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Scoping of advanced clinical practitioner role implementation using national job advertisements: Document analysis

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Abstract

Aim: The aim of this study is to profile the contemporary advanced clinical practitioner (ACP) role through standardized document sets.

Design: Documentary analysis of job descriptions (JDs), person specification and advertisements.

Data Sources: England based jobs advertised on NHS jobs website from 22 January to 21 April 2021.

Results: A toatal of 143 trainee and qualified ACP roles were identified. A wide range of sectors and specialities were represented from across all English regions. The most common roles were urgent care, emergency medicine and primary care. Most qualified roles were agenda for change band 8A, although this did vary across specialities. Many roles were restricted to a small number of professions, notably nursing, physiotherapy and paramedic. Inconsistent role titles were noted. A lack of understanding of regulation across different professions was noted.

Conclusion: The ACP role has become an accepted across healthcare providers in England. Implementation remains varied across specialities and organizations. Eligibility criteria may relate to professional bias.

Implications for the Profession and/or Patient Care: ACP roles are expanding but this may be at the detriment to advanced nursing posts. Inconsistency in role eligibility suggests some professional bias exists.

Impact: This was scoping of ACP roles across England using job advertisements. ACP roles are common across sectors and specialities but eligibility varies. The research will have impact on those looking to recruit to ACP roles as well as those refining JDs.

Reporting Method: No EQUATOR guideline exists for document analysis.

Patient or Public Contribution: No Patient or Public Contribution. The research relates to organizational human resource information only.

KEYWORDS
advanced practice, document analysis, job description, skill mix

1 | INTRODUCTION

Advanced practice is not a new concept in healthcare workforce structures, with many registered health professions having formal or informal career pathways through extended, enhanced and advanced roles (McGee & Inman, 2019). Indeed, there has been a call to strengthen the role of the advanced nurse to ensure it maintains a central function in healthcare (International Council of Nursing, 2020). Advanced roles within a profession strengthen the evidence base and the public profile of the speciality whilst delivering high quality focussed care to patient groups (McGee & Inman, 2019). Policy changes in the UK healthcare sector have opened the way for new advanced roles which work across professional boundaries with a range of competencies. Often referred to as multiprofessional this role is denoted by Lawler et al. (2020) as an 'ominprofessional', with the prefix 'omni'—meaning all. Although the term advanced clinical practitioner (ACP) was always designed to reflect a level of practice rather than an individual job, the last 5 years has seen this term aligned with a specific role which may be undertaken by any registered healthcare professional with the necessary competencies. This omniprofessional ACP role has evolved in the past decade, aligned to the medical speciality model rather than a unique registered profession (Lawler et al., 2020).

Designed to provide senior clinical input into patient care, and frequently associated with middle grade or senior doctor competencies, such opportunities have been championed by educational and medical bodies (Imison et al., 2016; Williams, 2017). Underpinned by a multiprofessional framework (HEE, 2017), and for some specialities credentialing, these ACP posts fill a potential gap in the medical workforce (Crouch & Brown, 2018; Timmons et al., 2023). Postholders are expected to hold a Master's degree and have leadership, education and research capabilities alongside their clinical expertise (Wallis et al., 2022). Whilst the core capabilities of ACPs (omniprofessional) and advanced practitioners (APs) (uniprofessional—nurse, physiotherapist, pharmacist, etc.) are the same, their function and career paths vary. Importantly, in ACP roles individuals also retain their base professional registration but with an emerging new professional identity (Timmons et al., 2023).

2 | BACKGROUND

There has been limited evaluation of the ACP role (Evans et al., 2021) with the impact of such roles being mainly related to individual job satisfaction and clinical capacity development. There is some acknowledgement of the ACP contribution to the education of other clinical staff by the way of feedback (Hooks & Walker, 2020). Lawler et al. (2020) in their secondary analysis of HEE workforce modelling data identified multiple issues with ACP role implementation, including inconsistent training and role utilization. They also suggested this variation was compounded by an absence of set standards regarding the clinical background to the roles. This is, in part, being addressed by credentialing, where roles within specific clinical specialities have to meet a set of competencies designed by the relevant medical Royal College (Timmons et al., 2023). However, it is as yet unclear what the take up of such processes will be or the speciality reach of these new standards in clinical practice. Early evaluation of the ACP role implementation has confirmed that despite ACPs emerging from a range of professional backgrounds the nursing profession is the most prevalent (Lawler et al., 2021).

Document analysis is an acknowledged research method used to both quantitatively and qualitatively gain insight into a topic. Often used in health policy research the systematic scrutiny of document content, particularly publicly available sources, can be particularly valuable in creating a narrative around a field at a particular time or through a longitudinal approach (Dalglish et al., 2020). In the context of this research, the documents chosen for review were ACP post advertisements, including job descriptions (JDs) and person specifications (PSs). JD analysis has been proven to be a powerful tool in analysing the current and emerging practice base across many disciplines, inside and beyond healthcare (Harris et al., 2021; Verma et al., 2019; Zang et al., 2021).

3 | THE STUDY

3.1 | Aims

This analysis aimed to profile the contemporary ACP role through standardized document sets. The main research questions to be addressed were:

- Is there difference in ACP posts across different sectors and clinical specialities?
- Are ACP roles really open to a range of healthcare professionals (omniprofessional)?

4 | METHODS

4.1 | Design

This study utilized content analysis to profile the current state of the ACP workforce in England through job advertisements and supporting documents. Although content analysis is often qualitative in nature the data collected in this study was mainly focussed on facts and information to enable comparison of roles, responsibilities and entry requirements rather than interpretation of the nuances of language.

Following the READ approach, Ready materials, Extract data, Analyse data and Distil findings (Dalglish et al., 2020). The sequential stages outline a process which can be undertaken individually or by a group of researchers. The documents were scrutinized to enable common data to be extracted and, where appropriate, coded to enable analysis. Free text data related to role title, regulation and specific responsibilities was transcribed verbatim.

4.2 | Sampling

A convenience sample of advertisements on a publicly accessible recruitment website (nhs.jobs.uk) were collated over a 3-month period (22 January–21 April 2021). This website is the core medium for the advertisement of jobs within health services in England and is used by both the NHS and other health and care providers. An alert was generated for all posts which included the terms 'Advanced Clinical Practitioner' or 'ACP'.

4.3 | Inclusion and exclusion criteria

Roles were included if the job title included the terms 'advanced clinical and practitioner' or 'ACP'. The role summary was scrutinized and any posts which were specific to an area of (uni)professional practice were excluded. Duplicate records, including re-advertisements within the data collection period, were excluded. In addition, where a single advertisement included multiple different posts across a range of clinical specialities, these were included as additional data sets (Figure 1).

4.4 | Data collection

A copy of the advertisement webpage, JD, PS and any other documents were assigned a unique identifier and downloaded onto a secure password protected drive. Following initial familiarization with the data an Excel database was established to collate all relevant information from the document sets. An initial framework for collection, categorization and coding of quantitative data was developed. Following initial piloting by three researchers across a subsample of the data, a final framework was agreed at a consensus meeting. The manual generated codes included role title, employer including location and type, speciality, pay, eligible professions (including required regulatory registration) and essential qualifications. Final code checking of data by an independent single researcher ensured consistency.

4.5 | Data analysis

Quantitative data was analysed in Excel with trends and categorization. Descriptive findings have been reported. The coded data also enabled identification of common themes, and this was supplemented by analysis of the free text extracts for illustration.

4.6 | Ethical considerations

Approval was received from the institutional ethics committee (EC26644) prior to study commencement. Informed consent was not sought as all source data were publicly available online with no restriction on access. Individual employing organizations were coded based on NHS Jobs identification numbers. All data has been anonymised for reporting.

5 | FINDINGS

5.1 | ACP role profiles

One hundred sixty-four advertisements were collated during the time period. Following initial scrutiny two of the advertisements covered trainee ACP opportunities across four employers and 14 different specialities. These have been considered as individual roles in analysis. The final dataset included 143 posts (104 unique JDs) covering 70 organizations across England (Table 1).

Most advertisements were for individuals with an ACP qualification (n = 87/143; 60.8%), with an additional nine being more

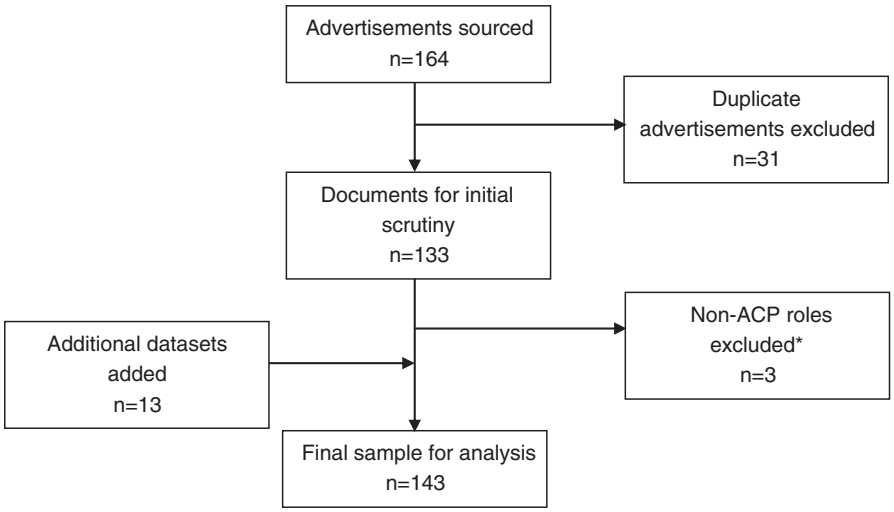

FIGURE 1 Sampling strategy.

*All physiotherapy posts aligned to the musculoskeletal (First Contact Practitioner) framework.

TABLE 1 Geographical location and role status.

Region	Trainee	ACP	Trainee or qualified ACP	Lead ACP	ACP educator	Consultant[a]	Total
London	4	7	2	1	1		15
Midlands	13	21	4	1		1	40
North East and Yorkshire	19	12		1			32
North West	4	14		2			20
South East	6	15	2	2			25
South West	1	7	1	1			10
National		1					1
Total	47	77	9	8	1	1	143

Abbreviation: ACP, advanced clinical practitioner.

[a]Consultant CP to work at consultant ACP level.

flexible, including statements such as "If you are interested in a training post or a substantial ACP post [contact us]". An emerging ACP career structure was observed with two referring to clinical seniority, "Senior ACP" or "Senior Advanced Practitioner" and seven as 'Lead ACP' or 'Clinical Lead'. In addition, one post was advertised as a band 8c "Consultant Clinical Practitioner" to work at consultant ACP level. Most trainee roles had been advertised using the title "Trainee ACP" or "Apprentice ACP" depending on the academic education route, but one role was advertised as a "Junior ACP", although the advert content and JD referred to the trainee status of the post.

Although some adverts did not state the number of contractual hours, the majority of ACP roles were advertised full-time (standard 37.5 h per week), including 68.8% of qualified posts ($n = 53/77$), although four of these posts were subsequently re-advertised with flexible hours. Almost all trainee ACP posts were for 30 h or greater per week ($n = 43/46$; 93.5%), with the remaining three not stating the time commitment.

A wide range of specialities were represented across different health sectors (Table 2), with the greatest numbers in urgent/emergency care and primary care, which included community and general practice. Although the majority of qualified (non-lead) ACP roles were advertised at Agenda for Change (AfC) band 8A, there was variation between sectors (Table 3). A smaller percentage of band 7 roles were evident in the acute hospital sector ($n = 4/31$; 12.9%) in comparison to the community ($n = 3/6$; 50.0%; $p < .01$) or social enterprise ($n = 3/7$; 42.9%; $p < .01$) employers, although the numbers are relatively small. Trainee posts were predominately paid at band 7 ($n = 34/48$; 70.8%), although there was some evidence of some organizations linking pay to academic progression across the 3 years of training (6, 7 and 8a aligned to certificate, diploma and master's levels). There was also inconsistency between AfC band 6 and 7 for trainee roles in neighbouring NHS Trusts within the same collective advert and recruitment process.

5.2 | Eligible professions

Of the 143 posts, over half ($n = 76$; 53.1%) had no limitations on the professional background of applicants, although specified regulation with a named body ($n = 43/76$; 56.6%) did limit the potential eligibility. All posts were accessible to nurses, with 16 (11.2%) being limited to nursing applicants only. In a number of cases the advertised role was for an ACP and included reference to other eligible professions, but other less inclusive information was included in the JD including one organizational chart referring to the role as a "Trainee Nurse Practitioner". Overall, a number of other professions were specifically named in the documents including paramedic ($n = 26$), pharmacist ($n = 17$), physiotherapist ($n = 6$), occupational therapist ($n = 2$), social worker ($n = 1$), radiographer ($n = 1$), midwife ($n = 1$). Where specific professions were mentioned, these were often sector or speciality specific, for example, radiotherapy (radiographer or nurse) and urgent care (nurse, paramedic ± physiotherapist). Often the allied health professional (AHP) grouping was used for eligibility, either through the title and/or the requirement for Health and Care Professions Council (HCPC) regulation ($n = 53$), for example "Regulated Health Care professional with current registration (NMC/HCPC)", although paramedic was often cited separately to other AHP professions, for example "Nurse/other Allied Health Professional/Paramedic". One advertisement suggested that the postholder could be a nurse or AHP, but the PS stated it was only open to a nurse.

In addition, there was evident confusion in relation to health profession regulation structures. One PS referred to registration with the NMC, HCPC or General Medical Council and there was also specific mention of.

> "registration with NMC or AHP Council".

> "registration with HCP [as opposed to HCPC]".

> "registration with any professional body…".

TABLE 2 Spread of advertised ACP roles by speciality and sector.

	Sector								
Speciality	Agency	Charity	Primary care[a]	Independent Sector	NHS community	NHS acute hospital	NHS mental health	Social Enterprise	Total
Acute Medicine						4			4
Cardiology						1			1
Children		1							1
Community					4			1	5
Emergency Care						10			10
Frailty			1		1	2	1		5
Mental Health		1					4		4
Oncology						2			2
Out of Hours				4				3	7
Palliative Care								1	1
Primary Care			6	3	1			5	15
Prison				1					1
Radiotherapy						1			1
Rehabilitation							1		1
Research						1			1
Respiratory						2			2
Ambulatory/ Same Day Emergency Care						2			2
Surgery						5			5
Urgent Care	1					1		6	8
Total	1	2	7	8	6	31	6	16	77

Abbreviation: ACP, advanced clinical practitioner.

[a]Includes roles in General Practice or a Primary Care Network.

TABLE 3 Stated pay of qualified ACP (excluding consultant, lead or educator roles).

	Sector								
Pay	Agency	Charity	Primary care[a]	Independent Sector	NHS community	NHS acute hospital	NHS mental health	Social Enterprise	Total
AfC band 7					3	4		3	10
AfC band 8a		1			3	26	6	4	40
AfC band 8b						1			1
Hourly				4					4
Negotiable			1	1					2
Not stated	1		1	1				1	4
Other[b]	1	1	4	2				2	9
Total	1	2	7	8	6	31	6	16	77

Abbreviations: ACP, advanced clinical practitioner; AfC, Agenda for Change.

[a]Includes roles in General Practice or a Primary Care Network.

[b]Detailed a salary range or AfC equivalence.

Importantly, there was inconsistency in responsibilities and confusion regarding standards, specifically where roles were open to non-nursing applicants but required the postholder to comply with nursing regulatory standards.

> "Work as a surgical trainee ACP within the statutes and guidelines governed by the NMC"

> "Work at all times within the Nursing and Midwifery Council Code of Professional Conduct and Scope of Professional Practice."

> "In addition to standard nursing duties, the ANP/ACP role is…".

In terms of the roles for qualified practitioners ($n = 77$), 55 (71.4%) used the ACP title, although a number included alternate titles depending on base profession, for example "Advanced Clinical/Nurse Practitioner" or "Advanced Clinical/Nurse/Paramedic Practitioner". A small number of trainee ACP roles appeared to also function as another role, with the JD describing the post title as a 'Senior Nurse Practitioner' or 'Clinics Manager/Trainee ACP'.

5.3 | Education

A Master's degree was considered essential for over half of the qualified ACP roles ($n = 45/77$; 58.4%), although some would accept a Postgraduate Diploma ($n = 22/77$; 28.6%). In addition, prescribing was a core competency for most roles, with 36.4% ($n = 28/77$) requiring the individual to have independent prescriber status. In other JD or PS the prescriber capability was explicit but there was recognition of the differing scopes of registered professions.

> "Non-Medical Prescribing (V300)/ability to work within PGDs, within scope of professional practice."

> "If legislation, role and scope of post applied for (depending on base profession), have an independent prescribing qualification."

For those applying for a trainee ACP role the minimum post registration experience varied with many using the terms 'significant' or 'substantial', although when a specific timeframe was included this was most commonly 3- or 5-years.

> "Significant post registration experience".

> "Minimum 3 years post registration experience. At least 2 years recent primary and community experience".

> "1 year recent acute care experience at AFC band 6 or above. 5 years acute or emergency care experience".

Seven of the trainee advertisements detailed the study time an appointee could expect, with most having a 20% expectation (15 h full time) although two stated that "directed study time of 7.5 hours per week will be allocated", whilst another described the post as "100% supernumerary, 40% in the second year and 20% in their final year".

6 | DISCUSSION

This study has demonstrated inconsistencies in the establishment of ACP roles across England based on the documents used in recruitment and employment. This analysis was designed to be quantitative rather than examine the nuances of language, particularly around status and responsibilities. We have confirmed the findings of Fothergill et al. (2022) around large scale differences in JD, particularity around the clarity of role scope. As York (2021) stated the JD can protect an individual from working outside of their professional scope, whereas the observed variation across organizations may lead to unclear boundaries and questions of the transferability of skills.

Researchers (Fothergill et al., 2022; Taylor et al., 2022) have found that the ACP role is attractive in terms of career progression where opportunities may not have existed within their former practice arena. Stagnation in clinical careers may have led to a drain of experienced staff, with most training for such roles having many years of clinical experience. AfC, the UK NHS pay structure for non-medical staff was implemented in 2004 and roles are matched to a job profile based on 16 different domains including individuals' education, freedom to act and communication skills and responsibilities (NHS Employers, 2018). The band 8A AfC pay level may represent an opportunity not available within clinical uniprofessional roles, which may in turn drive a skills deficit within individual professions. This is particularly in high volume specialities such as acute and emergency medicine or primary care. Inadvertently this may also be contributing to workforce crises across other healthcare settings (Rolewicz & Palmer, 2019). In theory, ACPs are operating at a single level within a medical speciality without a clear career path. The identification of consultant, lead and educator ACP roles in this study suggests that this there is a clear drive to build a new career progression structure. Lawler et al. (2020) cited 'senior ACPs' it is unclear if this was a self or researcher attributed level of practice rather than a role title. In addition, the multiprofessional consultant role usually sees practice is based in their own profession and therefore it is unclear how the ACP role fits (Manley et al., 2022).

It is evident that the ACP role is still not clearly defined or understood, Murphy and Mortimore (2020) described it as an 'umbrella term' covering those in specialist roles and the generalist ACP. Wallymahmed and Pearson (2022) concur, suggesting both roles operate in an advanced sphere the ACP is better suited to generalist practice. The debate is exacerbated by the multiprofessional framework (HEE, 2017) which describes the capabilities expected by anyone in an advanced role. However, a lack of awareness of these capabilities and unique differences derived from clinical practice results in ambiguity and uncertainty as to what the advanced role entails and confusion with specialist posts (Cooper et al., 2019). Despite this, there is now acceptance that the ACP (role) is operating as an AP (level) not within an individual professional arena

(Fothergill et al., 2022). This may take some time to be embedded in practice, particularly before advanced 'uniprofessional' roles are universally recognized with the same standing. This requires accepted parity of education, responsibility and reward, and in particular assurance that the 4 pillars are embedded in relevant Master's programmes and roles.

Despite the aspiration that omniprofessional roles would be an opportunity for any registered health professional to work in an emerging clinical or medical structure the evidence confirms that this is not the case. This is an important finding, not least as it is evident that some of these posts have replaced specialist or advanced nursing roles in some area evidenced by the errors in document construction or version control. This in turn may have removed the opportunity for professional development as an advanced 'nurse' practitioner and questions the future development of the clinical evidence base within the nursing profession. The outcomes also confirm previous research which identified confusion around eligibility to develop in this sphere (Drennan et al., 2022). It is unclear from the documentary analysis the reasons for the perceived bias underpinning decisions regarding eligibility. It is perhaps suggesting that some professions do not have the underpinning knowledge for training with the commonly included professions (nursing, paramedic, physiotherapist) seeming to be more holistic in their pre-registration education particularly around their experience of history taking and assessment. The JDs also exposed wider concerns regarding the understanding of AHPs, particularly as paramedics were listed separately, despite them being one of the 14 professions and pharmacists not. Further, there is obvious confusion regarding registration requirements across different professional groups, with a clear lack of contemporary understanding of the difference between a professional and regulatory body.

The requirement for a full Master's degree for most posts is assuring as this aligns with the expectations of the multiprofessional framework (HEE, 2017), although competition and workforce shortages may be contributing to some flexibility in application of this standard. Inman (2019) found that clinical skills are acquired early in postgraduate programme, perhaps underpinning the inconsistent approach to educational standards. This echoes with the work of Thompson et al. (2020) as their survey of clinical leads also identified differences in the academic requirements of posts with some requiring an MSc or just clinical skills and prescribing modules. Prescribing remains a challenge regarding the omniprofessional role with variations in scope between professions, and although some roles did acknowledge that independent prescribing may not be within the gift of some applicants, most did require individuals to have this status.

6.1 | Limitations

Only roles advertised on the national NHS job portal have been captured, therefore it is feasible that those advertised on a local only basis or through other non-NHS providers will have been excluded.

Data related to expected clinical capabilities, role scope and organizational structure have not been captured within this paper and further analysis of the qualitative data is ongoing.

The data was collected in 2021 and therefore may not represent contemporary employment practice for ACP roles, however literature and ongoing debate suggests the same issues are unlikely to be significantly changed.

6.2 | Recommendations for further research

Further research is required to examine perceived bias in professional eligibility for ACP roles or training.

7 | CONCLUSION

The high number of advertisements for ACPs demonstrates that this has become an accepted role across England. Although many consistent factors were evident, particularly around pay and academic qualifications, the implementation of such roles remains varied across specialities and organizations. An emerging career structure was observed, although this may be a local phenomenon rather than a national strategy.

Despite being multiprofessional in their origin, many posts were limited in the professional role eligible to apply for them. This potential professional bias was observed in both trainee and substantive roles but it is unclear whether this is based on a lack of awareness or organizational experience.

AUTHOR CONTRIBUTIONS

Beverly Snaith: Conceptualization (lead); data curation (lead); formal analysis (lead); writing—original draft (lead); writing—review and editing (equal). **Claire Sutton:** Investigation (equal); writing—review and editing (equal). **Sarah Partington:** Investigation (equal); writing—review and editing (equal). **Elizabeth Mosley:** Investigation (equal); writing—review and editing (equal).

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CONFLICT OF INTEREST STATEMENT

There are no conflicts of interest to declare.

PEER REVIEW

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DATA AVAILABILITY STATEMENT

The data is available from the corresponding author on request.

TRIAL AND PROTOCOL REGISTRATION

No trial registration as this research did not include human participants.

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