 Professional</td>
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<td><strong>NI</strong></td>
<td></td>
</tr>
<tr>
<td>1 Expert clinical practice</td>
<td>2 Leadership</td>
</tr>
<tr>
<td></td>
<td>Why? Improving the</td>
</tr>
<tr>
<td></td>
<td>patient experience</td>
</tr>
<tr>
<td></td>
<td>by improving services</td>
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<tr>
<td></td>
<td>and quality</td>
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<td></td>
<td>3 Research and</td>
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<tr>
<td></td>
<td>evaluation</td>
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<td></td>
<td>4 Education and</td>
</tr>
<tr>
<td></td>
<td>professional development</td>
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</tbody>
</table>
APPENDIX 3

Advanced Practitioner Roles
Skills for Health Definition of the Advanced Practitioner

Whilst recognising that some professions have already defined the advanced practitioner; the definition of an advanced practitioner used in this template is intended to be applicable to all professional and occupational groups. This definition is based on the level 7 descriptors that inform the career framework for health and therefore is useful to employers.

Advanced practitioners are experienced professionals who have developed their skills and theoretical knowledge to a very high standard, performing a highly complex role and continuously developing their practice within a defined field and/or having management responsibilities for a section/small department. They will have their own caseload or work area responsibilities.

Source: Skills for Health CF team

The characteristics of an advanced practitioner have been developed by Skills for Health through working with employers and practitioners. They are intended to be broad descriptors which can be interpreted or contextualised at a local level.

DRAFT FROM SKILLS FOR HEALTH

<table>
<thead>
<tr>
<th>Leadership</th>
<th>Higher level clinical/technical/research skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovation</td>
<td>Breadth and depth of knowledge</td>
</tr>
<tr>
<td>Mastery</td>
<td>Experience</td>
</tr>
<tr>
<td></td>
<td>Vision</td>
</tr>
<tr>
<td></td>
<td>Innovates through reflection in practice</td>
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<tr>
<td></td>
<td>Deals with complexity</td>
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<tr>
<td></td>
<td>Creative reasoning</td>
</tr>
<tr>
<td></td>
<td>Sophisticated Learning skills</td>
</tr>
<tr>
<td></td>
<td>Develops new skills in response to emerging knowledge and techniques</td>
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<tr>
<td></td>
<td>Advances professional practice</td>
</tr>
<tr>
<td></td>
<td>Works across professional boundaries using creative reasoning and problem solving</td>
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<tr>
<td></td>
<td>Development of others</td>
</tr>
<tr>
<td></td>
<td>Instigates and manages change within a complex environment</td>
</tr>
<tr>
<td></td>
<td>Quality at the heart of practice</td>
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<tr>
<td></td>
<td>Actively integrates theory and practice</td>
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<tr>
<td></td>
<td>Demonstrates evidence based practice</td>
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<tr>
<td></td>
<td>Active continuing professional development</td>
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<tr>
<td></td>
<td>Striving to better previously established standards</td>
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<td></td>
<td>Focus on ethical and moral dimensions</td>
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</tbody>
</table>
Consultant Practitioner Roles

Definition of the Consultant Practitioner

DRAFT FROM SKILLS FOR HEALTH

- Has power to act
- Has authority
- Has influence
- Facilitates and promotes a learning culture
- Demonstrates leadership and innovation in work contexts that are novel and that require the solving of problems involving many interacting factors

Sophisticated learning and/or teaching skills

- Drives change in response to emerging knowledge and techniques both for own practice and within the organisation
- Plays a pivotal role in the integration of research evidence into professional practice
- Extends the parameters of the specialism or area of work
- Has responsibility for the development of others
- Instigates and manages change within a complex

An acknowledged source of expertise

- Exceptional skills and advanced levels of clinical judgement, knowledge and experience which underpins and promotes the delivery of clinical governance
- Innovates through reflection in practice
- Deals with complexity
- Exercises the highest level of personal professional autonomy

Consultant Practitioner

- Actively adds to the evidence base for practice
- Active continuing professional development
- Lead in the enhancement of quality in service delivery
- Responsible for ensuring that ethical and moral dimensions of practice are adhered to
- Focus on process and synthesis of techniques