



Guidelines on developing and sustaining Consultant Nurse roles: including guidance on job planning

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Introduction

This guidance has been developed in collaboration with the four UK Consultant Nurse Networks (Learning Disability; Autism; CAMHS and Mental Health). Our networks encompass all learning disability, autism and mental health Consultant Nurses in the UK working in both statutory and independent sectors.

This guidance is aimed at employers of nurses registered on the learning disability and mental health parts of the NMC register and those who are functioning at or progressing towards consultant level practice.

The guidance will:

- Help people to recognise the expertise that can be expected from a Consultant Nurse.
- Provide guidance on the establishment, recruitment to and sustaining of Consultant Nurse roles.
- Demonstrate to those who are not familiar with the work of the Consultant Nurse how the pillars of practice inform the work they do.
- Provide a resource for planning and managing job plans and ensuring effective distribution of work across the breadth of their role.

Section 1: Consultant Nurse Posts and Their Impact

The Consultant Nurse role has a profound positive impact on healthcare and social care systems, particularly in the areas of learning disability, mental health and autism. These dedicated professionals bring expert guidance and a much-needed level of consistency to their respective areas of expertise.

Consultant Nurses play a crucial role in advancing patient care and outcomes. Promoting the establishment of Consultant Nurse posts, encourages the cultivation of specialised knowledge and skills in learning disability, autism, and mental health services. These highly skilled professionals bring evidence-based practices to the forefront, leading to improved safety, enhanced quality of care, and better health outcomes (Royal College of Nursing, 2018). Through their clinical leadership and expert guidance, Consultant Nurses positively influence decision-making processes, ensuring that best practice is implemented and healthcare standards are elevated.

One of the key advantages of a Consultant Nurse is their ability to act as catalysts for change and innovation within healthcare settings - both within statutory and independent sectors. These professionals are equipped with a deep understanding of complex clinical issues and possess the expertise to drive improvements in service delivery. By working closely with multidisciplinary teams, they foster a culture of continuous learning and professional development. Consultant Nurses actively contribute to the development of policies, protocols, and guidelines, shaping the delivery of care in learning disability, autism, and mental health. Their influence extends beyond individual patients, positively impacting an entire system.

The positive impact of a Consultant Nurse extends not only to patient care but also to the professional growth of the nursing workforce. These leaders serve as mentors

and role models, inspiring fellow nurses (and other clinicians) to strive for excellence in their practice. Through their support and guidance, Consultant Nurses nurture talent, empower nurses, and create opportunities for career advancement. The networks, established to support Consultant Nurse posts, provide a platform for knowledge exchange and collaboration, promoting a collective commitment to continuous improvement. By elevating the status and recognition of nursing expertise. Consultant Nurses contribute to the overall advancement of the nursing profession and lead and influence systems.

In addition to their impact within healthcare systems, the Consultant Nurse role also extends its positive influence to the independent and social care sectors. Consultant Nurses play a vital role in bridging the gap between healthcare and social care services, ensuring a holistic approach to the support and care of autistic individuals; people with a learning disability and people with mental health needs. Their expertise and collaboration with independent and social care providers contributes to improved service delivery, enhanced coordination, and integrated care pathways across various settings.

It is a matter for NHS Trusts and healthcare organisations to establish the number and scope of Consultant Nurses they wish to employ. Invariably these posts are often sited in services where there is a need for strong clinical and professional leadership for example are where improvements or developments are required; where there are significant quality concerns, or where there are gaps in availability of other professions such as psychiatry.

Department of Health (1999) guidance required consultation on such developments with Regional Offices so that local innovation and experience in this area was shared and a broadly consistent approach applied.

Over the years this level of consistency has been lost, hence the need for this guidance. The four UK Consultant Nurse networks are available to support organisations developing Consultant Nurse posts in learning disability, autism or mental health in order to fill the gap created when regional offices devolved approval for such posts to local organisations.

The Value of Consultant Nurses within an Organisation

In 1998 the announcement of consultant level nurses led to the development of a new career framework and specific guidance on the establishment of such posts. DH (1999) set out more detail for the model that created career pathways from cadets and healthcare assistants through to Consultant Nurses with the view that these senior posts would significantly extend clinical nursing career opportunities for those who might otherwise have moved into management and other non-clinical posts. DHNI (2018) describe these posts as *vital clinical, expert leadership roles*; the pinnacle of a clinical career pathway enabling the most experienced and expert practitioners to continue to work at an advanced level of practice. The roles enable nurses and midwives *to combine their role as clinician with the ability to have*

strategic influence and provide strong professional clinical leadership across the Health and Social Care System.

The Consultant Nurse practises autonomously at an advanced level in the delivery of high quality, safe and effective care. They must be firmly based in nursing practice and involve working directly with patients, clients or communities for **at least** fifty percent of the time available with this expert practice function being combined with three other functions, education, training and development; professional leadership and consultancy and practice and service development, research and evaluation. These practitioners work within multidisciplinary teams across organisational, and professional boundaries. They lead and influence service and policy development at a strategic level while continuing to provide a strong clinical commitment and expert advice to clinical colleagues.

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

DHNI (2018) sets out the distinguishing characteristics between Specialist Practice Nurse, Advanced Nurse Practitioner¹ and Consultant Nurse and Midwife roles which is helpful to those developing nursing career pathways incorporating these posts.

Consultant posts will not only provide opportunities for expert practitioners who choose to remain in practice to do so, but also provide a stronger focus for clinical leadership, helping to improve quality and shape services to make them more responsive. In addition, they strengthen professional leadership, help provide better outcomes for patients by improving services and their quality and sustain nurses within their clinical career.

The presence of Consultant Nurses offer valuable guidance and expertise to support individuals and their families accessing a broader range of health care, social care and education services. They collaborate with a wide variety of organisations and teams to develop comprehensive care and support plans that address the unique needs and preferences of individuals, promoting their well-being and social inclusion.

The role of Consultant Nurses not only enhances the quality of care provided but also fosters collaboration and knowledge exchange between healthcare, social care and other sector professionals. By working together the systems of support around individuals, groups and communities can achieve a more coordinated and seamless support system for ensuring that physical, mental and social well-being is effectively addressed.

Guest et Al. (2001) conducted preliminary research into the impact of Consultant Nurse posts yielding a 95% return rate. Findings indicated that this early group of consultants were exceptionally well qualified and experienced. They rated their most important activities to be concerned with leadership and expert practice. The majority (80%) reported high levels of autonomy and control in their jobs and with 40% describing the job as high in demands and complexity.

¹ In England this term has been replaced with Advanced Clinical Practitioner (ACP) or Advanced Practitioner (AP)

The challenge of protecting the clinical sessions/proportion of the job plan was highlighted in that whilst the role specification indicates that consultants should spend not less than 50% of their time working directly with patients, clients and the community, the 2001 study found they spent an average of 44% of their time on this (although there is considerable variation around this average).

Within the study responses, early achievements in the role were reported including developing good practice. Conversely some of the issues reported included the lack of appropriate resources (such as administration support, access to finance for research CPD etc and access to resources for service improvement) and socialization for the role and the longer term implications for staff development and succession to ensure sufficient throughput of quality staff of consultant potential.

(Guest et al 2004) continued to study the impact of Consultant Nurse posts. The research involved 79% of those in Consultant Nurse posts at the time (n=419). It asked about their most significant impact to date with over 450 examples being provided. This included 72 consultants who made patient care more patient focused, 71 that developed new services and 52 led improvements to current services. In the longitudinal panel interviews with 32 Consultant Nurses, there were 271 references to positive impact. Nearly a quarter referred to the development of procedures, processes and protocols to improve patient care. Leadership activities were referred to by 18% leading to improvement in efficiency, quality and practice.

Key problems that Guest et al (2004) associated with the consultant role and with having an impact were lack of support, lack of resources and lack of authority. Only 30% of consultants reported high support from senior management and 30% reported support from colleagues while many reported low levels of support from senior medical staff (49%), their professional manager (44%) and their line manager (41%). Positive resource provision was reported by just 19% and 52% reported low levels of resource provision. Many said that their impact would be much greater if they were provided with adequate resources and support.

In summary Guest et al (2004) concluded that most Consultant Nurses believe that they are having a positive impact on service delivery and patient care. They describe their jobs as busy and demanding but also exciting and involving with most feeling satisfied and highly committed to their work.

Anecdotal evidence from the four UK networks continues to support the findings of Guest et al (2004). Many Consultant Nurses lack the close and direct support of the board level executive nurse which limits the impact that can be had. Some report having more autonomy to function and influence nationally than locally meaning local organisations who invest in such posts need to consider how to develop permissive and supportive environments.

Designing Consultant Nurse Positions and the Four Pillars

DH (1999) and DHNI (2018) set out four functions/main areas for Consultant Nurse practice: expert practice; professional leadership and consultancy; education and

development; and practice and service development linked to research and evaluation. These have been further developed through Health Education England work by Manley & Crouch (2021).

These four functions should not be considered as discreet elements, but as closely interrelated functions of a coherent whole. (DH 1999)

The weight attached to each function will vary from post to post depending on the particular needs and service in which they are established and probably also within the same post over time as needs change. Nevertheless, all posts will be firmly based within nursing practice and involve working directly with patients, clients and communities for at least 50% of the time available (DH 1999).

These four functions have been further developed to become the four pillars of practice, the structure of all nursing posts through to advanced and consultant level practice.

DH (1999) set out that Consultant Nurses would be experienced and expert practitioners.

Consultant Nurses will be trained to masters or doctorate level, hold professional registration and additional specialist-specific professional qualifications commensurate with recognition of a higher level of practice. (DH 1999; DHNI 2018). This indicates that they will already have had a high level of clinically relevant academic development to Masters Degree (HEI level 7) applied into clinical practice at the time of their appointment with an expectation that they will continue to progress academically alongside their development as a clinician and professional.

Expert Clinical Practice

Consultant Nurses in organisations do not work in isolation and usually work across a multi-disciplinary team (MDT) and within a team of or alongside other nurses. The expectation that 50% of the Consultant Nurse role is in direct clinical practice gives a clear expectation in relation to job plans and the need to protect at least that amount of time for activity that can be directly linked to a named person/client/patient in receipt of services.

The four UK networks support that job plans should have 50-60% of contracted time as clinical practice with the remaining time being for the other three functions/pillars associated with the areas of clinical practice the Consultant Nurse is focussed on (supporting the notion of a *coherent whole*).

Those Consultant Nurses who work in independent practice will invariably be contracted to work into a service or team or as part of a greater whole. Due to the independent nature of their work, they may also be called upon as an expert in their field for a clinical opinion or peer review. Their job plans will invariably fluctuate depending on the contracts or posts they have secured and may vary in terms of time allocated to clinical practice at any one point in time, however over a period of time (e.g. a year) they will have met the clinical practice requirement for 50-60% in this area alone.

Professional Leadership and Consultancy

Consultant Nurses are expected to have well established professional networks and collaborations associated with their area of practice, which will assist them with supervision and support them to develop their professional knowledge and leadership skills. These networks are an important element of the individual's role and should include those at local, regional, national levels and in some circumstances internationally.

Consultant Nurses bring their clinical leadership and evidence-based practice to guide and support staff. By providing training, education, and mentorship, they enhance the knowledge and skills of care providers, enabling them to deliver person-centred care. Consultant Nurses also contribute to the development of policies and procedures that promote quality standards and ensure the provision of safe and effective care within a wide variety of settings.

The four UK Consultant Nurse Networks provide the platform for all Consultant Nurses working in learning disability, autism and mental health services to network nationally and with the Chief Nursing Officers for each of the four UK countries. It is essential that this is considered necessary for all Consultant Nurses to be members of and engage with these networks and to emulate their role and function at regional and local levels.

Education and Development

The facilitation of learning and development of themselves as Consultant Nurses and their fellow nurses is critical to the sustainability of the profession in an environment where continued improvement is expected.

Consultant Nurses therefore advocate for and contribute to the development of an organisational culture that supports continuous learning and development, evidence-based and person centred practice and includes a plan for succession at all levels.

They work with key stakeholders, including Higher Education Institutes and other education providers, to develop and promote a range of exposure and learning opportunities for those considering entering the profession and those already in the profession.

Their education and development role might also reach into other organisations and across systems as part of developing capable teams around an individual, group or community.

In some instances the post may be a joint practice and academic appointment where the post holder extends their knowledge and qualifications into teaching and research.

Practice and Service Development Linked to Research and Evaluation

Research; Service Evaluation and Audit activity identify the key areas for service improvement and provide the evidence base for the development of new services. It is important that the Consultant Nurse continues their portfolio of practice development, scholarship and research and is recognised as an expert and

innovator in their field. They should be competent and confident to facilitate innovations and develop their role in leading and influencing strategic planning.

Their findings not only impact on service and quality improvement, but also inform education and training priorities.

Supervision & Appraisal

All Consultant Nurses are required to receive supervision and continue with their professional development in addition to delivering support and supervision for junior nurses and other staff. Invariably the Consultant Nurse may be taking supervision from various people depending on their areas of work, for example there may be supervision relating to their clinical work, separate to that for their strategic leadership role, separate to that for their research and education role. Managing a matrix of supervisors ensuring that the support received continues to be of relevance to the responsibilities and priorities for the post holder is key. Some supervision might need to be sourced from outside of their employing organisation and for independent Consultant Nurses will need to be sourced appropriately.

Appraisals will likely be needed from at least a tri-partite arrangement, to reflect the elements of the Consultant Nurse role and professional standing. Many appraisal systems are structured around organisational values and objectives; however regardless of any standardised appraisal structure there will be a need to ensure the appraisal discussion specific covers the four pillars of consultant level practice, to ensure that all pillars are being met, and to evidence that there is both a consolidation of existing skills as well as the acquisition of new skills across these.

Continuing Professional Development

The Consultant Nurse role mandates that the individual should have an extensive portfolio of learning, experience and formal education, up to or beyond masters degree level; including research experience and an ongoing record of scholarship and publication. The Masters degree must be in a clinically relevant topic/field.

The UK Nursing and Midwifery Council states that all nurses should undertake a minimum of 35 hours of CPD over the 3-year registration/validation period. In reality, Consultant Nurse practice will demand significantly more as a result of the nature of the role and functions.

Support

The necessary support for Consultant Nurse positions comes in various forms through sponsorship from senior managers and the executive nurse; co-producing support from peers who are service managers and operational leaders as well as support from their nursing and broader multi-disciplinary colleagues who will implement the changes being driven through and succeed them in years to come.

The work of Consultant Nurses is often in challenging the status quo and setting the expectations for quality higher than the current position, as such they may attract dissenting views and barriers to progress. Consultant Nurses act as critical friends

to those in operational and other clinical roles in providing challenge to ensure service delivers progressing to and continued to deliver best practice. Thus organisational and cultural support is essential to making change happen.

Practical support is also required. Quite often such posts are developed without any consideration to the administrative and environmental aspects. It is recognised for Consultant Medical posts that a private office space and a secretary are critical to success. Consultant Nurses are no different. They will need confidential space to provide supervision, have meetings, complete confidential conversations and work on complex documents and reports. They will require administrative support for their clinical work in ensuring scheduling of appointments, completion and delivery of letters and reports and in managing other aspects of their clinical commitments. They will also require administrative support for their strategic leadership work which may be more akin to project support.

Recruitment and Recruitment Support

The National Mental Health and Learning Disability Nurse Directors Forum² holds a number of job descriptions and person specifications for consultant nurse posts within their member's area.

It's often helpful to have views from existing consultant nurses when developing job roles and recruiting to them. Please contact any of the UK Consultant Nurse Network members for support.

On reviewing current roles from a variety of NHS Trusts who use Agenda for Change it would seem that the consensus on Agenda for Change banding is

- Band 8a for trainee consultant nurses
- Band 8b for consultant nurses
- Band 8c and above for consultant nurses at a higher level who also have Approved Clinician **or** other similarly significant extended roles

This would suggest the minimum banding for a post and does not detract from organisations banding at higher levels, particularly where a consultant nurse has other senior responsibilities.

Organisations who do not use agenda for change pay scales may wish to use these pay scales as a guide for salaries.

² <https://mhforum.org.uk/>

Section 2: Job Planning

Consultant Nurses need to be flexible and responsive. Using a job plan helps to identify the unintended consequences of that flexibility. The Consultant Nurse can use it to plan how they allocate their time and reflect on the reality adjusting each month and quarter year to ensure they incorporate all priorities of their role into their work.

The Consultant Nurse's review of their job plan will lead to discussions with their supervisors and their line manager at least twice yearly and more often where demand outstrips capacity.

Protected time is not always valued by others, expectations can be different depending on the individual's perspective and priorities, but it is essential for Consultant Nurses as nurse leaders to be able to have thinking and planning space to drive and support service transformation and change in a clinically informed and evidence-based manner.

Guiding Principles for job plans

It is good practice for Consultant Nurses to have a job plan. This should be discussed with another Consultant Nurse then agreed with their line manager and Director of Nursing.

For independent self-employed practitioners where there is no manager or responsible nurse leader, the job plan will help with planning and capacity and focus on personal and professional development. This should be discussed with at least one other Consultant Nurse as part of the supervision and support arrangements they have in place.

The job plan will include the work undertaken by the Consultant Nurse. This should relate to the four functions/pillars of practice:

- **Expert clinical practice** - Clinical work is defined as any professional activity that can be linked to a named individual with needs attracting services or support. It may be through direct individual or group contact or more indirectly through contact with the person's support network or others involved in providing a service to them. The minimum overall time allocation to this function would be 50%
- **Professional Leadership and consultancy** – this includes consultation, mentorship, coaching, role modelling, advising, prioritising and decision making. Strategic development, change management, networking, influencing and negotiating.
- **Education and Development** – this includes not just education of the Consultant Nurse, but also sharing good practice through publication, presentation and education, training, teaching and development of others. It may include supporting nurses through specific development plans as a result of capability concerns or as part of career development. It might also include curriculum and course development, academic mentorship and marking.

- **Practice and Service Development Linked to Research and Evaluation** – this includes a range of activity that supports and leads to service improvement. It includes, but is not limited to specific service development, audit, service evaluation, service analysis, service redesign. Research is often an area that is neglected in Consultant Nurse job plans, this can include commissioning research; leading governance for research, as well as acting as local investigator for larger scale studies not just leading and undertaking primary research.

The expert clinical practice function requires a minimum of 50% of the job plan; but should not exceed 60% in order to give sufficient time and priority to the other three pillars of practice and ensuring all aspects of the Consultant Nurse role are achieved.

Expert Clinical Practice

The nature of Consultant Nurse clinical practice is varied, often determined by local issues, the breadth of their job description, and other factors. Some Consultant Nurses have extended their clinical roles to include MHA Approved Clinician, Independent Nurse Prescribing and psychological therapy roles.

The overarching principle is that the Consultant Nurse's clinical practice includes all work that is related to a named person in receipt of health services. Clinical practice can be directly with the person, or indirect, where it is directed towards their advocate, family member, carer or broader multidisciplinary team.

Examples:

- Direct clinical work with individuals and their families, carers and advocates such as assessment and interventions, community based prescribing clinics, therapeutic appointments.
- Direct work alongside colleagues, to develop clinical competence, knowledge and skills and acting as a role model.
- Approved Clinician and Responsible Clinician activity.
- Nurse prescribing clinics e.g. for a specific condition; due to gap in psychiatry availability or to de-prescribe and rationalise medication.
- Case consultation which supports colleagues with complex clinical situations and decision making, advising, supervising, analysing data, evaluating care and intervention approaches.
- Therapeutic or health promotion groups with people who are in receipt of services.
- Clinical supervision of themselves and others in relation to allocated cases and other clinical work.
- Clinical Administration including completing electronic health records, report writing, and clinical letters.
- Clinical Service Pilots around a proposed area of clinical service change for direct or indirect clinical work and measuring impact and effectiveness to establish whether it should become 'business as usual'.
- Providing expert practice input to investigations / adverse event reviews.
- Regular meetings for patient/client engagement and co-production.

Professional Leadership and Consultancy

This covers a broad range of activities linked to the development of the nursing workforce as a whole and the advocacy for the field of nursing at service, organisational, regional and national levels.

Examples:

- Meetings with Commissioners regarding areas of clinical practice (such as inpatient tracking and discharge co-ordination) areas of service quality and performance and service development; areas where new services require development.
- Clinical pathway meetings for pathway development, implementation, evaluation, and monitoring.
- Professional leadership meetings such as professional nurse forum, Consultant Nurse networks, specific/specialist clinical networks; cutting across both inpatient and community services.
- Leadership and Governance responsibilities.
- Facilitation of multi-agency/multi professional networks enabling problem solving and decision making.
- Working closely with national professional advisor.
- Undertaking activity to attract people into the profession, retain them within the profession and celebrate their achievements.
- National nursing days and awareness weeks activity.

Education and Training

Consultant Nurses should have a role in the education, training and development of nurses and other colleagues. This would include acting as clinical supervisors, coaches, mentors and role models to support nurses to achieve their potential and where appropriate support experienced colleagues develop advanced practice competencies.

This function also covers the Consultant Nurse's self-development including self-directed learning, short course and conference activity, specific skill development, academic activity, publication and other such learning opportunities.

See notes below on joint appointments and honorary contracts.

Examples:

- Clinical facilitator/supervisor for advanced clinical practice (ACP) trainees.
- Nurse prescribing support/supervision groups.
- Links with higher education/universities re student support and placement allocation.
- Course and curriculum development.
- Specific teaching.

Practice and Service Development Linked to Research and Evaluation

This section includes activity internally for clinical audit, clinical service evaluation and the development of services based on the findings and analysis. It also includes working with external partners in relation to primary research and other service

evaluation activity using their knowledge experience and skills to influence policy development and service/quality improvement.

See notes below on Joint appointments and honorary contracts.

Examples:

- Regional and Operational Delivery Network research and service development.
- Consultant Nurse Networks (Learning Disability, Mental Health and Autism).
- Identify and develop/ lead on coproduction and collaborative research themes that support key research themes to evidence-based practice.
- Development and implementation of new frameworks and models e.g The Health Equalities Framework (HEF); The Moulster and Griffiths Nursing model; The Dynamic Support Risk Stratification Tool for Physical Health.
- Support publication of clinical activities/ audits/ research to evidence best practice and build the evidence base.

The Value and Role of Job Plans

Job planning is closely linked to appraisal and objective setting which may also include a review of the impact of the role and post holder.

The purpose of job planning in services is to ensure enough clinical capacity to meet the expected demand on the nurse and of the clinical service, seven days a week, 52 weeks per year, while balancing the development needs of people and organisations. Job plans afford the opportunity for Consultant Nurses to describe the activities they are delivering that may not be patient-facing but that add value for patients, clients and those who access our services. They can also support role clarity.

Job planning enables the effective and efficient use of resources in a way that brings mutual benefits to organisations, patients and clinical staff in planning and delivering high quality care. At its heart is a drive to provide patient-centred care that meets local populations' needs and improves outcomes. Job planning enables individuals and organisations to show how they are meeting this requirement.

A job plan is documented evidence of how a person will fulfil their duties across the four pillars of practice within a working week.

A full time Consultant Nurse in the NHS will work 37.5 hours per week under the NHS Agenda for Change terms and conditions. For people working part-time, this would apply on a pro rata basis. Many work in excess of these hours due to the demands, however the job plan should be a means of identifying where demand outstrips capacity and therefore how the expectations of the Consultant Nurse many need to change.

For independent Consultant Nurses, their work and contracts will vary, however, the job plan is still an important tool for providing a documented evidence-based format for practice under the four pillars.

Overall, the job plan empowers clinicians to shape services. It brings about improved morale and reduced stress levels and can aid staff recruitment and retention. Ultimately it can improve patient safety and quality of care.

Working out a job plan

Start with a structure that reflects the working arrangements, whether that be Monday to Friday 9-5; a rota pattern, compressed hours arrangements or alternate structure. Most job plans have a timetable like diagram with some additional notes.

Then, most importantly articulate the expert clinical practice time and function.

Following that it is helpful to agree a ratio of working across the remaining three pillars of practice aligned to current priorities and goals. This can be flexible to current demands, however over the year this should balance out to ensure the Consultant Nurse is working across all four pillars of practice and achieving what is expected.

When preparing or reviewing a job plan it may be helpful if the Consultant Nurse has a record of their current activity and workload, for example this may be through a specific document, or a colour coded electronic calendar.

The job plan should be developed with reference to the job description, the person specification and informed by recent appraisals and personal development plan.

Independent Consultant Nurses will often be responding to specific contracts for work, as such the job planning process will be based on reference to the job required and its parameters.

Joint Appointments and Honorary Contracts

Where Consultant Nurses have a joint academic position or honorary contracts for the delivery of academic activity the amount of time spent on this aspect may be dictated by the contractual arrangements and commitments.

In any event each part of the joint appointment should consider the areas outlined in this guidance in the design of the overall job plan and the specific assigned responsibilities for each aspect of the contract.

Example job plans

There are a range of job plan layouts in the appendix which reflect standard 9-5 working and compressed hours working.

Sustainability and Career pathways

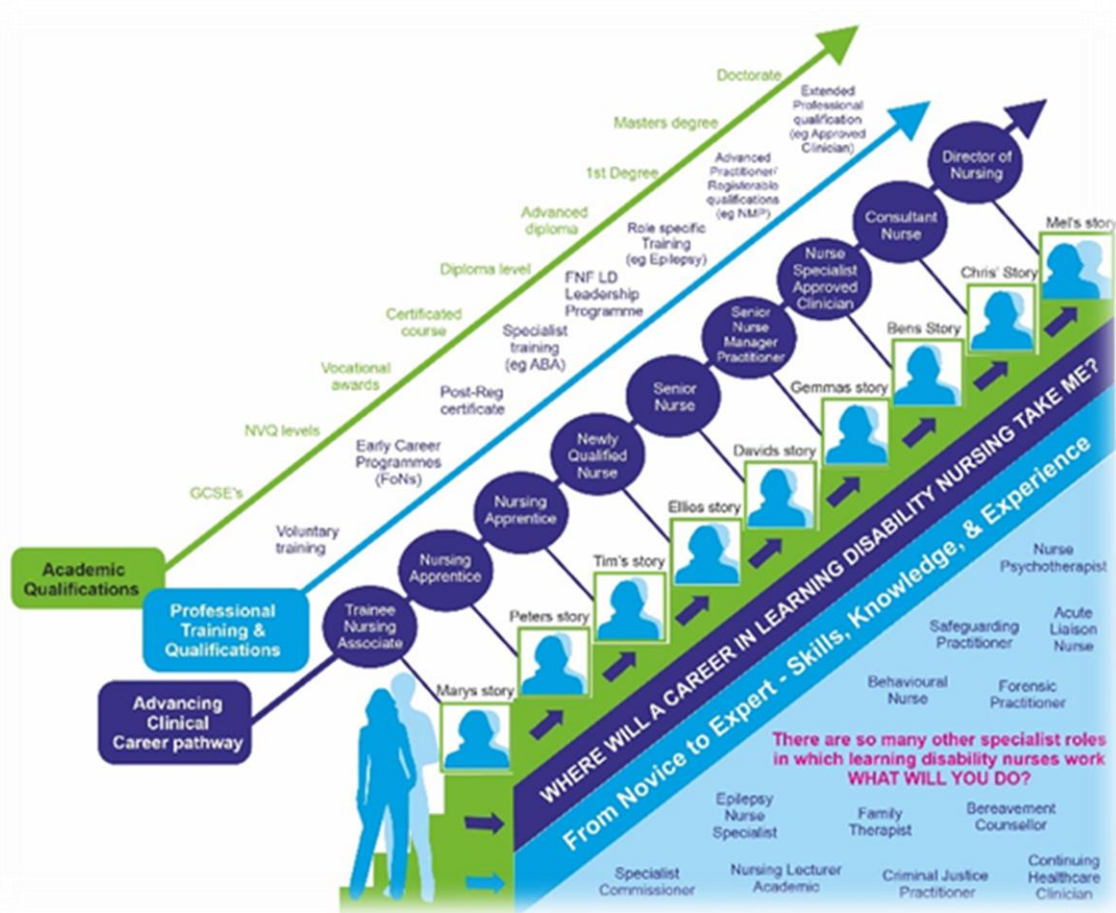
The Consultant Nurse has an essential role in sustaining the four functions/pillars of practice, building, developing and sustaining the profession.

Consultant Nursing is the pinnacle of the clinical nursing career with full time progression beyond that into Director of Nursing and equivalents meaning a move away from direct clinical practice, the cornerstone of Consultant Nurse roles.

Invariably the Consultant Nurse will therefore continue their development moving into new ways of working, new and extended roles for nursing and testing out new service developments in order to ensure that the expectations, governance and systems being put in place assure public trust and confidence and are capable of being provided by the nursing profession.

As such even within Consultant Nursing there are differing levels of practice, from those new to Consultant Nursing through to those who have been in Consultant Nursing practice for some time and have developed a more advanced approach to the role.

It is important that the Consultant Nurse articulates the nursing career pathway, coupled with the knowledge and skills escalator and ensures it is reflective within the services and organisations where they have influence (see diagram below for an example from Learning Disability Nursing).



Consultant Nurses inspire those who are not yet within the profession of nursing, provide those who have chosen nursing as a career with a goal to aim for, and develop other nurses through a range of activities.

Consultant Nurses ensure ongoing commitment by all to a clinical career pathway, they forge new ground and develop advanced practitioners through motivation and role modelling.

It's important that Consultant Nurses are engaged in the process of developing future Consultant Nurses by acting as critical companions. Consultant Nurses need to demonstrate through increased research and service evaluation the quality and financial value they bring.

Examples:

- Offering a consultation model which offers alternative professional perspective in keeping with new ways of working.
- Increasing the evidence base for all types of nursing, and the impact nursing roles have on patient care.
- Attendance at Nursing Conferences showcasing the work that we do.
- Working in partnership with broader agencies and partners such as schools and further education to highlight the interesting and varied role of a Registered Nurse.

References

Department of Health (1999) *Making a Difference: strengthening the nursing, midwifery and health visiting contribution to health and healthcare* available at URL [\[ARCHIVED CONTENT\] Making a Difference: strengthening the nursing, midwifery and health visiting contribution to health and healthcare : Department of Health - Publications \(nationalarchives.gov.uk\)](#)

Department of Health Northern Ireland (2018) *Professional Guidance for Consultant Roles Supporting Consultant Nurses & Consultant Midwives in Health and Social Care* HSC, NIPEC available at URL [Professional Guidance for Consultant Nurses and Consultant Midwives | Department of Health \(health-ni.gov.uk\)](#)

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

Guest, D. E.; Peccei, R.; Rosenthal, P. et al (2004) *An Evaluation of the Impact of Nurse, Midwife and Health Visitor Consultants* Kings College London

Guest, D. E.; Peccei, R.; Rosenthal, P. et al (2001) *A Preliminary Evaluation of the Establishment of Nurse, Midwife and Health Visitor Consultants* Kings College London

Health Education England (2020) *Multi-professional consultant-level practice capability and impact framework* available at URL [Report template \(hee.nhs.uk\)](#)

Manley & Crouch (2021) *Multi-Professional Consultant-Level Practice Capability and Impact Framework* Health Education England available at <https://advanced-practice.hee.nhs.uk/consultant/>

NHS Executive (1999) *HSC 1999/217 Nurse, midwife and health visitor consultants: Establishing posts and making appointments*

NHS England and NHS Improvement (2019). *Job planning the clinical workforce – allied health professionals: A best practice guide* available at [aps-job-planning-best-practice-guide-2019.pdf \(england.nhs.uk\)](#)

Royal College of Nursing (2018) *Advanced Level Nursing Practice* available at [PDF-006894.pdf](#)

The British Psychological Society & Division of Clinical Psychology (2012). *Guidelines on Activity for Clinical Psychologists Relevant factors and the function and utility of job plans* available at [Guidelines on Activity for Clinical Psychologists - Relevant factors and the function and utility of job plans | BPS - British Psychological Society](#)

Appendix One: Example Job Plans

Simple Monday- Friday 9-5 job plan

| Day | Morning | afternoon |
|-----------|-------------------------|-------------------------|
| Monday | Clinical work | Clinical work |
| Tuesday | Professional leadership | Research and Evaluation |
| Wednesday | Clinical work | Clinical work |
| Thursday | Education and training | Education and training |
| Friday | Professional leadership | Clinical work |

Simple half time contract with compressed week

| | |
|-----------------------------|--|
| Monday 9.25 hours | Strategic Leadership Professional Leadership; Education and Training; Research and Evaluation SLT meetings; ODN; new service developments; MHA Governance; HEI links; UKLDCNN; regional RNLD Forum; line management supervision; |
| Tuesday 9.5 hours | Clinical Work Responsible Clinician caseload; other caseload including prescribing; case consultations; clinical supervision (own and of others) |

Full time condensed working week (4 long days on a 4 week rota) with additional notes

| Week 1 | Monday - WFH | Tuesday - Preston | Wednesday | Thursday - Preston | Friday | JD Summary | TO DO: | |
|---|--------------------------------------|----------------------------------|---------------------------|---------------------|---------------------------|--|--|--|
| 8.30 - 11.30 (3 hours) | SLT | Approved Clinician Clinical Work | CYP Leadership Meeting | IST - Clinical Work | Non Working Day | <p>Consultant Nurse will be responsible for leading and developing a person-centred, evidence based practice and for setting, maintaining and developing professional standards for nurses within</p> <p>* Responsible Clinician for a defined group of service users.</p> <p>* develop educational and research programmes to support clinical practice in-patient and IST LDS</p> <p>* develop trust wide clinical initiatives</p> <p>* ensuring high standards of Nursing and Professional Practice within in-patient and IST LDS</p> <p>* Promote research</p> | Projects | |
| 11.30-2.30 (3 hours) | Governance Meeting | | TACP Supervisions | | | | Physical health & Antipsychotic monitoring (T&F) | |
| 2.30-6.30 (4 hours) | Mandatory Training | | Case Consultation | | | | IST Clinical Supervisions | clinic time |
| | | | | | | | Nurse Waits | |
| Week 2 | Monday - WFH | Tuesday - Preston | Wednesday | Thursday - Preston | Friday | | Nurse CPD - links with university | |
| 8.30 - 11.30 (3 hours) | Care Planning | STOMP Clinic | MSc Study Day | IST Clinical Work | Non Working Day | | | |
| 11.30-2.30 (3 hours) | CQC | | | | | | | |
| 2.30-6.30 (4 hours) | Pathways | | | | | | | |
| Week 3 | Monday - WFH | Tuesday - Preston | Wednesday | Thursday - Preston | Friday | LDS & Network Meetings | LDS Leadership Meetings | System & Trustwide Leadership |
| 8.30 - 11.30 (3 hours) | SLT | Approved Clinician Clinical Work | LDS Care Group Governance | IST - Clinical Work | Non Working Day | LDS Care Group Governance Meeting | PA catch up - 1 hour x 2 per month | Health Inequalities |
| 11.30-2.30 (3 hours) | AD ops Catch up & CN Strategy Huddle | | NMP Supervision | | | C&P meeting | Consultant Nurse Meeting - 1 hour x 2 per month | * STOMP |
| 2.30-6.30 (4 hours) | NMP Trust Px Group | | Vaccinations | | | LDS CYP Leadership Meeting - 2 hours per month | SLT - 2 hours x 2 month | * LeDeR |
| | | | | | | AD Ops Catch up 1 hour per month | | *Vaccinations |
| | | | | | | | | Key Worker Function |
| Week 4 | Monday - WFH | Tuesday - Preston | Wednesday | Thursday - Preston | Friday - | Supervision | | Professional Nurse Network 2 hours quarterly |
| 8.30 - 11.30 (3 hours) | Supervision/Networking | STOMP CLINIC | MSc Study Day | IST - Clinical Work | Non Working Day | * B7 IST Nurses x 2 - 8 hours per month | | Mortality Review |
| 11.30-2.30 (3 hours) | LeDeR | | | | | | | |
| 2.30-6.30 (4 hours) | Education/University | | | | | My Clinical Supervision | * TACP x 2 - 3 hours per month | |
| | | | | | | * Strategic Lead Keyworker - 3 hours per month | | |
| | | | | | | * NMP Course Supervision - 1.5 hours per month | | |
| | | | | | | My supervision - prescribing and AC - 2 hours per month | | |
| KEY (10% = 1 session based on a 10 session week) | | | | | | | | |
| clinical | Leadership | Education | research | | | | | |
| 28 | 12 | 7 | 1 | | | | | |
| 58% | 25% | 15% | 2% | | | | | |
| Not included in the above | | | | sessions per week | sessions per 4 week/month | | | |
| Meetings – other service / Trust meetings | | | | 12 | 48 | | | |
| UKLDCNN – 4-6 days per year for meetings (work added into professional leadership role) | | | | | | | | |

Appendix Two: Examples of career journeys

CAREER PROFILE

Christine Hutchinson

Career

1986 RN training commenced
1989 Staff Nurse Inpatients Whalley
1989 Senior Staff Nurse Community (IST) Wigan
1990 Sister Community (IST) Wigan
1991 Sister Community (Intensive Support) Preston
1999 Lecturer Practitioner
2001 Service Leader Community Children's
2002 Consultant Nurse
2013 Consultant Nurse Approved Clinician
(community and inpatients)
2014 Consultant Nurse Approved Clinician &
Associate Medical Director
2016 Consultant Nurse Approved Clinician
(community and inpatients)
2020 Consultant Nurse Approved Clinician
(Community)

Concurrent roles

Youth and Community Worker; Regional Tutor
University of Birmingham; UKCC/NMC Practitioner
Panel (FtP); LREC Nurse member; Professional Advisor
PHS Ombudsman; Professional Advisor HCC; Clinical
Advisor NHSE/I; Honorary Research Fellow Lancaster
University; Royal College of Nursing; ICETR Chair
DHSC



RN Learning Disability
Queens Nurse
DHSC MHA Approved Clinician
V300 Nurse Prescribing
DoLS Best Interests Assessor
DipHE Community Specialist Practice (CLDN)
NMC Practice Teacher Mapped
BSc (Hons) Education & Training
MA Medical Law & Ethics
MSc Autism
Adv Cert Cognitive Behavioural Interventions
IABA Applied Behavioural Analysis (Longitudinal)
Prof Dip Epilepsy Care
PGCert Autism
CUBS Certificate - Expert Witness
UK Accredited Interpersonal Mediation L4
Coronial Law Course

Current role

2021 Consultant Nurse Approved Clinician
(Community)
Associate Director of Nursing
Clinical Lead
Learning Disability Services and Autism Services

Concurrent roles

Independent Consultant Nurse Approved
Clinician
NW MPAC Lead NHSE WT&ED
Director ReAlign Futures CIC
Associate Lecturer Northumbria University
Clinical Associate Niche H&SC Consulting
RCPsych QLD Nurse Representative
Clinical Advisor CQC & HIW
Clinical Advisor NHSE
Expert Witness
Honorary Lecturer University of Cumbria
Founding Member UKLDCNN
Secretary & Finance Officer UKLDCNN
Co Chair NWLDNN
Scout Leader
Scout Group Treasurer & Trustee

Areas of special interest

Learning Disability; Autism; co-existing mental illness; behavioural distress; forensic risk;
rehabilitation; public health; health inequality; law and ethics

CAREER PROFILE - *Jessica Lister*

Career

1995- Carer- LD Residential Home
1997- Carer- -Respite at Home
1999- Commenced Dip. HE RNLD
2002- Staff Nurse LD Acute
Admissions Medium Secure
2003- Senior Staff Nurse – Medium
Secure LD Rehab
2006- Community LD Nurse
2011- Team Lead/ Specialist
Community Nurse
2015- Complex Health Respite Manager
2018- Modern Matron/ Governance Lead
2019- Service Manager LD & CAMHs IP
2020- Consultant Nurse- LD

Nursing Times Awards- Finalist
2021 & 2022



Qualifications

GNVQ Advanced Health & Social Care
Dip. HE RNLD
Post Grad Diploma Health Studies
CNO Post Registration RNLD Awards
FONs Resilience Based Clinical
Supervision
MBA Senior Leadership Chartered
Management Institute

Current role

Consultant Nurse – Learning Disability
Sep 2020- present

Concurrent roles

UK Learning Disabilities Consultant Nurse
Network – Chair.
Royal College Psychiatry -Quality Network
Learning Disabilities- Advisory Group Clinician
& Accreditation Panel Member
CNO LD Shared Decision Making Council-
Clinical Member
CNO Next Gen Project - Ambassador
FoNs - Fellowship Mentor
Author
Research Co applicant

Areas of special interest

Reasonable Adjustments, person centred care, co-production, health equity, digital health, PBS, evidenced based practice, therapeutic environments, workforce training & support, research, #ChooseLDNursing

CAREER PROFILE

Teresa-Marie Lean

Career

2005 Hospice complimentary therapy co-ordinator
2009 RMN training
2012 Deputy Ward manager Forensic Acute
2013 Senior MH Practitioner HMP Preston
2014 Clinical Services Manager Older Adults
2015 Senior Practitioner Older Adults (Community)
2017 Advanced Clinical Practitioner & NMP Medical
Rehabilitation for older Adults (inpatients)
2020 Advanced Clinical Practitioner & NMP Frailty
(community)

Concurrent roles

Volunteer Motor Neurone Disease Associate visitor;
Special Constable; Volunteer Clinical hypnotherapist
Christie Hospital; Expert Witness; Dementia Tier 2
Trainer



Qualifications

MSc Advanced Practice
Non-Medical Prescribing
Flow Coach Academy Graduate
PG Dip Mental Health Nursing
PG Cert Personality Disorder
Dementia Care Mapper
Leading an Empowered Environment (LEO)
PG Diploma in Hypnotherapy in Health & Holistic
Care
City & Guilds 7302 Teaching Certificate
BSc (Hons) Psychology

Current Studies: PhD student

Current role

2021 Consultant Nurse & Associate
director of Nursing Older Adults

Concurrent roles

Chair of the staff disability & long term
conditions network
HRA Ethics Committee member
CNO Policy Strategy Group member
Flow Coach Academy BIG Room coach
Recruitment & development of Advanced
Practitioners within the Trust
CoChair UK Mental Health Consultant Nurse
Network
Member National Advanced practice
Implementation Group
Expert Witness
Book Chapter writer for the University of Central
Lancashire
Conference Speaker – national & international
Compassionate Communities member



Areas of special interest

Care of Older Adults, Dementia Care, Physical Health, Palliative & End-of –life Care.
Quality Improvement Initiatives and Research.



CAREER PROFILE

Kerry Anderson QN

Career

Registered Learning Disability Nurse qualifying in 1993

On qualifying I supported young children living in their homes before being employed in a long stay learning disability hospital until its closure early 2000's. During which time I had the following roles of Staff Nurse, Senior Staff Nurse and Night Charge Nurse. A smaller learning disability inpatient service was developed and I predominately worked in the acute assessment unit supporting individuals who may require hospital admission due to deterioration in their mental health. I held the positions of both Deputy and Senior Charge Nurse.

In 2015 I was promoted to Clinical Nurse Manager with responsibilities to provide clinical and professional nursing support to both inpatient and community nursing teams within our local learning disability service. During this time I was fortunate to complete our local NHS Aspiring Future Leaders programme.

I have been a Registered Learning Disability Nurse for 30 years



Master in Public Health (Stirling University)
Leadership in Health Module (Robert Gordon University)

ILM Level 5 Certificate in Coaching and Mentoring (ILM / City and Guilds)

SVQ Management Level 4 Award

1st Level Registered Learning Disability Nurse (RNLD)

Awarded Queens Nurse Title (Queen's Nursing Institute Scotland) in November 2021

Current Study

Currently working on shared initiative called Think COULD to raise awareness of the need for improved support for individuals with learning disabilities within the justice system.

Current role

Nurse Consultant 2018 - present
Queens Nurse

Professional leadership responsibility for learning disability nursing staff. Support leadership through the delivery of interventions that are evidence based and in line with professional standards

Under the four pillars of practice, responsibilities for best practice, research and policy development within the field of learning disabilities, including implementation of local and national policy drivers.

Providing highly specialist learning disability knowledge at both Local and National Levels
Working in partnership to address the public health needs of people with learning disabilities by empowering individuals and organisations through addressing health inequalities and reasonable adjustments requirements. To take forward Pathway to Excellence and NMAHP Professional Practice Model.

Concurrent roles

Associate Lecturer for Robert Gordon University
Co-Chair of the Scottish Learning Disability Lead Nurse Group

Areas of special interest

Annual Health Checks and, the right to health in Scotland. Palliative and End of Life Care. Acute Care. Menopause and, clinical pathways that support evidence based practice and outcome measures. Professional leadership for learning disability nurses, including the development of career pathways which highlight the unique contribution learning disability nurses make.

CAREER PROFILE

Dr Ann Cox

Career

1997 RN training commenced
2000 Band 5 nurse adult inpatient/ substance misuse
2001 Nurse HM Prison service
2002 Senior Nurse HM Prison Service
2004 Deputy Ward Manager Child and adolescent (CYP) inpatient
2007 Clinical Nurse Specialist CAMHS (community)
2010 Clinical Lead CAMHS LD (community)
2012 CBT lead CAMHS (community)
2013 Clinical Nurse Manager CAMHS (community)
2017 CAMHS Area Service Manager (community)
2017 Consultant Nurse CAMHS (Community and inpatient)
2021 Consultant Nurse & Clinical academic. Crisis and Intensive Support- CAMHS community (Nurse led service)
2023 Trainee Approved Clinician/ Responsible Clinician

Concurrent roles

Associate academic, special constable, Specialist evidenced based supervisor, CAFSIG (BABCP) committee member, private trainer, supervisor and therapist. Co-Chair of the CYP MH sub group for the Tavistock review. Author of publications and a book. Editorial board member of the MH Nurse website



RN. Dip. HE
PG Dip CBT (CYP)
AIMS Assessment
V300- Independent prescribing
Healthcare finance
PG Cert. Supervision of the evidence base
Dr of Health and Social care (MH Nursing)
EMDR child therapist training
Agent for change

Current: Trainee Approved Clinician/ Responsible Clinician

Current role

Consultant Nurse & Clinical academic
Crisis and Intensive Support Team
Trainee Approved Clinician/ Responsible Clinician
Research lead for the MH function

Concurrent roles

Co- chair of MH Consultant Nurse Network
Chair of CAMHS Consultant Nurse Network
Member of the demand signalling oversight group for MH nursing
Co-Chair of CAFSIG (BABCP)
PLACE member
Honorary senior lecturer Keele University
Prescribing for MH administration team
Associate editor the Journal of Child Healthcare
Peer reviewer for several journals
Founder and director of CAMHS Network
Director AMC therapy services
Conference speaker National and International
Member of the ISupportRights collaboration
Conference speaker
Author



Areas of special interest

Children's rights, involving children in their own care, anxiety disorder presentations in children, childhood trauma, child development, legal and ethical issues children's healthcare.



CAREER PROFILE

Sarah Jackson Consultant Nurse (Autism), Associate Director of Nursing and Autism Clinical Pathway Lead

Career to date

I began working within the NHS in 1999 as a Support Worker, in a large learning disability hospital setting.

Since then I've progressed through a variety of clinical, operational and programme management roles.

I've also continued to develop myself academically. Between 2014 and 2021 I worked within NHS England's national learning disability and autism programme, working within the 'Improving Lives' and 'Best Care Now' Teams, co-leading programmes such as 'Ask, Listen, Do', 'STOMP-STAMP', and 'Care, (Education) and Treatment Reviews', and latterly as the Senior Programme Manager within the National Autism Team.



Qualifications

RN Learning Disabilities 2004
BSc (Hons) Prof LD Studies 2009
MSc Advanced Clinical Practice 2011
NMP V300 2012
PG Cert MH Law 2023

Current studies

Approved Clinician training part-time at Northumbria University.

Current role

Currently my role is Consultant Nurse for Autism, Associate Director of Nursing and Autism Clinical Pathway Lead within my Trust.

This is a really exciting role, which entails clinically leading the development of our Specialist Autism Services and autism pathways across the Trust.

I am also developing a Portfolio to demonstrate Approved Clinician competencies, and hope to complete this course in 2024.

As an extension of my role, I sit as a member of the RCN Learning Disability Forum Steering Group, and I am a co-chair of the UK Autism Consultant Nurse Network.

We are
LSCft

Areas of special interest

Autism and learning disability practice. Reducing health inequalities for people with a learning disability and autistic people. Sensory issues.

NHS
Lancashire &
South Cumbria
NHS Foundation Trust

CAREER PROFILE

Dr Neil James

Career

1984-1996 Royal Air Force
1997-2000 Student learning disability nurse
2000-2004 Staff Nurse
2004-2016 Senior Lecturer
2016-2022 Associate Professor
2022-2023 Professor of Multi Discipline Higher Education

2023-current Consultant Nurse

Concurrent roles

Community Learning Disability Nurse
Course Director Learning Disability Nursing
Director of Practice Education
Associate Dean Learning Teaching and Quality
Associate Pro Vice Chancellor Education and Curriculum
Chair of University Health and Social Care
Partnership Learning Disability Research Group
Appointed Governor for a Council of Governors
External Examiner
PhD Supervisor



BSc(Hons)
Post Graduate Certificate in Education
Doctor of Philosophy

Current role

Consultant Nurse Learning Disability

Concurrent roles

Editorial Board Member for 3 learning disability journals
Visiting Professor University of South Wales
Honorary Professorial Fellow University of East Anglia
Associate Professor Swansea University
Membership of:
UK Consultant Nurse Learning Disability Network
UK Autism Consultant Nurse Network
All Wales Consultant Nurse Network
All Wales Community of Practice Challenging Behaviour
All Wales Community of Practice Children and Young People with a Learning Disability
Learning Disability Senate

Areas of special interest

Family carers, challenging behaviour, mental health, forensics, autism, service development, staff support, research

CAREER PROFILE
Jan McAdam

Career

1995 Nursing Assistant - AMH
1998 RN training commenced
2001 Staff Nurse secure inpatient services (SIS),
2003 Ward sister in SIS. Trained in Behavioural Family therapy (BFT) and delivered in practice
2005- Ward sister on a PICU AMH. Co-development with local university whole team PSI training, and subsequent supervision
2007 Specialist Nurse practitioner AMH, across four wards and PICU. Development of virtual family interventions service and set up a hearing voices group. Delivered CBT and BFT
2011 Advanced Practitioner –SIS worked with service users, staff and carers promoting service initiatives to meet the quality standards set out by NHS England.
2014 Consultant Nurse – SIS. Trainer in BFT and facilitated training and supervision of a core number of staff within the service with the aim of driving forward interventions cited in NICE guidance for psychosis. Gained approved clinician (AC) approval in 2017
2018 Consultant Nurse/ Approved Clinician AMH across two wards
2023 Consultant Nurse/ Approved Clinician SIS



Advanced Diploma in Nursing. University Teesside 1998-2001
BA in Psychological Therapies. University Teesside 2005-2007
MSC in CBT for psychosis and complex needs. University of Sunderland-2011
Non-Medical Prescribing. York University 2013
Post Graduate Professional Practice in Law Award (Mental Health Law). University of Northumbria-2014
Relevant clinical courses:
Behavioural Family Therapy (BFT) training. Meriden 2005
Courtroom skills training (2014, Bond Solon)
Behavioural Approaches to working with the whole family BFT /Train the trainer in BFT (2014, Meriden)
A programme to facilitate Resilience Based supervision (2021, Foundation of Nursing Studies)
Suicide awareness Train the trainer (2021, Connecting with people)
Mental Health Consultant Nurse Leadership programme (2022, NHSE)

Current role

I am currently working as a Consultant Nurse and am the Responsible Clinician for two secure inpatient wards. In essence I am the AC with overall responsibility for the care and treatment of the patients on those wards. This broadly consist of assessments of referrals and new admissions, ongoing reviews to consider treatment, and risk formulation along with mitigation strategies. In conjunction, assessment of capacity to consent to care and treatment and consideration of medical treatment which is involves deliberation of biopsychosocial aspects of care provision. The role requires promotion of collective leadership within the team and wider agencies.

Other pillars of the role that I am routinely engaged in include the delivery of training and facilitation of clinical supervision. In addition, offering support and mentoring for Multi professional ACs in training within the trust. Facilitation of Resilience Based Clinical Supervision to groups of nurses and evaluation of this with Foundation of Nursing Studies. Evaluation of the Consultant Nurse AC role.

Concurrent roles

Co- chair of MH Consultant Nurse Network
Vice Chair of North East Approvals panel (NEAP)

Areas of specialist Interest

I am passionate that nurses facilitate and receive meaningful clinical supervision. I undertook Resilience Based Clinical Supervision (Foundation of Nursing Studies) training a couple of years ago. I found the training extremely helpful in understanding emotional systems and the impact, when activated, can have on day-to-day experiences. Equally how if left unchecked can potentially influence perpetuating unhelpful thinking and behaviour. This training has made me rethink and remould my supervisory style. It gave me a better understanding of the importance of the restorative attribute of clinical supervision leading to a greater self-awareness and ability to develop my own resilience.

CAREER PROFILE

Jacquie Shenton

Career

February 2001 - 2003 – first post as an RNLD in an Assessment and Treatment unit

2003 -2005 – Ward manager in a rehabilitation ward for adults with Learning Disability

2005 – 2008 – Deputy Matron in adult respite service and complex care home for adults with a learning disability

2009- 2014 – Team manager of complex rehabilitation service for adults with learning disability

October 2015 – Team Manager to set up an Intensive Support Team

December 2015 – Modern Matron and Quality and Governance Lead for the Learning Disability All age service inpatient and community.

2018 – Appointed as Consultant nurse and Clinical lead for the learning Disability Service

2020- Moved trusts to become Consultant Nurse in a Learning Disability service and Associate Director of Nursing

Concurrent roles

Independent Prescriber (NMP)

Honorary lecture roles at Staffordshire University, Keele University, University of Cumbria



Independent Prescriber
MSC in Contemporary Nursing (Intellectual Disability) and behavioural support.

Current Study: trainee Multi-professional Approved Clinician

Current role

Consultant Nurse and Associate
Director of Nursing

Concurrent roles

Honorary Lecturer at University of Cumbria and
Edge Hill University

Areas of special interest

De-prescribing and STOMP and Positive Behaviour Support and Crisis interventions

CAREER PROFILE

Dr Joann Kiernan (learning Disability Nurse)

My Career

Health Care Assistant
Student LD Nurse
Staff Nurse
Residential Social Worker
Deputy Respite Manager
Community Nurse
Ward manager
Community residential manager
Educational Parent Partnership Officer
Residential day services manager
Team Leader children's behaviour support team
Lecturer/ Practitioner
Senior Lecturer
Senior lecturer/ project manager
Consultant Nurse/ Senior Lecturer
Consultant Nurse/Programme Lead/Researcher



Qualifications

RNLD,
Diploma in Nursing,
BSc Health Studies,
Diploma in Behavioural Approaches,
MSc Profound and Multiple Learning Disabilities
and Multi-Sensory Impairment,
PhD

Current role

Consultant Learning Disability
Nurse
Alder Hey Children's Hospital and Senior Lecturer
Edge Hill University

As part of my current role I have the privilege to support development locally, regionally and nationally of services for children and young people with a learning disability and/ or Autism.

I enjoy leading and being involved in research that is co-produced with people with lived experience.

I have had and am still having the best possible career that has been shaped by people with a learning disability

Areas of special interest

Children and young people, parents and carers, behavioural needs, PBS, learning disabilities, Autism, co-produced research, inequalities, healthcare

CAREER PROFILE

Gwen Moulster



OBE

Registered Learning Disability Nurse
MA /Post grad Diploma, Learning Disability Studies, University of Reading
Cert Ed -Luton College HE
Community Practice Teacher – Southampton University
Post Reg Community Learning Disability Nursing, WLIHE
Teaching and assessing, [ENB](#)
Aspiring Nurse Directors programme, Kings Fund
MSc module Managing Change in Organisations, Southampton University

Clinical developments

The Moulster and Griffiths Learning Disabilities Nursing Model.
The Health Equalities Framework
Pain Pictures for People with Learning Disabilities

Career

1973 Student Nurse, Surrey
1976 Staff nurse LD Children's ward, Surrey
1977 Staff Nurse LD medical ward, Surrey
1977 Residential Childcare Officer, Lambeth, London
1978 Community LD Nurse, Surrey
1981 Community LD Nurse Specialist, London Borough Sutton
1985 Direct Advocacy Fieldworker, Mencap London
1986 Lecturer in Community Nursing, West London Institute HE
1989 Nurse Tutor, West Herts
1993 Senior lecturer, Uni of Herts
1995 Community Clinical Nurse Specialist, Hampshire
1999 Professional lead Nurse, Hampshire
2002 Person Centred Commissioning Officer, Hampshire County Council
2006 Associate Director of Nursing (corporate) Hampshire
2008 Consultant LD nurse, Haringey, London
2013 Clinical Director/Consultant LD Nurse, South Staffs and Shropshire

Concurrent roles

Project Officer, Department of Health, Chair UKLDCNN, Honorary Senior Teaching Fellow University of Herts, Honorary Senior Fellow Kingston and St Georges University of London, Trustee Hampshire & Isle of Wight Air Ambulance

Current Role

2016 Independent Consultant LD Nurse

Concurrent roles

Nurse Vaccinator -Waterside PCN
Trustee/ Deputy Chair/ Chair Governance & People Committee - Hampshire & Isle of Wight Air Ambulance
Honorary Senior Fellow Kingston University
Visiting lecturer Winchester University
Professional reviewer -Nursing Times
Professional reviewer -Learning Disability Practice
Judge- Nursing Times Awards

Other special interests

Health inequalities; Pain; Health across the lifespan; Acute, primary, and tertiary healthcare; Health education and promotion; Disease prevention; Equable care; Person centred approaches; Co-production; Health outcomes; Mentorship; Professional development.

Contributors

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UK Learning Disability CNN

Christine Hutchinson (lead author & editor)
Jacquie Shenton (lead author re Job Planning)
Gwen Moulster (editor)
Jessica Lister
Scott Taylor
Neil James
Joann Kiernan
Kerry Anderson

UK Autism CNN

Sarah Jackson
Kimberley Ashwin
Dr Debbie Spain

UK Mental Health CNN

Dr Ann Cox
Teresa Lean
Janet McAdam
Justine Trippier

UK Child and Adolescent Mental Health CNN

Dr Ann Cox