

Where have all the critical care nurse consultants gone?

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- Nurse consultant role initially introduced in 1999; Comprehensive Critical Care¹ published May 2000
- A survey in 2003 identified 72 critical care nurse consultants in post²
- The majority of nurse consultants were recruited to develop and lead critical care outreach services³
- By 2006, there had been little new investment in this key leadership role, but the roles had demonstrably shifted towards greater strategic engagement⁴
- A report in 2020 suggested the number of posts had reduced to 12⁵
- A recent critical care outreach report made no reference to the role of the consultant nurse⁶, when in 2003 they were most likely leading the development of critical care outreach services

To understand current and past critical care nurse consultant roles, and the reasons for the apparent reduction in posts

- Initially a call for interest was placed on the BACCN website and social media channels (Twitter, Facebook, LinkedIn) to past and current consultant nurses to volunteer to participate in a virtual focus group
- A structured interview schedule devised a priori, was utilised to guide the conversation, led by two experienced critical care consultant nurses
- Consent was gained from each participant at the start of each focus group to record and utilise the data gained during the focus groups and submitted job descriptions for presentation purposes
- Interviews were recorded, transcribed and analysed using thematic analysis

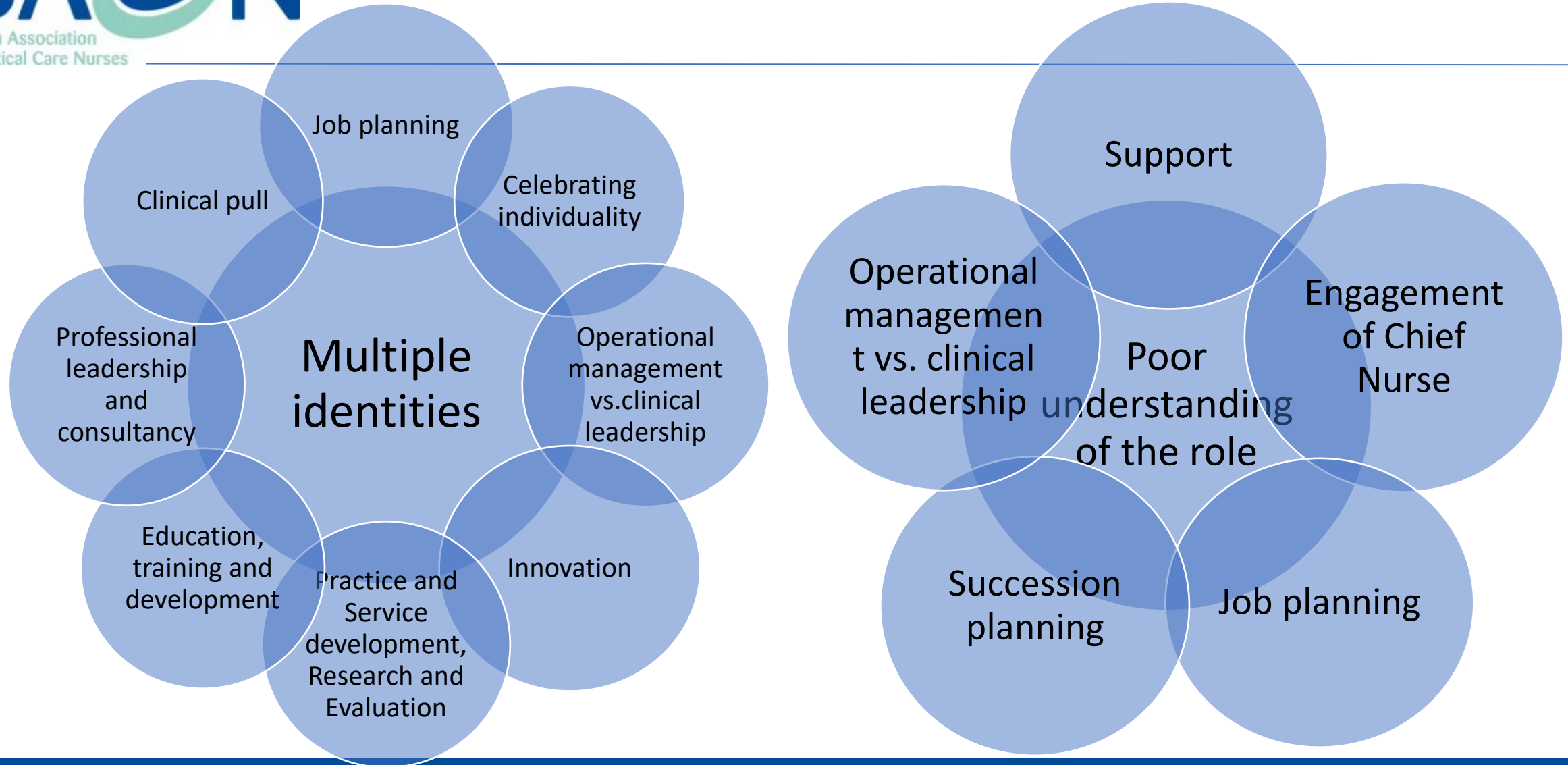
- What band are/were you (is this the same as when you came into post)
- How long have/had you been in post?
- Highest qualification /highest qualification required for the post
- Who do/did you report to?
- What are/were your key activities under the following headings?
 - Expert Practice
 - Professional Leadership and Consultancy
 - Education, Training and Development
 - Practice and Service Development, Research and Evaluation
- Have/Did these changed over time?
- Do/Did you have a formal link with a university?
- Is/Was there any strategy for succession planning?



- Seven virtual focus groups, with 17 participants were held between 6/4/22 and 10/5/22
- Two participants held two nurse consultant posts
- Seven participants were previous nurse consultants and ten were currently in post
- Participants have/had been in post for an average of 12 years (2-22), previous nurse consultants had left post on average 5 years 9 months previously (1 month – 16 years)
- 12 participants were in post at the inception of these roles, of these six remained in a nurse consultant post
- Four posts were created since 2017 with no previous post in that trust, two of those are ACCP's

- Two participants were a replacement post holder
- Eight posts have not been replaced
- All held an MSc on appointment, two had subsequently completed a PhD
- Eight held one or more honorary University contracts
- *Two posts initially 8a (subsequently upgraded to 8b), nine posts were initially 8b (2 subsequently upgraded to 8c) and seven initially 8c *Post 2004
- Seven had job plans, but not all were formally recognised
- Eight initially reported to the Chief Nurse/Director of Nursing but over time most reported to a divisional/directorate nurse

Themes



The pillars: multiple identities

“Yeah I think that um it certainly gave structure [four pillars] so that was the thing I was a bit hung up on I think in the beginning that I had to do all of that and give it equal timeIf I had my time again, I would not panic about thinking I have got to do you know 25% of this and 25% of this– I know that’s part of the role but that will come when it comes’ **P3 past**

‘when I think back I was being asked to cover too many things, there was too much in it to achieve and also being across site - so one of the criticisms I got was you’re not visible, but there was only me and two big sites’ **P4 past**

‘I think the constraints is always going to be the time, I think that is the biggest constraint from my perspective, and also do feel I am pulled in all directions....., I think there are a lot of pulls and you can easily go in one direction and lose sight of the other depending on what the priorities are going on in the unit’ **P5 current**

The pillars: clinical pull

'I was very, very, very clinical; I would say about 80% clinical.... at the beginning, because it was safe because it was within critical care and outreach and it was only as the months and the years really went on that I started to branch out and link with other people ...then I started to pick up more research, [name] and I both taught at university for a period of time and those links started to be made' **P3 past**

'my role is predominantly clinical actually,..... then I get one day sort of admin.... and then in terms of audit research it's probably been my weaker sort of arm because I only am new to the role and then obviously kind of CoViD hit' **P5 current**

'and so for a period for a while perhaps 18 months I was the outreach team, so that was a lot of clinical and collecting data to make the case to then create some posts..... and then there was the leadership stuff, strategic stuff and quite a bit of educational work as well.....' I wasn't doing much proper research we did a certain amount of data collection, **P9 current**

'Nowhere near as much as I thought I would be doing, 30-50% I suppose it depends how you describe clinical because I am here and I am supporting all of the time - so if a member of staff came into the office ...[Describes situation] it's still clinical but its not actually seeing the patients ... that's the problem about how you define clinical isn't it' **P7 current**

The pillars: Professional Leadership and Consultancy

‘As a nurse consultant we should be contributing to the development of our profession, not just in our unit, but much, much wider than that at national, international level, and I think most of the nurse consultants I know do that and I think that is really important’ **P5 current**

‘we were the glue ..., we were the glue between all the other services’ **P11 current**

‘so what have I led over the years, sepsis, deteriorating patient initiative, policies, at the minute so rehabilitation after critical care illness’ **P13 current**

‘we were actually outreaching into the community at that time, we were actually going out and giving IVs [intravenous infusions] in people’s homes and things cos nobody in the community was doing that – well that’s another story isn’t it. So in 2010/11 we started doing a lot of telemedicine..... **P11 current**

‘Being innovative, creative having some visions I think I generally try and think out of the box the whole time I think that’s what the jobs about really. I think the added value for me is about saying well I am not just going to do what I have always done let’s try and bottom a problem and invent something new if we need something new’ **P13 current**

‘that’s the other thing that we have taken on, they had a HITS team, a home infusion therapy service that found its demise, oh we need to save money whose got central line skills- that will be the outreach team it’s come over to our team, it just makes you feel that they want to use the skill set but don’t want to value what we do in the hospital’ **P12 current**

Celebrating individuality

'I suppose it's about the person and not the post, the years of experience and the longevity in the post and if [name] was replaced tomorrow and maybe those people would not be doing what he is doing or maybe they wouldn't be invited to the same things that he is doing' **P10 past**

'the role is who you are and what you are passionate about and what you have a national reputation for' **P6 current**

'they [trust] very much encourage their consultants to have a portfolio of things that they do and most people are given a fairly free rein to do a bit of this and a bit of that' **P9 current**

'and I was so grateful for that comprehensive critical care document that to me was my bible that was where I wanted to be that was my strategy I didn't need to be strategic or develop a strategic plan cos it was there and that led me into getting included in all the other things NEWS and transforming community services and all those sorts of stuff' **P11 current**

'I mean one of the best enablers for me was that I knew the hospital really well, I knew the problems on the wards I had been an ICU sister for about 11 years on our unit and I knew pretty much the issues and I had helped [name] run the PART pilot, which was the forerunner of outreach, so I had good insight into what some of the issues were on site and I had a good network of contacts across the organisation' **P14 current**

Poor understanding of the role

'everyone above me has changed so many times I don't think anyone really understood the role enough to be able to sort of help shape that [job plan]' P8 past

'I think in [name of trust] they never grasped that the post was about quality and safety and research and all those things, there was a feeling that I was going to run around on ICU and put central lines in and it was all very practical' P4 past

'one of the constraints is actually ...that people are not sure what a nurse consultant is, so what the boundaries and purpose is, I often think about this, I feel I don't sit anywhere' P6 current

'intensive care consultants just don't get it, ... I have quite a lot of interaction with a respiratory consultant and they are much more open to the principle of a nurse consultant, they understand what the role is, they interact on the right level' P1 current

'Barriers have been about perception of me and the role and what I am supposed to do or what people want me to do until people get to know me.... Sometimes I think you need to change people's perceptions about what you can do and what you are going to bring to the table' P13 current

Engagement of Chief Nurse

'In my experience if the chief nurse is not engaged in consultant nurse posts you are on a slippery footing, it's got to come.... they've got to appreciate the value you can bring and they've got to understand that its quality and its patient safety and it's not about management or operational working, it's you know.. and if they don't get that it can be quite difficult' **P2 past**

'we had really strong support from our chief nurse at the beginning, but I think that it has changed over time, we have a lot of different chief nurses, and actually then it takes a while for a new person coming into post to get to know a trust and then to be able to then be able to support you' **P8 past**

'Our director and deputy directors of nursing are very strong supporters of the consultant role they were definitely enablers and have continued to be so' **P7 current**

'Over the years I am struck that I have made one or two alliances/relationships with significant doctors and those have probably been quite important whereas by and large I have not always - I have gone long periods without having that kind of peer review relationship with nursing colleagues' **P9 current**

'we were initially very supported, we had action learning sets supported in developing our role at the beginning, I guess then we just as a group we met more informally to support one another. there are other people across the trust who have been very supportive in my role and I would look to them for clinical supervision' **P8 past**

'but she [line manager] was very hands off, I don't know if that was a strategic move on her part and she just wanted to let me see what I could do on my own, but I really needed her help and she wasn't helping me' **P2 past**

'when I look back, we had a regional nurse consultant group and we also had a national nurse consultant group and I remember the regional chief nurse saying you are all entrepreneurs and she was trying to get us entrepreneurial training for us' **P11 current**

'so, for me when I came into post day one, no desk, no bleep, no phone, there was an expectation that wonder woman had arrived and I was going to change everything overnight, so that to me was a huge thing you know the organisation wanted the post but they had not made provision for the post' **P14 current**

Succession planning

'at [name of trust] they haven't replaced my post, they have advertised twice but haven't recruited to it, I also know at {name of another trust} they have advertised twice for a nurse consultant critical care but not been able to recruit to it, ...that's a new post' **P2 past**

'I have to say the nurse consultant post I had....., that was never replaced either, they did advertise it, but they advertised it as a band 7 post, and it had been an 8b post' **P16 past**

'For me from an outreach perspective I guess the fact the new professional framework is coming out, and the fact that has advanced practice and consultant practice with in that I am very hopeful we will get the proper investment to get the advanced practice and get the consultant role back again' **P8 past**

'I am confident that the nurse consultant in crit care will be replaced and the outreach team which is now a separate entity to ICU ... is also going to be able to make its case for its own post' **P9 current**

'[name] was a real visionary in terms of championing this role within the trust and making sure it continued, but there were people there to step into this role..., there is a much more diverse pathways that nurses can go into I am very much on the lookout of trying to nurture people to take over in a few years' time when I am not around, you should feed forward shouldn't you. **P6 current**

- These roles were enabled by contemporary government policy, however they have developed very individually, enabled and constrained by the strengths of the post-holders and the support of the organisations in which they were employed
- Many of these post holders have been widely influential, innovative and resilient
- Posts have been lost, due to a poor understanding of the role, an inability to recruit, poor succession planning and a loss of engagement between the post holder and influencers such as Chief Nurses
- There is a need for improved understanding of advanced roles in critical care to offer insight for workforce planning and enable appropriate skills to meet patient need in an ever-pressurised NHS and critical care service

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