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A comparison of job descriptions for nurse practitioners working in out-of-hours primary care services: implications for workforce planning, patients and nursing.

Abstract

Aim: To compare and contrast job descriptions for nursing roles in out-of-hours (OOH) services to obtain a general understanding of what is required for a nurse working in this job.

Background: OOH services provide nursing services to patients either through telephone or face to face contact in care centres. Many of these services are newly created giving job opportunities to nurses working in this area. It is vital that nurses know what their role entails but also that patients and other professionals know how OOH nurses function in terms of competence and clinical role.

Design: Content analysis of OOH job descriptions.

Method: Content analysis of a convenience sample of 16 job descriptions of OOH nurses from 5 OOH care providers across England was undertaken. The findings were narratively synthesised, supported by tabulation.

Results: Key role descriptors were examined in terms of: job titles, managerial skills, clinical skills, professional qualifications and previous experience. Content analysis of each OOH job description revealed a lack of consensus in clinical competence and skills required related to job title although there were many similarities in skills across all the roles.

Conclusion: This study highlights key differences and some similarities between roles and job titles in OOH nursing but requires a larger study to inform workforce planning.

Relevance to clinical practice: OOH nursing is a developing area of practice which requires clarity to ensure patient safety and quality care.

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

- There is a need for a consensus of opinion for nursing roles in OOH care linked to education, professional regulation and competence, based on expectations linked to particular job titles.

- Educational and professional standards are required for different roles, which has implications for the training of OOH practitioners nationally and internationally, where such services are developing.
- Health providers trying to meet the expectations of service users for 24 hour health care globally may invest in OOH nursing to meet demand.

Keywords: Out-of-hours (OOH) nursing, Advanced Nurse Practitioner (ANP), Nurse Practitioner (NP), job descriptions.

A comparison of job descriptions for nurse practitioners working in out-of-hours primary care services: implications for workforce planning, patients and nursing

Introduction

Patients who need to access a General Practitioner (GP) in the United Kingdom (UK) usually do so by making an appointment for a face-face consultation at their local GP surgery. However, out of office hours (OOH) patients who need to access a GP are required to telephone an OOH service provider, or may be diverted to an OOH service provider if they telephone the new NHS 111 service. The focus for this paper is on telephone triage consultation in OOH primary care service and not NHS 111. Typically an OOH service provider deal with over 100,000 calls per year and employs about 100 GPs and 30 Nurse Practitioners (NPs) (National Audit Office, (NAO) 2014). Nurse practitioner roles and responsibilities can vary from telephone triage and consultation to face to face advice and treatment depending on the structure of the individual service. Nurses have increasingly been used to reduce the burden on GP's through reduction of cases needing to see the GP after a consultation with a nurse, providing a cost effective and safe alternative for patients (Lattimer et al. 1998). Although all nurses are registered with the Nursing and Midwifery Council (NMC) to practice there is no specific qualification that defines a NP other than the job specification supplied by an employer. Models of OOH services vary but are based upon an initial phone contact from a patient which then sets in process a response according to need which may be a nurse telephone consultation, medical telephone consultation, face to face contact in a primary care setting or home visit, or for urgent care referral to hospital.

Urgent Health UK (UHUK) is a federation of 20 OOH service providers that cover a quarter of the population of England. Discussions at the UHUK annual conference identified variation in job descriptions for NPs and lack of accredited training for NPs (Staines, 2010). To ensure consistency and quality in OOH services work needs to be undertaken into the role and training of practitioners working in services. To date no studies have investigated job descriptions and person specifications of NPs in the OOH context and the implications that such variations might have for Directors of Nursing, patients, nursing and professional bodies.

Background

The reconfiguration of primary care services in the UK has occurred within the context of the General Medical Services contract for GP's which reformed pay and conditions across the NHS in 2004 (Care Quality Commission, 2014). As a result responsibility for OOH GP services moved from individual GP's to Primary Care Trusts with 90% of GP's opting out of providing OOH services (NAO, 2014). This has been an important stimulus for the development of nursing roles within primary care as a first point of contact with patients either face-to-face or through telephone triage. The expansion of nursing roles and responsibilities in OOH services has resulted in a proliferation of nursing job opportunities, and will continue as healthcare policy nationally and globally attempts to manage cost and workforce shortages, as well as improving efficiency and quality of health care service delivery (Franks, 2014). However, there remains a lack of clarity about what particular nursing roles mean in terms of competence, function, role development, professional education and patient expectations. New nursing models have emerged to fill a gap in service provision, which has led to a profusion of new job titles and an expansion of the scope and nature of nursing practice (Lowe et al. 2012). This has resulted in a variety of differing job titles which impacts upon workforce planning to meet the needs of OOH services. Therefore clarifying nursing roles is important to recognise the value and professional capability of nurses, and ensure there is consistent understanding of what each role entails linked to education, regulation, and maintaining professional competence (Wilson & Bunnell, 2007). In addition, without role clarity, it is difficult to measure the effectiveness and efficiency of service provision (Lowe et al. 2012).

Several studies have investigated differences in nursing roles (Roberts-Davis & Read, 2001; Daly & Carnwell, 2003; Ball, 2005; Gardner et al, 2007; Lowe et al. 2012). Roberts-Davis & Read (2001) looked at differences between NP's and Clinical Nurse Specialist's (CNS) finding that the NP role was more generic than CNS's, this was reflected in the undifferentiated client groups and types of care provided. Similarly, Daly & Carnwell (2003), categorised CNS's and Specialist Practitioners as those working primarily in acute care settings and generalist nurses (NP's and Advanced NP's) as those working at the interface between medical and nursing care due to their generalist nature. Moreover, Carnwell & Daly (2003), from

interviews with nurse managers, found that there was confusion about roles with many managers not seeing the difference between NP's and ANP's. This often resulted in practitioner dissatisfaction as they were not able to develop professionally due to limitations placed on nursing roles. Gardner et al. (2007) in contrast attempts to differentiate between NP and ANP roles and suggests that 'domains of practice' can be used to clarify nursing roles. These reflect clinical practice, professional efficacy and clinical leadership through particular practice standards, which can be used to ensure service parameters are met for specific population health needs.

The Royal College of Nursing, professional and academic organisations in the UK and international literature defines "advanced" as a level of practice rather than a role or a job title (Rolfe, 2014). However, the Nursing and Midwifery Council (NMC) defines advanced nursing practice as an umbrella term used to describe a number of specialist roles, which includes clinical nurse specialist and nurse practitioner (NMC, 2010). Ultimately, patients may find nursing job titles irrelevant, but it is one way of communicating with a patient to establish credibility and professional expertise (Winter & Teare, 2002). Therefore, this paper aims to undertake a content analysis of job descriptions for nurses working in OOH services to establish core commonalities between values, skills required, and job titles to move the agenda forward for advancing nursing practice and subsequently improving quality and delivery of nursing care in OOH care services.

Aim

To (i) undertake a content analysis of job descriptions for NPs working in OOH primary care services to identify core values and skills and (ii) assess the implications of any variations in job descriptions for employers of nurses, OOH nurses, patients and professional bodies.

Methods

Study design

The study utilised content analysis to identify and explore core values, skills and competencies of ANPs through their job descriptions. A convenience sample of 16 job descriptions were requested via email from five OOH providers in England. The

job descriptions covered a broad geographical area of England and were current for 2014.

Ethical approval

Ethical approval for the study was not required.

Data analysis

The job descriptions were first reviewed considering the language and characteristics used to gain prospective ANP's applicants for OOH services. Three researchers examined the job descriptions individually and then collectively to reveal that there were many varying attributes requested in terms of managerial and clinical skills, competencies and qualifications. An initial categorisation framework was developed from a first pass of the job descriptions by each reviewer, based on the terminology utilised within the job descriptions. The three researchers then met to agree a first categorisation to agree the codes and themes. Any disagreements in first categorisation were resolved through discussion. Each reviewer then completed the framework individually as a first analysis, providing a descriptive representation of the data focussing on commonalities and differences of the skills requested. Through subsequent research team meetings, new categories were added until a final categorization framework was reached, based on five skill sets - managerial skills, clinical skills, research skills, professional requirements and core competencies. Data were collated using Excel ®.

Results

Data were collected between January 2014 and December 2014. In total, 16 job descriptions from 5 OOH service providers in England were analysed. Table 1 illustrates the job titles operational in five OOH care providers. A summary of the main activity categories and their frequency are shown in Tables 1 and 2. Three categories and themes emerged from the content analysis – (i) lack of consensus, (ii) core skills, and (iii) professional requirements.

Table 1: Job Titles

Trust 1	Trust 2	Trust 3	Trust 4	Trust 5
OOH Lead	Nurse Practitioner Team Leader	Nurse Practitioner	Lead Nurse Minor Injuries	Advanced Nurse Practitioner
Autonomous Nurse	Face to Face Team Leader		Advanced Practitioner	Dental Nurse advisor (telephone triage)
Nurse Practitioner/Prescriber	Nurse Practitioner		Minor Injuries Nurse Practitioner	Triage Nurse
Triage Nurse	Nurse Practitioner Education Lead		Telephone triage Nurse	

Lack of a consensus

Variation in roles was most apparent in the job titles (Table 1). It is difficult with so many job title variations to know what a potential applicant may be applying for alongside the expectations from other health care professionals about what the practitioner will be doing, and what service will be provided to the public. Job titles may well give an indication of a key aspect of the role, for example Leader would indicate that the nurse may be in charge of a team of nurses. What may be more difficult to interpret is the difference between Autonomous Nurse and NP – a critical examination of the detail within the job descriptions would hope to shed light on these differences. However, when looking at these two particular job descriptions the same skills were requested of both roles despite having different job titles, suggesting that the same skill set is required.

Core Skills

Five of the job titles referred to 'leader' as an element of the role so an examination of the managerial skills that are requested could lend themselves to a common interpretation of what a nurse leader in an OOH service would undertake, see Table 2.

2: Managerial skills identified in OOH job descriptions

Managerial skills	OOH Lead	NP Team Leader	NP F2F team Leader	NP Education lead	Lead Nurse Minor Injuries
Team & Change management, service development, rota & leadership	X	X	X		X
Complaint management/investigation	X	X	X	X	
Quality/governance	X				X
Coaching/mentoring, clinical supervision	X	X	X	X	X
Recruitment, clinical induction	X	X	X		
Team IPR's/ monitoring performance		X	X	X	
Attendance meetings/conferences	X				X

Leadership and management in nursing have been linked to effect better patient care although they are not the same. The Kings Fund (2011) defined leadership as the ability to motivate people to a common goal, with management being responsible for ensuring the job was carried out. However there is a clear correlation in leadership roles with the expectation that leaders will manage outcomes for teams through some of the skills identified in the above list. The one clear commonality in the job descriptions examined is that team leaders are expected to provide clinical supervision to their teams in the form of mentoring but this does not extend to monitoring performance for all jobs. McKenzie & Manley (2011) feel that nurse leaders enhance the culture of nursing practice through mentoring and being visible as role models to teams but also suggest there should be a supervisory component in leadership. Therefore, mentoring without the authority of carrying out team appraisals may be an issue that could be addressed through examination of the key attributes of nurse leaders. Managing complaints and service development are the next most common categories in the job descriptions, again closely linked to monitoring performance of teams (Baker et al. 2012). Interestingly the only two job

descriptions to specifically mention management of quality /clinical governance also had to attend meetings or conferences.

Some management skills were also requested for other types of OOH jobs, namely NP, ANP and Telephone triage nurse where team/change management were requested. Quality and governance, and mentoring attributes were also requested for the dental nurse advisor, triage nurse and advanced practitioner jobs but this may have been prerequisites for a particular Trust as they all appeared in the same Trust documentation. While particular Trusts may have similarities in all jobs they offer potential employees it is not helpful when trying to distil the unique characteristics of a particular type of job, especially when the job is a fairly new innovation in the health service sector.

Only one job included management of supplies (NP) and one job stated that management of pay and grading of staff would be included (OOH Lead) suggesting that these issues may be less important when trying to come to some defining characteristics of leadership within OOH services.

Clinical skills were mentioned in many of the job descriptions and are presented in Table 3.

Table 3: Clinical skills identified in OOH job descriptions

	Dental nurse advisor (tel. triage)	ANP	Triage nurse	Urgent Care - Triage Nurse	OOH Lead	OOH Aut Nurse	OOH NP Prescriber	OOHs NP Team Leader	NP F2F Team Leader	NP	NP Ed Lead	NP	OOH tel triage nurse	OOH minor injuries NP	OOH lead nurse minor injuries	ANP urgent care
Initiate treatment & diagnosis		x				x	X			x		x		x	x	X
History taking, clinical examination assessment, vital signs	x	x		X		x	X			x		x	x	x	x	x
Investigations												x		x	x	
xray														x	x	
Give pt advice, manage problems, reassurance, health education	x	x	X	X						x		x	x	x	x	X
Discharge patients		x										x	x	x	x	X
Refers /liaise regarding patients	x	x	X	X		x	X			x		x	x	x	x	X
Telephone triage	x	x	X	X		x	X			x			x			
Face to face triage										x		x		x		
Autonomous decision making	x	x								x		x			x	X
Administer medication										x						
Identify life threatening situations	x	x										x				
Risk assessment	x							X	x	x	x	x	x		x	

The summary of clinical skills requested for all OOH job descriptions obtained are detailed in Box 1. One job (OOH Lead) made no reference to any clinical skills and 3 others (NP Team Leader, NP F2F team Leader, NP Education lead) only made reference to risk assessment included here in with clinical skills. Again this may be a Trust idiosyncrasy as the three Lead posts are all from the same Trust, but in the spirit of having a consensus on what Leadership may include, knowledge of the clinical skills being used by team members may be useful to include in national job descriptions. See summary of skills requested for all OOH job descriptions obtained – Box 1.

Box 1- Summary of clinical skills requested

Clinical skill	Number of jobs
Refers /liaise regarding patients	12
History taking, clinical examination/assessment, vital signs	11
Give patient advice/manage problems, reassurance, health education/promotion	10
Initiate treatment/diagnosis	8
Risk assessment	8
Telephone triage	7
Autonomous decision making -	6
Discharge patients	5
Investigations	3
Face to face triage	3
Identify life threatening situations	3
Xray interpretation	2
Administer medication	1

The most common clinical characteristic seen in job descriptions was referral and liaison about patients followed by history taking and clinical assessment. However key as these attributes may be to OOH practitioners they were not apparent in most of the Lead job descriptions, the exception being Lead nurse minor injuries. There

may be some assumption that these skills are implicit for the team leader roles as they supervise their team in care delivery rather than provide direct patient care as part of their role.

The next most common clinical skill desired by employers was being able to give patients advice and health promotion to manage problems (present in 10 job descriptions), the exclusions were the previously identified team leader posts and OOH autonomous nurse, and OOH Nurse Practitioner/Prescriber – these job descriptions belonged to a single Trust which incidentally had the briefest job descriptions (one page) so may be again an implicit, taken for granted expectation rather than a skill that is not desired.

Eight job descriptions required nurses to diagnose and initiate treatment and these were closely aligned with the NP role or ANP role. NHS Education for Scotland (NES) (2004) identified three levels of practice in OOH care:

- (i) A practitioner working under supervision
- (ii) A practitioner working with decision making support
- (iii) A practitioner working autonomously

This suggests that particular competencies or areas of practice such as diagnosis would be linked to the highest level of OOH nurse who could make their own decisions without following closely defined protocols. Despite this requirement to diagnose and initiate treatment only six job descriptions required nurses to work autonomously, and this was not linked to a particular Trust, management role or job title, or consistently to diagnosing and initiating treatment. Autonomous working is defined in this context through the NES (2004) definition of advanced practitioner and through the job descriptions interpretation of working independently. Therefore, this provides a good example of variation of interpretation of meaning assigned to job roles and titles.

Interestingly only one job description (NP) specified giving medication as part of the role indicating some disparity perhaps in expectations of NP's or in how the job descriptions are presented. A more pertinent minority skill was the expectation to

read and interpret Xrays – this was requested in the two minor injury job descriptions so appeared to be associated with musculoskeletal injury rather than general interpretation of medical diagnosis using Xrays. However NP’s in face-to-face OOH services may also be required to possess this skill as well. The initial data collection grid included a section which we defined as evidence based practice: (Box 2).

Box 2 - Evidence based practice requirements

Skill requested:	Number of job descriptions:
Audit, collate clinical information	10
Organise protocols/guidelines	6
Implement and facilitate evidence based practice	10

These particular skills were difficult to link to either a Trust who consistently included it in every job description, or to a particular level of nurse. In addition, Trusts that requested the ability to use evidence based practice were not the same as those that requested the ability to carry out audits and collate clinical information.

Professional requirements

The professional requirements of non- medical prescriber or ability to work according to patient group directives was requested by eight job descriptions, the exclusions being the previously identified team leaders and the triage nurses. This may indicate that triage nurses as initial responders to patients would refer on to more experienced practitioners who work autonomously (NES, 2004). The educational requirements for these jobs requested the ability to educate others (3) and were specifically related to educational lead role and advanced practitioners. Six job descriptions requested a degree, not really linked to a specific level of nurse, specific Trust or role (Box 3). The ANP job requested a degree at Masters level, and other jobs requested a NP degree or relevant with emergency care degree.

Box 3 - Job descriptions that required a nursing degree

Advanced NP

OOH Lead

NP x2

Minor injuries NP

Lead nurse minor injuries

In terms of previous professional experience 11 job descriptions ranged from requesting an independent practitioner to 5 years previous experience see table 4.

Table 4 – Previous professional experience

	dental nurse advisor (telephone triage)	Adv NP	Triage nurse	Triage Nurse	Out of Hours Lead	Out of Hours Aut Nurse	Out of Hours NP/Prescriber	telephone triage nurse	minor injuries NP	lead nurse minor injuries	adv practitioner (urgent care)
Independent practitioner									x	x	x
previous triage									x	x	
Continuing professional development	x	x	x	x		x	x	x	x	x	x
6 months prev experience					x						
3 years prev experience	x		x								
5 yrs prev experience		x									

The most common characteristic was the ability to continue professional development and is possibly influenced by professional registration requirements (Nursing & Midwifery Council, (NMC) 2011), who see ongoing professional development as part of making sure that nurses remain fit to practice and can therefore maintain their registration. The omitted five job descriptions from the table did not specify any particular previous experience (four belonging to one Trust). The discrepancies between Trusts is obvious even for the same role. For example one Trust specifies three years previous experience for a triage nurse and another requesting five years' experience for an ANP role, which compares with an ANP in urgent care that had no such requirement.

Discussion

This study aimed to undertake a content analysis of job descriptions for NPs working in OOH primary care services to identify core values and skills and assess the implications of any variations in job descriptions for employers of nurses, patients and professional bodies. From the analysis of job descriptions it is clear that there is little consensus on core values, skills, experience or educational background for NP or ANP job descriptions, even in a relatively small study and small field of practice. Although ANP is high on the agenda for education and professional regulation (Royal College of Nursing, (RCN) 2012) it still remains unregulated in terms of registration and legislation.

Gardner et al. (2007) in their study of ANP nursing in Australia found confusion over abilities and skills linked to nursing roles and suggested an operational framework to differentiate between ANP's and NP's. This framework would be based on the model of service, practice standards and legislative conditions of practice, giving a broader framework than NES (2004) which advocates nursing role based on level of supervision or autonomous working. Gardner et al. (2007) also suggests that legislation is required to convey a distinction between roles which would enhance workforce planning and ultimately service provision to patients.

Corcoran (2010) in her research of advanced nursing practice roles looked at international development of ANP's and found that the development of these roles was driven by varying political, social and economic factors, and that little consensus existed between countries. Without role clarity, it is difficult to measure the effectiveness and efficiency of service provision (Lowe et al. 2012). Ball (2005) in her study of specialist nurses and ANP's found differing titles did not convey understanding of what roles nurses had, it was better to conceptualise roles through the activities nurses carried out. These activities comprised management, clinical and educational work, but could be linked to particular levels and titles of nurses. Therefore, it is appropriate to look at content within job descriptions to enhance workforce planning functions. However from the activities listed in the job descriptions in this study it would be difficult to link a particular nursing role to a specific job title.

In terms of managing risk, it is important to ensure that job roles reflect appropriate skills required to undertake the job. Wilson & Taylor (2011) identified complaints that have been made against nurses in triage and OOH services, suggesting that good risk management strategies could improve patient care and ensure competent practice by nurses in these settings. Therefore, it is important that employers and nurses understand the constituent parts of what a job entails in OOH services and what educational and professional standards are required for different roles. There were many variations in management skills, clinical skills, and educational requirements requested for what seems to be, on the face of it, similar nursing roles.

The importance of having a clear understanding of job titles and roles in OOH services is important to practitioners who may be applying for jobs to ensure they are appropriately qualified, and also for educational providers and regulators to ensure nursing practice degrees and emergency care degrees provide programmes to develop the necessary skills, knowledge and competencies that will prepare nurses to work in OOH services. This will also have an impact upon managers in workforce planning to meet the future needs of OOH services to ensure the right skill mix of professional support is available for patients.

One main job title that appears to be consistently similar is the Leader role, although this was applied differently in terms of management, clinical and educational requirements. Using Gardner et al.'s (2007) operational framework to delineate differences between ANP's and NP's could be a starting point for employers to use as a basis for highlighting key professional attributes required for each job role, resulting in more clarity and accountability for each professional. The key components of Gardner et al.'s (2007) framework based on service model and role parameters has been applied below to the job titles examined in this study (Box 4).

Direct clinical care/focused clinical service: this would apply to NP roles. The parameters of this role would encourage professional efficiency that includes autonomous working, prescribing and diagnosing patient conditions and referral or discharge of patients.

Consultant /APN: this would apply to Lead roles and APN to develop teams, educate NP's, provide professional leadership and monitor clinical practice provided to patients.

Box 4 – Job titles categorised using Gardner et al’s (2007) framework

Trust 1	Trust 2	Trust 3	Trust 4	Trust 5
OOH Lead	Nurse Practitioner Team Leader	Nurse Practitioner	Lead Nurse Minor Injuries	Advanced Nurse Practitioner
Autonomous Nurse	Face to Face Team Leader		Advanced Practitioner	Dental Nurse advisor (telephone triage)
Nurse Practitioner/Prescriber	Nurse Practitioner		Minor Injuries Nurse Practitioner	Triage Nurse
Triage Nurse	Nurse Practitioner Education Lead		Telephone triage Nurse	

However, when considering the clinical and managerial skills requested in job descriptions analysed in this study, an alternative application of Gardner et al.’s (2007) framework combined with the NES (2004) levels of practice differentiating between working autonomously and under supervision could be applied (Box 5).

Box 5 – Job titles categorised using clinical skills from job descriptions

Trust 1	Trust 2	Trust 3	Trust 4	Trust 5
OOH Lead	Nurse Practitioner Team Leader	Nurse Practitioner	Lead Nurse Minor Injuries	Advanced Nurse Practitioner
Autonomous Nurse	Face to Face Team Leader		Advanced Practitioner	Dental Nurse advisor (telephone triage)
Nurse Practitioner/Prescriber	Nurse Practitioner		Minor Injuries Nurse Practitioner	Triage Nurse

Triage Nurse	Nurse Practitioner Education Lead		Telephone triage Nurse	
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The key differences are in Trust 4 and 5, from the job description analysis it appears that they are applying leadership and ANP criteria to several different job titles/roles, while other Trusts are using a leadership or ANP title without requesting the specific skills associated with these roles.

Strengths and limitations

Our study has important limitations. First, it is a relatively small study only looking at a limited number of job descriptions. Secondly job descriptions are not standard across the nursing sector so may reflect individual Trust requirements more than role activity. Therefore, a larger study is required to explore further nursing job descriptions across all specialities rather than just OOH services.

Conclusion

We have shown that there is little consensus on core values, skills, experience or educational background for NP or ANP job description for OOH nurse practitioner roles in England. However, there were some key similarities in leadership roles for OOH services and some overlap of clinical skills for roles across the range of job titles examined. It is difficult to come to a consensus of meaning in such a small study looking at job titles for OOH services, but opening up the debate could lead to a communal understanding and application of terminology to develop knowledge and understanding about what nurses do in clinical practice and enhance quality of service delivery and patient safety. Health providers trying to meet the expectations of service users for 24 hour health care globally may invest in OOH nursing to meet demand.

Relevance to clinical practice

This paper adds to the discussion on developing roles of NP's and ANP's in OOH services which can contribute to workforce planning strategies by ensuring the right people with the right skills are in the right place to provide high quality patient care (Department of Health, (DH) 2015).

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