Consultant nurses: new guidance but questions remain

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Editor

As promised in *Making a Difference* (DoH, 1999a), further guidance about the establishment of nurse consultant posts has now been issued (DoH, 1999b). However, unless your employer was able to submit a proposal to create such a post by 14 November, opportunities for the first 'wave' of appointments have been missed. Nevertheless, as there are bound to be several more chances to develop these posts, it is worth briefly considering some of the points contained within the guidance document.

The guidance has been issued as a Health Service Circular and reiterates the four core functions of the consultant nurse:

- Expert practice
- Professional leadership and consultancy
- Practice and service development
- Research and evaluation.

The circular expands on the expectations of the post holder for each function. For instance, it is asserted that, within the expert practice component of the role, nursing, midwifery or health visiting functions are core, and if interventions normally undertaken by medical staff are included, they should only be so if they contribute overall to the core.

Reaching the standard

As well as discussing the core functions, information about the qualifications and experience required to be appointed to such a post is given. It may be reassuring that the document is clear that, although those appointed will need to have completed 'programmes of advanced learning' (DoH, 1999b), there will be no designated course or set of qualifications necessary to be eligible for consultant nurse posts. However, portfolios demonstrating 'career-long learning, experience and formal education, usually up to or beyond master's degree level' (DoH, 1999b), as well as research experience and a record of publication and scholarship will be required.

I understand this to mean that although those who have a master's degree would probably find it easier to demonstrate the requisite level of learning, it does not necessarily preclude those who do not have this formal qualification. The ability to indicate learning at the appropriate level and demonstrate the professional skills and knowledge required for the post is what is essential.

Need for specialist courses

One issue which does raise questions is the lack of recordable qualifications for diabetes specialist nurses, a problem recognised by Walker (1999), among others. The circular mentions that appointees to consultant nurse posts will have to 'provide evidence of significant post-registration development in the relevant field' (DoH, 1999b) which in most cases will include completion of a National Board-approved course recordable with the UKCC. In the case of diabetes nursing, no such course currently exists. This situation, of course, causes potential problems for diabetes nurses, not only in relation to consultant nurse posts, but also with regard to other current initiatives such as nurse prescribing.

For the future it would seem apparent that this situation needs to be rectified, to enable coming generations of diabetes nurses to adequately prepare for their roles. However, the document does discuss other ways of demonstrating the requisite achievement. The potential usefulness of recognition as a higher level practitioner as an eligibility criterion is discussed, for instance, although not all those working at this level would become consultants.

Supply versus demand

Whatever the issues about the educational preparation and eligibility of individuals for such posts, it is apparent that the posts themselves will be developed in response to an assessment of the service needs of the locality, rather than as a reward for innovative and creative individuals. The overall purpose of nurse, midwife and health visitor consultant roles will be to help improve quality and services, as well as strengthen professional leadership, and retain experienced nurses who might otherwise leave clinical practice (DoH, 1999b). This, of course,

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means that not all areas will identify a need for diabetes nurse consultant posts. The only areas likely to consider them are those that currently prioritise diabetes services and view a nurse consultant post as essential for managing service developments. In the past, progress, particularly in relation to nursing, has largely been initiated by the secondary sector. However, because of other changes to the NHS service, we must also remember that we might also see consultant nurse, midwife and health visitor posts initiated by primary care groups and trusts rather than by hospital teams.

Other issues

The issue of inequity of service provision over different areas, arising from consultant nurse appointments, has also been raised (Walker, 1999). My perception is that there is a problem with national equity now, in terms of the numbers and workload of diabetes specialist nurses across the country and the advent of consultant nurses is not likely to make this worse; indeed they might be able to rectify the situation in some instances. However, as with other aspects of the role, careful evaluation of the appointments in relation to service provision is obviously required.

Another area which might be carefully evaluated is that of cost-effectiveness. Nurse consultants have been somewhat sensationally reported in the tabloid press as having the potential to earn £40000 per annum. This will be true for those near the upper end of the pay range (which has 15 points), but the scale actually starts at £27460, less than the top of the I grade pay scale (DoH, 1999c). As with everything else about nurse, midwife and health visitor consultants, this aspect of the role will be watched very carefully. ■

Department of Health (1999a) *Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare*. HMSO, London

Department of Health (1999b) *Health Service Circular: Establishing posts and making appointments HSC 1999/217*. NHS Executive, Leeds

Department of Health (1999c) *Nurse, Midwife and Health Visitor Consultants 1999/2000. Advance letter (NM) 2/1999. Appendix II: Pay Arrangements for Nurse, Midwife and Health Visitor Consultants*. NHS Executive, Leeds

Walker R (1999) Are DSNs qualified to become consultant nurses? (letter) *Journal of Diabetes Nursing* **3**(5): 139

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For further information on DoH guidelines regarding the consultant nurse role: www.doh.gov.uk/coinh.htm