Nurse, midwife and health visitor consultants

Establishing posts and making appointments

For action by:  Health Authorities (England) - Chief Executives
               Health Authorities (England) – Nurse Advisors
               NHS Trusts - Chief Executives
               NHS Trusts - Nurse Executive Directors
               Primary Care Groups - Chief Executives
               Primary Care Groups - Nurses, Midwives and Health Visitors
               Regional Directors
               Regional Nurse Directors
               Special Health Authorities – Chief Executives
               Special Health Authorities - Directors of Nursing

For information to:  Community Health Councils - Chief Officers
                    Regional Education and Development Group Chairs
                    Regional Office Education Leads
                    Education Consortia Chairs
                    Education Consortia Managers
                    Patient Representative Groups
                    United Kingdom Central Council for Nursing, Midwifery and Health Visiting
                    English National Board for Nursing, Midwifery and Health Visiting
                    General Secretaries of Professional Nursing Organisations and Unions
                    Joint Committee of Professional Nursing, Midwifery and Health Visiting
                    Associations
                    Universities approved for Nursing, Midwifery and Health Visiting Education
                    Council of Deans of Nursing, Midwifery and Health Visiting Faculties
                    Local Medical Workforce Advisory Group Chairs
                    General Medical Council
                    Council for the Professions Supplementary to Medicine
                    British Medical Association
                    Joint Consultants Committee
                    Standing Medical Advisory Committee
                    Standing Nursing and Midwifery Advisory Committee
                    Trust Nurses Association
Nurse, midwife and health visitor consultants

Establishing posts and making appointments

Summary
This circular provides guidance for NHS bodies wishing to establish and appoint to the first nurse, midwife and health visitor consultant posts. It sets out the principles to which NHS bodies should attend when constructing these new posts and developing job descriptions, and it details requirements for an open and transparent appointment process.

Action
NHS bodies are invited to identify opportunities to establish nurse, midwife, or health visitor consultant posts to help deliver services in line with Government policies to improve health and healthcare. Proposals to establish nurse, midwife or health visitor consultant posts should be submitted to Regional Offices by 14th November 1999. Where approval to proceed is given, NHS bodies should establish and appoint to posts in accordance with the principles of fair and open competition.

Background & Other Information
Following the Prime Minister’s announcement that he wanted to see nurse consultant posts established in the NHS, HSC 1998/161 indicated that discussions with the professions and others were underway and that NHS bodies should not make appointments in advance of national guidance.

Plans were outlined in Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare (HSC 1999/158 refers), indicating that further guidance would follow. This circular provides that guidance, invites NHS bodies to submit proposals to Regional Offices to establish the first posts and, if approved, to proceed with appointments during 1999/2000.

Guidance about establishing and appointing to posts is annexed to this circular. Pay scales and terms and conditions are advised in a separate but parallel publication: Advance Letter (NM) 2/1999, Nurse, Midwife and Health Visitor Consultants 1999/2000.

Associated Documentation

Department of Health, (1999), Agenda for Change: Modernising the NHS pay system, Department of Health, London.


*This Circular has been issued by:*

**Dame Yvonne Moores**  
**Chief Nursing Officer and Director of Nursing**
ANNEXE A

Nurse, midwife and health visitor consultants - establishing posts and making appointments

A. Introduction and background

1. During 1998 extensive consultation took place to help develop a new nursing, midwifery and health visiting strategy (HSC 1998/045 refers). This revealed a strong consensus about the limitations of the current career structure and concern that many of the most experienced and expert practitioners left practice-based posts to advance their careers and improve their earnings. Many of those responding drew attention to the need to strengthen professional leadership as a key strategic challenge for the future, but also highlighted the new and expanded roles and the many and varied nurse, midwife and health visitor led developments which had resulted in improved services and quality.

2. In response to these concerns and aspirations, the Prime Minister announced that he wanted to see the introduction of nurse consultant posts in the NHS. The need for central guidance was an early point of consensus. HSC 1998/161 notified the NHS that discussions with the professions and others were underway and that NHS bodies should not make appointments in advance of national guidance.

3. Discussions and consultation culminated in the development of detailed proposals that were subsequently incorporated in Making a Difference: Strengthening the nursing, midwifery and health visiting contribution to health and healthcare, launched by the Prime Minister in July (HSC 1999/158 refers). It indicated that guidance about establishing nurse, midwife and health visitor consultant posts would follow. This circular provides that guidance, invites NHS bodies to submit proposals to Regional Offices to establish the first posts and, if approved, to proceed with appointments during 1999/2000 in accordance with the principles of fair and open competition.

4. There will be no formal piloting of the new posts but it is essential that learning from the early appointments is shared and used to inform subsequent editions of this guidance. The guidance will in any event be reviewed and developed to accommodate the outcome of work on pay modernisation (which is proceeding in line with the proposals set out in Agenda for Change); related work to develop the new career framework signalled in Making a Difference; and to formalise expectations for appointments to consultant posts when the United Kingdom Central Council for Nursing, Midwifery and Health Visiting has completed its work on ‘a higher level of practice’.

B. Nurse, midwife and health visitor consultants

5. Establishing nurse, midwife and health visitor consultant posts is intended to help provide better outcomes for patients by improving services and quality, to strengthen leadership and to provide a new career opportunity to help retain experienced and expert nurses, midwives and health visitors in practice. Posts can be established in any service or specialty where it is clear that doing so meets these objectives. Some are likely to involve complex cross-boundary and inter-agency working but all will have nursing, midwifery or health visiting practice at their core. Consultant posts are
best understood in the broader context of the new career framework set out in *Making a Difference*, and represent the highest level in the proposed new practice career framework.

6. Nursing, midwifery and health visiting takes place in a range of very diverse settings, so consultant posts will need to be constructed to satisfy the needs of the specialty and or service in which they are to be established. The development of detailed job descriptions will need to be undertaken at local level, tailored to meet local needs and circumstances, but all posts should conform to a common core of expectations and satisfy the requirements set out in this circular. Irrespective of the field of practice, setting or service in which it is based, each post should be structured around four core functions that exemplify the role:

- an expert practice function;
- a professional leadership and consultancy function;
- an education, training and development function; and
- a practice and service development, research and evaluation function.

These should not be viewed as discrete elements but as closely inter-related functions as part of a coherent whole, distinguished here to provide greater clarity.

7. The weight attributable to each function, and the time allocated to discharge the tasks and responsibilities associated with that function, will vary from post to post and probably also within the same post over time as needs change. Nevertheless all posts must be firmly based in nursing, midwifery or health visiting practice and involve working directly with patients, clients or communities for at least 50% of the time available.

*The expert practice function*

8. Nurse, midwife and health visitor consultants will be senior, experienced practitioners who are experts in their field. The main element of all posts will be the provision of expert nursing, midwifery or health visiting. Posts should be constructed to ensure that at least half the time available is spent working in practice with patients, clients or communities, enabling practitioners to maintain professional competence and sustain the authority of professional expertise upon which this and the other core functions depend. Nurse, midwife and health visitor consultants will need and be expected to exercise a high degree of personal professional autonomy and make critical judgements of the highest order to satisfy the expectations and demands of the job. They will need to be able to make decisions where precedents do not exist, where appropriate without recourse to others, and to advise and support colleagues where standard protocols do not apply.

9. Consultant practitioners will be expected to draw on advanced knowledge and exercise professional skills of the highest order, some of which are likely to be highly specialist, acquired only after lengthy training, supervision and practice. Where posts are structured to include technical or clinical interventions normally undertaken by medical or other staff, these narrow responsibilities should not be the principal element of the post. They should be included only where they are clearly an integral part of, and contribute to, the fundamental core of the nursing, midwifery or health
visiting function. Where it is appropriate to the service or specialty, it is expected that nurse, midwife or health visitor consultants will make and receive referrals, and where legislation permits and it is relevant to the post, exercise independent or delegated prescribing rights.

**The professional leadership and consultancy function**

10. Consultant practitioners will be appointed to senior practice-based posts comprising a significant professional leadership function. Posts will need to be structured to create the conditions that support and enable jobholders to exercise leadership to support and inspire colleagues, to improve standards and quality and to develop professional practice. Wider general or corporate management responsibilities would detract from this. Setting standards and developing and promoting best practice will be a key part of the consultant practitioner role and will demand leadership and change management skills of the highest order. Consultant practitioners are likely to have a crucial role in clinical governance, providing expert input and working to secure quality improvement, including influencing other disciplines, the wider organisation and across organisational boundaries, to help deliver better services.

11. Consultant practitioners will have a key role in providing expert advice to others, both within and outside nursing, midwifery or health visiting. This may take the form of planned interventions - particularly contributions to longer term strategic planning for the service, speciality or field of practice concerned - and as a response to ad hoc requests for advice, support and guidance from individuals or teams. As an acknowledged expert the consultant practitioner will be expected to be ready to share their expertise, acting as a resource to others and providing facilitative support within - and sometimes outside - the organisation.

**The education, training and development function**

12. Drawing on and sharing their professional knowledge and expertise, consultant practitioners will be expected to contribute to the education, training and development of nurses, midwives, health visitors and others. They will help to identify and respond to learning needs at individual, team and organisational levels. They are likely to focus their efforts on experienced colleagues, particularly those who need to develop advanced knowledge and skills. Their practice expertise will enable them to play a key role in helping to integrate theory and practice and sustain productive partnerships with universities. Through modelling, mentorship and clinical or statutory midwifery supervision, consultant practitioners will play a key role in leadership and professional development.

13. Many consultant practitioner posts will be established with formal university links to support and advance these goals and to provide the academic - and especially research - support that may not be readily available within the employing organisation. Notwithstanding the need to achieve a workable balance, some posts may be established as joint appointments, enabling consultant practitioners to combine expert practice with a more significant education or research role. Consultant practitioner posts will help minimize the status, salary and other differentials that have, hitherto, undermined career development encompassing practice, education and research roles.

**The practice and service development, research and evaluation function**
14. Consultant practitioner posts will be constructed to help develop professional practice locally (and nationally through professional associations and other fora). Working through local arrangements for clinical governance, they are likely to include key responsibilities associated with the promotion of evidence-based practice, with setting, monitoring and auditing standards and with the identification and promotion of measures to secure and evaluate quality improvement. Consultant practitioners will often be working at the forefront of practice innovation - drawing on their professional knowledge and expertise to determine how to deal with ambiguous, unique, or novel problems, creating precedents and generating, monitoring and evaluating practice protocols - to develop and advance professional practice to benefit patients, clients, carers and communities. Their professional expertise and standing should encompass a keen appreciation of national and international standards in the specialty, service or field of practice concerned, enabling them to contribute to evaluation of local services against benchmarks characteristic of the best.

15. Consultant practitioners will have a track record of scholarship and the appraisal and application of research in practice; and in many cases formal research expertise. While all posts will feature a significant element of expert practice, in addition some are likely to major on practice development or clinical/practice teaching, and others on research and evaluation. Formal links or joint appointments with universities will enable some consultant practitioners to contribute or to develop programmes of clinical, practice or health services research. Consultant practitioners will also have a key role to play in helping to plan and shape services, for example by contributing their expert professional perspective to Health Improvement Programme planning and to local implementation of National Service Frameworks. Once established, some postholders will be in a position to take a leading role in shaping services to meet local needs.

**Qualifications and experience**

16. It is essential that those appointed to nurse, midwife or health visitor consultant posts are able to demonstrate professional knowledge and skills commensurate with the demands of the post. But it is important to emphasise that, while those appointed will have completed programmes of advanced learning, eligibility for appointment does not depend on successful completion of a designated course or programme of education and training. The nature of consultant practitioner posts will demand a portfolio of career-long learning, experience and formal education, usually up to or beyond masters degree level; research experience and a record of scholarship and publication will become the norm for appointments of this sort. However, there are no particular courses or qualifications that will, alone, signify eligibility for consideration for appointment; and there are no plans to commission, designate, approve or promote a particular course or programme of study as preparation for nurse, midwife and health visitor consultant posts.

17. Candidates seeking appointment to consultant practitioner posts should have substantial post-registration experience with relevant recent senior experience in the field in which appointment is sought. They will be able to demonstrate evidence of effective leadership and usually have held positions at the level of Sister/Charge.
Nurse or equivalent. With a reputation for professional excellence, they will normally have a track record of practice development and scholarship sufficient to have inspired recognition as an expert and innovator in the field of practice concerned. Professional advice will be needed in the appointment process to validate relevant experience and professional standing.

18. In addition to a range of important personal attributes necessary to function effectively in senior and influential posts of this sort, appointment panels will need to consider the totality of a candidate’s experience and qualifications in the round. Subject to meeting the minimum criteria in this guidance and the principles of equality of opportunity, the appointments panel should recommend the candidate who most closely matches the expectations set out in the detailed job description for the post.

Professional accreditation

19. Nurse, midwife and health visitor consultants must hold current registration with the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) on a part of the register relevant to the field of practice in which the appointment is being sought, and be able to provide evidence of significant post-registration development in the relevant field. Currently there is no single form of professional recognition denoting post-registration experience and learning matching that considered necessary for appointment to a consultant practitioner post. In most cases, those considered eligible for appointment will have completed National Board-approved programmes of study recordable with the UKCC.

20. The UKCC’s recent work on ‘a higher level of practice’ holds out the prospect of a system that will provide professional recognition - in the interests of public protection - denoting a threshold level of attainment and practice competence commensurate with minimum expectations for appointment to a consultant practitioner post, and could therefore serve as a helpful eligibility criterion. Nevertheless it is important to emphasise that, subject to completion of this work and adoption by the UKCC of a ‘higher level of practice’ standard, not all those who seek and are accredited by the UKCC as working at ‘a higher level of practice’ would become consultant practitioners. The standard is likely to provide a very helpful eligibility criterion – and be adopted by the NHS as a necessary condition for appointment – but is not and will not be a sufficient condition for appointment to nurse, midwife or health visitor consultant posts.

21. Pending completion of the UKCC’s work, appointment panels will need to make a judgement about whether or not a candidate’s experience, qualifications and current professional practice match the expectations of those necessary to function effectively in a consultant practitioner post. To help in making this judgement, the UKCC’s pilot standard for a ‘higher level of practice’ is attached at appendix 1. With reference to the need to learn from the first tranche of appointments (paragraph 4 refers), it is anticipated that proposals to establish nurse, midwife and health visitor consultant posts will include an indication of willingness to participate in the further development and piloting of the UKCC standard.

C. Establishing nurse, midwife and health visitor consultant posts

22. The proposal to establish nurse, midwife and health visitor consultant posts is one element of a package of measures to help improve quality and services; provide
a new career opportunity to help retain experienced and expert nurses, midwives and health visitors in practice; and to strengthen professional leadership. The proposal should not be viewed in isolation. Details of the Government's strategic intentions for nursing, midwifery and health visiting are set out in Making a Difference. In developing proposals, NHS bodies should consider the guidance in this circular in the context of those broader plans, and in particular the proposals for a new career framework set out in chapter 5. The findings reported in Developing new roles in practice: an evidence-based guide, will also be of help.

23. The title nurse, midwife or health visitor consultant must not be conferred on individuals in recognition of innovative or excellent practice, or for any other reason, or be applied by simply re-designating the incumbents of existing posts such as those who occupy, for example, posts titled 'nurse practitioner' or 'clinical nurse specialist'. Aspirant nurse, midwife and health visitor consultants will normally have a track record of practice excellence and innovation and some will currently occupy posts such as these. But the title 'Nurse (or midwife or health visitor) Consultant' denotes an NHS employment category. In the NHS it applies only to individuals appointed to established posts under conditions of fair and open competition.

Responding to service needs

24. It is for NHS bodies to determine when and where consultant practitioner posts should be established. This will require a careful assessment of service needs. It is likely to include analysis of the workforce - especially skill mix - and service configuration and developments, in order to determine where such posts can best contribute to service objectives and help improve access, responsiveness and quality. Health improvement planning, clinical governance baseline assessments, work to implement Saving Lives: Our Healthier Nation, Making a Difference and National Service Frameworks, together with speciality and service reviews, implementation of Primary Care Group/Trust commissioning and other policy and local developments, are likely to provide opportunities to explore the potential benefits that nurse, midwife or health visitor consultant posts can bring. The possibility of establishing posts of this sort creates a significant opportunity for managers and planners to look afresh at new and more effective ways of organising and delivering services.

Job descriptions and job plans

25. Having identified and agreed need, opportunity and funding, the scope and nature of the consultant practitioner post(s) will need to be determined. In developing a detailed job description and person specification in line with the core requirements set out above, consideration will need to be given to meeting the minimum (50%) practice requirement, yet striking a balance with other responsibilities. A job plan may be helpful in setting out how the postholder might allocate his or her time. This will be especially important where a joint appointment with a university is envisaged - with the dual accountability and sometimes competing expectations that this entails - or for posts where a significant contribution to regional or national work is anticipated. It can also help make explicit the support and resources each body will be responsible for providing.
26. An important part of the process of constructing new posts will be determining and agreeing working relationships and accountabilities. Nurse, midwife and health visitor consultants will work as members of multidisciplinary teams. Their unique contribution to a particular service will need to be negotiated, agreed and located in a wider understanding of related jobs and the responsibilities of other health professionals. While consultant practitioners will remain professionally accountable and legally liable for their actions and omissions as registered nurses, midwives or health visitors, it is vital that the boundaries of responsibility, autonomy, authority and accountability of the post are determined and agreed in advance of appointment. It is not appropriate to expect an appointee to negotiate the scope and limitations of the post after appointment. Depending on the nature of the post, the process may include formal risk assessment and clarification of indemnification.

Infrastructure and support

27. It is essential that the preliminary work to establish new posts takes sufficient account of the infrastructural support that may be required. Subject to the nature of the post and the level of existing support within the area of work concerned, additional resources may be required and must be factored-in to any business case or proposal. It is vital that new posts are not undermined by a failure to provide adequate support or access to whatever resources are needed to discharge the duties of the post.

28. Many appointees will have well established professional networks associated with their field of practice and will no doubt continue to draw support from these, using them to challenge their thinking and to refresh and develop their professional knowledge. However it is important that job plans reflect the value and importance of local, regional and national networks in ensuring that consultant practitioners are able to share, and hear about, the latest developments. There are unlikely to be many consultant practitioner posts in any one location, at least initially, so the value of and time for peer support and supervision for the early appointees to these pioneering posts needs to be recognised and accommodated in job plans.

29. The range and scope of consultant practitioner posts will require a careful assessment of 'job weight'. However, in establishing a business case locally or developing a proposal for approval, early consideration will need to be given to the range within which appointments might be made in order to advertise the post. In determining starting pay and assigning posts to a point on the pay range, employers will need to consider a number of factors. Examples of these considerations and details of the salary range is provided in a parallel publication, Advance Letter (NM) 2/1999, Nurse, Midwife and Health Visitor Consultants 1999/2000.

D The selection and appointment process

30. Where a Regional Office indicates approval to proceed, prospective employers should initiate a selection and appointments process. The overriding aim must be to ensure that the best candidate is selected for appointment and that the process is transparent and fair. An appointments panel should be established for all nurse, midwife and health visitor consultant posts. Employers should ensure that members fully understand their obligations concerning equal opportunities (see appendix 2).

31. In view of the specialist nature of many of the posts and the absence of a common indicator of advanced professional competence, employers may wish to
invite applicants to submit a professional portfolio as supporting evidence. Professional references will also be especially important for these appointments. Employers will need to look at the reference request they issue to ensure that professional referees are given adequate guidance about the nature of the reference required.

32. An appropriate professional assessor will need to be identified to join the appointments panel for both shortlisting and interviewing. Employers will need to work with and through Regional Offices, other local and regional networks and national professional organisations and associations to identify an individual able to advise on the field of practice concerned and on the professional standing of the candidates being assessed. It is essential that professional assessors are fully briefed on the post and on the employer’s equal opportunities policy.

33. In addition to the professional assessor, the appointment panel should comprise a ‘lay’ member (usually a Non-executive Director) who will act as chair; the senior nurse, midwife or health visitor in the employing organisation (usually the Nurse Executive Director) and a senior health professional from the speciality or area in which the post is being established. In most cases, and certainly where a formal link is proposed, a senior nurse, midwife or health visiting academic or researcher should represent university interests.

34. Selection criteria should be derived from the job description and distinguish essential from desirable characteristics. The criteria should be sufficiently comprehensive to enable the appointment panel to apply comprehensive criteria consistently to all candidates, and to make a fair and non-discriminatory judgement about the suitability of each. The appointments panel chair has an important role to play in ensuring candidates are considered on their professional merit and suitability assessed against the selection criteria, and that during shortlisting and interviewing all panel members conform to the highest standards of fairness and equality.

E. Submitting proposals

35. NHS bodies are invited to identify opportunities to establish nurse, midwife, or health visitor consultant posts to help shape and deliver services in line with the Government’s policies to improve health and healthcare. Those wishing to proceed should submit proposals to Regional Offices by 14th November 1999. This is to ensure that proposals are robust, that a broadly consistent approach is adopted across the NHS and that local innovation and experience is shared. Those submitting proposals must therefore be prepared to serve as demonstration sites and to participate in regional or national review. In addition, Regional Offices will be concerned to approve a spread of posts to avoid a concentration of early appointments in one or two specialist areas, either within the region or across the country as a whole.

36. Proposals should comprise:

- an outline of the post (as a brief business case and confirming funding) indicating how the requirements set out in this guidance have or will be addressed;

- a draft job description (and job plan if there is one) and provisional assessment of the salary;
• a timetable and details of the appointment process.

37. In assessing proposals, Regional Offices will have particular regard to the key considerations NHS bodies should address in developing any new or expanded nursing, midwifery or health visiting role, set out in Making a Difference (chapter 10). Proposals should therefore include evidence that:

• plans are based on a thorough needs assessment, that they are consistent with Government policy and clearly designed to benefit patients, clients or communities;

• the purpose and responsibilities of the post are clearly specified and the post invested with professional and organisational autonomy and authority commensurate with its intended purpose;

• the professional competencies needed have been identified and that arrangements have been made to establish that candidates meet these requirements;

• an assessment of risks and professional and legal liabilities has been made and appropriate indemnification planned or arranged;

• the role is clearly located in the wider health care team, enabling the postholder to complement and work collaboratively with others;

• any substitution for medical, technical or other roles does not obscure professional accountability for the fundamental nursing, midwifery and health visiting function at the core of the consultant practitioner role;

• the postholder will be properly supported and have opportunities for continuing professional development;

• arrangements are planned or in place to monitor the contribution made and to enable adjustments to be made to the post to maximise benefits and minimise risks.

F. Next steps

38. NHS bodies wishing to proceed should develop and submit proposals to Regional Offices, addressed to the Regional Nursing Director, by 14th November 1999. Proposals will be considered and notification given to:

- proceed as submitted;

- proceed subject to revisions;

- resubmit proposals to a timescale and to criteria notified.
APPENDIX 1

UKCC Higher Level of Practice Pilot Standards
(reproduced abridged and without prejudice with agreement of the UKCC)

Practitioners who are working at a higher level of practice broaden and deepen their original nursing, midwifery and health visiting knowledge and skills. It is this breadth, depth and complexity of their practice which differentiates them from other nurses, midwives and health visitors.

Nurses, midwives and health visitors who are working at a higher level of practice develop healthcare knowledge and practice for health gain through:

Providing effective health care

Practitioners working at a higher level:

- communicate with patients and clients in ways which empower them to make informed choices about their health and health care, and actively promote their health and well-being;

- assess individuals holistically using a range of different assessment methods and reach valid, reliable and comprehensive patient and client-centred conclusions which manage risk and are appropriate to needs, context and culture;

- determine therapeutic programmes which are based on evidence, in the interests of patients and clients, and which involve other practitioners when this will improve health outcomes;

- manage complete programmes of care effectively through working in partnership with others, delegating aspects to optimise health outcomes and resource use and providing appropriate support to patients and clients;

- make specific interventions based on evidence and which are appropriate to assessed needs, context and culture, in partnership with patients, clients and other professions;

- in partnership with patients, clients and other professionals, make sound decisions which are ethically based in the interests of patients and clients in the absence of precedents and protocols and

- promote health through empowering patients, clients and carers and offering appropriate health education information and advice

Improving quality and health outcomes

Practitioners working at a higher level:

- synthesise coherently and effectively knowledge and expertise related to an area of practice;
seize opportunities to apply new knowledge to their own and others’ practice in structured ways which are capable of evaluation;

interpret and evaluate information from diverse sources to make informed judgements about its quality and appropriateness;

actively monitor the effectiveness of current therapeutic programmes and integrate different aspects of practice to improve outcomes for patients and clients;

manage constantly changing scenarios in the interests of patients and clients;

promote the improvement of quality and clinical effectiveness within resource constraints and

continuously assess and monitor risk in their own and others’ practice and challenge others about wider risk factors.

**Evaluation and research**

Practitioners working at a higher level:

continually evaluate and audit the practice of self and others selecting and applying a broad range of valid and reliable evaluation approaches and methods which are appropriate to needs and context;

critically appraise and synthesise the outcomes of relevant research, evaluations and audits and apply them to improve practice and

alert appropriate individuals and organisations to gaps in evidence and/or practice knowledge that require resolution through research.

**Leading and developing practice**

Practitioners working at a higher level:

work collaboratively and in partnership with other practitioners;

offer appropriate advice to their own and other professions on care practices, delivery and service development;

support the development of knowledge and practice in their own and other professions, proactively and on request;

generate new solutions which will best meet the needs of patients and clients through thinking laterally about their own and others’ practice;

negotiate and agree with patients and clients, and with other health and social care practitioners, outcomes, roles and responsibilities, and actions to be taken and
produce new, unbiased information from different and conflicting sources and communicate it in terminology which is appropriate for patients and clients, carers, managers and professions.

**Innovation and changing practice**

Practitioners working at a higher level:

- improve practice and health outcomes so that they are consistent with national and international standards through managing and facilitating change in ways which are effective in their own context;

- develop appropriate strategies to make best use of resources and technology in the interests of patients and clients and to achieve health outcomes and contribute to the wider development of their area of practice through publicising and disseminating their developments in the interests of patients and clients.

**Developing self and others**

Practitioners working at a higher level:

- are proactive in developing and improving their own competence in structured ways, including accessing inter-professional clinical supervision:

- develop and use appropriate strategies and opportunities to share knowledge with, and influence the practice of, patients, clients, carers, and other practitioners of differing status, whilst remaining self-aware and understanding the limits of their own competence;

- work collaboratively with others to plan and deliver interventions to meet the learning and development needs of this own and other professions and lobby for sufficient resources to improve the learning and practice of their own and other professions in the interests of patients and clients.

**Working across professional and organisational boundaries**

Practitioners working at a higher level:

- acquire new skills and apply these to practice to provide continuity of healthcare for patients and clients both within and across recognised boundaries;

- challenge professional and organisational boundaries in the interests of patients and clients and to improve health outcomes;

- develop appropriate practices and roles through understanding the implications of and applying epidemiological, social, political and professional trends and developments;
draw upon an appropriate range of multi-agency and inter-professional resources in their work and proactively develop new partnerships;

develop and sustain appropriate relationships, partnerships and networks to influence and improve health, outcomes and healthcare delivery systems and develop protocols, documentation systems, standards, policies and clinical guidelines for others to use in practice through interpreting and synthesising different and conflicting information from a variety of sources.
Equal Opportunities

1. All members of the appointments panel should have been trained in fair and non-discriminatory interviewing and selection techniques and have received appropriate training in the application of equal opportunities legislation to appointment procedures in line with the EOC and CRE Codes of Practice, and the Code of Practice for the elimination of discrimination against disabled persons or persons who have had a disability. It is the responsibility of employing bodies to ensure that their representatives have received such training. It is also the responsibility of potential members of the appointments panel to undertake such training as may be necessary.

2. All members have a duty to avoid discrimination in the selection procedure. Failure to do so is illegal and may lead to a complaint under the terms of the Sex Discrimination Acts 1975 and 1986, the Race Relations Act, or the Disability Discrimination Act 1995.

3. The Race Relations Act 1976 makes it unlawful to discriminate directly or indirectly on the grounds of colour, race, ethnic or national origins or nationality. The Sex Discrimination Act 1975 and 1986 make it unlawful to discriminate directly or indirectly on the grounds of sex or marriage. The Disability Discrimination Act makes it unlawful to treat a disabled person, as defined by the Act, less favourably than a person to whom the reason for less favourable treatment does not apply and the treatment cannot be justified. Discrimination will also occur if reasonable adjustments are not made to the workplace or the way that work is done which would overcome the effects of the disability, and this failure cannot be justified.

4. Indirect discrimination occurs when conditions or requirements which are applied to all candidates disproportionately disadvantage candidates of one gender or racial group, for example, age or 'conventional' career history. Such requirements are unlawful unless justified by the needs of the job (Genuine Occupational Qualification).

5. Candidates who feel they have been unfairly treated under either Act, whether directly or indirectly, are entitled to ask an employment tribunal, or in appropriate cases a court, to examine the proceedings of an appointments panel.

6. When members of a panel are questioning candidates the Chair should guard against questions which are, or could be construed as, indications of bias or prejudice.

7. If, in spite of contrary advice, a panel member asks discriminatory questions, such questions should be immediately ruled out of order by the Chair who should ensure that the line of questioning does not continue. The Chair should ensure that answers to discriminatory or biased questions are not taken into account in reaching a decision and that candidates are advised of this.
8. In determining whether or not questions asked of candidates are fair and in accordance with the principles of Equal Opportunities the following points should be borne in mind:

- each applicant should be assessed according to personal capability, and in the case of disabled candidates their capability after a reasonable adjustment to meet the requirements of the job;

- applications from men and women, married and single people, should be treated in the same way. Where it is necessary to assess whether a candidate's personal circumstances will affect their ability to meet fully the requirements of the job (eg where it involves unsocial hours) it is fair and indeed lawful for the committee to satisfy itself on these matters, provided that both sexes are treated equally;

- questions at interview should be relevant to the job;

- questions about marriage plans or family intentions should not be asked;

- candidates should not be asked if their social customs or religious practices may affect their ability to undertake the duties of the post nor should the different social interests of people from different racial groups be permitted to influence the selection process;

- candidates who may reasonably be expected to have family ties abroad should not be asked questions about visits "home";

- candidates should not be asked questions about their impairment, disability or medical condition unless they are relevant to their ability to do the job. In asking questions about a disability, a disabled candidate should not be treated less favourably than others without justification;

- information necessary for personal records or for ethnic monitoring in respect of an equal opportunities policy should not be asked for at interview;

- it is also considered inappropriate to ask questions concerning candidates’ religious beliefs, racial origins or background.

9. All members of the panel must act fairly in the shortlisting and selection of candidates. In assessing a candidate's suitability for appointment there should be no discrimination, intended or otherwise, on grounds of ethnic or national origin, race, gender, religion, politics, marital status, sexual orientation, membership or non-membership of trades unions or associations, age or disability.