

ORIGINAL ARTICLE

The contribution of nurse consultants in England to the public health leadership agenda

Helen Franks

Aims and objectives. To examine the contribution of nurse consultants in relation to UK public health outcomes by contrasting the health and public health skills frameworks with a study of the role of nurse consultants.

Background. Nurse consultants are the most senior advanced nurse practitioners in the UK. They work clinically, lead, research, develop policy and disseminate knowledge.

Design. A synthesis of research and data from the UK professional skills frameworks with data from a mixed-methods study of the role of nurse consultants.

Method. Data collected from nurse consultants and stakeholders in England ($n = 10$) were analysed to identify issues impacting on the skills, competencies and effectiveness of advanced nurses. This was contrasted with the skills and career frameworks for public health and advanced healthcare practice.

Results. Nurse consultants use their clinical expertise to lead practice, facilitate change and monitor effectiveness. Within healthcare organisations, they contribute service-wide to the implementation of public health policy, service delivery and policy development, mirroring expected competencies and improved health outcomes. Two barriers were identified. First, that there was little time or will for nurse consultants to undertake research, precluding them from demonstrating their value. Second, that a lack of interprofessional understanding and support of their roles meant that their worth was often not appreciated by decision-makers.

Conclusions. Nurse consultants lead and influence public health on many levels and need support to develop needs-led and evidence-based local, national and international public health practice and policy development.

Relevance to clinical practice. This research contributes to the global discussion currently being held about the nomenclature of advanced nurse practitioner roles, their scope and influence. The challenge for nurses to contribute meaningfully to public health structures at an advanced level is a concern for all nations seeking the common goal of addressing public health needs within their populations and suggests that further development of our understanding of the potential contribution of advanced nurses is needed.

Key words: competencies, effectiveness, leadership, nurse consultant, public health, skills

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The author has confirmed that this is his own work.

What does this paper contribute to the wider global clinical community?

- Nurse consultants and advanced nurse practitioners lead the largest, clinical, public health workforce (nurses) and in any sphere can be instrumental in operationalising the public health agenda. Additionally, advanced nurses are ideally placed to contribute strategically to public health: locally, regionally, nationally and globally.
- To be effective, the role and scope of nurse consultants and other advanced clinical nursing roles must be understood and supported by other senior leaders and managers. Furthermore, to maximise their potential contribution to public health, they should be enabled to lead practice at clinical, scholarly and strategic levels within and beyond their clinical settings.

Introduction

Much has been written about the potential for enhanced outcomes of advanced nurse practitioner (ANP) roles and the paucity of evidence to support their effectiveness in terms of clinical and wider policy outcomes. However, little has been written about how the processes by which the use of skills, competencies and effectiveness associated with ANP roles translate into public health-focused nursing outcomes. Currently, advanced practice is influenced globally by financial, professional and clinical change and uncertainty. If ANPs are to provide leadership during times of fiscal and clinical turbulence, their role and contribution must be understood and their full range of skills and competencies used to improve patient outcomes.

This paper examines the influence of one ANP role (nurse consultants working in a public health role in England) towards the achievement of public health agendas in the UK. Drawing on primary research and commentary and the results of a recent study (see also Franks & Howarth 2012a,b), this paper highlights how nurses in these senior positions have the skills and competencies necessary to promote health and contribute to effective public health interventions. It concludes that the profile of these nurses in the achievement of public health agendas should be raised, whilst their opportunities to demonstrate meaningful benefits for healthcare organisations and patients and enhance knowledge through leadership research and dissemination should be supported.

Background

Global development of advanced nursing roles

The term 'advanced nursing' denotes various roles depending on the country of origin. In western developed countries, nurses working at advanced and senior levels differ in type and scope of practice (Dunn 1997, Bryant-Lukosius *et al.* 2004, Lloyd Jones 2005, Mantzoukas & Watkinson 2006, Lathlean 2007, O'Baugh *et al.* 2007, Duffield *et al.* 2009). Various titles have been placed on roles which carry more senior clinical expertise and specialist knowledge. In the UK, whilst there is no formal regulation of advanced nursing practice, advanced practitioners such as nurse consultants are expected to hold a higher degree and possess clinical experience, research awareness an ability to disseminate information through knowledge transfer (Duffield *et al.* 2009). However, it is important to recognise that in many countries across the world, nurses work auton-

mously and independently carrying out a range of what would be considered advanced roles as part of their normal job remit. Examples of this can be found in developing countries where nurses work in remote rural areas where no doctor is present (McGee 2009). Whilst this may be relatively unregulated compared to western healthcare systems, it is nevertheless advanced practice and indeed other developed countries with more regulated healthcare systems where rurality and distance are also an issue, for example Australia, also have similar systems in place (McGee 2009).

Development of advanced nursing roles in the UK

In the UK, titles such as advanced nurse, specialist nurse, modern matron and nurse consultant denote different levels of expertise, clinical credibility, scope and responsibility in clinical practice (DH 2004). Table 1 outlines UK specialist and ANP roles between levels 6–8, with eight being the highest level of clinical pay and position (level is also referred to as a pay scale). A plethora of roles with various titles have emerged in response to the development of nursing practice over the decades which until recently were largely unregulated and ambiguous in their structure and purpose. However, more recently, the Public Health Skills and Careers Framework (PHRU 2008) and the Skills for Health Career Framework (SHCF 2010) set out levels of practice and competencies both for practitioners who work in public health-focused roles and for senior nursing roles (see Tables 2 and 3). Likewise, the Department of Health (DH 2010), the International Council of Nurses (ICN 2008), the UK Royal College of Nursing (RCN 2010) and the Nursing and Midwifery Council (NMC 2010) have also set out their definitions and expectations of levels of nursing practice, mirroring the Knowledge and Skills Framework (KSF) for UK healthcare professionals (levels 6 and above) (Agenda for Change Project Team 2004, DH 2006).

Globally, senior and advanced nursing personnel are increasingly recognised for their clinical expertise, for leadership and for their contribution to research, knowledge and policy creation, not only at a local level but also regionally, nationally and internationally. Consequently, in the UK as elsewhere, these nurses are not only skilled clinical experts but also contribute to wider public health-focused objectives at advanced levels within the public health framework, through their work with individual clients, healthcare organisations and by influencing policy and practice in wider arenas. However, although the roles vary, it is accepted that the general principles of advanced-level clinical knowledge and expertise linked to leadership, research, service development and dissemination of best

Table 1 Specialist and advanced nursing practice roles in the UK by level

Health visitor	Level 6
Nurse specialist	Level 6
Nurse team leader	Level 6
Health visitor specialist/team manager	Level 7
Nurse advanced	Level 7
Nurse team manager	Level 7
Nursing/health visitor specialist (with a professional-level teaching role)	Level 7
Modern matron	Level 8
Nurse consultant	Level 8*

Adapted from <http://www.nhscareers.nhs.uk/details/Default.aspx?Id=4> (accessed 24 March 2014).

*Level 8 is the highest level of clinical pay band for clinical nurses working in the UK.

practice are shared characteristics among these roles (see Duffield *et al.* 2009, AANPE definitions 2010, for in-depth perspectives on the global scope of ANP). These roles are not without their problems, particularly a lack of data to support their added value and role ambiguity (Franks & Howarth 2012a). However, Duffield *et al.* (2009) argue that ANPs will continue to deliver advanced nursing care because they provide cost-effective and accessible health care. Therefore, given that health promotion and public health are part of every nurse's role, it is important that the

contribution of ANPs in facilitating the delivery of public health agendas is recognised and further developed.

Scope of advanced nursing practice

Manley (1997) in defining the scope of the (at that time newly emerging) nurse consultant role in the UK identified a contextual framework to describe the shape and functions of advanced nursing practice. These *pillars* of advanced nursing practice later formed the four domains of the UK nurse consultant function as outlined in the DH circular (DH 1999): clinical expertise; leadership; research and quality assurance; and education. In 2008, the ICN identified ANP as having: the right to diagnose; the authority to prescribe; the ability to refer; and the power to legislate and confer levels of practice, whilst Mantzoukas and Watkinson (2006) further identified generic features of advanced nursing practice including knowledge of practice, professional leadership, the ability to change practice, coaching and mentorship skills and being critical and analytical *in and on* clinical practice. This is also echoed in other work, see for example Woodward *et al.* (2005, 2006), Gardner *et al.* (2007) and Graham (2007). More recently, Rushton and Lindsay (2010) have added to the debate by arguing that ANPs possess background knowledge, a high level of clinical reasoning, the ability to justify their decisions and high-level psychomotor skills. In addition, they also adopt a patient-centred focus demonstrating adaptability, creativity and confidence as well as evidence of

Table 2 Public health competencies by core area and level (adapted from the Public Health Skills and Careers Framework 2008)

Core areas	Competencies by level Level 6	Competencies by level Level 7	Competencies by level Level 8
1 Surveillance and assessment of the population's health and well-being	Has autonomy and responsibility in coordinating complex work, reflecting wider and deeper expertise in own area of work	Has autonomy or expertise in areas of public health Will lead on areas of work within a defined field	Has a high level of expertise in a specific area of work or across a substantial breadth of service delivery and/or programmes
2 Assessing the evidence of effectiveness of interventions, programmes and services to improve population health and well-being	Able to develop or contribute to programmes of work in multiagency or multidisciplinary environment		Is accountable for work across boundaries and agencies Has leadership responsibility and autonomy to act
3 Policy and strategy development and implementation for population health and well-being			Sets strategic direction in own area of work
4 Leadership and collaborative working for population health and well-being	Examples of nursing roles: Specialist nurses in community public health nursing roles (health visitor, school nurse, occupational nurse); children's family nurse; smoking cessation nurse	Examples of nursing roles: health visitor/school nurse team leader; specialist smoking cessation nurse; advanced nurse practitioner	Examples of nursing roles: health protection nurse specialist; nurse consultant

Table 3 Advanced nursing practice competencies by core area and level (adapted from the Skills from the Department of Health summary of attributes and definitions for career framework levels 2010)

Competencies by level Level 6 (specialist or senior practitioner)	Competencies by level Level 7 (advanced practitioner)	Competencies by level Level 8 (consultant practitioner)
<p>Has a critical understanding of detailed theoretical and practical knowledge, are specialist and/or have management and leadership responsibilities</p> <p>Demonstrates initiative and are creative in finding solutions to problems</p> <p>Has some responsibility for team performance and service development and they consistently undertake self-development</p> <p>Has developed a high level of knowledge and skill in a specific area of practice</p> <p>Has a depth of knowledge and understanding which enables them to perform at a high level of practice, take a leadership role, use and develop evidence to inform their practice and deal with complex, unpredictable environments</p> <p>Has their own caseload or work area responsibilities</p>	<p>Has a critical awareness of knowledge issues in the field and at the interface between different fields</p> <p>Is innovative and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment</p> <p>Advanced practitioners are experienced professionals who have developed their skills and theoretical knowledge to a very high standard, performing a highly complex role and continuously developing their practice within a defined field and/or having management responsibilities for a section/small department</p> <p>Has their own caseload or work area responsibilities</p>	<p>Has highly specialised knowledge, some of which is at the forefront of knowledge in a field of work, which they use as the basis for original thinking and/or research</p> <p>Are leaders with considerable responsibility, and the ability to research and analyse complex processes</p> <p>Has responsibility for service improvement or development.</p> <p>They may have considerable management responsibilities and be accountable for service delivery or have a leading education or commissioning role</p> <p>The consultant practitioner is an expert practitioner with a high level of responsibility for the development and delivery of services</p> <p>Has a strong element of research within the role</p>
<p>Carries out research and may have overall responsibility for the coordination of research and development programmes as well as ensuring that current research findings are used by all staff to inform their practice</p> <p>Consultant practitioners lead by example in developing highly innovative solutions to problems based on original research and inquiry</p> <p>Applies a highly developed theoretical and practical knowledge over a wide range of clinical, scientific, technical and/or management functions</p>		

continuing professional development. Further to these skills and competencies, Glasper (2011) commenting on the DH Advanced Level Nursing Position Statement (DH 2010) identifies 28 elements in the statement broadly clustered under: clinical/direct care practice; leadership and collaborative practice; improving quality and developing practice; and developing self and others, suggesting that nurses supported by higher education institutions need to develop a personal tool kit to achieve this. Watkins (2011) further highlights the importance of master's level preparation to support developing ANPs.

Skills and attributes of advanced nursing practitioners

Considering the role of nurse consultants, one of the most senior roles in the UK healthcare system, Graham (2007) suggests that nurses come to the role having acquired an awareness of the social, economic and political contexts of health, and have a breadth and depth of experience, knowledge, wisdom, expert practice, maturity and critical judgment. The importance of effective interpersonal skills is also recognised as crucial to the role (Woodward *et al.* 2006, Abbott 2007, Graham 2007, McSherry *et al.* 2007) as is effective transformational leadership both strategically and clinically (Manley 1997, Redwood *et al.* 2005, McIntosh & Tolson 2009, Young *et al.* 2010). However, embracing the four role domains inherent to nurse consultant practice in the UK (DH 1999) presents challenges to nurse consultants and skill gaps have been identified, particularly in terms of leadership and research (Redwood *et al.* 2005, Franks & Howarth 2012a,b). Graham and Wallace (2005) found that nurse consultants identified over nine key areas of developmental need indicating the challenges of the scope of role development needs, whilst Ball (2005) highlighted that competing role demands compromised the nurse consultants' ability to research and audit. Guidance, support and mentorship are also identified in the literature as being beneficial to professional development. However, several studies have suggested that this is lacking (Bent 2004, Guest *et al.* 2004, Ball 2005, Booth *et al.* 2006).

Advanced nursing practice, leadership and advanced public health practice

Public health can be defined as actions that support and protect the health of individuals, communities and populations. Earle (2007) describes the promotion of public health as the endeavours of multidisciplinary practitioners working in a diversity of clinical and nonclinical areas, undertaking a range of activities. Thus, public health work is carried out in a variety of settings encompassing work with individuals, communities, populations and global activities

aimed at maximising and sustaining optimum health. At its heart advocacy, mediation and enablement are core competencies that ANPs must possess in order to lead and communicate public health-focused health-promoting policies effectively (Dempsey *et al.* 2011).

World Health Organisational charters on health promotion (WHO 1986, 2005) recognise that public health and health promotion are intrinsically political activities. In addition, the need to advocate and provide a commitment to health promotion through effective interventions is also emphasised. It is clear that to achieve these aims, politicians and healthcare leaders have a responsibility to mobilise people and services in ways that address the epidemiological, social and psychological health and well-being needs of individuals, communities and populations. Nurses are arguably the largest public health workforce in any organised healthcare system and thereby are key agents in terms of operationalising public health policy. In order to contribute to these processes, it is essential that ANPs lead services and develop public health nursing skills in tandem with advanced nursing competencies.

Whitehead (2009, p. 870) quotes Pender *et al.* (2006, p. 10) as suggesting that:

Nurses, because of their biopsychosocial expertise and frequent, continuing contact with clients, have the unique opportunity of providing global leadership to health professionals in the promotion of better health for the world community. Nurses should serve as role models of health-promoting lifestyles and as leaders to activate communities for health promotion. Nurses, as the single largest group of healthcare providers, continue to play a vital role in making health promotion and illness-prevention services available to all population groups, including those who are underserved and vulnerable.

Advanced nurse practitioners as senior clinicians are ideally placed to lead nursing in informing, shaping and facilitating public health and health promotion practice (Wright *et al.* 2008). It is important, however, to be able to evaluate the impact that the ANP role might have in translating public health policy into improved healthcare experiences and outcomes for people using the service and to achieve this, their skills and competencies must be fully understood.

The Skills for Health, Public Health Practitioner Career Framework Competencies (Table 2) suggest that practice at levels 6, 7 and 8 encompasses having autonomy and expertise (with increasing levels of leadership and accountability) to develop and implement strategy, policy and research. Not unexpectedly given that both frameworks emanate from similar sources, these competencies are similar to those expected

of ANPs (Table 3) insofar as critical awareness and high levels of expertise and an ability to be analytical and innovative are key competencies. Similarly, the need to lead and where necessary manage practice both strategically and operationally using a strong research and evidence base to generate new knowledge are also core requirements.

Establishing impact

It has been suggested (Manley 1997) that identifying and accrediting practice outcomes of the ANP role (including the role of nurse consultant) would be a major challenge. This is largely because of widely recognised problems with attribution between interventions and outcomes. Lathlean (2007) in a later review further highlighted the fact that much of the evaluation of senior nursing roles has been carried out with the nurses rather than by ascertaining the impact of these roles on health, healthcare services and the users of these services, recognising this as a weakness. Por (2008) in a literature review of ANPs similarly found that little can be gleaned from historical analysis of the roles and that it is difficult to quantify outcomes because the roles are so complex, instead arguing for the development of a deeper understanding of the activities ANPs are involved with and their skills and competencies. Notably, Bryant-Lukosius *et al.* (2004) and Bryant-Lukosius and DiCenso (2004) in some early work examined ways to assess and evaluate the impact of ANPs on clinical outcomes. However, in 2007, the Nursing Research Unit at King's College, University of London, highlighted in relation to nurse consultants in particular, the lack of meaningful outcomes as posing a major risk to future role development and sustainability. Several recent studies have also attempted to capture the impact and effectiveness of the role. Humphreys *et al.* (2010) in a study assessing the impact of nurse consultants suggest that capturing the impact, complexity and diversity of the role is possible yet problematic. Redfern *et al.* (2010) in an exploratory study highlighted the significance of *personal initiative* on effective practice, whilst Gerrish *et al.* (2011b) in a cross-sectional survey of 855 ANPs in England found that these nurses used different sources of evidence, had a positive influence on front-line nursing practice and were well placed as clinical leaders to promote evidence-based practice. Similarly, an evaluation of the role of the nurse consultant by Gavin-Daley and Mullen (2010) found that nurse and other nonmedical consultants impacted positively on service delivery, quality, training and education, adding value to innovation, income generation and sharing best practice. Most recently, Kennedy *et al.* (2012) in their synthesis of UK studies evaluating the impact of nurse

consultants pointed to the lack of overall robust measurement of outcomes whilst suggesting broad evidence of a range of indicators of effectiveness. However, some reviews of senior nursing roles have also highlighted the impact of role ambiguity and a lack of support and commitment from nurse executives for nurses in these roles (Lathlean 2007, O'Baugh *et al.* 2007, Duffield *et al.* 2009, Franks & Howarth 2012a,b). This in tandem with the fiscal issues facing all public service providers makes the imperative to broaden our understanding of the range of impacts including the contribution of senior and advanced nursing roles to promoting the goals of public health even more urgent.

Establishing synergy

Parallels between these studies and evaluation of health-promoting and public health interventions have been identified both in nursing practice and in the wider public health arena (Whitehead 2002, 2009). Christensen (2011) suggests a transition into the role of ANPs, advancing nursing practice through knowing 'how', 'what' and 'why' (concerned with the process) and knowing 'that' (concerned with outcomes or actions). Similarly, the literature clearly highlights three main themes common to ANPs and successful public health interventions: that of being skilled, being competent and finally but crucially being effective, interlinking practice to meaningful outcomes. The study reported on in this paper adds to this knowledge allowing the voices of the most senior group of ANPs in the UK, nurse consultants working in a public health-focused role (safeguarding children) and stakeholders with an intimate knowledge and understanding of this advanced nursing role to be heard.

Method

The study sought to establish the contribution of nurse consultants in England to the public health leadership agenda by contrasting the healthcare professional and public health skills frameworks with a study of the role of nurse consultants. Thus, the findings presented in the paper represent a synthesis of the collective data examining the contribution of nurse consultants in relation to advanced nursing practice and the UK public health agenda outcomes.

Background

Nurse consultants are the most senior ANPs in the UK. They work clinically, lead, research, develop policy and disseminate knowledge.

Design: aims and objectives

The aim of this paper was to synthesise the findings of a research study looking at one specific public health-focused ANP role (nurse consultants specialising in the safeguarding of children) (Franks & Howarth 2012a,b), with the public health and ANP competency frameworks (PHRU 2008, SHCF 2010), in order to understand their contribution to public health agendas and the barriers precluding this.

The research study used a mixed-method approach which provided a breadth of data enabling the researcher to establish the skills, competencies and effectiveness of nurse consultants by identifying:

- 1 The key attributes and functions of the role.
- 2 An analysis of the role (job content).
- 3 Nurse consultant and stakeholder perspectives on the learning, preparation and ongoing developmental needs of nurses in these roles.

Sample for the research study

For the research study (Franks & Howarth 2012a,b), a convenience sample of four nurse consultants from different areas in England in safeguarding children roles was recruited. To strengthen the sample, nurses were recruited from both rural and urban clinical areas and from different healthcare provider organisations and geographical locations. It was estimated that the sample represented approximately 30% of the total potential sample of nurse consultants working in safeguarding roles at the time of the study (Franks & Howarth 2012a,b). The nurse consultants represented one clinical speciality which was determined by the fact that anecdotally nurse consultants specialising in safeguarding were not always comprehensively prepared to take on the full role at appointment. For the purposes of this paper, nurse consultants specialising in safeguarding were already working in the public health domain enabling exploration of the relationships between the role and the wider public health agenda.

The four nurse consultants were asked to identify other stakeholder participants, that is, professionals with experience of working closely with the nurse consultants specialising in safeguarding children. The stakeholder sample ($n = 6$) included individuals at consultant, managerial and strategic levels in addition to managers, service leaders and others in associated senior positions within partner organisations. This broadened the perspectives of the study allowing a diversity of different views to emerge (Franks & Howarth 2012a,b).

Research ethics and governance

The research study was submitted to the University Research & Ethics Committee (REC), to a local NHS REC and to the individual NHS trusts where the nurse consultants and stakeholders were based, for ethical and governance approval. All necessary approvals were gained prior to recruitment and data collection (Franks & Howarth 2012a,b).

Data collection

Primary sources of data were collected (see also Franks & Howarth 2012a,b).

- Each nurse consultant's day-to-day activities (job content) over a period of four individual weeks were collected and collated by the individual nurse consultants in collaboration with the researcher. This data collection did not necessarily take place on consecutive weeks but was made in four *whole-week* blocks. Information on the activities was collected using preprepared week by week paper templates which the nurse consultants completed to indicate amount of time they spent on particular activities. These were kept general, for example attending meetings to inform policy was judged to be leadership; teaching a group of medics, education. The nurse consultants themselves determined which category their activities were assigned to.
- Copies of each nurse consultant's job description and specification were provided by the nurse consultants. Where job descriptions and specifications had changed, the original documents were used.
- Individual face-to-face recorded semi-structured interviews with nurse consultants ($n = 4$) and stakeholders ($n = 6$) representing the total sample of 10 participants, initially using a SWOT analysis: strengths, weaknesses, opportunities and threats framework (see Business Balls), related to the four role domains: clinical expertise; leadership; research and quality assurance; and education (DH 1999) were carried out. All interviews were conducted by the same researcher and took place in the clinical setting. A predetermined set of questions were asked but the conversations were also flexible to enable participants to speak about their thoughts and feelings on the role and its development.

A literature review was carried out using CINAHL, Medline, Psycinfo, British Nursing Index and Intute to identify research and policy related to ANP roles; nurse consultants; nurses and public health and nurses and health promotion.

In addition, UK websites including the DH, Skills for Health, RCN, NMC and internationally, the WHO and ICN were searched for information about nursing competencies and senior and advanced practice in both public health and nursing.

Data analysis

Data analysis took three main parts. Rigour was maintained by ensuring that one researcher carried out the data collection and analysis. However, the data were also checked by a co-researcher with experience in the field of using mixed-methods data.

Day-to-day activities

Information provided by the nurse consultants detailing their day-to-day activities was coded and categorised into one of the four main role domains. To ensure anonymity yet to allow differentiation between them, each nurse was ascribed a letter of the alphabet A–D. The data were then added together to give a total percentage of time overall the four nurse consultants spent in each role activity (Franks & Howarth 2012a,b). Although it is recognised that using a percentage is a crude way of measuring the activities of the nurse consultants, a percentage was used to enable a broad overview of the activities of the four nurses in the study which could be used to contrast with other studies enabling validity of the sample to be established.

Semi-structured interviews

Data from the semi-structured interviews were transcribed and a thematic content analysis (Cohen & Manion 1989, Robson 2002) approach was used to identify themes. Initially, this was done by using a SWOT analysis and data were categorised by domain (DH 1999). For the purposes of this paper, these data were further categorised using the three themes identified in the literature review: skills, competencies and effectiveness. In addition, they were compared with the competencies identified in Tables 2 and 3.

Contrasting the data from the study with the professional frameworks

Comparison between data from the day-to-day activities and semi-structured interviews with data within the context of the professional frameworks (PHRU 2008, SHCF 2010) (see Tables 2 and 3) to elicit:

- 1 The synergy between established nurse consultant skills, competencies and effectiveness and the advanced practitioner frameworks.

- 2 The skills and competencies enabling nurse consultants to be effective public health leaders.
- 3 The barriers to nurse consultant's effectiveness in public health leadership roles.

Limitations of the study

The research study represents a sample of one branch of public health focused on four nurse consultants and stakeholders known to them, so generalisations need to be made with caution. However, the findings correlate with other studies highlighted in this paper looking at roles of nurse consultants and also with the themes of skills, competencies and effectiveness also highlighted in this paper and with work looking at the attributes of advanced practitioners working in other fields (PHRU 2008, SHCF 2010). Although the paper has international relevance especially in terms of the potential to use the findings in the evaluation of different roles globally, international comparison must be made with caution because of the fundamental differences identified between the scope and practice of advanced nurses globally.

Results

Analysis of the nurse consultant's job content

It was initially envisaged that nurse consultants would spend 50% of their time in clinical practice (DH 1999). Fig. 1 shows that the nurse consultants in this study did spend some time as experts in clinical practice but also that they undertook more of a role in clinical leadership. Overall, it was seen that to varying degrees, they spent proportionately less time engaging in education and quality assurance/research roles.

Analysis of the nurse consultant's job descriptions and specification

Analysis of the nurse consultants' job descriptions (Table 4) and specifications (Table 5) demonstrated synergy between the four nurse consultant roles. In particular, they all had responsibility for clinical risk and the provision of clinical expertise both directly and indirectly, for instance in serious and complex cases or as a supervisor to more junior staff. In addition, they were also expected to work intersectorially with other professionals and agencies as well as to contribute to the strategic and organisational delivery of services across the healthcare organisations in which they worked. Significantly, much emphasis was put on the nurse

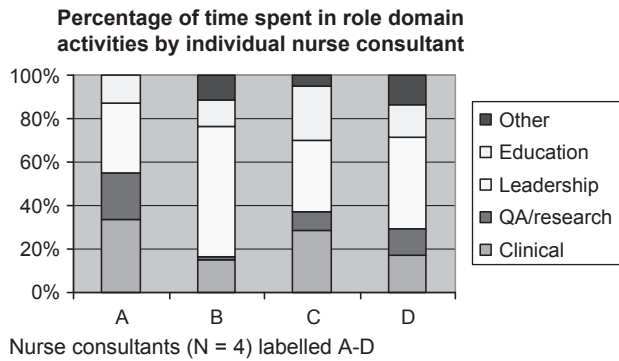


Figure 1 Percentage of time spent in role domain activities by individual nurse consultant. Nurse consultants (n = 4) labelled A–D.

consultant’s need to both develop and implement services at an organisational level, and in doing this, it was expected that they would integrate services and lead change. The role was also envisaged to be one where active research was being undertaken and where dissemination was a component both within and external to the organisation.

It was clear that to achieve these roles, those in post required a breadth of experience and a range of professional and personal skills and competencies. These included both academic preparation (a master’s degree and postgraduate certificate in education) and clinical experience. In addition to having a strategic and intersectorial awareness, their role was also envisaged as being supervisory and consultative in nature.

Analysis of the semi-structured interviews with nurse consultants and stakeholders

Both the nurse consultants and stakeholders were asked to identify the SWOT of the role-by-role domain. The findings presented in Tables 6–8 explore these findings in terms of skills, competencies and effectiveness.

Skills

The participants saw the nurse consultant as being someone who in addition to having clinical expertise would be able to ‘think outside the box’ (see Table 6). Personal leadership attributes including being innovative, influential, able to anticipate problems, be an effective change agent and have a strategic perspective were also highlighted.

The participants were also clear about the need to continually develop in the role and that being valued within an organisation for the skill set they provide was essential to succession planning. It was recognised that preparation for the role would encompass a wide range of skills and that

Table 4 Analysis of the nurse consultants’ job descriptions by role domain

Expert practice	Professional leadership and consultancy
Named nurse (role specific to safeguarding)	Advisor/consultancy
Designated nurse (role specific to safeguarding)	Represent and advise on health components of safeguarding, strategically and professionally, including strategic and business planning
Work across boundaries	Engage in service delivery, development and integration
Clinical services – direct	Set standards/guidelines/strategies/priorities from reviews and other data
Clinical services – indirect	Put systems in place/support/services/development/tools/guidelines
Supervision/appraisal	Lead enquiries/reviews/chair meetings
Develop personal knowledge and professional development	Lead clinical service development/individuals/manage staff
Complex case management	Represent trusts externally
Make links with other services	Participate in business and planning meetings
	Manage a budget
Education and training	Practice development and research and evaluation
Deliver supervision and training	Actively research
Work in partnership with higher education and others	Appraise and implement research and evidence-based information, process and strategies
Teach and contribute to teaching and learning in higher education	Use information to assist decision-making
Develop and implement training plans	Identify priorities
Disseminate research	Build capacity
Disseminate other information	Engage in governance and audit activities

often they were expected to be ‘good at everything’. They felt strongly that the clinical knowledge and skills they brought to the role were an essential component, one that made them unique and effective.

Whilst many of the skills were considered to be personal attributes, it was also clear in the interviews that role development needed to be supported strategically, in particular keeping the nurse consultant clinically focused, preparing effectively for the role and ensuring that the role is understood.

Table 5 Analysis of the nurse consultants' job specification by role domain

Expert practice
Community/public health qualification/registration, that is, registered health visitor
Specified number of years senior practitioner in child protection field
Specified number of years working in child healthcare services
Have named or designated nurse experience (specific to child protection)
Child protection expert practitioner
Able to provide the full range of child protection case work and consultancy/advice
Experience of supervising professionals
Able to work with multiprofessional teams/environments
Evidence of continuing professional development in child protection field
Hold a master's degree in safeguarding field or similar
Hold a master's degree or be working towards one
Motivated, reliable and committed to team working and adaptable, flexible and responsive
Communication and interpersonal skills – be able to present ideas: both verbally and formally
Able to use information technology in the management of service delivery
Professional leadership and consultancy
Have experience of leadership across organisations, locally and nationally
Able to work in a cross-organisational environment
Have NHS management experience (including management of change)
Have project management experience
Have committee and board-level experience
Have experience at directorate level
Have previous involvement in strategic developments
Have well-developed management of people skills
Education and training
Hold a postgraduate certificate in education or equivalent and have teaching experience
Able to provide education and training in child protection to multidisciplinary groups
Practise development and research and evaluation
Have in-depth knowledge of relevant national developments, legislation, professional regulation issues and policies
Have knowledge of evidence base for practice in child protection and child health and be able to implement and promote change
Understand audit and research methodology/clinical governance/equality issues
Have undertaken research
Experience of writing publications and presentations at conference
Have good critical and analytical decision-making skills
Have knowledge of clinical governance, clinical audit, incident reporting and complaint monitoring
Evidence of ability to contribute to or instigate development of policies, protocols, guidelines and standards

Competencies

Nurse consultants were seen as needing to be credible experts, able to provide expert supervision, to strengthen the clinical role and to operationalise policies into practice. They were seen as having the expertise to manage risk at an organisational level and to add value throughout healthcare organisations and beyond through their ability to lead. These competencies were, however, compromised at times by a lack of understanding in others about the worth of their role and by attitudes of other colleagues, for example medical staff who doubted their competencies to carry out advanced practice. However, the participants themselves were clear that the level of practice expected of a nurse consultant meant that they held the requisite competencies. Furthermore, participants acknowledged the importance of a high level of expertise, accountability and strategic and clinical (transformational) leadership, compe-

tencies that were also recognised in the literature review (see Table 7).

Effectiveness and outcomes

Participants were clear that the role promoted the health and well-being of children and families putting children high on the public health agenda and that it played a pivotal role in promoting the key public health agenda of safeguarding children initiatives. Participants recognised the high expectations of the role by employers and the fact that it is driven not only by clinical need but also by political motivation such as the need to develop nursing roles and to meet changing economic and clinical needs. It was felt that in the past inexperienced nurses without the full range of skills and competencies had been employed, which in turn had meant that nurses often had had to grow into the roles. There was the perception that as these nurses grew in terms

Table 6 Issues associated with skills attainment identified by participants in the study

Skills issues identified by the participants
The nurse consultant:
<ul style="list-style-type: none"> • Thinks 'out of the box' • Connects, integrates and establishes networks service wide • Is an influential leader and change agent • Is able to 'look over the horizon' • Challenges and innovates practice • Works strategically • Be 'good at everything'
To ensure skill development for the role, the nurse consultants need to:
<ul style="list-style-type: none"> • Succession plan • Value transferable skills and competencies • Acknowledge influences of role development and changes in the organisation • Prepare the advanced nurse practitioner for the role • Place emphasis on the clinical elements of the role • Develop requisite skills and expertise through continuing professional development

of experience, their ability to articulate their worth would be enhanced and careful succession planning is vital to ensure that the brightest and best nurses are able to aspire to nurse consultant positions (see Table 8).

It was acknowledged that the role was neither wholly clinical nor managerial and the 'top-down' approach to service development could be seen as being out of step with a more patient-oriented and defined service. Good support and mentorship from senior colleagues and in particular nurses in these positions was seen to be imperative to establishing nurse consultancy as a strong and effective role within healthcare organisations.

Table 7 Issues associated with competency attainment identified by participants in the study

Competency issues identified by the participants
Nurse consultants:
<ul style="list-style-type: none"> • Are credible experts • Strengthen the clinical role • Provide expert supervision • Operationalise policy • 'Hold risk' within healthcare organisations the role • Add value in clinical practice and throughout organisations • Are proactive leaders external to the employing organisation
To ensure competencies are developed, the nurse consultants need to:
<ul style="list-style-type: none"> • Have access to appropriate support and development • Be able to interface with other experts external to the employing organisation • Be rewarded for innovation and performance • Be allowed to define and measure their impact

An area of consistent concern rested on the lack of time to do research and the lack of will by managers for them to spend time in this activity. In terms of evaluation and establishing effectiveness, it was felt that this poses a significant risk to the role if this is not addressed.

Discussion

The inclusion of nurse consultants and stakeholders strengthened the study, enabling multiple perspectives of the nurse consultant role and function (as a representation of other ANP roles both in the UK and internationally) in relation to skills, competencies and effectiveness to emerge. Another strength of this research was the inclusion of UK level 6 competencies (DH 2010) in the analysis allowing contrasts to be made between the nurse consultants and nurses developing into ANP roles both in the UK and in parallel healthcare systems. This recognises the diversity of and journey towards becoming an ANP.

Analysis of the semi-structured interviews, job descriptions and specifications corroborate the fact that to be effective, nurse consultants need to work autonomously, set strategic direction, act as change agents and be able to work across boundaries and at different levels of organisations. Similarly, synergy between the public health and ANP competencies (2008, 2010) and this study highlight that to be effective, those in post need to be analytical, have a track record of achievement and be able to evaluate the impact of their role on quantifiable outcomes.

The data from this study as well as other research outline the main attributes and support needed for ANPs to become skilled, competent and effective public health-focused practitioners (Whitehead 2009). These mirror much of what is written in the literature (see for example Manley 1997, Redwood *et al.* 2005, Woodward *et al.* 2006, Abbott 2007, Graham 2007, McSherry *et al.* 2007, McIntosh & Tolson 2009, Young *et al.* 2010), in particular the importance of clinical expertise, being able to operate strategically and at an organisational level and being an influential leader. An innovative approach was recognised as crucial to success by the participants in this study and in both the public health and ANP Skills for Health summary of attributes (2008 and 2010) as well as in the literature review. The participants also highlighted the importance of the *individual* in terms of their personal characteristics, a set of skills also recognised by Woodward *et al.* (2005) and Rush-ton and Lindsay (2010).

Promoting health by delivering effective public health strategies is imperative at a time when globally, budgets are

Table 8 Issues associated with effectiveness associated with the role by participants in the study

Effectiveness
<p>Nurse consultants:</p> <ul style="list-style-type: none"> • Are different from other nursing roles • Add value evidenced through evaluation • Place public health needs of children 'high on the agenda' • Increase health and well-being • Use clinical knowledge to influence strategy • Should be involved in research and commissioning • Must demonstrate role outcomes and value <p>Recognise the:</p> <ul style="list-style-type: none"> • Role is politically defined and driven • High expectations of role • Issues associated with volume of work, inter-role diversity, role ambiguity and role complexity • Role is 'top down' rather than being determined by local priorities • Role is betwixt and between other roles. It is neither strategic nor managerial and carries no status and authority • Role can be a way of 'ticking managerial boxes' • Role is easy to get rid of 'shave off' if cutbacks are planned • Fact that working across boundaries can cause fragmentation • Fact that nurse consultants often lack strategic experience • Ramifications of change on the delivery of planned objectives • Interprofessional tension including being seen on occasion as a 'second class doctor' • Current lack of mentorship and guidance to support development in the role • Time constraints to effectively sharing expertise 'need time to be part of the academic club' • Problematic nature of measuring quality benefits and outcomes <p>To ensure optimum effectiveness is achieved, nurse consultants and managers need to:</p> <ul style="list-style-type: none"> • Clearly understand the role • Ensure that nurse consultants have a strong voice in healthcare organisations • Demonstrate the 'added value' they bring to the role • Take part in research/continuing professional development 'if R and D role isn't fulfilled this brings the effectiveness of the role into question' • Fit into existing structures • Challenge managerial resistance to change • Demonstrate a reduction in service fragmentation • Resist the potential of organisational change to impact on role effectiveness, for example 'perpetual fiddling' of the role by managers and organisations

stretched and populations are living longer, but not necessarily healthier lives. This paper supports the fact that health promotion and public health competencies are reflected in ANP practice and recommend that the competencies and frameworks to achieve healthy outcomes be both implicit and explicit in the evaluation and role remit for all ANPs. Furthermore, the leadership and educational elements of their role should also contribute to disseminating best public health practices in addition to their clinical expertise, research and development roles (Franks & Howarth 2012a,b).

The findings suggest that nurse consultants and other ANPs are able to provide leadership in these turbulent times, promoting health and contributing to the delivery of public health strategies in a variety of ways. These include operationalising policy, dissemination and education as well as delivery at a clinical level. Similarly, ANPs such as nurse consultants contribute to the formulation and organisation

of strategy and policy within their own healthcare organisations, a role that is likely in future to develop at a national and international level. However, to contribute fully nurses will require a diversity of personal and professional skills and competencies.

Concerns identified in this research and other research (Lathlean 2007, O'Baugh *et al.* 2007, Duffield *et al.* 2009, Franks & Howarth 2012a,b, Kennedy *et al.* 2012) that threaten the development of advanced practice include the perception that:

- The value of ANP roles (including that of the nurse consultant) is often misunderstood by managers and leaders
- Nurses come to these roles in *ad hoc* ways and may not always be fully prepared
- A lack of support and mentoring causes some nurses to flounder
- There are significant barriers precluding ANP from engaging meaningfully with research

- Evaluation and establishing meaningful health outcomes is poorly executed.

Addressing these concerns will be essential given the impact of financial turbulence in the world economy. If we accept the premise that health promotion is every health-care professional's responsibility, it is clear that ANPs are well equipped to deliver on public health policies but could achieve more in terms of research and evaluation both within and outside of their organisations.

Conclusion

This study brings together data from both the UK Skills for Health frameworks for public health and advanced nurse practice (2008, 2010). Recognising the value of senior nursing roles in wider contexts demonstrates that ANPs do much to deliver public health-focused care and that they have the potential to contribute to a much greater sphere of influence that will impact on effective health promotion and public health-focused outcomes. However, if the role is to be successful, it is important that nurse consultants are rewarded for innovation and achievement and that ANPs in general be enabled to define and measure their impact in innovative and creative ways. To achieve this, robust support from senior managers at a strategic level is essential if nurse consultants and other ANPs are to be effective and achieve optimum outcomes.

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Relevance to clinical practice

- This research contributes to the global discussion currently being held about the nomenclature of ANP roles, their scope and influence.
- The challenge for nurses to contribute meaningfully to public health structures at an advanced level is a concern for all nations seeking the common goal of addressing public health needs within their populations and suggests that further development of our understanding of the potential contribution of advanced nurses is needed.

Disclosure

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