



# Evaluation of the Medical Assistant Career Pathway Programme

Health Education England

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Final Evaluation Report – March 2019

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## Contents

Executive Summary .....	7
1. The Medical Assistant Programme.....	9
1.1. Purpose.....	9
1.2. The Pilot Sites .....	9
1.3. The HEE Project Team .....	10
2. Evaluation of the Medical Assistant Programme .....	11
2.1. Overall Aim of the Evaluation.....	11
2.2. The Evaluation Team .....	11
2.3. Evaluation Design .....	11
2.4. Data Collection Tools.....	12
2.4.1. Pre and post-programme questionnaires .....	12
2.4.2. Interviews .....	13
2.5. Data Collection Processes.....	13
2.6. Data Analyses .....	13
2.6.1. Quantitative data.....	13
2.6.2. Qualitative data .....	13
2.7. Reporting .....	13
2.8. Timetable.....	13
2.9. Support needs .....	14
2.10. Costing of the Evaluation.....	14
3. Results of Pre-Programme Evaluation.....	15
3.1. A Diversity of Approaches: Overview of the Medical Assistant Programmes.....	15
3.2. Result of Pre-programme Learners' Questionnaire .....	15
3.2.1. Learner Profiles.....	15
3.2.2. Motivation to study on the programme.....	16
3.2.3. Desired achievements from the programme .....	17
3.2.4. Perceived readiness to undertake the programme.....	18
3.2.5. Perceived competence of learners.....	19
3.2.6. Expected positive impact of learner's participation in programme on various stakeholders .....	21
3.2.7. Impact of programme on how learners work .....	21
3.2.8. Learner hopes for post-programme career development .....	23
3.2.9. Final comments by learners .....	24
3.3. Results of Pre-Programme Interviews with Clinical Lead, Project Lead and Project Managers.....	25
3.3.1. Experience of working with HEE and the Clinical Lead .....	25
3.3.2. Challenges in rolling out the project .....	25
3.3.3. Factors supporting Medical Assistant Programme Roll-Out .....	30

3.3.4.	Expected Impact of the Medical Assistant Programme .....	32
3.4.	Results of Pre-Programme Learners' Managers Questionnaire.....	40
3.4.1.	Learners' Manager profiles.....	40
3.4.2.	Employee achievements desired from the programme.....	40
3.4.3.	Perceived employee readiness to undertake the programme.....	43
3.4.4.	Perceived competence of employee .....	44
3.4.5.	Expected positive impact of employee participation in the programme on various stakeholders.....	45
3.4.6.	Impact of programme on how employees work .....	46
3.4.7.	Desired impact on employee practice and workplace .....	48
3.4.8.	Final comments by learners' managers.....	49
3.5.	Results of Senior Managers Pre-Programme Questionnaires.....	50
3.5.1.	Senior manager profiles .....	50
3.5.2.	Employee achievements desired from the programme.....	50
3.5.3.	Senior managers' perceptions of the programme .....	53
3.5.4.	Importance of various skills for employee .....	54
3.5.5.	Expected positive impact of employee participation in programme on various stakeholders .....	56
3.5.6.	Impact of programme on how employees work .....	56
3.5.7.	Desired impact on employee practice and workplace .....	58
3.5.8.	Final comments by senior managers.....	60
3.6.	Summary of Pre-Programme Evaluation .....	61
4.	Results of Post-Programme Evaluation .....	64
4.1.	Results of Post-programme Learners' Questionnaire .....	64
4.1.1.	Learner Profiles.....	64
4.1.2.	Perceived achievements from the programme.....	65
4.1.3.	Overall experience of the programme .....	67
4.1.4.	Further additional information that would have been useful.....	68
4.1.5.	Perception of improvement in communication skills, knowledge and understanding .....	69
4.1.6.	Perception of improvement in information management skills, knowledge and understanding .....	70
4.1.7.	Perception of improvement in knowledge, skills and understanding relating to protecting patients .....	70
4.1.8.	Perception of improvement in knowledge, skills and understanding relating to organising and networking skills .....	71
4.1.9.	Perception of improvement in knowledge, skills and understanding relating to motivating and supporting others.....	72
4.1.10.	Perception of improvement in knowledge, skills and understanding relating to developing effective relationships .....	73

4.1.11.	Perception of improvement in knowledge, skills and understanding relating to self-awareness.....	74
4.1.12.	Perception of improvement in knowledge, skills and understanding relating to ethical practice .....	75
4.1.13.	Other skills or knowledge relevant to the role of Medical Assistant developed through participating in the programme .....	76
4.1.14.	Perception of level of positive impact of learner participation in programme on various stakeholders .....	78
4.1.15.	Learner perception of biggest achievement since starting the programme...	81
4.1.16.	Impact of the programme on learner experience at work.....	82
4.1.17.	Learner hopes for career progress after the programme has finished .....	85
4.1.18.	Learners' perception of the most challenging aspect of the programme.....	86
4.1.19.	Learners' most liked aspect of the programme .....	88
4.1.20.	Learners' suggestions for improving the programme .....	90
4.1.21.	Learners' perception of the sustainability of the programme .....	91
4.1.22.	Final comments by learners .....	92
4.2.	Results of Post-programme Learners' Managers Questionnaire .....	93
4.2.1.	Learners' Manager profiles.....	93
4.2.2.	Learners' manager perception of employee achievements from the programme .....	93
4.2.3.	Perceived employee readiness to undertake the programme.....	95
4.2.4.	Learners' manager perception of additional information that would have been useful before commencement of programme .....	96
4.2.5.	Perception of improvement in employee communication skills, knowledge and understanding .....	97
4.2.6.	Perception of improvement in employee information management skills, knowledge and understanding .....	97
4.2.7.	Perception of improvement in employee knowledge, skills and understanding relating to protecting patients .....	98
4.2.8.	Perception of improvement in employee knowledge, skills and understanding relating to organising and networking skills.....	99
4.2.9.	Perception of improvement in knowledge, skills and understanding relating to motivating and supporting others.....	101
4.2.10.	Perception of improvement in employee knowledge, skills and understanding relating to developing effective relationships.....	102
4.2.11.	Perception of improvement in employee knowledge, skills and understanding relating to self-awareness .....	103
4.2.12.	Perception of improvement in employee knowledge, skills and understanding relating to ethical practice.....	103
4.2.13.	Other skills or knowledge relevant to the role of Medical Assistant developed by employee through participating in the programme.....	104
4.2.14.	Perception of level of positive impact of employee participation in programme on various stakeholders .....	105

4.2.15.	Perception of impact of employee participation in the programme on their work	107
4.2.16.	Perception of impact of employee participation in the programme on the workplace .....	109
4.2.17.	Employee's biggest achievement since enrolling on the programme .....	110
4.2.18.	Learners' managers' perception of the sustainability of the programme ....	111
4.2.19.	Challenges faced by learners' manager as line manager of employee on the programme.....	112
4.2.20.	Further suggestions for improving the programme by learners' managers .	114
4.2.21.	Final comments by learners' managers.....	115
4.3.	Results of the Post-programme Senior Managers' Questionnaire .....	115
4.3.1.	Senior manager profiles .....	115
4.3.2.	Senior manager perception of employee achievements from the programme	116
4.3.3.	Senior managers' perceptions of the programme .....	117
4.3.4.	Perception of improvement in employee communication skills, knowledge and understanding .....	118
4.3.5.	Perception of improvement in employee information management skills, knowledge and understanding .....	119
4.3.6.	Perception of improvement in employee knowledge, skills and understanding relating to protecting patients .....	120
4.3.7.	Perception of improvement in employee knowledge, skills and understanding relating to organising and networking skills.....	121
4.3.8.	Perception of improvement in knowledge, skills and understanding relating to motivating and supporting others.....	122
4.3.9.	Perception of improvement in employee knowledge, skills and understanding relating to developing effective relationships.....	123
4.3.10.	Perception of improvement in employee knowledge, skills and understanding relating to self-awareness .....	124
4.3.11.	Perception of improvement in employee knowledge, skills and understanding relating to ethical practice.....	125
4.3.12.	Other skills or knowledge relevant to the role of Medical Assistant developed by employee through participating in the programme.....	125
4.3.13.	Perception of level of positive impact of employee participation in programme on various stakeholders .....	126
4.3.14.	Perception of impact of employee participation in the programme on their work	127
4.3.15.	Perception of impact of employee participation in the programme on the workplace .....	127
4.3.16.	Challenges faced by senior manager embedding the role of MA in their organisation.....	127
4.3.17.	Perception of organisation's biggest achievement since establishment of new MA role	127

4.3.18.	Perception of the implications of the role for the culture of senior manager's organisation.....	128
4.3.19.	Perception of the impact of the role of MA on the structure of senior manager's organisation.....	128
4.3.20.	Perception of impact of MA on saving clinical time .....	128
4.3.21.	Senior manager reflection on initial aims of MA programme and extent of achievement of aims .....	128
4.3.22.	Senior managers' perception of the sustainability of the programme .....	129
4.3.23.	Further suggestions for improving the programme and final comments by senior managers .....	130
4.4.	Results of Interviews with Project Managers and the Clinical Lead.....	130
4.4.1.	Description of the project approach and process .....	136
4.4.2.	Drop-out and reasons for dropping out .....	138
4.4.3.	Working with HEE, Clinical Lead .....	138
4.4.4.	Challenges, as perceived by Project managers .....	139
4.4.5.	Factors supporting Medical Assistant Programme roll-out - what worked well 146	
4.4.6.	Impact.....	148
4.4.7.	Learner hopes for career progression .....	151
4.4.8.	Comments on sustainability of programme or outlook .....	151
4.4.9.	Recommendations or anticipated changes to approach going forward .....	152
4.4.10.	Summary of post-interviews with project managers .....	154
4.5.	Summary of Post-programme evaluation .....	157
4.5.1.	Respondent profiles .....	158
4.5.2.	Learner readiness and overall experience of the programme .....	158
4.5.3.	Perceived learner/employee achievements from the programme .....	158
4.5.4.	Learners' most liked aspect of the programme .....	158
4.5.5.	Further additional information that would have been useful.....	159
4.5.6.	Impact of MA programme .....	159
4.5.7.	Achievements from programme .....	162
4.5.8.	Challenges of MA programme.....	163
4.5.9.	Perception of the sustainability of the programme .....	164
4.5.10.	Recommendations and suggestions by stakeholders .....	164
5.	Conclusion and recommendations.....	167
5.1.	Conclusion .....	167
5.2.	Recommendations.....	169
6.	Appendices .....	170
6.1.	Appendix 1 - Competencies and Core Functions.....	170
6.2.	Appendix 2: Overview of Project Specifications based on Pre-Programme Interviews with Project Managers .....	174

## Executive Summary

Health Education England funded a pilot project called “The Medical Assistant Career Pathway” with the aim to develop and train individuals for the Medical Assistant Role in General Practice, utilising a Competency Framework (See Appendix 1) to guide skills development. The Competency Framework was developed by Jackie Tavabie. The pilot was implemented at nine sites across London and the South-East of England from 2017 to 2018. The overall project was managed by a Clinical Lead, Jackie Tavabie, and a Project Lead, Charlene McInnes, however Charlene left the post mid-project. Project managers managed their site pilots, however over the duration there was a large turn-over of project managers.

An evaluation project was undertaken with the aim to measure the effectiveness of the programme in terms of engagement, perceived value, impact and sustainability. The evaluation was undertaken by an independent team of academics from Kingston University and St George’s University of London, led by Professor Ann Ooms.

Mixed-methods triangulation design was used to evaluate the Medical Assistant Programme, with the aim to explore and expand quantitative data with qualitative data, and merged into one overall in-depth interpretation. Data was collected pre-and post-programme from all stakeholders, including the Clinical Lead, the Project Lead, the Project Managers, the learners, the learners’ managers and the learners’ senior managers through interviews and online questionnaires. Reflective diaries were also made available for the Project managers, however this data was disregarded due to very low engagement.

The Medical Assistant project included a diversity of approaches and covered a wide area (nine CEPNs) and large number of practices. The MA role was interpreted in a variety of ways by the CEPNs: from workflow optimization to managing phone consultations to active signposting and processing lab results.

Overall, engaging in the programme was a positive experience for the learners. Their levels of confidence, self-worth, motivation and job satisfaction increased and they developed skills, knowledge and understanding of topics relevant to their new role. These reported gains were also confirmed by the learners’ managers and the senior managers, although less by the latter. At the same time, there was also agreement related to the challenges; confusion about the role and expectations at the beginning of the project and scheduling protected time for the training being the most frequently reported.

As yet, participation in the programme had not had material impacts on salary increases or promotion and learners, learners’ managers and senior managers doubted the programme would impact career progression.

The evaluation revealed some evidence that saving could be substantial for practices who embraced the Medical Assistant and made the necessary time investments however impact on clinical time were still largely anecdotal. Similarly, broader impacts on organisational culture, such as rethinking of existing roles and current practices, were not yet visible. It is not unlikely that these positive changes may occur in the future as confidence in the MA role

develops and the MA role is embedded in the practices, however a follow-up evaluation study would be required.

The programme presented many challenges and much learning was garnered as a result. First, continuity of staff at the CEPN is crucial and without such continuity, learning tends to be lost, programme concepts can lack coherence and accessing information for the purpose of evaluation become tricky. Second is the importance of engagement and time to ensure that the MA project has the necessary support. A final challenge was related to establishing a positive relationship between the project managers and the training provider in order to provide appropriate training to the MAs.

The programme was generally felt to have been valuable by all stakeholders, with positive implications for the programme's future sustainability. Learners, learners' managers and senior managers tended to agree that the programme had been a good investment of their time and most expressed that they would recommend the programme to colleagues and were interested in enrolling an employee on a similar programme. Finally, none of the project managers interviewed reported hearing anyone making negative comments about the programme.

Based on the findings from the evaluation, recommendations have been made regarding project management, engaging practices, selection of learners and practices on the programme as well as recommendations for the senior managers and future evaluations.



## 1. The Medical Assistant Programme

### 1.1. Purpose

The purpose of the pilot of the Medical Assistant Programme was to develop and train individuals for the Medical Assistant Role in General Practice, utilising a competency framework (See Appendix 1) to guide skills development. The project therefore has the following objectives:

- Learn how to introduce and develop the role of the Medical Assistant in primary care clarifying the drivers, barriers and challenges.
- Understand the potential impact of the Medical Assistant role on improving clinician workload and efficiency.
- Clarify the expected competencies (and supported educational packages) required of the role.
- Test the Competency Framework against the requirements of the Medical Assistant role and further develop if required.

### 1.2. The Pilot Sites

Each of the nine pilot sites were provided with funding of £152,500 to develop educational packages, recruit and train Medical Assistants. Table 1.1 provides information about the nine pilot sites, including the number of Medical Assistants to be trained on each site and the Project Managers.

Table 1.1. Pilot Sites

CEPN	Area	Medical Assistants	Project Manager
North Central London	Barnet and Enfield Camden, Islington, Haringey	30	John Piesse Paula Gawronska
North East London	City and Hackney Newham		Paula Beare Fay Heatley Gita Malhotra
South West London	Croydon and Sutton (leading), Richmond, Kingston, Merton, Battersea Healthcare CIC	37	India Peach
South East London	Bromley and Bexley Lewisham	20 5	Tara Humphrey
North West London	Hillingdon		Annette Alcock Gill Rogers
North West London	Ealing		Fionnuala O'Donnell
Kent, Surrey and Sussex	East Kent	79	Dr Kim Stillman
Kent, Surrey and Sussex	West Kent	35	Sonia Northfield Dr Tony Jones
Kent, Surrey and Sussex	Surrey Heath Community Provider's Ltd (Surrey Heath GP Federation)	30	Edmund Cartwright Clinical Lead: Dr Mark Pugsley

### 1.3. The HEE Project Team

Members and contact details of the HEE Project Team are presented in table 1.2.

*Table 1.2. The HEE Project Team*

Role	Name	Email Address
Project Lead	Charlene McInnes	charlene.mcinnnes@hee.nhs.uk
Clinical Lead	Jackie Tavabie	jackietavabie@googlemail.com
HEE NCL	Charlene McInnes	charlene.mcinnnes@hee.nhs.uk
HEE SL	Jackie Tavabie	jackietavabie@googlemail.com
HEE SL	Sian Kitchen	Sian.kitchen@hee.nhs.uk
HEE NWL	Jonathan Sampson	jonathan.sampson@hee.nhs.uk
	Rachel Roberts	rachel.roberts@hee.nhs.uk
HEE KSS	Nick Barry Tait	NBarry-Tait@kss.hee.nhs.uk

## 2. Evaluation of the Medical Assistant Programme

### 2.1. Overall Aim of the Evaluation

The aim of the evaluation is to measure the perceived success of the Medical Assistant Programme implemented by the nine pilot sites.

### 2.2. The Evaluation Team

The evaluation of the programme was conducted by a team of independent researchers from the Faculty of Health, Social Care and Education at Kingston University and St George's, University of London.

Dr Ann Ooms is Professor of Higher Education Research and Director of Research at the School of Nursing. She holds a Ph.D. in Educational Psychology (Programme Evaluation) from the University of Minnesota, USA, and has over 12 years of programme evaluation and research experience. She is the lead evaluator.

Dr Celayne Heaton-Shrestha, Researcher, was recruited to support the evaluation. She holds a Ph.D. in Social Anthropology and has over 6 years of research experience conducted in the UK and abroad.

*Table 2.1. Members of the evaluation team*

Name	Email	Phone number
Professor Ann Ooms	A.Ooms@sgul.kingston.ac.uk	0208 417 4984 0786 789 7080
Dr Celayne Heaton-Shrestha	C.Heaton-Shrestha@sgul.kingston.ac.uk	0208 417 4101

### 2.3. Evaluation Design

Mixed-methods triangulation design is used to evaluate the Medical Assistant Programme, where the aim is to explore and expand the quantitative results with qualitative data. The triangulation design is a design in which the quantitative and qualitative methods are implemented during the same timeframe and given equal weight. The quantitative and qualitative data are merged into one overall in-depth interpretation.

Overall, the evaluation covers **five domains**:

1. Current status of practice
2. Learners' perceived engagement with the programme and its activities
3. Perceived value of the programme
4. Perceived impact of the programme on practice and workload
5. Perceived sustainability of the programme.

The evaluation is being conducted in two phases (pre and post programme) and contains the following components as presented in table 2.2.

*Table 2.2. Components of the evaluation*

Participants	Data Collection Method
Clinical lead (Jackie Tavabie)	Pre-programme interview
	Post-programme interview
Project Lead (Charlene McInnes)	Pre-programme interview
	Post-programme interview
Project Managers (9)	Pre-programme focus group
	Post-programme focus group
Learners	Pre-programme questionnaire
	Post-programme questionnaire
Learners' managers	Pre-programme questionnaire
	Post-programme questionnaire
Senior managers of learners' work places	Pre-programme questionnaire
	Post-programme questionnaire

## 2.4. Data Collection Tools

All data collection tools are available upon request.

### 2.4.1. Pre and post-programme questionnaires

Online pre-programme questionnaires have been administered to learners, their managers and the senior managers. The post-programme questionnaires have been developed after the data of the pre-programme questionnaires was analysed. The post-programme questionnaire were administered to learners, their managers and the senior managers at the end of their programme.

All questionnaires have been developed and administered according to the principles of the Tailored Design Method (Dillman, 2014). This method is used to minimize the burden on the participants and to increase the response rates and validity of the questionnaires. Concurrent triangulation design was used where the questionnaires include both quantitative and qualitative questions, aiming to expand the quantitative results with qualitative data. The quantitative and qualitative data has been merged into one overall interpretation.

Members of the project team had an opportunity to provide feedback on drafts of the questionnaires until agreement was reached with regards to format and content.

The questionnaires were administered online using Survey Monkey. The participants were given an option to request their individual responses, which is a method to increase response rates.

### 2.4.2. Interviews

Interviews have been conducted with the Clinical Lead (Jackie Tavabie) and the Project Lead (Charlene McInnes) and with the nine Project Managers at the beginning of the project. At the end of the project, an interview was also conducted with the Clinical lead (Jackie Tavabie) but not with the Project Lead (Charlene McInnes) because she was no longer in post. The interviews allowed the participants to reflect on the processes of running the programme and on their perceptions of the impact and sustainability of the programme. The interview protocols have been developed by the evaluation team, however the project team had the opportunity to provide feedback on the questions until agreement was reached with regards to content and format. The interviews took place at a time convenient for the Project Lead and Project Managers and were conducted over the telephone. The interviews did not take longer than one hour each.

## 2.5. Data Collection Processes

Even though the data collection tools were developed by the evaluation team, decisions about the most appropriate timing to collect data was made collaboratively.

## 2.6. Data Analyses

### 2.6.1. Quantitative data

SPSS versions 23 and 24 were used to analyse the quantitative data. Descriptive statistical analyses were conducted, reporting on frequencies of responses and means. These analyses were used to identify strengths and areas for improvement.

### 2.6.2. Qualitative data

Thematic analysis was used to analyse the qualitative data collected through the open-ended questions on the questionnaires and the interviews. The interviews were transcribed in full and verbatim, prior to analysis.

## 2.7. Reporting

Two digital reports were delivered to HEE. An interim report was delivered in August 2018. This report included the pre-programme data of all projects. The final report, this one, includes the interim report and the post-programme data of all projects.

## 2.8. Timetable

The evaluation project started 1<sup>st</sup> April 2017 and was scheduled to end by 31<sup>st</sup> July 2018. However, due to late start of the majority of the programmes, the end date had to be extended by 6 months. The timetable is presented in table 2.3.

Table 2.3. Timetable

Task	Responsible	Estimated time
Development of evaluation plan	Evaluation team	April 2017
Feedback on evaluation plan	Project Team	April 2017
Final version of evaluation plan	Evaluation team	April 2017
Development of pre-programme data collection tools	Evaluation team	April 2017
Feedback on pre-programme data collection tools	Project Team	April 2017
Final version of pre-programme data collection tools	Evaluation team	April 2017
Pre-programme data collection	Evaluation team	April 2017
End of pre-programme data collection	Evaluation team	Mar 2018
Data analysis pre-programme data	Evaluation team	Feb-Mar 2018
Report 1	Evaluation team	April 2018
Development of post-programme data collection tools	Evaluation team	March 2018
Feedback on post-programme data collection tools	Project Team	April 2018
Final version of the post-programme data collection tools	Evaluation team	April 2018
Administration of the post-programme data collection tools	Evaluation team	Apr-Dec 2018
End of post-programme data collection	Evaluation team	December 2018
Transcribing interviews	Evaluation team	January 2019
Data analysis post-programme	Evaluation team	Jan-Feb 2019
Report 2 (Final)	Evaluation team	March 2019

## 2.9. Support needs

In order to successfully conduct this evaluation, the evaluation team needed feedback from the project team on the evaluation plan and data collection tools.

Essential was also a smooth collaboration between the Project Managers and the evaluation team. Needed were contact details (names with contact information) and access to the learners, their managers and the senior managers where the learners work. Collaborative decisions were made regarding the most efficient and effective timing, methods and locations for the data collection.

## 2.10. Costing of the Evaluation

The proposed evaluation plan was costed as contract research through the University for the agreed budget of £50,000 VAT included.

### 3. Results of Pre-Programme Evaluation

#### 3.1. A Diversity of Approaches: Overview of the Medical Assistant Programmes

Section 1.2. presented an overview of each of the nine pilot sites. Clearly, the Medical Assistant Programmes have differed from each other, in some cases significantly, across the wide area covered by this evaluation. In interviews Project Managers explained some of the reasons behind their decision to choose one rather than another model. In some instances, this was the case because the Community Education Provider Network (CEPN) had already carried out similar work and did not want to duplicate it:

‘A lot of work has already been done locally around receptionist competency, mid-level competency and currently higher level competency ‘so there’s already a train of work happening which ... [Project lead] did not want to replicate’. (Project Manager)

In other cases it was associated with a local objection to the terms ‘apprenticeship’ or ‘medical assistant’ (‘People didn’t like that’ expressed a Project Manager). In the CEPN concerned, the Project Manager explained ‘[here] ‘they sign up as a learner on the business and admin diploma’. Or the CEPN simply had broader ambitions and wished to fit the Medical Assistant Programme or elements of it into a larger programme of change:

‘That’s the difference about [CEPN], it’s not taking this as just one role, it is a much bigger ...this is not just all about training and competencies, it’s about a much bigger, wider practice kind of culture’. (Project Manager)

#### 3.2. Result of Pre-programme Learners’ Questionnaire

##### 3.2.1. Learner Profiles

Fifty seven learners completed the online questionnaire. Learners who returned the questionnaire were enrolled on one of nine programmes, as presented in table 3.1.

*Table 3.1: Number of Medical Assistants enrolled on each programme*

Programme	Number of learners
NCL (Barnet, Camden, Enfield, Haringey & Islington)	14
NEL (City & Newham, Hackney)	0
KSS-East Kent	1
KSS-West Kent	0
KSS-Surrey Heath GP Federation	0
SL-SW (Croydon and Sutton, Kingston, Merton, Battersea Healthcare CIC)	24
SL-SE (Bromley, Bexley, Lewisham)	15
NWL-Hillingdon	0
NWL-Ealing	0
I am not sure	3

Among the learners, 50 had undertaken programmes that were taught in English prior to this programme while seven had not undertaken such programmes. Similarly, a majority of learners had studied in the UK prior to the programme (49 learners out of 57) while a minority (8 out of 57) had not.

Learners issued from one of 46 different GP practices or medical groups. Seven practices or medical groups sent more than one learner to the programme and 39 practices or groups had just one learner take part in the programme. Exceptionally, one group practice had five learners on the programme.

Learners occupied a diversity of roles within their work settings, as shown in table 3.2. Some learners carried out multiple roles, hence the number of learners in this table is greater than the total number of respondents.

*Table 3.2: Learner's current role*

Role	Number of learners
Receptionist	19
Administrator	35
Deputy/assistant manager	5
Healthcare assistant	2
Clinical/patient care coordinator	3

On average, learners had been working in a health setting for six years, ranging from less than one year to 14 years across the group.

### 3.2.2. Motivation to study on the programme

Learners were asked about the factors that had motivated them to undertake the programme of study. All 57 learners answered this question. For the vast majority of learners, the opportunity to improve their skills had been an important factor, followed by the wish to extend their current role and the desire to improve care for patients and carers. Far fewer cited external factors such as financial reward or recognition in the workplace while 'being sent by a manager' was selected by a third of the respondents. Table 3.3 details the numbers of learners who selected any given type of motivation.

*Table 3.3: Motivation to study on the programme (frequencies)*

Motivation	Number of learners
Sent by manager	19
Sent by senior manager	23
Want to extend my role	36
Programme is of interest to me	31
Want to improve my skills	45
Want to improve how we care for patients and their carers	32
Financial reward	6
Recognition in the workplace	16
Other, including:	
- Support colleagues/GP	3
- Sent by mentor	1
- Gain a qualification	1
- Progress up career ladder	1



### 3.2.3. Desired achievements from the programme

Learners were asked what they would like to achieve during the programme, professionally, personally and socially. Their responses are presented by theme in table 3.4. Where the response was very similar to another already included in the table, it has been omitted. In Table 3.5, these responses have been quantified, to give a sense of how frequently any given type of desired achievement was mentioned across the group of learners.

*Table 3.4: Learners' desired achievements from the programme (themes)*

Theme	Examples (verbatim)
Increase knowledge and skills	<ul style="list-style-type: none"> <li>- 'I would like to gain better knowledge of all aspects of my role and develop my skills to perform my role to a higher standard'</li> <li>- 'I would love to achieve further skills and knowledge within my role'</li> <li>- 'Expand my medical knowledge'.</li> <li>- 'I would like to expand my skill set and understanding of how the surgery works beyond that of Reception'.</li> </ul>
Improve own and workplace practices	<ul style="list-style-type: none"> <li>- 'Better understanding and development of skills to improve processes in general practice.'</li> <li>- 'To expand my skills within my practice. To lighten the load for the GPs.'</li> <li>- 'To be more helpful to patients.'</li> <li>- 'I would like to have a more positive work approach which then can feed into the work stream.'</li> <li>- 'To gain new skills and knowledge and make improvements in the way that the practice is run.'</li> <li>- 'Be as effective as possible in my role.'</li> <li>- 'To also learn as much as I can so I can to both improve myself and the Practice I work. I also look forward to learning and taking away new ideas from the others on this course.'</li> </ul>
Enhance my career prospects, obtaining a qualification	<ul style="list-style-type: none"> <li>- 'More knowledge and skills to enhance my career.'</li> <li>- 'A recognised qualification.'</li> </ul>
Expand my role in my current workplace	<ul style="list-style-type: none"> <li>- 'Improve my skills and knowledge so that I can have a better role/ position at work with more responsibility.'</li> <li>- 'To utilize my skills and develop my role with in the GP practice'</li> </ul>
Personal satisfaction, sense of achievement	<ul style="list-style-type: none"> <li>- 'Personally, to improve my learning skills for personal pride and satisfaction.'</li> <li>- 'Sense of personal achievement Feel that programme would help me to appreciate and give me a better understanding of what I do at work and what I can do to improve.'</li> <li>- 'To successfully complete a course after being out of the classroom for six years, self-development and to overcome my fears of starting something new.'</li> </ul>
Increase my confidence at work and/or generally	<ul style="list-style-type: none"> <li>- 'To be more confident in work social/networking sessions, allowing myself to be in the "moment" and not to be anxious and to learn how to listen to understand and not just to respond.'</li> <li>- 'To be more confident and knowledgeable so that I can help the patients more and also help the surgery by being able to answer questions myself.'</li> <li>- 'More confidence in dealing with minor clinical matters on the doctors behalf.'</li> </ul>

Theme	Examples (verbatim)
Gain recognition in the workplace	<ul style="list-style-type: none"> <li>- 'To gain more knowledge to do the job even better and get a better recognised position in the surgery.'</li> <li>- 'I would like this role to become recognised and have more of a status name in the workplace.'</li> </ul>
Networking	<ul style="list-style-type: none"> <li>- 'I enjoy networking and meeting new people within a similar role as myself.'</li> <li>- 'I would like to expand my knowledge and skills in the medical field, as well as build a strong network for myself.'</li> <li>- 'I would really like to meet other in the health care profession.'</li> </ul>
Unsure	<ul style="list-style-type: none"> <li>- 'Unsure as we have already studied and streamlined our processes during 'Productive General Practice' earlier this year.'</li> </ul>

*Table 3.5: Learners' desired achievements from the programme (frequencies)*

Theme	Frequency
Increase knowledge and skills	39
Improve own and workplace practices	18
Enhance my career prospects, obtaining a qualification	4
Expand my role in my current workplace	4
Personal satisfaction, sense of achievement	3
Increase my confidence at work and/or generally	7
Gain recognition in the workplace	2
Networking	8
Unsure	1

The preceding table shows that the large majority of learners saw this programme as an opportunity to enhance their skills and knowledge and also as a means to enhance their own work practices (for example, enabling them to better support their colleagues) or that of their workplace more broadly. Other professional (e.g., enhancing their career prospects); personal (e.g., increasing their confidence); and social goals (e.g., developing a network of support for themselves or channels to exchange new ideas and information); were not mentioned as frequently.

### 3.2.4. Perceived readiness to undertake the programme

The next item in the questionnaire asked learners to state the extent to which they agreed or disagreed with various statements relating to their readiness to undertake the programme. They were given the choice to disagree, somewhat disagree, somewhat agree and agree. All 57 learners answered this question. The vast majority of learners tended to somewhat agree or agree with the various statements pertaining to their readiness, while only a small minority disagreed or somewhat disagreed with the statements. The learners' responses are presented in table 3.6.

Table 3.6: Learner readiness to undertake the programme (frequencies)

	Disagree	Somewhat disagree	Somewhat agree	Agree
I am motivated to study on the programme	0	1	6	50
I feel well prepared to study on this programme	0	2	21	34
I feel confident that I will learn a lot on this programme	0	1	8	48
I know what is expected of me	1	3	26	27
I have scheduled protected work time in my calendar for studying	3	6	23	25
I feel supported by my Manager	0	2	7	48
I feel supported by my colleagues	2	0	10	44
I believe this programme will have a positive impact on my career	1	2	6	48
The information I have received so far has been useful	0	3	11	43
The content of the programme is clear	1	4	20	32

In order to identify with which aspects learners tended to agree or disagree, means were computed based on the following coding scheme: disagree=1, somewhat disagree=2, somewhat agree=3 and agree=4. Statements with mean values above 3 can be regarded as indicating overall agreement whereas statements with mean values below 3 can be regarded as indicating areas of lesser agreement. Results are presented in table 3.7.

Table 3.7: Learner readiness to undertake the programme (means)

	Mean
I am motivated to study on the programme	3.86
I feel well prepared to study on this programme	3.56
I feel confident that I will learn a lot on this programme	3.82
I know what is expected of me	3.39
I have scheduled protected work time in my calendar for studying	3.23
I feel supported by my Manager	3.81
I feel supported by my colleagues	3.71
I believe this programme will have a positive impact on my career	3.77
The information I have received so far has been useful	3.70
The content of the programme is clear	3.46

The means show that overall, the learners were motivated and had positive attitudes towards the programme, which they felt would have a positive impact on their careers and during which they would learn a lot. Learners also felt supported in their workplaces and found the information they had received so far to be useful. On the other hand, learners appeared less certain of what was expected of them and were less likely to agree that they had scheduled protected time in their calendar for studying.

### 3.2.5. Perceived competence of learners

Learners were then asked to rate how competent they felt in relation to various skills, which were derived from the Competencies and Core Functions framework (Appendix 1). Learners were given the choice between 'not competent', 'somewhat competent', 'competent', 'very

competent’ and ‘not sure’ for each given skill. All 57 learners answered this question. The majority of learners rated themselves as competent or very competent in all of the skills listed, with a minority rating themselves as not competent or somewhat competent. Responses are presented in table 3.8.

*Table 3.8: Perceived learner competence in skills from the Competencies and Core Functions Framework (frequencies)*

	Not competent	Somewhat competent	Competent	Very competent
Communication skills	0	4	30	23
Managing information	0	7	32	18
Organisation skills	0	5	27	25
Networking skills	1	18	28	10
Motivation skills	0	11	24	22
Supporting skills	0	6	28	23
Developing effective relationships	0	10	26	21
Self-awareness	0	12	27	18
Ethical practice	1	11	22	23
Protecting patients	0	6	21	30
IT skills	2	15	28	12

In order to get a clearer sense of which skills learners felt more or less competent in, means were computed based on the following coding scheme: not competent=1; somewhat competent=2; competent=3 and very competent=4. The results are presented in table 3.9.

*Table 3.9: Perceived learner competence in skills from the Competencies and Core Functions Framework (means)*

	Mean
Communication skills	3.33
Managing information	3.19
Organisation skills	3.35
Networking skills	2.82
Motivation skills	3.19
Supporting skills	3.30
Developing effective relationships	3.19
Self-awareness	3.11
Ethical practice	3.18
Protecting patients	3.42
IT skills	2.88

The means indicate that learners felt most competent in protecting patients and also in terms of their communications and organisational skills. The areas of least competence of the group included networking and IT skills. Overall, however, and with a very small number of exceptions, levels of competence varied.

### 3.2.6. Expected positive impact of learner's participation in programme on various stakeholders

The learners were asked to rate the positive impact they expected their participation in the programme would have on various stakeholders: themselves, clinicians, managers, patients and carers. They were asked to choose between 'no impact', 'minor impact', 'impact', and 'major impact'. All 57 learners answered this question. The vast majority expected their participation in the programme to have an impact or a major impact on the various stakeholder groups listed, and only a small minority of learners expected a minor impact or no impact on the same stakeholders. Their responses are presented in table 3.10.

*Table 3.10: Expected positive impact of learner participation in the programme on various stakeholders (frequencies)*

	No impact	Minor impact	Impact	Major impact
Yourself	0	2	16	39
The clinicians	0	3	24	30
The managers	1	5	26	25
The patients	5	5	21	26
The carers	5	6	23	22

As before, mean were computed based on the coding scheme: no impact=1; minor impact=2; impact=3 and major impact=4. The means are presented in Table 3.11. This was intended to give a clearer picture of where learners expected most and least impact of their participation in the programme to be felt.

*Table 3.11: Expected positive impact of learner participation in the programme on various stakeholders (means)*

	Mean
Yourself	3.65
The clinicians	3.47
The managers	3.32
The patients	3.19
The carers	3.11

The means suggest that the learners expected the programme to have some impact or major impact on the various categories of stakeholders. Among these, learners expected themselves, first of all, and then clinicians and managers to be impacted most and felt that patients and carers would be impacted least.

### 3.2.7. Impact of programme on how learners work

In the penultimate question learners were asked to state what they believed would be the most significant difference in how they work as a result of what they would learn on the programme. The themes identified from the responses and some of the responses (by way of illustration) are presented in table 3.12. Where responses were very similar only one has been included in the table.

Table 3.12: Expected impact on how learners work (themes)

Theme	Examples (verbatim)
Perform current role to a higher standard or more effectively	<ul style="list-style-type: none"> <li>- 'To gain more confidence and knowledge and broaden my skills to perform my role to a higher standard.'</li> <li>- 'Work at a higher level of awareness and understanding.'</li> <li>- 'I believe that having a better understanding of the administrative duties of both the clinicians and secretarial staff will have a major impact on how I approach the issues patients present with, as it will equip me with ways to better explain the situation and ease their anxiety towards the situation.'</li> <li>- 'I will be able to do my work with greater understanding and more effectively and will be able to support the clinical administrative workload of the practice more effectively.'</li> </ul>
Expand current role	<ul style="list-style-type: none"> <li>- 'I will be available to help with more tasks within the workplace.'</li> <li>- 'I will be doing different types of admin work which is different from the general reception work.'</li> </ul>
Have a new role	<ul style="list-style-type: none"> <li>- 'This will be a new role.'</li> <li>- 'I think my role will substantially change and I may be in a position where I am less patient facing and in a more administrative role.'</li> <li>- 'My role will change and will be more focused on supporting the GPs rather than the nurses.'</li> </ul>
Be able or better able to support clinicians and/or managers	<ul style="list-style-type: none"> <li>- 'It will help the doctors and managers to lighten their work.'</li> <li>- 'I will be able to help GPs with their admin which in turn will give them more time to deliver quality patient care.'</li> </ul>
Have a greater workload	<ul style="list-style-type: none"> <li>- 'I suspect I will be fairly busy.'</li> </ul>
Be more confident in my work-related interactions and dealings	<ul style="list-style-type: none"> <li>- 'I will have the confidence to deal both patients and work colleagues in a more confident and professional way.'</li> </ul>
Be more autonomous/able to make decisions in my work	<ul style="list-style-type: none"> <li>- 'Being confident to make a decision without having to seek validation from others at work.'</li> <li>- 'Being able to help patients myself instead of having to book appointments with doctors and nurses just to answer questions.'</li> <li>- 'I will not be relying on the GP's input to make a final decision about something non clinical.'</li> </ul>
Not sure	<ul style="list-style-type: none"> <li>- 'Unknown.'</li> <li>- 'I won't know until the course has ended &amp; I put what I have learnt into practice.'</li> </ul>
No change in how I work	<ul style="list-style-type: none"> <li>- 'Not much will change as we have already streamlined our processes previously in Productive General Practice and the GP's do not wish to change the way processes are now done in the practice due to the recent streamline which is working very well.'</li> </ul>

Table 3.13 presents these themes with the number of times each given theme was mentioned by learners in the questionnaire. This gives a relative sense of how important each one of the identified themes was for this group of learners.

Table 3.13: Expected impact on how learners work (number of mentions per theme)

Theme	Number of mentions
Perform current role to a higher standard or more effectively	8
Expand current role (additional tasks/responsibilities or doing different tasks without the role totally changing)	4
Have a new role	3
Be able or better able to support clinicians and/or managers	7
Have a greater workload	1
Be more confident in my work-related interactions and dealings	3
Be more autonomous/able to make decisions in my work	3
Not sure	3
No change in how I work	1

Many learners identified that the programme would increase their knowledge and skills but did not state how they believed this would impact their own ways of working; several also stated that they were not sure how their participating in the programme would impact how they work. When learners provided a more detailed answer, the expected positive impact mentioned most frequently by learners was an improvement in how they perform their current jobs, including the support they are able to extend to clinicians.

### 3.2.8. Learner hopes for post-programme career development

Finally, learners were asked how they hoped their career would develop after completing the programme. Their responses are presented thematically in table 3.14.

Table 3.14: Learner hopes for post-programme career development (themes)

Theme	Examples (verbatim)
Expanding role in current workplace, having more varied work	<ul style="list-style-type: none"> <li>- 'I hope that I will have more experience and will be asked to do more within the workplace.'</li> <li>- 'It will help me expand my role within the practice further.'</li> <li>- 'I would like my role to develop to include more varied work.'</li> </ul>
Having more responsibilities at work	<ul style="list-style-type: none"> <li>- 'Take on more responsibilities at work and increase in pay.'</li> <li>- 'I hope to be able to advance or expand my current role to take on more responsibility within the practice.'</li> <li>- 'I would like the opportunity to apply for promotion and take on more responsibility.'</li> </ul>
Increasing my salary	<ul style="list-style-type: none"> <li>- 'I will use what I have learnt in the new role with improved salary.'</li> <li>- 'Financial.'</li> <li>- 'Earn more money, more opportunity for different jobs.'</li> </ul>
Being promoted, having a more senior role, including practice manager, admin manager	<ul style="list-style-type: none"> <li>- 'To become deputy/practice manager.'</li> <li>- 'I am looking to gain experience for a practice management role.'</li> <li>- 'I am hoping I will have greater ability allowing me to lead a team of administrators.'</li> <li>- 'I hope it will lead to more senior positions with more responsibility and better pay.'</li> <li>- 'Move into a larger and more responsible role within the NHS.'</li> </ul>

Theme	Examples (verbatim)
	- 'To work my way up the ladder within the NHS.'
Working remotely and independently	- 'I am hopeful that I will be in a position to offer my services to other GP surgeries in order to achieve my goal of independent remote working.'
Getting better at carrying out current job	- 'Continue to develop skills and experience in current role.' - 'I am not really thinking of career prospects, rather I just want to learn so that I can do my job at work as best as I can.'
Do not expect this programme will enhance career prospects / unsure	- 'I will not be doing workflow after March so will not develop very much in this respect.' - 'Unknown.' - 'I take every day as it comes so couldn't say.'

The number of responses per theme are presented in table 3.15.

*Table 3.15: Learner hopes for post-programme career development* (number of mentions per theme)

Theme	Number of mentions
Expanding role in current workplace, having more varied work	5
Having more responsibilities at work	7
Increasing my salary	5
Being promoted, having a more senior role (nature of role unspecified)	7
Moving into managerial role	2
Working remotely and independently	1
Getting better at carrying out current job	4
Do not expect this programme will enhance career prospects / unsure	2

The hope for post-programme development mentioned most frequently by learners was the possibility of promotion to a more senior role, including a managerial role and also being entrusted with more responsibilities at work. The second most frequently expressed hope was for more varied work and also for an increase in salary.

### 3.2.9. Final comments by learners

Asked if there was anything else that they would like to add, only a small number of learners answered. Seven expressed they were 'looking forward' to the programme; two expressed being worried about the workload or the backlog of work participation would cause; one expressed feeling 'anxious' without specifying the cause; and one responded they did not understand the contents of the timetable but trusted it would get clearer as the programme got underway.



### 3.3. Results of Pre-Programme Interviews with Clinical Lead, Project Lead and Project Managers

All nine Project Managers were interviewed as part of the evaluation. In addition, both the Clinical Lead (Jackie Tavabie) and the Project Lead (Charlene McInnes), were interviewed. The phone interviews lasted between 30 and 60 minutes, were digitally recorded and transcribed in full before being subjected to a thematic analysis.

Although the approaches adopted across the CEPNs differed and some of the issues encountered by Project Managers were unique to their CEPN, in many cases CEPNs faced very similar challenges from and shared similar expectations of the Medical Assistants pilot. The common themes that emerged from the analysis of the interviews are presented below. Not all interviewees mentioned all of the themes listed below, but where a theme was broached by a large number of interviewees this is indicated in the text.

In view of the length of the qualitative analysis that follows, a table (3.16) summarising the themes uncovered is presented at the end of this section.

#### 3.3.1. Experience of working with HEE and the Clinical Lead

At the time of the interview several Project Managers reported not having had any dealings with HEE and/or the Clinical Lead (respectively four out of nine and two out of nine Project Managers). Where Project Managers had had exchanges with HEE and/or the Clinical Lead, the vast majority reported these to be positive: the words 'supportive', 'helpful', 'smooth', 'willing', 'useful' were used to describe these interactions.

One issue that was brought up by several managers concerned what one respondent described as HEE/the Clinical Lead's 'light touch': while the open-ended or exploratory approach adopted by HEE in relation to the Medical Assistant Programme was appreciated by some Project Managers, it was a source of confusion and unsettling for others. Two Project Managers expressed being unclear about the Clinical Lead's role, the extent to which they were accountable to the Clinical Lead and the extent to which her Competency Framework was prescriptive rather than indicative. Another manager explained she would have preferred a firmer set of criteria to guide the development of the pilot. The lack of such clear criteria had led to 'a dissonance in our [HEE/CEPN] positions' and 'separate agendas'. The main contact person and Project Lead at HEE (and HEE NCL) however expressed that working with Project Managers had been a 'very positive experience', perhaps reflecting the timing of the interviews with HEE team members (June 2017) and the Project Managers (June-December 2017).

#### 3.3.2. Challenges in rolling out the project

Project managers felt the project had experienced or was likely to experience a number of challenges as it rolled out. The challenges variously mentioned by Project Managers during the interview are listed below.

##### 3.3.2.1. *Challenges associated with developing the Medical Assistant model*

**Indemnity:** the issue of medical indemnity insurance was flagged up by several (three) respondents as a major concern among clinicians in relation to the Medical Assistants programme. One Project Manager described this as an 'exaggerated fear' but further stating that 'for many that's been a blockage'. These respondents felt, by the time of the interview,

that the matter had been largely resolved in their project areas and this through working with their chosen training provider or the Medical Defence Union.

Timing/pacing: the lack of sufficient development or preparation time at the beginning of the project was found to be problematic by some managers. This is expressed well by the following quotations from Project Manager interviews:

‘There was a tension between getting started and getting it right... we have had other sites try to rush it and then half of their delegates are no longer doing the apprenticeship, so it was a bit ... “Think very carefully, it's not about getting as many people as you can, it's about getting a smaller number of people and them being the right candidates to give them the best chance of finishing the programme.”

‘If I were to do it again [I] would .. probably... do some pre-planning before actually putting in the bid and maybe having a bit more lead-in time before the project goes live’.

Limitations to sharing learning across CEPNs: while opportunities for networking and learning from other project areas was valued by many (see below), in one instance at least, the claim by training providers to **Intellectual Property Rights** (IPR) over the packages they had developed was seen as limiting the degree of learning (and potentially the depth?) participating projects could expect from the pilot. As one Project Manager put it: IPR claims mean ‘you are not necessarily getting that degree of shared learning that you might have originally thought you were getting’.

Introducing a new concept in healthcare staff development: A final major challenge identified by one of the interviewees concerned the very foundations of the Medical Assistant project, namely the task of ‘getting people’s...hearts and minds around the concept of developing the non-clinical workforce rather than all this focusing on the clinical workforce’.

### **3.3.2.2. Challenges associated with resourcing the project**

Staff release: The issue of staff release was the most commonly mentioned challenge presented by the Project Managers, mentioned by six out of 11 interviewees. This was seen to be particularly challenging for smaller practices, even though these would benefit the most, ‘because they can’t afford it’ as one Project Manager put it succinctly.

Securing protected time and making time to engage with the project: Related to the issue of releasing staff for training was that of securing protected time (for mentors and practices) or simply making time to engage with the project (practice managers, learners). Initial added pressure on the workloads of the various stakeholders (learners and practice managers mainly but also nurses, clinician-mentors) was expected by Project Managers and some had made this clear to participants, for example:

‘I think juggling kind of just work/family and study and that was communicated to them, it would be hard sometimes.’ (Project manager)

Reportedly, this added pressure was already being felt in the early stages of the pilot:

‘The tutors have to appreciate that practice managers are crazy busy and have loads of things on their plates and aren’t going to drop everything every time the tutor contacts them, and I think the practice managers have to appreciate that if they sign their learner up to this pilot,

they need to engage in the process in order to make sure they get the most out of it...already we have had some quite prickly practice managers'. (Project Manager)

Need for dedicated project management: At the CEPN level, interviewees expressed that it was crucial that funds be set aside for a dedicated Project Manager. This is illustrated by the following quotations from the interviews with Project Managers:

'We have not spent any of the money on project management and that's because we agreed as a principle that the majority of the money needed to go to those who are being trained...There was some discussion and disquiet about that...and I guess that shouldn't necessarily be an assumption that could be made if you were going to roll it out more widely, ... it would potentially need project management.'

'One of the problems is that we haven't had specific project management...I dip in and dip out, dip in and dip out and that's not efficient and it's not my area of expertise... If you are going to do this sort of work you have got to have the appropriate manpower – part of that is skill, training, experience, part of it is having enough hours or enough personnel.'

### **3.3.2.3. *Challenges associated with shifts in ways of working***

Project managers expressed that the Medical Assistant Programme implied changes in ways of working in healthcare settings and this represented a challenge for a range of stakeholders including GPs, Practice Managers, the non-clinical staff undergoing training and nurses.

For GPs, the principal challenges presented by the Medical Assistant Programme would be: to support staff to take on new roles; to hand over responsibilities and to 'let go', and, together with the learners, building rapport and trust between themselves and the Medical Assistants; and to manage an initial increase in their workload with few apparent gains. The following excerpts from the interviews with Project Managers illustrate these points:

'It's quite a shift in behaviour on the part of the GPs...I think that potentially there will be a period where some more than others will struggle to support their staff to take on that remit, but I would hope that it's only a short-term negative from their perspective'.

'I think some GPs are definitely a lot more risk averse, they don't want to be giving anything away, some GPs, and they want to be able to deal with it all themselves, they want to see every single letter'.

'They [Medical Assistants] can work together with the GPs, building that rapport and confidence between both sides because ...they are going to be hopefully taking over some of their administration...the GPs need to have that confidence.'

'They [GPs] were the most challenging because they are used to doing it all themselves and it's the thought of letting go...change is always difficult.'

'They may initially find they are required to put in more time with little gains, but over time that their workload would be improving and perhaps they would learn to delegate a bit better because a lot of us aren't very good at it.'

For Medical Assistants/learners, the principal challenges are expected to include coping with a sense of risk and potential anxieties around the new role, and in particular the perceived overstepping of boundaries between the clinical and non-clinical domains. For

older staff, a challenge would be to deal with data and coding digitally, something which they might not have done previously and may be reluctant to take up. While for more experienced or possibly clinically trained staff in admin roles, a major challenge posed by the Medical Assistant Programme might consist of not overriding the protocols with their knowledge. For example, Project Managers expressed that:

‘Interviewer: What challenges you envisage for the medical assistants themselves, if any?

Respondent: Their own sense of risk, and getting used to working in ways that are new for them and it may feel as though they are getting involved in clinical decision-making, whereas in reality it’s just a working to protocol.’

‘We have some admin staff who have been clinicians in other countries ... and so they have got a certain level of clinical knowledge so I think [a challenge for them] will be...not overriding the protocol with their own clinical knowledge.’

‘People may be threatened by the introduction of new rules because some of them are of a generation that don’t deal with data,...with scanning and coding and computing and all that sort of stuff...there’s 3.4.5 practices that we are working with,...there are barriers put in the way of the project by the reception staff saying ‘well I don’t want to learn because this is how I have always done it and anyway the practice is never going to change so there’s no point’.

This last quotation also highlights another major challenge to learners, and that is associated with the ability to use their new skills in their work setting as one Project Manager put it:

‘This was always the risk that we thought might happen, which is that some of the participants are coming back and saying “I am not being able to be given the time to act as a medical assistant within the practice, so I am going back to do my day job but not the new job”.’

*For practice managers*, besides the challenges of finding the resources to run the pilot, the principal obstacle was thought to be a fear of change. This is illustrated by the following quotation from a Project Manager:

‘I think she feels quite scared about it, and so I think fear is an overriding thing for her. So in a way she would rather just stick with the status quo because she can’t see through, and has admitted herself...“I don’t know about the systems, I don’t know about Docman, I don’t really know about coding”.’

*For nurses*, finally, one Project Manager felt that the Medical Assistant project might potentially increase in their workload as a result, and managers would need to be aware of this and inform nurses of this possible negative impact.

#### **3.3.2.4. Challenges associated with the sustainability of the project**

In interviews, Project Managers touched upon a number of issues that have implications for the sustainability of the Medical Assistant programme. These included: keeping up engagement and motivation among participants, a particular concern where learners have been sent by managers rather than elected to take part in the pilot, but also crucial among practice managers and clinicians if the pilot is to have any impact; retaining staff and the learning developed; and for practice managers specifically, ‘affordability’. These points are illustrated below by excerpts from the interviews with Project Managers.

### *Staff engagement in project (examples):*

‘I think some of them are there because they have been told that they have to go on this course by their practice managers, so they are not necessarily there on their own free will. So we did try and go round them all and speak to them all and just kind of say ‘Where are you from, do you want to be here?’ ... and it was a bit mixed. So I am worried that ... there are going to be a few dropouts which again is expected’.

‘The impact [of the Medical Assistant] will only be realised if a line manager and the clinician are engaged in this.’

### *Retaining trained staff:*

‘[In the CEPN] we have a real push around retention of clinical and non-clinical staff, and a lot of that is around how we increase the learning opportunities and the upskilling of staff which then has an impact on motivation and morale. So I think probably the biggest challenge is going to be around retaining that knowledge within the local area.’

### *Implications for staffing and affordability (examples):*

‘There’s got to be a weighing-up of whether the investment in employing additional staff is worth the time saved from the administrative efficiencies, so that’s another potential barrier, is it worth it, can we afford it?’

‘With the managers, ...one of the points ... is working out who is going to do this work and are they going to be existing staff taken off other areas, for example reception and how that will work within the team, how that will leave the workforce’.

‘The other thing... once you start training up people and they are a relatively poorly paid part of the workforce... if you are upskilling ...if you are giving people more responsibility then you do need to think about how they are rewarded, not just in monetary terms but in study leave, etc., etc. So I think that’s a bit of an elephant in the room and ....has huge implications for how we take this forward’.

### *Specific challenges faced by Project Managers*

Among the challenges specific to Project Managers on the Medical Assistant programme, interviewees mentioned the following: ensuring equity among practices and engaging smaller practices; obtaining feedback from training providers and learners; minimising the pilot’s impact on practice workloads; getting GPs on board and building rapport between GPs and admin staff taking part in the project (mentioned above). The quotations below illustrate these points.

#### *Ensuring equity:*

‘Where we are still struggling slightly and need to challenge ourselves [as Project Managers] a little bit more to find a solution, is how we get some equity for the smaller practices so their staff can also access the training.’

#### Minimising impact on practice workload:

‘[R]educing the impact of the staff being absent from the practice on the workload, so that was the biggest challenge... how we do that with learners across all... practices ...that’s what we need to be giving a lot of serious consideration to.’

#### Lack of feedback, working remotely:

‘From a CEPN point of view we want to be involved as much as we can without stepping on [the training provider’s] toes, so I think I would like the tutor to be in close contact with me, but ... I suppose because this is their bread and butter... they will just...progress and maybe we won’t necessarily be involved as much as we would like to.’

‘Working remotely is always a challenge because I don’t have an office out in [CEPN]’

#### *Challenges faced by tutors/assessors:*

Generally, Project Managers did not feel that the Medical Assistant Programme was especially challenging for tutors and assessors, either because ‘we have tried to make it as easy as possible in the competency framework’ or because ‘it’s funded for them...[and] they are used to giving [this kind of training]’.

#### *Other challenges*

The only other notable set of challenges mentioned by Project Managers concerned the logistical challenges that learners might face in some cases, such as getting to the training venue.

### **3.3.3. Factors supporting Medical Assistant Programme Roll-Out**

Project managers mentioned a wide range of factors that they felt had facilitated roll-out or were key to the success of the early stages of the pilot in other ways. These factors are listed below.

#### **3.3.3.1. *Sharing ideas and experiences***

The opportunity to share ideas and experiences was mentioned by several interviewees (four) as potentially being or having been particularly helpful during the early stages of the pilot and for a wide range of participants, including Project Managers, practice managers, learners and mentors. These were seen to help keep up engagement, instil confidence and inspire as well as provide a platform to discuss issues and resolve these together. The medium of these exchanges ranged from informal meetings, scheduled learning events (‘action learning sets’, conferences) to social media groups set up among learners as well as some mentors. The following quotations illustrate this point:

‘The Project Managers in [CEPN] meet regularly so if we do have any challenges I can go to that group; if I have any particular challenges I can just phone up and... say ‘Oh I am having a bad day’ or ‘this has happened’ or ‘so-and-so said this’ so we have got that support.’

‘We will try and find our earlier doctors, people who have really seen successes and encourage them ... to speak about their experiences, protected learning time events and cluster events and things like this, so actually we can continue along this journey.’

### **3.3.3.2. *Supporting people through the process of change***

Supporting various groups through the changes in healthcare delivery associated with the introduction of Medical Assistants was seen by several Project Managers as key to the success and sustainability of the programme. This was seen to apply to patients, clinicians as well as the receptionist staff being trained, as the following quotations illustrate:

‘[Changing negative patient perceptions will involve] making sure that we have some really fit-for-purpose engagement and communications materials and that we are open and transparent with patients about what is being offered...putting out positive messages, being willing to answer any queries or questions that patients may have about the changes they are experiencing.’

‘We have shown them [GPs] what they can release and explain to them this matter...”baby steps to start with, do small things to start with”...then they can work up to bigger stuff that they can let go.’

‘Some of those [reluctant] behaviours [among receptionist/admin staff] are being changed through gentle support and training and education and support from the GPs, that’s very important as well.’

### **3.3.3.3. *Securing the support of people ‘higher up’***

Securing the support of people higher up was another factor that was seen to have been or to be key in the future to the success of the pilot, particularly as it was seen to help sustained engagement in the programme. This applied to individual practices and also to learners. The following quotations illustrate these points:

‘The thing we found has had the greatest impact on practices engaging is actually getting the message higher up within the practice, to the clinical leads, the GP partners, and actually getting them to take some ownership ... implementing the various programmes and ... acknowledging the benefits that the training will bring; providing complete support to the practice managers.’

‘If they want to keep [the learners], then that’s for them to provide that support in practice and that protected learning time to mentor them, I think that will help.’

‘We are very lucky in the federation that we have two GPs that are on the steering group and are our directors and they could see the benefits’.

### **3.3.3.4. *Allowing practices space to develop their own approach***

Another factor perceived by several Project Managers (four) as having been valuable during the early stages of roll-out was flexibility, allowing practices to develop their own approach to the Medical Assistants pilot. One Project Manager put it succinctly: ‘If you get prescriptive, then practices just switch off.’



### 3.3.3.5. *Other factors*

Finally, and following on from two of the challenges (time, personnel) mentioned above, several Project Managers mentioned time and personnel as key to future success of the Medical Assistant or similar pilots.

*Allowing sufficient time at preparatory stage and during roll-out* and *Having someone driving the project* (GP champions, dedicated Project Manager or other individual on the ground). This is illustrated by the following excerpts from the interviews with Project Managers:

‘Ultimately you need to put the preparation time in at the beginning and not underestimate ... a GP could do this... but they do need some protected time to sign off a protocol and be available for queries I think is really key.’

‘I think if you are going to do it to get somewhere else, you really need to work with the GPs before you start the training to get them on board....Give yourself a good 6 months of constantly discussing and working with them and showing them what the benefits are and what can be done.’

‘[W]ithout a person in the CCG area driving and ... getting resources out to practices, this would not happen. I think it's been absolutely key to have that person there and it's been really good for me.’

### 3.3.4. **Expected Impact of the Medical Assistant Programme**

Project managers expected the pilot to have a range of impacts, some at the level of the individual, some at the practice level, and some impacts were anticipated to occur at a deeper level, transforming awareness and understandings of project participants.

#### 3.3.4.1. *Impacts on individual work and workload*

On practice managers’ work and workload: interviewees who commented on this issue (four) felt that initially practice manager workloads would increase. This was seen to be the result of managers having the extra task of managing workloads during training; having to mentor Medical Assistants; and having to manage work relationships and boundaries, and perhaps even animosity where staff might have wished to attend the training but was unable to do so.

However, all four Project Managers felt that eventually the introduction of Medical Assistants in practices would lighten the workload of practice managers, for example:

‘It might be a bit more work initially for them because they are creating a new position essentially and they have got to deal with kind of various relationships in the practice...A challenge was around, well, what about the other kind of admin staff... what if all of a sudden this new medical assistant is taking away their work? Or what if they wanted to do the programme and they didn’t get a chance to and this other person did it and now there’s that kind of animosity?’



On clinicians' work and workload: Nine interviewees commented on this item; all felt that the Medical Assistant had the potential to lessen the workload of clinicians, principally by reducing the administrative burden on GPs and redistributing work more appropriately. Three Project Managers reported having received early feedback from practices involved in the Medical Assistant Programme indicating that there had indeed been a significant reduction in the amount of correspondence GPs had to go through, for example:

'The one practice that is further along, they are absolutely singing the praises of the process, that they have saved loads of GP time, that it's working really, really well.'

Two further interviewees felt that the impact would vary, depending on the level of GP engagement and the latter's willingness to delegate work to the Medical Assistant.

Finally, one interviewee speculated that the impact on clinicians was likely to be profound and involve not only a reduction in workloads but a transformation in how they viewed their work and their teams, which would involve:

'working more collaboratively with their teams and feeling themselves more part of the team rather than a one-man band trying to do all their work.'

On learners' and (post-training) Medical Assistants' work and workload: Several (three) interviewees expressed that in the period immediately following their training, Medical Assistants might see an increase in their workloads while they familiarise themselves with the new procedures and cautioned that 'that's something we need to monitor closely'. Opinions differed concerning the impact on Medical Assistants' experience at work. While one Project Manager felt that this might give rise to some anxiety, another suggested that Medical Assistants would experience this as a positive development:

'I also introduced something like this several years ago in my own practice and... it enabled getting the right member of staff into the right place to do the right job, so someone who is good at processing paperwork might not be good at talking to patients upon death sort of thing. So in terms of role development for members of staff, I think there is something positive and I think there's something positive for the organisation as well.'

On Nurses' work and workload: Finally, two interviewees commented that the Medical Assistant Programme might also have an impact on nurses and that this 'should also be considered', though they did not specify the type of impact they anticipated.

### **3.3.4.2. *Impacts on quality of care and/or perceptions of care***

All interviewees expressed that they felt that the Medical Assistant programme would have a positive impact on the quality of care in the longer term. Project managers expected that GPs would feel they are doing a better job for their patients; they would get better feedback from patients; and would be able to spend more time with patients eventually. Respondents also felt that the introduction of Medical Assistants would improve the quality of records: letters of referral would be processed more efficiently and correctly and fewer mistakes would be made in patient records. For example:

'We have faith that it is going to deliver on efficiencies and clinical time...but also if it produces better quality records and care, that is a positive.'

‘They [patients] are likely to find that things are dealt with in a more timely manner... if they are referred or something needs chasing for them or anything administrative would happen a bit quicker, is what I would expect the patients to notice....over the long term, it may be the case that they find their GPs are easier to contact’.

One respondent further added that Medical Assistants, as non-clinical members of the healthcare team, would allow the healthcare provider to develop a better picture of the patient:

‘My experience is that patients and carers will say things to non-clinical people that they wouldn’t say to nurses and doctors...they [non-clinical staff] get a more rounded view of what’s going on.’

The above expectations were supported in at least one case, where the Project Manager reported some ‘early wins’:

‘[A] lot of practices have found that when they were taking requests for telephone calls, they were putting a restricted amount of information on the GP screens, and I think that’s one of the early wins ... they are actually starting to get better at [recording] more information to allow a GP to make a decision without having to call the patient back. ... we are seeing some of those early changes coming in very quickly, so practices are beginning to get better at information gathering and communicating with their GPs.’

Several (three) respondents however also expressed a concern about the shorter term impact of the Medical Assistant programme on patients, particularly on perceptions of healthcare provision and individual practices. These Project Managers expected there would be ‘difficult conversations’ and ‘pushback’ from patients initially, and this would need to be mitigated through appropriate training and education. For example:

‘There has been a lot of negative press about reception staff being gate-keepers of practices so a lot of the training is about how questions are phrased so patients don’t feel they are coming up against a barrier.’

‘[T]here’s potential for patients to say to the GP when they come in... ‘I don’t like this new system of receptionists trying to signpost me away from you’ so in that one I guess, I think there’s more of a learning curve for the patients... And then I think it is around patient education and activation around taking responsibility for their own health...and...receptionists being skilled at having those difficult conversations.’

#### **3.3.4.3. *Impacts on learners***

Increased confidence, knowledge and skills: a small majority (six) of Project Managers expressed that the pilot would enhance the confidence of participating admin/receptionist staff as well as their skills and knowledge and allow them to feel more valued at work. For instance:

‘They are going to have quite a specialist role within the practice, so they are going to be able to teach people and train more junior members of staff and that should allow them to feel more confident’.

‘A really positive impact because it will give them... an extra skill, extra knowledge, ... confidence that they are doing a really important job’.

More positive perception of own role and feeling valued at work: Several (four) Project Managers felt that as a result of the Medical Assistant programme, learners would feel more valued at work and also feel that their work was more valuable. This is expressed by the following quotations:

‘I think out of this hopefully people’s values as receptionists and support will be regarded more... I was working with a group of GPs ... and this GP had been on some management training... and she said ‘you know what? ... I used to think I was the most important person in the practice, but I now realise it’s my reception admin team’ and she said ‘I feel like a weight has been lifted from me’.

‘Eventually for them will be a positive because they are going from just doing scanning, just sliding it through, to actually reading and actually feeling that they are actually doing something really worthwhile and supporting their own patients.’

Increased motivation, morale, confidence and enjoyment of role: Two further Project Managers expressed that in the longer term, the Medical Assistant Programme would increase morale and motivation as staff roles expanded into areas currently beyond their job description. For example:

‘Longer term I would hope there is no negative impact but certainly positive in terms of increased staff morale, increased staff willingness to engage in areas of work that potentially are outside of their existing job descriptions so expanding their roles within the practice.’

‘[H]opefully it will be a really positive impact on them, kind of giving them additional skills and more confidence in their role, and more enjoyment in their role because they are doing something different and something new.’

#### **3.3.4.4. Wider impacts**

Several respondents highlighted the point that the Medical Assistant Programme was likely to have a very broad impact on current practice, challenging existing roles and current practice while also creating new relationships and strengthening collaboration. These views are summarised below.

Rethinking existing roles and current practice overall: Respondents expressed that the pilot was likely to transform roles within practices and encourage people, including practice managers, to think more deeply about current roles, practices and needs. The following excerpts from interviews illustrate these points:

‘I think it [the Medical Assistant programme] impacts everyone so the medical assistant will go back in and will do work that other people were doing and therefore everyone else in the team has to rethink what they are going to do to accommodate that’.

‘It’s potentially got many, many more benefits than just clinical correspondence... it’s been challenging their role as practice managers and it’s got them thinking about their own development needs as well as implementing clinical correspondence.’

‘They [practices] want to go back to the hospital and say “actually we want letters sent to us in a different way with clear actions for GPs which makes it easier to then scan and code and whatever else...”

Building new relationships and strengthening collaboration: Two interviewees further mentioned that another beneficial outcome of the Medical Assistant Programme to date had been the creation of new or better relationships among practices. Overall, this had or was expected to help not only to share resources and learning relating to the Medical Assistant Programme across a CEPN, but also to raise standards and introduce practices to new ways of working. The following quotation exemplifies this point:

‘My hope is that it will mean that we...do get better relationships between the individual practices just because they have done this work together and that has the potential to raise standards within those settings, and also I think it should help some practices become introduced to a different way of working, that if they are not early adopters, they wouldn’t otherwise undertake.’

Potential positive impact on practice income: Finally, one interviewee expressed that a likely positive impact of the Medical Assistant project could be an increase in practice outcome. She expressed:

‘If there is a proper system in place... it will be much easier and we will be more accurate and we will get more income into the practice’.

Table 3.16 summarises the themes detailed above.

Table 3.16: Summary of themes from pre-programme interviews with Project Managers

Overarching Theme	Sub-theme	Sub-sub Theme
Experience of working with HEE and the Clinical Lead (CL)		<ul style="list-style-type: none"> <li>- CL/HEE generally perceived as supportive, helpful, willing</li> <li>- CL's light-touch approach either helpful or confusing</li> <li>- Some confusion around Pilot criteria and CL role</li> </ul>
Challenges in rolling out the project (experienced and/or anticipated)	Challenges associated with developing the Medical Assistant model	<ul style="list-style-type: none"> <li>- Indemnity concerns among clinicians have been a blockage; now largely resolved</li> <li>- Need for lead-in development time: lack of sufficient development or preparation time at the beginning of the project has been problematic</li> <li>- Limitations to sharing learning across CEPNs due to Training Provider claiming IPR</li> <li>- Introducing the new concept of non-clinical rather than clinical workforce development</li> </ul>
	Challenges associated with resourcing the project	<ul style="list-style-type: none"> <li>- Staff release, challenging for all but especially for smaller practices</li> <li>- Securing protected time and making time to engage with the project for mentors, practice managers as well as learners</li> <li>- Need for dedicated project management</li> </ul>
	Challenges associated with shifts in ways of working	<ul style="list-style-type: none"> <li>- For GPs: supporting staff in training, developing trusting relationships with Medical Assistants, delegating, managing initial increase in workload</li> <li>- For Medical Assistants/learners: managing anxieties around new role, developing necessary digital skills, not overriding the protocols with own knowledge, being given the opportunity to use their new skills in their work setting</li> <li>- For Practice managers: managing anxieties around change, securing the resources for the Pilot</li> <li>- For nurses: managing a possible increase in workload</li> </ul>
	Challenges associated with the sustainability of the project during Pilot phase and thereafter	<ul style="list-style-type: none"> <li>- Keeping up engagement and motivation among participants, including learners, Practice managers and clinicians</li> <li>- Retaining staff and the learning developed</li> </ul>

Overarching Theme	Sub-theme	Sub-sub Theme
		<ul style="list-style-type: none"> <li>- Affordability of Medical Assistant and implications of introducing Medical Assistants for staffing – an issue to be weighed up</li> </ul>
	Specific challenges faced by Project Managers	<ul style="list-style-type: none"> <li>- Ensuring equity among Practices</li> <li>- Minimising impact of Pilot on overall Practice workload</li> <li>- Lack of feedback from training provider, working remotely</li> </ul>
	Challenges faced by tutors/assessors	<ul style="list-style-type: none"> <li>- No particular challenge noted or envisaged</li> </ul>
	Other challenges	<ul style="list-style-type: none"> <li>- Possible logistical challenges for learners e.g. getting to the venue</li> </ul>
Factors supporting Medical Assistant Programme roll-out (experienced and/or anticipated)		<ul style="list-style-type: none"> <li>- Having opportunities for sharing ideas and experiences for Project Managers, Practice managers, learners and mentors through various media (conferences, action learning sets, social media groups, etc.)</li> <li>- Supporting various groups of people (patients, clinicians as well as the receptionist staff being trained) through the process of change in appropriate ways</li> <li>- Securing the support of people 'higher up' (including at Practice level, Federation level)</li> <li>- Allowing Practices space to develop their own approach</li> <li>- Allowing sufficient time at preparatory stage and during roll-out</li> <li>- Having someone driving the project</li> </ul>
Expected impacts of the project	Impacts on individual work and workload	<ul style="list-style-type: none"> <li>- On Practice managers' work and workload: initial increase but eventual reduction</li> <li>- On clinicians' work and workload: reported early and significant reduction in admin burden as expected but overall impact may depend on engagement</li> <li>- On learners' and (post-training) Medical Assistants' work and workload: concern that may increase initially, to be monitored closely</li> <li>- On nurses' work and workload: a possible impact, to be monitored</li> </ul>
	Impacts on quality of care and/or perceptions of care	<ul style="list-style-type: none"> <li>- Eventually positive impact but concerns about an initial 'pushback' from patients, to be mitigated through education</li> </ul>
	Impacts on learners	<ul style="list-style-type: none"> <li>- Increased confidence, knowledge and skills</li> </ul>

Overarching Theme	Sub-theme	Sub-sub Theme
		<ul style="list-style-type: none"> <li>- More positive perception of own role and feeling valued at work</li> <li>- Increased motivation, morale, confidence and enjoyment of role</li> </ul>
	Wider impacts	<ul style="list-style-type: none"> <li>- Rethinking existing roles, current practice and needs of all staff</li> <li>- Building new relationships and strengthening collaboration between General Practices</li> <li>- Potential positive impact on Practice income</li> </ul>

### 3.4. Results of Pre-Programme Learners' Managers Questionnaire

#### 3.4.1. Learners' Manager profiles

A total of 32 learners' managers answered the questionnaire for 36 different learners. Respondents were asked to fill in one questionnaire per learner, accounting for the fact that some managers managed more than one learner enrolled on the programme. Among the learners' managers, four completed a questionnaire for two employees and 28 filled in the questionnaire for one employee only.

Learners' managers had employees enrolled on one of the nine programmes as follows:

*Table 3.17: Medical Assistant programme on which employees have been enrolled*

Programme	Number of learners
NCL (Barnet, Camden, Enfield, Haringey & Islington)	8
NEL (City & Newham, Hackney)	0
KSS-East Kent	1
KSS-West Kent	0
KSS-Surrey Heath GP Federation	0
SL-SW (Croydon and Sutton, Kingston, Merton, Battersea Healthcare CIC)	16
SL-SE (Bromley, Bexley, Lewisham)	10
NWL-Hillingdon	0
NWL-Ealing	0
I am not sure	1

The learners' managers who completed the questionnaire worked in one of 28 different GP practices or medical groups.

#### 3.4.2. Employee achievements desired from the programme

Learners' managers were asked what they hoped their employee(s) would achieve during the programme personally, professionally and socially. Table 3.18 presents their responses, arranged thematically. Where responses were very similar, only one has been included in the table.

In Table 3.19, these responses have been quantified, to give a sense of how frequently any given type of desired achievement was mentioned across the group of learners' managers.

*Table 3.18: Employee achievements desired from the programme (themes)*

Theme	Examples (verbatim)
Developing employee skills, including	- 'Increased communication and interpersonal skills. Greater ability to handle complex administrator tasks.'
- Communications skills	- 'Upskilling - to improve efficiency of administrative work in the surgery, increase skill pool to cover annual leave etc.'
- Admin/reception and office management skills	- 'To learn new skills such as coding, to develop skills to problem solve and liaise with patients.'
- Coding, scanning, summarising medical records	- 'To gain training on coding and its significance both clinically and also in
- Teamwork skills	
- Safeguarding skills	



Theme	Examples (verbatim)
	<p>reporting. ...to gain training in triage of clinical</p> <ul style="list-style-type: none"> <li>- letters in order to decide which letters can be filed and which need review from a clinician... to gain training in developing EMIS Templates and Protocols to enable [learner] to action some correspondence in agreement with the Doctors. e.g. District nurse referrals, physio referrals at the request of a secondary care physician.'</li> <li>- 'Improved coding, summarising, use of Docman colleague and peer engagement.'</li> <li>- 'To develop team working and communication skills.'</li> <li>- 'Coding, EMIS searches, minute taking.'</li> </ul>
<p>Increasing employee knowledge and understanding, including of:</p> <ul style="list-style-type: none"> <li>- Clinical terminology</li> <li>- Patient safety and safeguarding</li> <li>- Safe document management</li> <li>- Services available outside surgery</li> <li>- Own role, significance and boundaries</li> <li>- Unspecified/generally</li> </ul>	<ul style="list-style-type: none"> <li>- 'To learn about patient safety issues.'</li> <li>- 'To understand more fully the admin workload of the clinical team.'</li> <li>- 'To gain a broader knowledge of clinical aspects which will assist her in her current role and provide the best patient care.'</li> <li>- 'Awareness of what is available outside surgery.'</li> <li>- 'Understand boundaries of her role.'</li> <li>- 'New skills &amp; ideas to help support doctors manage patients ultimately, but understand this is administration.'</li> </ul>
<p>Developing personally, including</p> <ul style="list-style-type: none"> <li>- Becoming more confident</li> <li>- Staying positive</li> <li>- Becoming more self-aware</li> <li>- Accepting recognition</li> <li>- Feeling able to challenge others when supported by evidence</li> <li>- Becoming more autonomous</li> </ul>	<ul style="list-style-type: none"> <li>- 'Feel that she is developing her abilities and growing in her role to achieve her full potential.'</li> <li>- 'The ability to distribute work within the practice away from the GP.'</li> <li>- 'Building confidence, personal management, staying positive.'</li> <li>- 'Be more self-aware, particularly how [employee] impacts on others.'</li> <li>- 'I would like to see [employee] grow in confidence...to recognise &amp; acknowledge her own ability, to feel able to challenge those at different professional levels when she has sound evidence and to... accept recognition.'</li> </ul>
<p>Expanding employee role, progressing in career</p>	<ul style="list-style-type: none"> <li>- '[Employee] already codes and summarises certain data from letters as part of scanning and work flow we are looking to enhance this role by the knowledge gained to ultimately reduce the administrative pressure on the GPs.'</li> <li>- 'Enhance current role re scanning.'</li> <li>- 'To enhance her professional career.'</li> </ul>
<p>Developing a greater interest in role, recognising its importance</p>	<ul style="list-style-type: none"> <li>- 'To keep her interested in her job.'</li> <li>- 'Understand the importance of the role ...Enjoy and develop role.'</li> </ul>

Theme	Examples (verbatim)
Developing a professional and support network	<ul style="list-style-type: none"> <li>- 'Develop a support network to share professional ideas.'</li> <li>- 'Meeting people working in a similar environment, sharing ideas.'</li> <li>- 'I hope [employee]... benefits from ongoing support from her peers and giving support in return.'</li> </ul>
Cascading learning to other non-clinical staff	<ul style="list-style-type: none"> <li>- 'Cascade learning and possibly develop other members of the non-clinical team.'</li> <li>- 'Stronger within the team and passing on new skills to her fellow colleagues.'</li> <li>- 'Understand current best practice and bring it back to the practise to discuss and implement those changes.'</li> </ul>

*Table 3.19: Employee achievements desired from the programme (number of mentions per theme)*

Theme	Number of mentions
Developing employee skills, including	24
- Communications skills	8
- Admin/reception and office management skills	3
- Coding, scanning, summarising medical records	6
- Teamwork skills	2
- Safeguarding skills	2
- Unspecified	3
Increasing employee knowledge and understanding, including	17
- Clinical terminology	2
- Patient safety and safeguarding	2
- Safe document management	2
- Services available outside surgery	1
- Own role, significance and boundaries	4
- Unspecified/generally	6
Developing personally, including	23
- Becoming more confident	14
- Staying positive	1
- Becoming more self-aware	1
- Accepting recognition	1
- Feeling able to challenge others when supported by evidence	1
- Becoming more autonomous	1
- Unspecified	4
Expanding employee role, progressing in career	9
Developing a greater interest in role, recognising its importance	2

Theme	Number of mentions
Developing a professional and support network	5
Cascading learning to other non-clinical staff	2

The desired achievement that learners' managers mentioned most frequently in responses to this open-ended question concerned the development of the employee's skills, in particular their communications skills and their skills in managing paperwork such as coding, scanning, summarising medical records. The second most frequently mentioned desired achievement related to the employee's personal development with the majority of respondents here hoping that the employee would grow in confidence as a result of the participation in the programme. The third most frequently mentioned desired achievement concerned the increase in the employee's knowledge and understanding of a range of topics such as medical coding, patient safety, and also, the significance and scope or boundaries of their own roles as non-clinical Medical Assistants. For learners' managers, on the other hand, developing a professional network did not appear as important as an achievement.

### 3.4.3. Perceived employee readiness to undertake the programme

Learners' managers were asked to rate their employee(s)' readiness to undertake the programme by stating the extent to which they agreed or disagreed with various statements. They were given the choice to disagree, somewhat disagree, somewhat agree and agree. All 36 learners' managers answered this question. None of the respondents disagreed with any of the statements pertaining to their employee's readiness and only one respondent somewhat disagreed with one of the statements. The vast majority agreed and a small minority somewhat agreed with the statements. The results are presented in table 3.20.

Table 3.20: Perceived employee readiness to undertake the programme (frequencies)

	Disagree	Somewhat disagree	Somewhat agree	Agree
I believe my employee is motivated to study on the programme	0	0	5	31
I believe my employee is well prepared to study on this programme	0	0	6	30
I feel confident that my employee will learn a lot on this programme	0	0	8	28
I know what is expected of my employee	0	1	17	18
I have scheduled protected time in my employee's calendar for studying	0	0	7	29
I will support my employee	0	0	3	33
I believe this programme will have a positive impact on my employee's career	0	0	4	32

	Disagree	Somewhat disagree	Somewhat agree	Agree
I believe this programme will have a positive impact on our workplace	0	0	5	31
The aim of the programme is clear	0	0	12	24

In order to identify with which aspects learners' managers agreed most and least, means were computed based on the following coding scheme: disagree=1, somewhat disagree=2, somewhat agree=3 and agree=4. Results are presented in table 3.21.

*Table 3.21: Perceived employee readiness to undertake the programme (means)*

	Mean
I believe my employee is motivated to study on the programme	3.86
I believe my employee is well prepared to study on this programme	3.83
I feel confident that my employee will learn a lot on this programme	3.78
I know what is expected of my employee	3.47
I have scheduled protected time in my employee's calendar for studying	3.81
I will support my employee	3.92
I believe this programme will have a positive impact on my employee's career	3.89
I believe this programme will have a positive impact on our workplace	3.86
The aim of the programme is clear	3.67

Learners' managers felt that they would support their employee, that they believe this programme will have a positive impact on their employee's career and on the workplace and that their employee is motivated to study on the programme. Learners' managers were less clear about what is expected of their employees and about the programme aim.

#### 3.4.4. Perceived competence of employee

Learners' managers were then asked to rate how competent they felt their employee(s) were in relation to various skills derived from the Competencies and Core Functions framework (Appendix 1). They were given the choice between 'not competent', 'somewhat competent', 'competent', 'very competent' and 'not sure' for each given skill. All 36 learners' managers answered this question. None of the learners' managers bar one rated their employee(s) as not competent in the skills listed. The majority rated their employees as competent or very competent, with a minority, ranging from 5% to almost 40% of respondents, depending on the skill, rating their employee as somewhat competent. Learners' managers' responses are presented in table 3.22.

*Table 3.22: Employee perceived competence (frequencies)*

	Not competent	Somewhat competent	Competent	Very competent
Communication skills	0	5	17	14
Managing information	0	3	20	13
Organisation skills	0	5	14	17
Networking skills	1	14	13	7
Motivation skills	0	10	13	13
Supporting skills	0	10	14	12

	Not competent	Somewhat competent	Competent	Very competent
Developing effective relationships	0	10	17	9
Self-awareness	0	6	19	11
Ethical practice	0	4	17	15
Protecting patients	0	4	13	19
IT skills	0	2	19	15

In order to get a clearer sense of where learners managers as a whole felt their employee(s) were more competent or less so, means were computed based on the following coding scheme: not competent=1; somewhat competent=2; competent=3 and very competent=4. The results are presented in table 3.23.

*Table 3.23: Employee perceived competence (means)*

	Mean
Communication skills	3.25
Managing information	3.28
Organisation skills	3.33
Networking skills	2.74
Motivation skills	3.08
Supporting skills	3.06
Developing effective relationships	2.97
Self-awareness	3.14
Ethical practice	3.31
Protecting patients	3.42
IT skills	3.36

The means show that the managers felt that their employee(s) were weakest in their social skills (networking and building effective relationships), and strongest in their IT skills, organisational skills, ethical practice and their ability to protect patients.

#### **3.4.5. Expected positive impact of employee participation in the programme on various stakeholders**

Learners' managers were asked to rate the positive impact they expected the participation of their employee(s) in the programme would have on stakeholders: the employees themselves, the clinicians, the managers, patients and carers. They were asked to choose between 'no impact', 'minor impact', 'impact', and 'major impact'. All 36 learners' managers answered this question. None of the learners' managers with one exception expected their employee's participation in the programme to have no impact on the various stakeholders listed. The majority expected it to have an impact or a major impact while a minority, ranging from 3% to 36%, expected the employee's participation to have a minor impact on various stakeholders. The number of responses for each type of impact and extent of impact, are presented in table 3.24.

*Table 3.24: Expected positive impact of employee's participation in the programme on various stakeholders (frequencies)*

	No impact	Minor impact	Impact	Major impact
Employee	0	0	20	16
Clinicians	0	2	18	16
Managers	0	1	16	13
Patients	0	7	16	13
Carers	1	13	11	10

As before, means were computed based on the coding scheme: no impact=1; minor impact=2; impact=3 and major impact=4. The means are presented in Table 3.25. This was intended to give a sense of which stakeholders learners' managers expected to be the most and the least positively impacted by their employee(s)' participation in the programme.

*Table 3.25: Expected positive impact of employee's participation in the programme on various stakeholders (means)*

	Mean
Employee	3.44
Clinicians	3.39
Managers	3.22
Patients	3.17
Carers	3.00

The means show that managers expected every stakeholder group to benefit with carers to be the least positively impacted by the learners' participation in the programme and the employees themselves first of all, and the clinicians secondly to be positively impacted.

### 3.4.6. Impact of programme on how employees work

Learners' managers were asked to state what they felt might be the most significant difference in how their employee(s) work as a result of their participation in the programme. Their responses are presented thematically in table 3.26. Where responses were very similar, only one has been included in the table.

*Table 3.26: Expected impact on how employee works (themes)*

Theme	Examples (verbatim)
Employee will think of self and job differently	<ul style="list-style-type: none"> <li>- 'He will work with increased understanding of his abilities and the impact his knowledge will bring to his colleagues.'</li> <li>- 'This course will allow them to think about work in a different way - to think about what is coming in and how it can be dealt with as opposed to handing everything over, it will give them more ownership.'</li> <li>- 'Feeling that he [employee] is doing a worthwhile job.'</li> <li>- 'Understanding the importance of the role.'</li> </ul>
Employee will work with enhanced skill and knowledge, to a higher standard and / or with	<ul style="list-style-type: none"> <li>- 'Will have the knowledge and skills to perform the tasks to the optimum standard and ensure that patient safety is not compromised.'</li> <li>- 'Develop better communication skills when dealing with patients, staff and others in the Practice.'</li> </ul>

Theme	Examples (verbatim)
greater attention to detail and complexity	<ul style="list-style-type: none"> <li>- 'I feel this course will enhance the excellent skills [employee] already possesses.'</li> <li>- 'I believe [employee] will be able to take on more complex duties as a result of this training.'</li> </ul>
Employee will have greater confidence, work more autonomously	<ul style="list-style-type: none"> <li>- 'Have more confidence, better problem-solving abilities and ability to make effective decisions.'</li> <li>- 'Independent working, improved confidence in actioning clinical admin tasks. Taking initiative in supporting the searches, recalls and audit of patient management.'</li> </ul>
Employee will work better with colleagues	<ul style="list-style-type: none"> <li>- 'Working collaboratively with clinicians.'</li> <li>- 'Better working relationship with clinical staff and more of an understanding about their roles.'</li> </ul>
Employee will have a better experience of work	<ul style="list-style-type: none"> <li>- 'Hopefully gain greater job satisfaction as will have more job variety.'</li> <li>- 'Improved job satisfaction.'</li> <li>- 'More confident and motivated.'</li> </ul>
Employee will be working in a new role	<ul style="list-style-type: none"> <li>- '[Employee] will essentially swop jobs and learn new skills for his new role.'</li> </ul>
Cannot answer as yet	<ul style="list-style-type: none"> <li>- 'Cannot answer this yet.'</li> <li>- 'I don't know enough about your programme to answer this.'</li> </ul>

The next table presents the number of mentions of the themes identified from the responses to this open-ended question.

Table 3.27: Expected impact on how employee works (number of mentions per theme)

Theme	Number of mentions
Employee will think of self and job differently	4
Employee will work with enhanced skill and knowledge, to a higher standard and / or with greater attention to detail and complexity	10
Employee will have greater confidence, work more autonomously, including	11
- greater confidence	9
- working more autonomously	2
Employee will work better with colleagues	2
Employee will have a better experience of work	2
Employee will be working in a new role	1
Cannot answer as yet	5

The expected positive impacts mentioned most frequently by learners' managers were an improvement in the employee's performance at work, and also an increase in their confidence and ability to work more autonomously. A small number of managers also mentioned a change in the employee's perception of their role and its significance. Only one learner's manager expected the programme to lead to a new role altogether.

### 3.4.7. Desired impact on employee practice and workplace

In the penultimate question, learners' managers were asked to describe how they hoped the programme would impact their employee(s)' practice and the workplace as a whole. Responses to this question are presented thematically in table 3.28.

Table 3.28: Desired impact on employee practice and workplace (themes)

Theme	Examples (verbatim)
Employee to have higher levels of responsibility within the practice	<ul style="list-style-type: none"> <li>- 'I hope that the programme will enable the employee to be more confident in her abilities or to take a lead administrative role within the practice.'</li> <li>- 'To allow [employee] to have a greater level of responsibility and to be able to use her skills at a higher level.' <sup>[1]</sup><sub>[SEP]</sub></li> <li>- 'I can envisage that [employee] can apply for a senior position as a medical assistant in the organization.'</li> </ul>
Employee role within the practice expands	<ul style="list-style-type: none"> <li>- 'Equips her with the core skills and mind-set needed to extend her role, knowing own scope of practice and when/who to refer to when needed.'</li> <li>- 'Improve and expand their roles within the practice.'</li> </ul>
Employee feels more confident and more empowered to make decisions, use their initiative	<ul style="list-style-type: none"> <li>- 'I would like them [my employees] to become more confident in the manner they think about things and feel more enabled to make decisions.'</li> <li>- '[Employee] will be able to use her own initiative whilst remaining a very significant part of the wider team.'</li> </ul>
Clinicians and other staff workload to be reduced as taken on by employee	<ul style="list-style-type: none"> <li>- 'Free up time so Doctors can concentrate on what they alone can do.'</li> <li>- 'We hope the programme will enable [employee] to carry some of the workload for the practice.'</li> <li>- '[Employee] will learn skills that will enable her to take on far more responsibility and I believe that this will have a significant impact on releasing some of the administrative burden from clinicians.'</li> </ul>
Employee to provide support for planned back office changes in the practice	<ul style="list-style-type: none"> <li>- 'Planning to make significant changes in back office support in line with GPFV - [employee] will be able to help implement.'</li> </ul>
Enhanced staff retention	<ul style="list-style-type: none"> <li>- 'Improve staff retention, improve impact on clinical workload management and provide long term support in making administrative workload more manageable.'</li> </ul>
Employee to train/share knowledge with other staff members in the practice	<ul style="list-style-type: none"> <li>- 'Be more knowledgeable and able to train other staff.'</li> <li>- '[Employee] can share her knowledge with other team members to help with many patient tasks.'</li> </ul>
Practice is more efficient	<ul style="list-style-type: none"> <li>- 'Greater efficiency.'</li> <li>- 'Will work more effectively, improved efficiency.'</li> </ul>
Greater interaction and understanding between clinical and non-clinical staff in practice	<ul style="list-style-type: none"> <li>- 'More interaction with clinical team and understanding of their workload - help to bridge the gap between clinical and non-clinical teams.'</li> </ul>



Theme	Examples (verbatim)
Creating a better working environment for all staff	<ul style="list-style-type: none"> <li>- 'I hope the programme shows how effective a role a Medical Assistant can play in the administration side of a GP practice, allowing clinicians more face to face time with their patients, and allowing Management to streamline roles, give employees more variety in what they do, resulting in a dynamic workplace that allows staff to develop and progress.'</li> <li>- 'Create a better work environment with Practice running more smoothly as a result of improved communication and organisational skills acquired by the staff.'</li> </ul>

The next table presents the number of mentions of the themes identified from the responses to this open-ended question.

*Table 3.29: Desired impact on employee practice and workplace (number of mentions per theme)*

Theme	Number of mentions
Employee to have higher levels of responsibility within the practice	4
Employee role within the practice expands	5
Employee feels more confident and more empowered to make decisions, use their initiative	2
Clinicians and other staff workload to be reduced as taken on by employee	9
Employee to provide support for planned back office changes in the practice	1
Enhanced staff retention	1
Employee to train/share knowledge with other staff members in the practice	1
Practice is more efficient	2
Greater interaction and understanding between clinical and non-clinical staff in practice	1
Creating a better working environment for all staff	4

The most frequently desired impact on the employee's work practices and the workplace more broadly mentioned by learners' managers was first of all the reduction of clinicians' and other staff (usually managers) workloads; and secondly, an increase in the level of responsibilities taken on by their employee and generally the creation of a better working environment for all staff.

#### 3.4.8. Final comments by learners' managers

In the final open-ended question, learners' managers were asked if there was anything else they wanted to tell us. Among these, 12 answered the question. Most expressed being positive towards the programme, using words such as 'excited', 'enthusiastic' and 'delighted' and also expressing that they thought it was a 'useful programme' and 'very positive', for example one manager stating they were 'delighted to be part of the pilot which has the potential to change the way we work.'

Encouragingly, one learner's manager reported 'We have already noticed an improvement in the confidence of our medical assistant' while another expressed that 'it is good that non-clinical staff get the recognition they deserve for the difficult job they do.' Only one

manager was less positive, responding they would have preferred more engagement and notice at the outset.

### 3.5. Results of Senior Managers Pre-Programme Questionnaires

#### 3.5.1. Senior manager profiles

A total of 30 senior managers, working in one of 30 participating GP practices, answered the questionnaire for a total of 32 employees enrolled on the programme. Unlike the learners' managers, senior managers were asked to only complete one questionnaire.

Senior managers had one or several employee(s) enrolled on one of the Medical Assistants programmes as follows:

*Table 3.30: Medical Assistant programme on which employee has been enrolled*

Programme	Number of learners
NCL (Barnet, Camden, Enfield, Haringey & Islington)	16
NEL (City & Newham, Hackney)	0
KSS-East Kent	0
KSS-West Kent	0
KSS-Surrey Heath GP Federation	0
SL-SW (Croydon and Sutton, Kingston, Merton, Battersea Healthcare CIC)	15
SL-SE (Bromley, Bexley, Lewisham)	0
NWL-Hillingdon	0
NWL-Ealing	0
I am not sure	1

#### 3.5.2. Employee achievements desired from the programme

Senior managers were asked what they hoped their employee(s) would achieve during the programme personally, professionally and socially. Table 3.31 presents their responses, arranged thematically. Where responses were very similar, only one has been included in the table.

In Table 3.32, these responses have been quantified, to give a sense of how frequently any given type of desired achievement was mentioned across the group of senior managers.

*Table 3.31: Employee achievements desired from the programme (themes)*

Theme	Examples (verbatim)
Increased knowledge, including of:	
- awareness of what is outside surgery, understanding of Primary Care network	<ul style="list-style-type: none"> <li>- 'Awareness of what is available outside surgery.'</li> <li>- 'Enhanced knowledge of primary/secondary care integration and increase in medical terminology leading to career progression.'</li> <li>- 'Better understanding of the primary care network.'</li> </ul>

Theme	Examples (verbatim)
- overall knowledge of GP practice	<ul style="list-style-type: none"> <li>- 'Better overall knowledge of GP practice.'</li> <li>- 'Better understanding of how the Practice works.'</li> </ul>
- scope of own work	<ul style="list-style-type: none"> <li>- 'Know when it's beyond their limits.'</li> </ul>
- understanding of GP workload pressures, the support required by clinicians	<ul style="list-style-type: none"> <li>- 'Better understanding of GP workload pressures.'</li> <li>- 'Understanding the support required by clinicians in their admin work supporting them and reducing their paper work load.'</li> </ul>
- basic physiology, pathology	<ul style="list-style-type: none"> <li>- 'Know the basics...Basic physiology and some insights into</li> <li>- Pathology.'</li> </ul>
- clinical summarising	<ul style="list-style-type: none"> <li>- 'A good understanding of clinical summarising.'</li> </ul>
- medical protocols	<ul style="list-style-type: none"> <li>- 'I would like [employee] to gain a greater understanding of medical terminology, coding and clinical protocols.'</li> </ul>
- medical terminology	<ul style="list-style-type: none"> <li>- 'To develop skills and knowledge regarding coding and medical terminology.'</li> </ul>
Increased skills, including:	
- communication and liaising skills, especially in relation to external agencies/patients	<ul style="list-style-type: none"> <li>- 'Improving confidence and communication skills.'</li> <li>- 'Social/networking skills - to provide expert support to clinicians and be a key contact for external providers.'</li> <li>- 'Confidence to lead and interact with other agencies and staff and PPG.'</li> <li>- 'To develop or increase their ability to act as a support to the GP in terms of liaising with patients and hospitals, managing administrative workflows, dealing with queries that arise that are not of a clinical nature.'</li> </ul>
- medical coding	<ul style="list-style-type: none"> <li>- 'Increase skills and knowledge with regards to medical coding.'</li> </ul>
- appropriately redirecting clinical paperwork	<ul style="list-style-type: none"> <li>- 'The skills to be able to confidently review, read code or appropriately redirect the majority of clinical paperwork coming into the practice.'</li> </ul>
- organisational skills	<ul style="list-style-type: none"> <li>- 'Better [employee's] organisational skills.'</li> </ul>
- skills in delegating	<ul style="list-style-type: none"> <li>- 'Delegation skills.'</li> </ul>
Ability to engage with the rest of the team, working more collaboratively, develop better link between clinical and non-clinical staff	<ul style="list-style-type: none"> <li>- 'The employee would engage better with the rest of the team and take part in some of the administrative tasks i.e. Conducting a meeting.'</li> <li>- 'Embrace working collaboratively.'</li> <li>- 'Gain new skills and medical knowledge to enable us to have a better link and understanding between medical staff and receptionists when dealing with post, emails and tasks and workflows.'</li> </ul>

Theme	Examples (verbatim)
Ability to work autonomously, be proactive	<ul style="list-style-type: none"> <li>- 'Use new skills to be confident with making decision re actions on "simple" discharges.'</li> <li>- 'The ability to think autonomously and create solutions without having to be directed is, I think, of paramount importance.'</li> <li>- 'To develop a professional approach...and to be in a position to pro-actively support the clinical team.'</li> </ul>
Increased satisfaction and enjoyment of job	<ul style="list-style-type: none"> <li>- 'Increase their knowledge to be able to undertake a role that is interesting, rewarding and may inspire further learning and development.'</li> <li>- 'Increase in confidence and job satisfaction.'</li> </ul>
Personal awareness	<ul style="list-style-type: none"> <li>- 'Increased self-awareness and self-belief.'</li> </ul>
Self-confidence, confidence in carrying out various aspects of the role	<ul style="list-style-type: none"> <li>- 'Gain confidence in dealing with medical related correspondence.'</li> <li>- 'I would like to see [employee] to gain further confidence in in document management, in particular coding and summarising.'</li> </ul>
Developing a peer network to share ideas and support each other	<ul style="list-style-type: none"> <li>- 'Network of other people doing same role that can be used when issues arise.'</li> <li>- 'Establish relationships with peers, learn from each other, share best practice, identify new systems and ways of working. Encourage use of peer review.'</li> <li>- 'I believe [employee] would benefit from the social interaction of the wider group.'</li> </ul>
To be able to work closely with employees in other practices	<ul style="list-style-type: none"> <li>- 'To be able to work closely with other employees of different practices across [CEPN] and network with peers.'</li> </ul>
Sharing their learning with the Practice team	<ul style="list-style-type: none"> <li>- 'Share the learning within the admin team.'</li> <li>- 'Be able to share and gain knowledge with other colleagues.'</li> <li>- 'To train admin staff within the practice - we will learn as a team.'</li> </ul>
Ability to identify weaknesses and/or further learning needs	<ul style="list-style-type: none"> <li>- 'Also will be able to identify what weakness is there and what help is needed to progress.'</li> </ul>

Table 3.32 Employee achievements desired from the programme (number of mentions per theme)

Theme	Number of mentions
Increased knowledge including:	<b>15</b>
- awareness of what is outside surgery, understanding of Primary Care network	3
- overall knowledge of GP practice	2
- scope of own work	1
- understanding of GP workload pressures, the support required by clinicians	2
- basic physiology, pathology	1

Theme	Number of mentions
- clinical summarising	1
- medical protocols	1
- medical terminology	4
Increased skills including:	<b>19</b>
- communication and liaising skills, especially in relation to external agencies/patients	9
- medical coding	6
- appropriately redirecting clinical paperwork	2
- organisational skills	1
- skills in delegating	1
Ability to engage with the rest of the team, working more collaboratively, develop better link between clinical and non-clinical staff	3
Ability to work autonomously, be proactive	3
Increased satisfaction and enjoyment of job	3
Personal awareness	2
Self-confidence, confidence in carrying out various aspects of the role	11
Developing a peer network to share ideas and support each other	6
To be able to work closely with employees in other practices	3
Sharing their learning with the Practice team/ train others in the Practice	7
Ability to identify weaknesses and/or further learning needs	3

The desired achievement by their employee mentioned most frequently by senior managers concerned an increase in their skills, particularly communications and medical coding, and knowledge, particularly medical terminology and understanding of the context of the Practice's work (services available, primary care network, etc.). The second most mentioned desired achievement concerned the social aspects of the employee's work, namely developing better relations with the clinical team, working more collaboratively, developing a support network, working more closely with staff in other practices. The third most mentioned desired achievement was an increase in the employee's confidence to perform various aspects of their role. Finally, the ability to train others within the practice was also mentioned by many senior managers as a desired outcome of participation in the programme.

### 3.5.3. Senior managers' perceptions of the programme

Senior managers were asked to respond to a series of statements relating to the programme. They were given the choice between 'disagree', 'somewhat disagree', 'somewhat agree' and 'agree'. All 32 senior managers answered this question. None of the senior managers disagreed with the statements listed and only a small minority (between one and three respondents) somewhat disagreed with the statements. The vast majority somewhat agreed or agreed with the statements pertaining to their overall perceptions of the programme. Responses are presented in table 3.33.

Table 3.33: Senior managers' perceptions of the programme (frequencies)

	Disagree	Somewhat disagree	Somewhat agree	Agree
I have a clear understanding of the aims of this programme	0	3	11	18
I feel confident that my employee(s) will learn a lot on this programme	0	0	8	24
I believe I know what is expected of my employee(s)	0	1	16	15
Protected time has been scheduled in my employee(s)' calendar for studying	0	0	6	26
I will try to support my employee(s)	0	0	1	31
I believe this programme will have a positive impact on their career	0	1	2	29
I believe this programme will have a positive impact on our workplace	0	0	6	26

In order to get a clearer sense of which aspects the senior managers agreed with most or least, means were computed based on the following coding scheme: disagree=1, somewhat disagree=2, somewhat agree=3 and agree=4. Results are presented in table 3.34.

Table 3.34: Senior managers' perceptions of the programme (means)

	Mean
I have a clear understanding of the aims of this programme	3.47
I feel confident that my employee(s) will learn a lot on this programme	3.75
I believe I know what is expected of my employee(s)	3.44
Protected time has been scheduled in my employee(s)' calendar for studying	3.81
I will try to support my employee(s)	3.97
I believe this programme will have a positive impact on their career	3.88
I believe this programme will have a positive impact on our workplace	3.81

The results show that senior managers were very positive towards the programme, believing that it would have a positive impact on their employee(s)' career and the workplace and that their employee(s) would learn a lot from the programme. Almost all senior managers agreed they would try to support their employee(s). On the other hand, senior managers appeared to not have a clear understanding of the aims of the programme and what was expected of their employees, which is similar to the learners' managers.

### 3.5.4. Importance of various skills for employee

In the next question, senior managers were asked to rate how important they felt given skills were for their employee(s) to have. The skills were derived from the Competencies and Core Functions framework (Appendix 1). Senior managers were given the choice to answer

‘not important’, ‘somewhat important’, ‘important’, and ‘very important’. None of the senior managers rated the various skills listed as not important and only a very small number, between zero and two for any given statement, rated these as somewhat important. The majority of senior managers, ranging from 50% to 62% of respondents, rated the various skills as very important. The managers’ responses are presented in table 3.35.

*Table 3.35: Importance of various skills for employee (frequencies)*

	Not important	Somewhat important	Important	Very important
Communication skills	0	0	5	27
Managing information	0	0	4	28
Organisation skills	0	0	5	27
Networking skills	0	2	15	15
Motivation skills	0	0	8	24
Supporting skills	0	1	11	20
Developing effective relationships	0	1	8	23
Self-awareness	0	0	8	24
Ethical practice	0	0	6	25
Protecting patients	0	0	2	30
IT skills	0	0	16	16

In order to identify which skills senior managers rated as more or less important, means were computed based on the following coding scheme: not important=1, somewhat important=2, important=3 and very important=4. The results are presented in table 3.36.

*Table 3.36: Importance of various skills for employee (means)*

	Mean
Communication skills	3.84
Managing information	3.88
Organisation skills	3.84
Networking skills	3.41
Motivation skills	3.75
Supporting skills	3.59
Developing effective relationships	3.69
Self-awareness	3.75
Ethical practice	3.81
Protecting patients	3.94
IT skills	3.50

The means suggest that managers considered ‘protecting patients’ to be the most important skill, followed by managing information, communications and organisation skills. The skills rated as least important were IT skills and networking skills, though again these were not seen as not important.

### 3.5.5. Expected positive impact of employee participation in programme on various stakeholders

Senior managers were asked to rate the extent to which their employee's participation in the programme would impact positively various stakeholders in the managers' work environment. They could answer 'no impact', 'minor impact', 'impact' or 'major impact' for given stakeholders. Thirty-one senior managers answered this question. None of the respondents bar one felt that their employee's participation in the programme would have no impact on the listed stakeholders and only a very small minority felt it would have a minor impact. The vast majority perceived that it would have an impact or major impact, with most expecting impact rather than a major impact. The results are presented in table 3.37.

*Table 3.37: Expected positive impact of employee participation in the programme on various stakeholders (frequencies)*

	No impact	Minor impact	Impact	Major impact
Your employee	1	1	17	12
Clinicians	0	0	10	21
Yourself as the manager	0	3	20	8
Patients	0	1	19	11
Carers	0	5	17	9

As before, means were computed, based on the coding scheme: no impact=1; minor impact=2; impact=3 and major impact=4. The means are presented in Table 3.38. This was intended to give a sense of where senior managers expected most and least impact of the programme.

*Table 3.38: Expected positive impact of employee participation in the programme on various stakeholders (means)*

	Mean
Your employee	3.29
Clinicians	3.68
Yourself as the manager	3.16
Patients	3.32
Carers	3.13

The results indicate that senior managers expected all stakeholder groups to be positively impacted with most impact on clinicians, and on patients and least on the carers and on themselves as senior managers.

### 3.5.6. Impact of programme on how employees work

Senior managers were asked what they believed would be the most significant difference in how their employee works as a result of what the latter had learnt on the programme. Relevant responses are presented thematically in table 3.39.



Table 3.39: Impact of programme on how employees work (themes)

Theme	Examples (verbatim)
Employee will work more efficiently	<ul style="list-style-type: none"> <li>- 'Efficiency and save time.'</li> <li>- 'Hopefully the employees will be confident and efficient in their work.'</li> </ul>
Employee will deliver a better service/work better	<ul style="list-style-type: none"> <li>- 'On becoming a Medical Assistant, Aziz will be able to support our clinicians in delivering better service to our patients.'</li> <li>- 'It will give them more confidence and the tools to work better.'</li> <li>- 'I hope [employee] will work in a more organised and patient-responsive way for the smooth running of the Practice and use the skills acquired to communicate more effectively with all other team members and patients.'</li> </ul>
Employee will work more confidently	<ul style="list-style-type: none"> <li>- 'Increased confidence in doing their current role - they already take on much of this work - and to have the confidence that they are doing it correctly and that there is a learning structure for them.'</li> </ul>
Employee will be more proactive and autonomous	<ul style="list-style-type: none"> <li>- 'I am hoping they will have the confidence to take things on themselves rather than highlighting issues but expecting others to fix them.'</li> <li>- 'Proactively supporting clinical team rather than working reactively.'</li> </ul>
Employee will take on different tasks	<ul style="list-style-type: none"> <li>- 'The can engage in patient screening, QOF, administrator work.'</li> </ul>
Employee will take on greater responsibilities or work at a higher level	<ul style="list-style-type: none"> <li>- 'I believe they will be working at a higher skill level and hopefully at the top of their ability.'</li> <li>- 'They will have more knowledge of doing their tasks and will have initiative to do things more professionally.'</li> </ul>
Employee will have a stronger relationship with other members of the team	<ul style="list-style-type: none"> <li>- 'Gain the confidence to work independently but also to have a stronger working relationship with the clinical team.'</li> <li>- 'I think they will work more closely with the clinicians and will develop responsibilities for new areas of work load.'</li> <li>- 'Better team player.'</li> </ul>
Employee will work in a different role	<ul style="list-style-type: none"> <li>- '[Employee] will move from a receptionist position to a more administrative position to carry out this role in the future.'</li> </ul>
Employee will have more interest in their job	<ul style="list-style-type: none"> <li>- 'They will learn new skills which will develop the staff, increase their knowledge and interest in their position.'</li> </ul>

The next table (3.40) presents an indication of the number of times each theme was mentioned in responses to this open-ended question.

Table 3.40: Impact of programme on how employees work (number of mentions per theme)

Theme	Number of mentions
Employee will work more efficiently	2
Employee will deliver a better service/work more effectively	4
Employee will work more confidently	5
Employee will be more proactive and autonomous	6
Employee will take on different tasks	2
Employee will take on greater responsibilities or work at a higher level	1
Employee will have a stronger relationship with other members of the team	3
Employee will work in a different role	1
Employee will have more interest in their job	1

The expected impacts on how their employee works most frequently mentioned by senior managers was the ability of the employee to work more autonomously and to be more proactive and secondly to work with more confidence. The next most frequently mentioned expected impacts was an increase in the efficiency and effectiveness of the employee in their work and then the creation of stronger relationships with other members of the team.

### 3.5.7. Desired impact on employee practice and workplace

In the penultimate question senior managers were asked to describe how they hoped the programme would impact the employee's practice and on the workplace. Their responses are presented thematically in table 3.41.

Table 3.41: Desired impact on employee practice and workplace (themes)

Themes	Examples (verbatim)
Improvement in clinicians' working life, including: <ul style="list-style-type: none"> <li>- reduction in admin burden</li> <li>- more time to see patients</li> <li>- less stress</li> </ul>	<ul style="list-style-type: none"> <li>- 'Impact on reducing the clinical workload.'</li> <li>- 'Enable the clinical staff to focus their energies on tasks that are appropriate to them, taking away some administrative duties that can be undertaken by trained administrative staff.'</li> <li>- 'We hope both employees, will be able to help the GP's at the surgery process admin letters via Docman, which in turn will allow GP's more time to see patients.'</li> <li>- 'Move to a proactive role and provide a tier of support to the clinicians that improves outcomes for patients and improves the working lives of clinicians.'</li> <li>- 'Less stressed doctors.'</li> </ul>
There is a better performance across all areas, including the processing of paperwork, which is conducted more efficiently and in time	<ul style="list-style-type: none"> <li>- 'The practice will be able to process all paperwork in a timely manner.'</li> <li>- 'I hope that there will be more efficient management of paperwork, more standardised coding and reduction in paper workload for clinicians so that they are able to focus on managing complex patients.'</li> <li>- 'I hope this programme will enable the practice to manage to manage discharge summaries, letter etc. in an effective way which will support the clinicians and allow patient information to be updated in</li> </ul>

Themes	Examples (verbatim)
	timely manner. This will impact on the practice as a whole as less queries will be generated.'
There is a wider culture of support at work	- 'Instilling a wider culture of reactive support.' - 'Support all clinician's and staff.'
The work environment is more collaborative, there is more sharing of best practice	- '[There will be] the added benefit of greater collaborative working and sharing best Practice.'
There is a higher level of skill among non-clinical staff, including leadership skills	- 'We will have an employee whose training is a level higher than what we can provide in-house, e.g. our receptionists are all trained to a high level of customer service, using computer systems etc., but we do not have the time, GP time or manpower to train them more than this. The Medical Assistant training is more medical based and will help us enormously with coding, workflowing and referrals.' - 'Leadership skills for less experienced team members.'
All team members are inspired and motivated	- 'Better performance across all areas and hopefully will motivate and inspire other team members.'

The next table (3.42) presents the number of mentions of the themes identified from the responses to this open-ended question.

*Table 3.42: Desired impact on employee practice and workplace (number of mentions per theme)*

Themes	Number of mentions
Improvement in clinicians' working life, including reducing admin burden, more time to see patients, less stress	12
There is a better performance across all areas, including the processing of paperwork, which is conducted more efficiently and in time	7
There is a wider culture of support at work	2
The work environment is more collaborative, there is more sharing of best practice	1
There is a higher level of skill among non-clinical staff, including leadership skills	4
All team members are inspired and motivated	1

The most frequently mentioned desired impact here concerned the improvement in clinician's work life, notably a reduction in their administrative workload and their resulting capacity to focus on patients and particularly more complex cases. Senior managers also hoped participation would enhance performance overall, and that non-clinical staff would work to a higher standard.

### **3.5.8. Final comments by senior managers**

Finally, senior managers were asked if there was anything else they wanted to tell us about the programme. Sixteen managers answered this question and their responses varied. Nine responses were expressions of appreciation and perceptions that the programme was valuable; three managers responded they had nothing further to add; one manager expressed they still did not have a clear understanding of the course, another manager answered that having two employees on the programme was a better model for large practices as the two learners could support each other; and one more manager stated that such programmes required the provision of backfill and funding.

### 3.6. Summary of Pre-Programme Evaluation

The pilot included a wide diversity of approaches and covered a wide area (nine CEPNs) and a large number of individual practices/groups, with learners issuing from one of 46 practices, senior managers from one of 30 and learners' managers one of 28 different practices. However, the vast majority of the data received for the evaluation issued from three CEPNs only (NCL, SWL, SEL), with most of the data from one CEPN, namely SWL which returned 24 out of a total of 57 learners' questionnaires; 16/32 learners' managers questionnaires; 15/30 senior managers questionnaires. As a result, the experiences of respondents in this CEPN will tend to be overrepresented in the results of this pre-programme report and therefore the conclusions and the recommendations formulated on the basis of these might not be applicable to all the CEPNs involved in the pilot and the different approaches they developed.

The learners appeared *well prepared for the programme*, with high levels of motivation and confidence that they would learn a lot on the programme. This last view was shared by the learners' managers and the senior managers. Learners also appeared well supported on the whole, both by their managers and the senior managers who almost unanimously stated they would support their employee(s). The vast majority of both managers and senior managers stated that they had scheduled protected time for the latter; this view however was not shared by the learners themselves, with more learners disagreeing or somewhat disagreeing that they had scheduled protected time. Also, all three groups, learners, their managers and senior managers appeared less certain of the content of the programme and what was expected of the learner. Overall, however, learners as well as learners' managers and senior managers appeared positive towards the programme, believing it would have a positive impact on learners' career and the workplace.

When it came to the *perceived competence of learners*, learners and their managers differed somewhat in their evaluation. While learners judged their communications skills to be among their areas of most competence, their managers saw these as 'adequate', and where learners felt their IT skills were among their weakest skills, learners' managers felt these were an area of greatest competence among their employees. On the other hand, both the learners' managers and the learners themselves agreed that the latter's areas of most competence included organisational skills and protecting patients and they also agreed that an area of least competence was networking skills. Asked about the importance of these skills for the role of Medical Assistant, senior managers rated most of the areas where learners are already most competent (protecting patients, organisational skills, communications skills and managing information) while the two skills where learners rated themselves or were rated as less competent (networking skills, IT skills) were deemed to be less important for the role, though not unimportant.

The learners, learners' managers and senior managers differed very slightly in terms of what they hoped the *learners would achieve* through the programme. All three groups hoped that the skills and knowledge of the learners relevant to their role would increase as a result of the latter's participation in the programme and for the learners this was the principal desired achievement. In addition, learners' managers more than the other two groups emphasised personal development as a desired outcome, while senior managers placed more weight on social aspects, emphasising as a desired outcome an enhancement of the learners' engagement with clinical staff, the development of peer networks and the achievement of closer relations with staff in other practices.

Learners and their managers tended to agree on which group of stakeholders would be **most and least impacted** by the programme, namely and first of all the learner/employee themselves, secondly the clinicians, then managers and finally patients and carers. Senior managers on the other hand felt the clinicians would be the most positively impacted group, followed by patients and the learners/employees and then finally the carers and managers. All respondents however felt that all categories of stakeholders would experience some positive impact even if the level of impact varied across the groups.

For learners, the **expected positive impact** of their participation in the programme on how they worked would be on their performance in their current jobs overall and specifically on the support they would be able to extend to clinicians. Learners' managers and senior managers concurred, frequently identifying an increase in the employee's efficiency and effectiveness in their current roles as a major expected positive impact. In addition, both groups of managers mentioned the ability of the employee to work more autonomously and proactively as well as a growth in the latter's overall confidence as likely positive impacts of the programme. Senior managers further expected that the programme would strengthen relationships between clinical and non-clinical staff as another positive impact. Similarly, Project Managers expressed in the interviews that learners could expect an increase in their confidence as well as their knowledge and skills. They also felt that learners would likely become more motivated and derive greater enjoyment from their work, which they would perceive more positively. As a further positive impact, learners would begin to feel more highly valued at work.

In terms of their **career development**, most of the learners who answered the question hoped their participation in the programme might lead to their promotion to a more senior role, in some instances a managerial role, and also to their being entrusted with more responsibilities at work. The second most frequently expressed hope was for more varied work and also for an increase in salary.

The interviews with Project Managers expanded the data from the questionnaires, pointing to impacts that stakeholders other than learners could expect from the latter's participation in the programme. These included a possible initial increase on practice managers' workloads as well as the workloads of learners and nurses in some instances; interviewees felt this would have to be monitored closely. As for the impact on clinician workloads, Project Managers cautioned that this would vary and reductions would only occur where the Practice had fully engaged with the programme. They further warned that Practices should be prepared for the possibility of an initial negative reaction from patients and carers, and commented that this would have to be mitigated through education. On a more positive note, some Project Managers reported that where practices had engaged, there had already been significant reductions in the administrative burden placed on clinicians.

Finally, Project Managers highlighted the potential of the Medical Assistants programme to have impacts far beyond the workloads and careers of immediate stakeholders. Indeed, the programme had encouraged and would continue to encourage people to rethink existing roles, current practices and the needs of all staff. Potentially it would also help build new relationships and strengthen collaboration between General Practices. One also mooted that eventually the programme could have a positive impact on Practice income.

In the **final open-ended question** in the questionnaires, most respondents including learners, learners' managers and senior managers expressed general positive views and appreciation towards the programme. A small number of respondents expressed less positive views. Among these, two respondents explained that they were unclear about the aims of the programme; three learners expressed feeling anxious or worried; one learners'

manager stated they would have preferred greater engagement from the outset; and one senior manager expressed the need for funding or provision for backfill.

Going back to the Project Managers, they generally perceived *HEE and the Clinical lead* positively and many appreciated the supportive and 'light-touch' approach of the Lead. As roll-out began, Project Managers encountered a *number of challenges*, some related to the development of the Medical Assistant model (introducing the new concept of non-clinical staff development; lack of sufficient development time at the outset); some associated with the resources required by the project (staff release issues, securing protected time, lack of project management staff); others associated with the shift in ways of working concomitant with the training and subsequently the introduction of medical assistants (increased workloads, anxieties around change, delegating work); and some associated with the sustainability of the project (keeping up motivation, engagement, retaining staff, questions of affordability of medical assistants once qualified/trained). Among the *factors that had helped roll-out* or could help in the future, Project Managers listed the following: having the opportunity for sharing ideas and experiences of project roll-out (for all stakeholder groups); securing support from people 'higher up'; allowing practices to develop their own approach; and allowing sufficient time at the preparatory stage; and having someone to drive the project.

Finally, and perhaps encouragingly, Project Managers did not anticipate that the programme would present any specific challenges to other stakeholders such as tutors/assessors or learners, besides in some cases the practical issue of travelling to the training venue.

## 4. Results of Post-Programme Evaluation

### 4.1. Results of Post-programme Learners' Questionnaire

#### 4.1.1. Learner Profiles

Forty-six learners completed the online questionnaire. Learners who returned the questionnaire were enrolled on one of nine programmes, as presented in table 4.1.

*Table 4.1: Number of Medical Assistants enrolled on each programme who completed the questionnaire*

Programme	Number of learners
NCL (Barnet, Camden, Enfield, Haringey & Islington)	11
NEL (City & Newham, Hackney)	5
KSS-East Kent	0
KSS-West Kent	20
KSS-Surrey Heath GP Federation	0
SL-SW (Croydon and Sutton, Kingston, Merton, Battersea Healthcare CIC)	9
SL-SE (Bromley, Bexley, Lewisham)	0
NWL-Hillingdon	0
NWL-Ealing	0
I am not sure	1

Learners issued from one of 36 different GP practices or medical groups. Ten practices or medical groups sent two learners to the programme and 26 practices or groups had just one learner take part in the programme.

Learners occupied a diversity of roles within their work settings, as shown in table 4.2. Some learners carried out multiple roles, hence the number of learners in this table is greater than the total number of respondents.

*Table 4.2: Learner's current principal role*

Role	Number of learners
Receptionist/senior receptionist/reception supervisor	10
Administrator	24
Practice manager/MA manager	3
Medical coder	4
Trainer	3
Healthcare assistant	1
Medical assistant	8

Among the learners, four felt their roles had not changed since enrolling on the programme; 28 did not answer the question about changes in their role since enrolling on the programme or provided an unclear answer; and 13 expressed that their roles had changed and this either through promotion (becoming the head of a team, whether HR or admin) or through having various additional responsibilities for example:

- 'Changed since course- involvement in taking BP readings and dipping urine, training in reading letters - feel more comfortable to step into this role if the lead in reading letters is not available.'



- 'Since finishing this programme I have been given the added responsibilities such as coding documents and problems, coding laboratory results and signposting documents requiring GP action.'
- 'An addition to my role since enrolling has been working alongside GP's involved with PACT.'
- 'I am now taking on a Safeguarding role and there are plans to utilise the skills that I have gained on the course further.'
- 'Now responsible for sorting out letters & which the Dr's need to see.'
- 'I am now more involved in sorting out px queries to save the gps time, checking medication on discharges, checking appliance pxs are being requested correctly & avoiding stockpiling of all meds. Also check & file documents that the GPs do not have to respond to, also to save their time.'
- 'When I first enrolled on programme my job role was not as varied as it is now and I was only helping 3 doctors manage their phone calls lists during the lunch period. We have since expanded this role to help all clinical staff with a variety of jobs.'
- 'Since being part of the pilot I have been involved in checking blood results as well as signposting.'

#### 4.1.2. Perceived achievements from the programme

Learners were asked what they felt they had achieved during the programme, professionally, personally and socially. Forty-five respondents answered this question. Their responses are presented by theme in table 4.3. Where the response was very similar to another already included in the table, it has been omitted. In table 4.4, these responses have been quantified, to give a sense of how frequently any given type of achievement was mentioned across the group of learners.

Table 4.3: Learners' perceived achievements from the programme (themes)

Theme	Examples (verbatim)
Expanded my knowledge in relation to various relevant topics	<ul style="list-style-type: none"> <li>- 'Exposure to GP services and IT.'</li> <li>- 'My main goal in participating in this scheme was to expand my clinical knowledge as well as take on and handle new responsibilities. I would say with certainty that this was met.'</li> <li>- 'Increased knowledge.'</li> <li>- 'Able to develop in clinical knowledge and pass it over to other colleagues.'</li> <li>- 'Training in areas that were before grey to me.'</li> <li>- 'IT working with Emis and DocMan.'</li> <li>- 'Better understanding of clinical information.'</li> <li>- 'My medical knowledge has increased dramatically, as has my understanding of how the GP practice works and how it fits in with the NHS as a whole.'</li> <li>- 'More understanding of importance of blood results and clinical issues via documentation.'</li> <li>- 'I now have an understanding of results.'</li> </ul>

Theme	Examples (verbatim)
Developed my existing skills or acquired new skills	<ul style="list-style-type: none"> <li>- 'I have thoroughly developed my time management skills.'</li> <li>- 'Negotiation skills have improved to convince staff and GPs to get on board.'</li> <li>- 'Ability to communicate with patients in a more effective, efficient way.'</li> <li>- 'More efficient coding.'</li> <li>- 'Vast improvements in my negotiating skills and ability to handle conflict. I have learnt many transferable skills which can be used in any job role.'</li> <li>- 'Speed of reading.'</li> <li>- 'Learning skill required to assist GPs with their workload.'</li> <li>- 'Gained further medical knowledge and the ability to assist patients with their queries on some occasions without the need to pass calls to GPs.'</li> <li>- 'I've met lots of professionals in different positions and gained a greater understanding of the hierarchies within the GP practice.'</li> </ul>
Developed my confidence in my work or in myself	<ul style="list-style-type: none"> <li>- 'Become more confident.'</li> <li>- 'A more confident approach.'</li> <li>- 'That I can achieve things when I set out to do them.'</li> <li>- 'More confident in dealing with queries.'</li> <li>- 'Confidence in assisting GPs with their workload.'</li> <li>- 'Confidence in communicating with patients.'</li> <li>- 'Confidence to make decisions.'</li> </ul>
Developed my ability to handle stress, my resilience	<ul style="list-style-type: none"> <li>- 'More able to handle stress and use this positively.'</li> <li>- 'Resilience.'</li> </ul>
Taken on new responsibilities or developed my role	<ul style="list-style-type: none"> <li>- 'More Responsibility.'</li> <li>- 'I feel that I have gain a more fulfilling role albeit slightly more pressurised due to increased work load.'</li> <li>- 'Interesting as learning a new aspect of the job.'</li> </ul>
Personal enjoyment, job satisfaction and/or sense of achievement	<ul style="list-style-type: none"> <li>- 'Have enjoyed meeting my fellow course members and listening to their views and thoughts.'</li> <li>- 'Increased job interest, variation and job satisfaction.'</li> <li>- 'Sense of achievement when completing a task.'</li> <li>- 'Better feeling that we are doing a good job.'</li> <li>- 'Very happy of my role, increased working hours.'</li> </ul>
Improved some aspect of how I work	<ul style="list-style-type: none"> <li>- 'Managing time efficiently during the day.'</li> <li>- 'During this programme, I have learnt how to work SMART and to be more efficient.'</li> <li>- 'Working as a team with my colleagues.'</li> </ul>
Developed new or enhanced the quality of professional relationships	<ul style="list-style-type: none"> <li>- 'Has enhanced my working relationship with the Drs.'</li> <li>- 'My new role has allowed me to liaise more frequently and in greater depth with the clinicians in the surgery. It has deepened the professional and personal rapport between us.'</li> <li>- 'Involvement with neighbouring practices.'</li> <li>- 'The course allowed us to make links with staff in other surgeries, enabling us to share ideas and discuss common issues. Since being on the course I am more comfortable and able to build professional relationships with others when attending external meetings and events.'</li> <li>- 'Able to build rapport with patients more.'</li> </ul>

Theme	Examples (verbatim)
	<ul style="list-style-type: none"> <li>- 'Patients have been amenable to speaking to me as they know I am contacting them on behalf of the doctor which reassures them. Closer contact with the doctors and relieving the GP of time to process documentations and issues arising has beneficial to them.'</li> <li>- 'Met new colleagues for all walks of life who do different roles which I can liaise with for help when needed. Both in a social and professional setting.'</li> <li>- 'Networking with other surgeries within are area.'</li> </ul>
Unsure/unclear response/none in this area	<ul style="list-style-type: none"> <li>- 'Nil'</li> <li>- 'n/a'</li> </ul>

Table 4.4: Learners' perceived achievements from the programme (frequencies)

Theme	Frequency
Expanded knowledge on various relevant topics	34
Developed my existing skills or acquired new skills	21
Become more confident in my work or in myself	17
More able to handle stress, more resilient	2
Taken on new responsibilities or developed my role	7
Personal enjoyment, job satisfaction and/or sense of achievement	5
Improved some aspect of how I work	4
Developed new or enhanced the quality of professional relationships	11
Unsure/unclear response/none in this area	22

The preceding table shows that the large majority of learners felt this programme had helped them develop their skills and knowledge and also that it had helped them become more confident. A large number also expressed that the programme had allowed them to develop beneficial professional relationships or improve the quality of existing relationships with a range of groups, including outside agencies, GPs in their own workplace as well as patients. Other perceived achievements, such as increased resilience or greater enjoyment of their role were not mentioned by as many respondents.

#### 4.1.3. Overall experience of the programme

Learners were asked to reflect on their experience of the programme overall and state the extent to which they agreed or disagreed with various statements relating to their experience. They were given the choice to disagree, somewhat disagree, somewhat agree and agree. All 46 learners answered this question. The vast majority of learners tended to somewhat agree or agree with the various statements, while only a small minority disagreed or somewhat disagreed with the statements. This reflects an overall positive experience. The learners' responses are presented in table 4.5.

Table 4.5: Learner overall experience of the programme (frequencies)

	Disagree	Somewhat disagree	Somewhat agree	Agree
I was motivated to study on the programme	1	0	11	34
I was well prepared to study on this programme	0	3	17	26
I knew what was expected of me	1	3	18	24
I had scheduled protected work time in my calendar for studying	3	7	18	18

	Disagree	Somewhat disagree	Somewhat agree	Agree
I felt supported by my Manager	3	3	7	33
I felt supported by my colleagues	0	3	17	25
The information I received was useful	0	2	14	30
The programme was appropriate for my role as medical assistant	0	3	15	28

In order to identify the aspects with which learners agreed most or least, means were computed based on the following coding scheme: disagree=1, somewhat disagree=2, somewhat agree=3 and agree=4. Statements with mean values above 3 can be regarded as indicating overall agreement whereas statements with mean values below 3 can be regarded as indicating areas of lesser agreement. Results are presented in table 4.6.

*Table 4.6: Learner overall experience of the programme (means)*

	Mean
I was motivated to study on the programme	3.70
I was well prepared to study on this programme	3.50
I knew what was expected of me	3.41
I had scheduled protected work time in my calendar for studying	3.11
I felt supported by my Manager	3.52
I felt supported by my colleagues	3.49
The information I received was useful	3.61
The programme was appropriate for my role as medical assistant	3.54

The means show that overall, the learners had had a positive experience. They felt they had been well motivated to study on the programme and found the information about the programme useful. They also felt that the programme was appropriate for their role as medical assistant and felt supported by their managers and, albeit to a lesser extent, their colleagues. On the other hand, learners tended to agree less that they had known what was expected of them and that they had had scheduled protected time in their calendar for studying.

#### 4.1.4. Further additional information that would have been useful

In the following open-ended question, learners were asked if they felt there was any additional information that would have been useful for them before commencing the programme. Forty learners answered this question. Among these 22 answered 'no', five learners provided unclear or off-topic responses while the remaining requested, variously:

- better information about the contents of the course (n=3)
- information about the time commitment required by the course (n=3)
- information on the role of the mentor (n=1)
- some pre-training reading or refresher on topics such as medical terminology (n=4)
- general information (n=2).

#### 4.1.5. Perception of improvement in communication skills, knowledge and understanding

Learners were asked to rate the extent to which they felt the programme had improved their knowledge, skills and understanding of a range of topics related to effective communication. Learners were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. Forty-five learners answered this question. The vast majority of learners answered 'improvement' or 'major improvement' in relation to the various aspects of effective communication listed, most feeling there had been an 'improvement' rather than a 'major improvement'. On the other hand, only a small number of learners felt they had experienced no or only a minor improvement in relation to the items listed. Their responses are presented in table 4.7.

*Table 4.7: Perceived improvement in knowledge, skill and understanding relating to effective communication (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Skills in enquiry and interpretation of information to identify areas of concern or risk	2	5	21	17
Ability to give and receive feedback	5	5	22	13
Ability to negotiate with colleagues, patients and external providers	3	7	18	17

In order to get a clearer sense of which aspects of effective communication learners felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.8.

*Table 4.8: Perceived improvement in knowledge, skill and understanding relating to effective communication (means)*

	Mean
Skills in enquiry and interpretation of information to identify areas of concern or risk	3.18
Ability to give and receive feedback	2.96
Ability to negotiate with colleagues, patients and external providers	3.09

The results show that learners felt they had most improved in their skills in enquiry and interpretation of information to identify areas of concern or risk, then in their ability to negotiate with colleagues, patients and external providers and least improved in their ability to give and receive feedback.

#### 4.1.6. Perception of improvement in information management skills, knowledge and understanding

Next, learners were asked to rate the extent to which they felt the programme had improved their knowledge, skills and understanding of a range of topics related to information management. Learners were given the choice between ‘no improvement’, ‘minor improvement’, ‘improvement’ and ‘major improvement’ for each statement listed. Forty learners answered this question. Learners were divided over this question with large numbers finding ‘no improvement’ and similar numbers reporting ‘improvement’. With the exception of the ability to receive and prioritise referrals, only a handful of learners felt they had experienced a minor or major improvement. Responses are presented in table 4.9.

*Table 4.9: Perceived improvement in knowledge, skill and understanding relating to information management (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Ability to use risk analysis software	15	6	14	5
Ability to develop, implement and monitor care plans with patients /clients	12	5	15	7
Ability to receive and prioritise referrals	10	3	13	13

In order to get a clearer sense of which aspects of information management learners felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.10.

*Table 4.10: Perceived improvement in knowledge, skill and understanding relating to information management (means)*

	Mean
Ability to use risk analysis software	2.23
Ability to develop, implement and monitor care plans with patients /clients	2.44
Ability to receive and prioritise referrals	2.74

The low scores for the means reflect the polarisation in the frequencies table. They also show that overall, learners perceived the most improved aspect of information management to be their ability to receive and prioritise referrals and the least improved, the ability to use risk analysis software.

#### 4.1.7. Perception of improvement in knowledge, skills and understanding relating to protecting patients

Learners were then asked to rate the extent to which they felt the programme had improved their knowledge, skills and understanding of a range of topics related to protecting patients. Learners were given the choice between ‘no improvement’, ‘minor improvement’, ‘improvement’ and ‘major improvement’ for each statement listed. Forty-one learners answered this question. Responses once again were widely spread, with a majority however

answering ‘improvement’ or ‘major improvement’ and a small number only answering minor improvement’. Responses are presented in table 4.11.

*Table 4.11: Perceived improvement in knowledge, skill and understanding relating to protecting patients (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Understanding principles of assessment for vulnerable patients	8	4	19	10
Understanding the impact on health of long-term conditions including mental health	7	4	17	12
Ability to manage a caseload of stable patients/clients with long-term conditions	11	3	16	9

In order to get a clearer sense of which aspects of protecting patients learners felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.12.

*Table 4.12: Perceived improvement in knowledge, skill and understanding relating to protecting patients (means)*

	Mean
Understanding principles of assessment for vulnerable patients	2.76
Understanding the impact on health of long-term conditions including mental health	2.85
Ability to manage a caseload of stable patients/clients with long-term conditions	2.59

The results show that learners felt they had most improved in their understanding of the impact on health of long-term conditions, secondly in their understanding of the principles of assessment for vulnerable patients, and least improved in their ability to manage a case load of patients with long-term conditions.

#### **4.1.8. Perception of improvement in knowledge, skills and understanding relating to organising and networking skills**

In the following question, learners were asked to rate the extent to which they felt the programme had improved their knowledge, skills and understanding of various aspects relating to organising and networking. They were given the choice between ‘no improvement’, ‘minor improvement’, ‘improvement’ and ‘major improvement’ for each statement listed. Thirty-nine learners answered this question. The answers were strongly polarised, with near equal numbers answering ‘no improvement’ and ‘minor improvement’ on the one hand and ‘improvement’ and ‘major improvement’ on the other hand. Of all the skills identified in the Competency Framework (Appendix 1) and measured in this evaluation, more learners tended to find they had not improved in relation to this skill than any other. Their responses are presented in table 4.13.

*Table 4.13: Perceived improvement in knowledge, skill and understanding relating to organising and networking (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Ability to write reports; make case for change and generate proposals	14	3	14	8
Ability to produce and present reports and audit in strategic meetings	15	2	15	7
Understanding of multidisciplinary team working and able to network across traditional provider boundaries (including voluntary sector)	16	4	6	12
Ability to chair multi professional meetings and reviews	19	2	8	9

In order to get a clearer sense of which aspects of organising and networking learners felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.14.

*Table 4.14: Perceived improvement in knowledge, skill and understanding relating to organising and networking (means)*

	Mean
Ability to write reports; make case for change and generate proposals	2.41
Ability to produce and present reports and audit in strategic meetings	2.36
Understanding of multidisciplinary team working and able to network across traditional provider boundaries (including voluntary sector)	2.37
Ability to chair multi-professional meetings and reviews	2.18

The results show that learners felt they had most improved in their ability to write reports, make a case for change and generate proposals, followed by their ability to produce and present reports and audit in strategic meetings and in their understanding of multidisciplinary team working and ability to network across traditional provider boundaries. On the other hand, learners felt their ability to chair multi-professional meetings and reviews had improved least.

#### **4.1.9. Perception of improvement in knowledge, skills and understanding relating to motivating and supporting others**

Learners were then asked to rate the extent to which they felt the programme had improved their knowledge, skills and understanding of various aspects relating to motivating and supporting others. They were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. Thirty-six learners answered this question. Responses were again polarised, with comparable numbers answering 'no improvement' to 'minor improvement' on the one hand, and



‘improvement’ to ‘major improvement’ on the other hand. Responses are presented in table 4.15.

*Table 4.15: Perceived improvement in knowledge, skill and understanding relating to motivation and support (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Skills in education and training for patients and level 1 and level 2 care navigators	13	3	14	6
Skills in advocacy and enabling for patient / clients	12	2	14	8
Understanding of social care and personal budgets	13	3	13	7
Motivational interviewing skills	14	3	8	11

In order to get a clearer sense of which aspects of motivating and supporting skills, knowledge and understanding learners felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.16.

*Table 4.16: Perceived improvement in knowledge, skill and understanding relating to motivation and support (means)*

	Mean
Skills in education and training for patients and level 1 and level 2 care navigators	2.36
Skills in advocacy and enabling for patient / clients	2.50
Understanding of social care and personal budgets	2.39
Motivational interviewing skills	2.44

The means show that learners felt the most improved aspect related to their skills in advocacy and enabling for patients and clients, followed by their motivational interviewing skills while the least improved aspect related to their skills in education and training for patients and level 1 and 2 care navigators.

#### **4.1.10. Perception of improvement in knowledge, skills and understanding relating to developing effective relationships**

The following question asked learners to rate the extent to which they felt the programme had improved their knowledge, skills and understanding of various aspects relating to developing effective relationships. They were given the choice between ‘no improvement’, ‘minor improvement’, ‘improvement’ and ‘major improvement’ for each statement listed. Thirty-nine learners answered this question. The majority of learners answered ‘improvement’ or ‘major improvement’, though a sizeable minority also responded ‘no improvement’ or ‘minor improvement’. Responses are presented in table 4.17.

*Table 4.17: Perceived improvement in knowledge, skill and understanding relating to developing effective relationships (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Ability to facilitate supportive working environment for all staff including volunteers	12	3	13	10
Ability to supervise junior staff	9	6	12	12
Ability to provide emotional support for distressed patients / carers	9	6	13	10
Ability to support vulnerable patients post hospital discharge	9	7	13	9

In order to get a clearer sense of which skills, understanding or knowledge relating to developing effective relationships learners felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.18.

*Table 4.18: Perceived improvement in knowledge, skill and understanding relating to developing effective relationships (means)*

	Mean
Ability to facilitate supportive working environment for all staff including volunteers	2.55
Ability to supervise junior staff	2.69
Ability to provide emotional support for distressed patients / carers	2.63
Ability to support vulnerable patients post hospital discharge	2.58

The results indicated that learners felt the most improved aspect of developing effective relationships related to their ability to supervise junior staff, followed by their ability to provide emotional support for distressed patients and/or carers. On the other hand, they felt they had least improved in their ability to support vulnerable patients post hospital discharge and their ability to facilitate supportive working environment for all staff including volunteers.

#### **4.1.11. Perception of improvement in knowledge, skills and understanding relating to self-awareness**

In the following question, learners were asked to rate the extent to which they felt the programme had improved their knowledge, skills and understanding of various aspects relating to self-awareness. They were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. The vast majority of learners answered 'improvement' or 'major improvement', while a small minority answered 'no improvement' or 'minor improvement'. Responses are presented in table 4.19.

*Table 4.19: Perceived improvement in knowledge, skill and understanding relating to self-awareness (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Self-confident in relating to colleagues and patient /clients	4	8	15	17
Self-directed in seeking learning opportunities for development	5	7	14	17
Ability to reflect on own work and learning	3	7	15	19

In order to get a clearer sense of which skills, knowledge and understanding relating to self-awareness learners felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.20.

*Table 4.20: Perceived improvement in knowledge, skill and understanding relating to self-awareness (means)*

	Mean
Self-confident in relating to colleagues and patient /clients	3.02
Self-directed in seeking learning opportunities for development	3.00
Ability to reflect on own work and learning	3.14

The results show that learners felt they had most improved in their ability to reflect on own work and learning. They also felt that their self-confidence in relating to colleagues and patients/carers had improved, closely followed by their ability to be self-directed in seeking learning opportunities for development, rated as the least improved area of the three listed.

#### 4.1.12. Perception of improvement in knowledge, skills and understanding relating to ethical practice

In the penultimate question pertaining to changes in learners' skills as a result of participating in the programme, learners were asked to rate the extent to which they felt the programme had improved their knowledge, skills and understanding of various aspects relating to ethical practice. They were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. Forty learners answered this question. The majority answered 'improvement' or 'major improvement' while a minority answered 'no improvement' or 'minor improvement'. Responses are presented in table 4.21.

*Table 4.21: Perceived improvement in knowledge, skill and understanding relating to ethical practice (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Ability to act as a role model for junior staff	4	8	17	11
Understanding of cultural needs of specific populations	9	8	16	7

In order to get a clearer sense of which skills, knowledge and understanding relating to ethical practice learners felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.22.

*Table 4.22: Perceived improvement in knowledge, skill and understanding relating to ethical practice (means)*

	Mean
Ability to act as a role model for junior staff	2.88
Understanding of cultural needs of specific populations	2.53

The results show that learners felt that they had least improved in relation to their understanding of cultural needs of specific populations and most improved in their ability to act as a role model for junior staff.

#### **4.1.13. Other skills or knowledge relevant to the role of Medical Assistant developed through participating in the programme**

In the final question learners were asked to reflect on what other skills relevant to their role as Medical Assistant they had developed through participating in the programme. Thirty-three learners answered this open-ended question. Their responses are presented thematically in table 4.23. In the table that follows (table 4.24), frequencies are presented for each theme.

*Table 4.23: Learners' perceived of additional relevant skills, knowledge and understanding developed through participation in the programme (themes)*

Theme	Examples (verbatim)
No additional skills beyond those already mentioned	<ul style="list-style-type: none"> <li>- 'The list above was pretty comprehensive.'</li> <li>- 'Nil.'</li> <li>- 'None.'</li> </ul>
Not applicable: I am not working as an MA	<ul style="list-style-type: none"> <li>- 'I am not a Medical Assistant I am still employed as a Secretary.'</li> <li>- 'I facilitated the MA role. I did not carry out the MA role.'</li> </ul>
Another aspect of the skills, knowledge or understanding already mentioned has improved	<ul style="list-style-type: none"> <li>- 'Increased knowledge of the need for clarity when dealing with patient information and the ability to communicate it more clearly.'</li> <li>- 'Conflict resolution, mentoring, coaching, training, leadership skills, professionalism, ability to write a report and make a case for change. Also understanding others needs and priorities enabling for better communications.'</li> <li>- 'Utilising the clinical software more efficiently to assist in clinical admin and help in achieving high in targets set.'</li> <li>- 'Being able to Read Coding.'</li> <li>- 'Better telephone skills enabling me to tell if patient is wanting to say more or are upset etc.'</li> </ul>

Theme	Examples (verbatim)
My understanding of the role of the GP, the role of the MA and its significance/how it fits in the practice has improved	<ul style="list-style-type: none"> <li>- 'I feel I understand the process of the Dr's role with the patient better which enables me in my role to get involved and help share the care of the patient.'</li> <li>- 'I have gained a better insight to how doctors work and deal with patients and how important my role as a medical assistant is in supporting them.'</li> <li>- 'To be part of a new venture made all of us realise the importance of a MA to the surgeries.'</li> </ul>
My understanding of medical conditions, test results or medical checks have improved	<ul style="list-style-type: none"> <li>- 'A lot of the things in the meeting i.e. referral management, work-flowing - is something my Practice do daily anyway. Therefore personally for me not much did change in my day to day work. Benefits mostly came from the urine testing training and the BP measuring training.'</li> <li>- 'Medical terminology and the functions of certain body parts.'</li> <li>- 'General Improvement to medical knowledge - understand sick notes.'</li> <li>- 'By liaising with the GP my understanding of level of importance of some medical conditions has improved as has my understanding of some of the implications of test results.'</li> </ul>
My skills in time management and/or IT have improved	<ul style="list-style-type: none"> <li>- 'IT Skills.'</li> <li>- 'Time management.'</li> </ul>

*Table 4.24: Learners' perceived of additional relevant skills, knowledge and understanding developed through participation in the programme (frequencies)*

Theme	Frequency
No additional skills beyond those already mentioned	4
Not applicable: I am not working as an MA	2
Another aspect of the skills, knowledge or understanding already mentioned has improved	9
My understanding of the role of the GP, the role of the MA and its significance/how it fits in the practice has improved	3
My understanding of medical conditions, test results or medical checks have improved	4
My skills in time management and/or IT have improved	5

The table above shows that most learners tended to identify as an area of improvement one further aspect of a skill already listed in the questionnaire – including aspects of communications skills or information management skills not specifically listed such as 'knowledge of the need for clarity in dealing with patient information'. Learners listed a number of further skills or areas of knowledge and understanding that they felt had developed as a result of their participation in the programme including knowledge of medical conditions and procedures, and the roles of GP and MA. The additional skills highlighted included IT skills (n=1) and time management skills (n=4).

#### 4.1.14. Perception of level of positive impact of learner participation in programme on various stakeholders

Learners were asked to rate the level of positive impact they felt their participation in the programme had had on various stakeholders. They were given the choice to respond 'no impact', 'minor impact', 'impact' or 'major impact'. Forty-six learners answered this question. The vast majority of learners responded 'impact' or 'major impact' in relation to themselves and clinicians. Most also felt the patients had been positively impacted or majorly impacted. On the other hand, learners differed more in their responses relating to the impact on managers and carers with a greater spread of responses across the response choices. In the case of carers in particular, similar numbers of learners answered 'no impact' or 'minor impact' on the one hand, and 'impact' and 'major impact' on the other hand. Responses are presented in table 4.25.

*Table 4.25: Perceived level of impact of learner participation in programme on various stakeholders (frequencies)*

	No impact	Minor impact	Impact	Major impact
Yourself	1	9	17	18
The clinicians	3	4	16	23
The managers	4	16	13	11
The patients	5	5	25	10
The carers	10	6	16	7

In order to get a sense of which stakeholders learners felt had been the most and the least positively impacted by their participation in the programme, means were computed based on the following coding scheme: no impact=1; minor impact=2; impact=3 and major impact=4. Results are presented in table 4.26.

*Table 4.26: Perceived level of impact of learner participation in programme on various stakeholders (means)*

	Mean
Yourself	3.16
The clinicians	3.28
The managers	2.70
The patients	2.89
The carers	2.51

The results show that learners felt the most positively impacted stakeholder group were the clinicians, followed by themselves. At the other end of the spectrum, learners felt the least positively impacted group had been the carers, followed by the managers and the patients.

In a follow-on question, learners were asked to reflect on their responses to the question about stakeholder impact and to provide examples of the positive impacts they had observed on the people in their environment. Thirty-nine learners answered this open-ended question. Responses are presented thematically in table 4.27.

*Table 4.27: Learners' perception of nature of positive impact on various stakeholders (themes)*

Theme	Examples (verbatim)
Clinician's time has been freed up through my participation in the programme	<ul style="list-style-type: none"> <li>- 'More able to help - less pressure on clinicians = more clinic time for patients/ better patient care.'</li> <li>- 'Clinicians have more time to devote to other areas that need addressing such as QOF reviews, urgent lab reports...etc.'</li> <li>- 'Helped de-clutter doctors' workload.'</li> <li>- 'I have been able to assist the clinicians by coding letters effectively.'</li> <li>- 'Less work for doctors, they are happier.'</li> <li>- 'Feedback from my team of doctors on how efficient I am at dealing with task.'</li> <li>- 'By triaging all of the Drs phone calls this has helped to free up the time of the Drs to enable them to concentrate on other things.'</li> <li>- 'Trusted by clinicians to triage all post. Alleviating the doctors' workload.'</li> <li>- 'Patients are happy to discuss health issues with our MA. Duty team have more time to deal with more complex issues having passed routine matters to MA.'</li> <li>- 'By me looking at the telephone list and working my way through the ones I feel I can resolved, this has enabled the GP's to have a bit more time to do other things. Also by doing LRU's and blood forms this also saves them time - they just message me and ask me to do on their behalf with the relevant information needed.'</li> </ul>
I am more trusted at work, I have greater confidence in my own role	<ul style="list-style-type: none"> <li>- 'This has led to a greater confidence in my role by clinicians and other non-medical staff.'</li> <li>- 'When you have a better understanding of the way systems and processes work you feel more confident in your role.'</li> <li>- 'Much happier to deal with patients and their needs when there is a problem also more confident in the things I do.'</li> <li>- 'I feel more confident when dealing with patients.'</li> <li>- 'Has improved my personal medical knowledge and confidence in dealing with blood results.'</li> <li>- 'Clinician time has been saved, reducing stress levels and increasing the confidence levels of the MA.'</li> </ul>
I have been able to take on more responsibility or be proactive at work, my role has been extended	<ul style="list-style-type: none"> <li>- 'As I have developed my skills in leadership, my overall knowledge of all work in a GP surgery, my ability to think outside of the box and have ideas of improving the way in which we work as well as mentoring and coaching. I was able to take on more responsibility and be successful in my new roles.'</li> <li>- 'I have taken on the role of safeguarding and the practice are keen to expand my role further.'</li> <li>- 'Being able to deal with certain queries more efficiently. Sometimes I have more time to do in-depth research/speak to other departments or hospitals to get an answer.'</li> <li>- 'Enhanced job role.'</li> </ul>

Theme	Examples (verbatim)
I have enjoyed my new role, have greater job satisfaction	<ul style="list-style-type: none"> <li>- 'I have enjoyed working as support to the clinical team.'</li> <li>- 'Staff involved in implementing the programme have increased job satisfaction and confidence.'</li> </ul>
Patients have benefited from a better service	<ul style="list-style-type: none"> <li>- '[I have been] able to raise up any clinical issues of patients who may have been discharged or may need a medication review. This will provide a better duty of care and also aid in achieving targets set by the CCG such as QOF or KPI.'</li> <li>- 'I feel that patients are receiving quicker service.'</li> <li>- 'Feedback to doctors from our patients on how helpful my input has been to their care.'</li> <li>- 'Clinicians have had more time to focus on patients and on being a doctor rather than administration, thus patients have had a positive impact indirectly.'</li> </ul>
None, none yet	<ul style="list-style-type: none"> <li>- 'Have not rolled out the MA role yet.'</li> <li>- 'None.'</li> </ul>

In the following table (table 4.28), these themes have been quantified, giving an indication of how many times any given theme appeared across responses. By far the most frequently mentioned theme related to the positive impact of the programme on clinicians, and particularly on freeing clinicians' time. The second most frequently mentioned set of responses related to the positive impact on the learners themselves. The positive impacts on the learners included an impact on their self-confidence and confidence in performing various aspects of their role; a greater enjoyment or satisfaction at work; and their ability to extend their role or proactively develop aspects of the role. The final set of responses related to the positive impact on patients, who were felt to generally have benefited from a more efficient service as a result of the introduction of a MA in the practice.

*Table 4.28: Learners' perception of nature of positive impact on various stakeholders (frequencies)*

Theme	Frequency
Clinician's time has been freed up through my participation in the programme	23
I am more trusted at work, I have greater confidence in my own role	8
I have been able to take on more responsibility or be proactive at work, my role has been extended	3
I have enjoyed my new role, have greater job satisfaction	2
Patients have benefited from a better service	5
None, none yet	2



#### 4.1.15. Learner perception of biggest achievement since starting the programme

Learners were asked what they felt had been their biggest achievement since starting the programme. Thirty-eight learners answered this open-ended question. Their responses are presented thematically in table 4.29.

*Table 4.29: Learners' perception of biggest achievement since starting the programme (themes)*

Theme	Examples (verbatim)
Developing a skill, understanding or knowledge	<ul style="list-style-type: none"> <li>- 'Since the new ers system started at the end of our course the new skills learned has made the adaption into this process easier.'</li> <li>- 'Improved knowledge of read coding.'</li> <li>- 'A better understanding of clinical workload.'</li> <li>- 'Greater understanding of patient needs.'</li> </ul>
Gaining confidence, self-belief	<ul style="list-style-type: none"> <li>- 'Gaining confidence and self-esteem IIDA - If in doubt ask.'</li> <li>- 'Volunteering to give a presentation at works Xmas do which i would have never done before.'</li> <li>- 'Developing my self-confidence.'</li> <li>- 'I feel more confident about presenting in meetings, although I still find it a challenge but am learning to become more relaxed about it.'</li> <li>- 'Believing in myself.'</li> <li>- 'Confidence in using my experience to assist the GPs.'</li> <li>- 'My confidence levels have increased now I am used to checking results.'</li> </ul>
Performing some aspect of my work better	<ul style="list-style-type: none"> <li>- 'Clearing sizeable backlog of document tasks.'</li> <li>- 'Learning how to use DOCMAN more efficiently.'</li> <li>- 'Cutting down the number of queries about pxs being sent to GPs &amp; cutting down on their paperwork.'</li> <li>- 'Trying to fit in all the extra work by juggling existing duties.'</li> </ul>
Being promoted, taking on more responsibilities or developing or extending the role of MA in other ways	<ul style="list-style-type: none"> <li>- 'Gaining the promotion to HR and Project Manager, before the programme I did not have the skills necessary for this role and I believe the course has helped me to secure this position and be successful in it.'</li> <li>- 'Taking on a much bigger workload with more responsibility.'</li> <li>- 'Developing the role to the needs of the practice.'</li> <li>- 'Implementing the programme in a way that fits and works with our surgery. Organising and motivating participants to learn and develop the role.'</li> <li>- 'Being more involved with patients health care.'</li> <li>- 'Major shift in workload and job satisfaction.'</li> </ul>
Providing a better service to patients, gaining patients' trust	<ul style="list-style-type: none"> <li>- 'Achieving acceptance by patients when communicating results or other information.'</li> <li>- 'Achievement to help staff and patients.'</li> <li>- 'I feel that my biggest achievement is that the patients seem happy with my service and I love being able to help the patients, they seem to respond better if you say you are Dr.....'s Medical Assistant rather than a receptionist.'</li> <li>- 'Being able to assist patients with their queries with more confidence and ability.'</li> </ul>

Theme	Examples (verbatim)
Being valued by the Team, making a difference to the practice/practice staff including clinicians	<ul style="list-style-type: none"> <li>- 'Full confidence in my ability to effectively use DOCMAN to aid almost everyone connected with the practice.'</li> <li>- 'Save clinician time.'</li> <li>- 'Saving hours of doctors time.'</li> <li>- 'I am very pleased that there have been no major incidents and patients seem happy to discuss issue with me without having to speak directly to the GP.'</li> <li>- 'Knowing I have given a great service to our patients and improved duty teams daily workload.'</li> <li>- 'Feeling of being a valuable asset to the GP team.'</li> <li>- 'Reducing GP stress.'</li> </ul>
Completing the programme	- 'Completing the programme as a lot of the work had to be done at home. Not enough time to study at work.'

Table 4.30 gives a sense of how frequently any given theme was mentioned across the learners' responses.

*Table 4.30: Learners' perception of biggest achievement since starting the programme (frequencies)*

Theme	Frequency
Developing a skill, understanding or knowledge	5
Gaining confidence, self-belief	10
Performing some aspect of my work better	8
Being promoted, taking on more responsibilities or developing or extending the role of MA in other ways	5
Providing a better service to patients, gaining patients' trust	8
Being valued by the Team, making a difference to the practice/practice staff including clinicians	7
Completing the programme	1

The table shows that most learners had found their becoming more self-confident, in general or in performing a given aspect of their work, to have been their biggest achievement since starting the programme. The next most frequently mentioned achievements were the ability to perform some aspect of their work better and also the ability to provide a better service to patients and having received positive feedback from patients. The next most frequently mentioned biggest achievement related to the learners' ability to make a difference to the Surgery team, including through reducing clinicians' workload and stress levels. On the other hand, individual benefits such as acquiring new skills and being promoted or developing their roles, were mentioned less frequently by learners.

#### 4.1.16. Impact of the programme on learner experience at work

In the next question, learners were asked to state the extent to which they agreed with a variety of statements relating to their experience at work. They were given the choice between 'disagree', 'somewhat disagree', 'somewhat agree' and 'agree' for each one of the statements. Forty-six learners answered this question. The vast majority somewhat agreed or agreed with the statements while only a small minority disagreed or somewhat disagreed. The learners' responses are presented in table 4.31.

Table 4.31: Impact of the programme on learner experience at work (frequencies)

	Disagree	Somewhat disagree	Somewhat agree	Agree
My work has become more varied	3	2	17	23
My work has become more interesting	3	2	12	29
I am more motivated in my work	2	1	16	26
I am more confident in carrying out my work	2	0	12	32
I am more satisfied with my work	2	1	16	26
I am more likely to stay in this work setting	1	3	17	25
I feel more valued at work	1	5	20	20
I feel more part of the team in my work setting	2	6	17	20
I have been given more responsibilities at work	3	4	7	31
I feel I am more proactive and able to take the initiative at work	2	4	12	27
I am able to manage my workload more efficiently	2	3	16	25
I have more interest in further learning	2	2	11	31
I feel I now contribute more to patient care	2	3	12	27

In order to get a clearer sense of which aspects relating to the impact of their participation in the programme on their experience at work learners agreed, means were computed based on the following coding scheme: disagree=1, somewhat disagree=2, somewhat agree=3 and agree=4. Statements with mean values above 3 can be regarded as indicating overall agreement whereas statements with mean values below 3 can be regarded as indicating areas of lesser agreement. Results are presented in table 4.32.

Table 4.32: Impact of the programme on learner experience at work (means)

	Mean
My work has become more varied	3.33
My work has become more interesting	3.46
I am more motivated in my work	3.47
I am more confident in carrying out my work	3.61
I am more satisfied with my work	3.47
I am more likely to stay in this work setting	3.43
I feel more valued at work	3.28
I feel more part of the team in my work setting	3.22
I have been given more responsibilities at work	3.47
I feel I am more proactive and able to take the initiative at work	3.42
I am able to manage my workload more efficiently	3.39
I have more interest in further learning	3.54
I feel I now contribute more to patient care	3.45

The results show that learners felt the impact of their participation in the programme on their experience at work had been a positive one in most respects: they felt more confident in their work, more motivated and were more satisfied with their work which they felt had become more interesting; they also found that they had been given more responsibilities and were contributing more to patient care. Learners also felt their interest in further learning had increased. On the other hand, they tended to agree less that they felt more valued at work and that they were more part of the team, though they did not disagree (means=3.28 and 3.22 respectively).

In a follow-on question, learners were asked how else they felt their participation in the programme had impacted the way they worked. They were asked to provide details and examples. Thirty-six learners answered this open-ended question. A large number of responses did not add to the list of possible changes presented in the previous question. Eight themes were discernable among the responses that did address the question of any additional impacts of learners' participation in the programme on how learners worked. Relevant responses are presented thematically in table 4.33.

*Table 4.33: Learner perception of additional impacts of participation in programme on how they work (themes)*

Theme	Examples (verbatim)
I am able to delegate work better	- 'Helped delegate tasks.'
I engage in personal reflection and seek feedback more	- 'I am juggling many responsibilities and find the skill of personal reflection and seeking feedback, which was heavily focused on in the course, has assisted me greatly in this. When something goes wrong I book time with the Managing Partner and discuss how this happened and think about what I need to change to ensure this does not happen in the future.'
I am able to learn from colleagues, network	- 'Networking with other colleagues, being able to learn off of each other.'
I now have a greater choice of work hours	- 'It has given me greater choice over my working hours.'
I have started attending team and clinical meetings	- 'It has made impact in a way that I have started attending more Team, Clinical and MDT meetings.'
My salary has increased	- 'Salary increase!'
I work more methodically or systematically	- 'More methodical approach to my daily tasks.' - 'I have a structure to my day that I need to adhere to ensure that I am able to carry out daily tasks efficiently.'
My workload and/or stress level has increased	- 'To be honest it has added more stress to our workload.' - 'It has increased my workload so I do have to manage my time more carefully.'

With the exception of the two themes 'I work more methodically' and 'my workload has increased', all themes appeared just once across the responses. Answers varied, with some learners reporting more positive impacts (salary increase, better work hours) while others reported more negative impacts on how they worked (increased workload, stress). Other comments were more neutral in tone and included commentary on the learner's greater propensity to seek out feedback from managers and reflecting on their work, or on their greater ability to learn from colleagues, delegate or being more methodical in their approach.

#### 4.1.17. Learner hopes for career progress after the programme has finished

In the next question, learners were asked to comment on how they hoped their career would progress now that the programme had finished. Forty-one learners answered this open-ended question. Relevant responses are presented thematically in table 4.34.

Table 4.34: Learner hopes for career progress after the programme has finished (themes)

Theme	Examples (verbatim)
I expect or hope to make progress in my career, climb the career ladder (unspecified)	<ul style="list-style-type: none"> <li>- 'My career should progress in a positive way anyway as I am an ambitious learner.'</li> <li>- 'I hope to climb the career ladder and put my experiences within this programme to greater use.'</li> </ul>
I want to develop my current role, including the role of MA I am currently performing	<ul style="list-style-type: none"> <li>- 'I would definitely like to explore the possibility of doing my new role full time as well as perhaps taking on additional duties.'</li> <li>- 'I would hope to continue to improve my skill set in this role.'</li> <li>- 'I hope that I will be considered a valuable member of the team and continue to enjoy working in my current practice.'</li> <li>- 'I hope to continue in this role and take on more tasks that may help the GPs.'</li> <li>- 'I hope to carry on being a Medical Assistant and adding to my knowledge and work load thus freeing the clinical staff from things that they really do not need to do.'</li> <li>- 'I am planning to continue to be a medical assistant alongside my current job and to increase the role however I can.'</li> </ul>
I cannot or do not wish to take on more at the moment, I am happy in my role as it is	<ul style="list-style-type: none"> <li>- 'I have more than enough work as a Secretary if some of the work I do was spread out to admin I would be able to actual carry out MA work but at the moment I feel I do not have the capacity to take more on.'</li> <li>- 'I'm happy with where my career is at this moment in time. I have good variety and get great satisfaction from what I do.'</li> </ul>
I would like to move into an admin role in another type of organisation	<ul style="list-style-type: none"> <li>- 'Currently I am hoping to eventually go into a federation or a CCG and work on quality improvement projects, developing new contracts or assisting GP surgeries in handling the many challenges they face.'</li> </ul>
I hope to move towards management roles	<ul style="list-style-type: none"> <li>- 'I hope that I can progress to management level.'</li> <li>- 'I hope the programme will lead to me being trained in other aspects of practice management.'</li> <li>- 'A move to management role.'</li> </ul>
I hope to move towards a clinical role or be more involved in patient care	<ul style="list-style-type: none"> <li>- 'To help me become a GP one day.'</li> <li>- 'Hoping to move forward in the future maybe in medical roles.'</li> <li>- 'I hope to become more involved in patients care.'</li> </ul>
I would like a pay increase	<ul style="list-style-type: none"> <li>- 'Nice pay rise.'</li> <li>- 'I would also like to think that the pay would be reflected in time as an acknowledgment of the increase in work load.'</li> <li>- 'I hope by taking on more responsibility this will be reflected in my pay.'</li> </ul>

In table 4.35 these seven themes have been quantified, giving a sense of how frequently any given theme appeared in learners' responses.

*Table 4.35: Learner hopes for career progress after the programme has finished (frequencies)*

Theme	Frequency
I expect or hope to make progress in my career, climb the career ladder (unspecified)	5
I want to develop my current role, including the role of MA I am currently performing	10
I cannot or do not wish to take on more at the moment, I am happy in my role as it is	2
I would like to move into an admin role in another type of organisation	1
I hope to move towards management roles	3
I hope to move towards a clinical role or be more involved in patient care	3
I would like a pay increase	3

For the most part, learners did express a wish for their careers to progress, and this in a diversity of ways. The majority of learners responding to this question expressed that they wanted to develop their current role, including the role of Medical Assistant where they found themselves working in that capacity. A smaller number stated they hoped to move into managerial roles or clinical roles. On the other hand, only a very small number of learners expressed that they could not or did not wish to make any changes to their current roles.

#### 4.1.18. Learners' perception of the most challenging aspect of the programme

Learners were asked to comment on which aspect of the programme they have found most challenging. Forty-three learners answered this open-ended question. Their responses are presented thematically in table 4.36.

*Table 4.36: Learner perception of the most challenging aspect of the programme (themes)*

Theme	Examples (verbatim)
Challenges relating to the contents of the programme	<ul style="list-style-type: none"> <li>- 'Reading a urine dip stick.'</li> <li>- 'Listen....without offering advice more challenging than expected as a mother that always gives advice.'</li> <li>- 'The most challenging aspect of giving a presentation.'</li> <li>- 'Understanding medical terminology.'</li> <li>- 'Learning what some of the blood test results mean.'</li> </ul>
Challenges relating to the time required to participate in the programme for learners, GPs, mentors, etc.	<ul style="list-style-type: none"> <li>- 'I would say it was balancing the day-to-day work with the training.'</li> <li>- 'Finding time to do it.'</li> <li>- 'Having time with Mentors being able to sit and sign off.'</li> <li>- 'Fitting in time to study, not given protected time, having to work overtime to catch up on work missed on days spent on the course.'</li> <li>- 'Finding GP time at the beginning.'</li> </ul>
Challenges relating to gaining the trust and confidence of patients, colleagues	<ul style="list-style-type: none"> <li>- 'Gaining patient trust.'</li> <li>- 'People understanding what you are doing.'</li> <li>- 'For patients to be happy to deal with us and not have to have a call with the Doctor.'</li> </ul>

Theme	Examples (verbatim)
	<ul style="list-style-type: none"> <li>- 'Building a confidential and professional relationship with patients who often would prefer to speak directly with a GP. Patients feeling I'm not adequately trained / have insufficient knowledge to deal with their queries.'</li> </ul>
Challenges relation to the course's organisation, pacing, scheduling, etc.	<ul style="list-style-type: none"> <li>- 'There was too much variation in ability &amp; this dictated the pace of the course as we were not put in groups like we were told we would be.'</li> <li>- 'The scheduling of the sessions due to staff shortages and deadlines.'</li> <li>- 'The workload.'</li> </ul>
Challenges relating to self-confidence in one's abilities or in carrying out various aspects of the role	<ul style="list-style-type: none"> <li>- 'Confidence in my ability to complete the course.'</li> <li>- 'Boosting my confidence and knowledge.'</li> <li>- 'Having confidence to tell certain doctors that I feel that is something they should be dealing with.'</li> <li>- 'Having the confidence to file results.'</li> </ul>
Challenges relating to level of support required/expected during programme	<ul style="list-style-type: none"> <li>- 'To be able to complete the work without support.'</li> </ul>
Challenges relating to carrying out some aspect of the developing MA role	<ul style="list-style-type: none"> <li>- 'Reading through clinical letters and deciding what needs to be read coded.'</li> <li>- 'Most challenging aspect of the programme has been face to face consultation.'</li> <li>- 'Trying to remember to triage the phones in between answering the normal phone calls on reception as not being able to leave reception due to increase volume of phone calls and work load.'</li> <li>- 'Dealing with grey areas which could very quickly become "clinical".'</li> <li>- 'I sometimes found having to ask the GP's for advice a bit difficult at first as was unable to interrupt their clinics. This improved in time as my experience and knowledge grew. Also felt the quantity of queries could be overwhelming and perhaps another Medical Assistant would be beneficial to even out the GP, assistant ratio.'</li> <li>- 'Sometimes not enough info is taken by members of staff so this can impact on med assistants where they then have call patients back for more info which sometimes can be frustrating.'</li> </ul>
Challenges relating to engaging staff, including GPs in the programme	<ul style="list-style-type: none"> <li>- 'Engaging staff into the project.'</li> <li>- 'Convincing the staff and doctors to participate.'</li> </ul>

In table 4.37 these eight themes have been quantified, giving a sense of how frequently any given theme appeared in learners' responses.

*Table 4.37: Learner perception of the most challenging aspect of the programme (frequencies)*

Theme	Frequency
Challenges relating to the contents of the programme	5
Challenges relating to the time required to participate in the programme for learners, GPs, mentors, etc.	17
Challenges relating to gaining the trust and confidence of patients, colleagues	4
Challenges relation to the course's organisation, pacing, scheduling, etc.	3
Challenges relating to self-confidence in one's abilities or in carrying out various aspects of the role	4
Challenges relating to level of support required/expected during programme	1
Challenges relating to carrying out some aspect of the developing MA role	6
Challenges relating to engaging staff, including GPs in the programme	2

This last table shows that by far the largest challenge for learners that answered this open-ended question concerned the time required – of them, but also of their mentors and GPs in their places of work. The second most frequently mentioned challenge concerned various aspects of carrying out the new role of MA in their practices – knowing when to interrupt a GP for advice, how to conduct face-to-face consultations or deal with 'grey areas', remembering to triage calls in between answering 'ordinary' calls, deciding what to read code or not, and so forth. At the other end, the least frequently mentioned challenges related to the organization of the course and its contents and to engaging staff in the programme, the latter being relevant to the very small number of respondents who undertook the programme as learners occupying a managerial role.

#### 4.1.19. Learners' most liked aspect of the programme

Learners were then asked what they had most liked about the programme. Forty learners answered this open-ended question. Their responses are presented thematically in table 4.38.

*Table 4.38: Learner most liked aspect of the programme (themes)*

Theme	Examples (verbatim)
I most liked the social aspect – getting to know new people, learning from peers, talking with like-minded people	<ul style="list-style-type: none"> <li>- 'Group involvement/ interaction whilst learning.'</li> <li>- 'Meeting new people and learning new things. Talking to like-minded people in similar situations.'</li> <li>- 'Networking and knowing that others have the same office politics.'</li> <li>- 'It was good to have training with other surgeries in the area &amp; meet the staff &amp; swap ideas.'</li> </ul>
I most liked meeting and developing a closer relationship with the GPs	<ul style="list-style-type: none"> <li>- 'Closer working relationship with the GPs.'</li> <li>- 'Meeting with our GP and the confidence she was able to give us and support our role.'</li> </ul>
I most liked the impact of the programme on how I work, my performance, working conditions, satisfaction and sense of contributing more	<ul style="list-style-type: none"> <li>- 'Helps reduce time wasting.'</li> <li>- 'Varied role.'</li> <li>- 'The responsibility it gave me, and flexibility over my working hours.'</li> <li>- 'Job satisfaction.'</li> </ul>



Theme	Examples (verbatim)
	<ul style="list-style-type: none"> <li>- 'Being able to help GPs to alleviate stress and pressure.'</li> <li>- 'The feeling of job satisfaction when I knew I had made a difference for a patient or GP.'</li> </ul>
I most liked developing new skills, knowledge and understandings	<ul style="list-style-type: none"> <li>- 'Increased knowledge.'</li> <li>- 'Increasing my knowledge of results.'</li> <li>- 'The skill of critical questioning and reflection was most useful to me and has made a huge impact on the way in which I work. Thinking critically ensures constant improvement and efficiency.'</li> <li>- 'Learning new clinical terms which assist in learning what patients are dealing with to provide a better standard of care.'</li> <li>- 'I like that I need to read a lot which helps to improve my English.'</li> <li>- 'Being able to see work in a GP setting from a different angle.'</li> </ul>
I most liked the training – its contents, its delivery, working closely with my trainer	<ul style="list-style-type: none"> <li>- 'It would be working closely with my trainer... I feel we developed a great understanding of one another which greatly helped with the training.'</li> <li>- 'Coding.'</li> <li>- 'I liked how interactive all the sessions were.'</li> <li>- 'We had such wonderful teacher and I felt the made a big difference to our learning new skills.'</li> <li>- 'I particularly liked the variety and the amount of topics that were covered with a good mix of medical and educational.'</li> <li>- 'Very interesting. Presentation was clear and able to understand.'</li> </ul>
I most liked the supportive atmosphere on the training and the availability of trainers	<ul style="list-style-type: none"> <li>- 'Camaraderie - the group as a whole worked well together.'</li> <li>- 'Everybody involved was so supportive and [the trainers] were always available to talk to one to one.'</li> </ul>

In table 4.39 these six themes have been quantified, giving a sense of how frequently any given theme appeared in learners' responses.

*Table 4.39: Learner most liked aspect of the programme (frequencies)*

Theme	Frequency
I most liked the social aspect – getting to know new people, learning from peers, talking with like-minded people	8
I most liked meeting and developing a closer relationship with the GPs	2
I most liked the impact of the programme on how I work, my performance, working conditions, satisfaction and sense of contributing more	13
I most liked developing new skills, knowledge and understandings	9
I most liked the training – its contents, its delivery, working closely with my trainer	6
I most liked the supportive atmosphere on the training and the availability of trainers	2

This table shows that learners mentioned the impact of the programme on how they work, including their performance at work, their working conditions, their new responsibilities or expanded role and

the sense of contributing more, as the most liked aspect of the programme. The second most frequently mentioned liked aspects were developing skills, knowledge and new understandings and also the opportunity to meet and learn with or from peers in other practices. Many also cited various aspects of the training, including the trainers themselves as most liked aspect. A small number, finally, mentioned the supportive environment on the programme and also the chance to work closely or develop a close relation with the GP as the most liked aspects of the course.

#### 4.1.20. Learners' suggestions for improving the programme

The next question asked learners for their suggestions for improving the programme. Thirty-one learners answered this open-ended question. Among these, 16 answered 'no' or 'not applicable'. The remaining relevant answers are presented thematically in table 4.40.

*Table 4.40: Learners' suggestions for improving the programme (themes and frequencies)*

Theme	Examples (verbatim)	Frequency
Structure and contents of training	<ul style="list-style-type: none"> <li>- 'Better structure. Focusing on common types of documents for a session each perhaps.'</li> <li>- 'Need more actual time using Docman &amp; coding more complex letter.'</li> <li>- 'More medical terminology I was lucky to have done the 3 courses before and while i was attending the course.'</li> <li>- 'Just having a more better understanding with how it works and how mentors make a big impact in the work.'</li> <li>- 'Maybe offer course for learning basic blood results and or urine testing?'</li> </ul>	5
Duration of training	<ul style="list-style-type: none"> <li>- 'It would be better to be more condensed or shorter.'</li> <li>- 'Make it longer.'</li> </ul>	2
Resources for training	<ul style="list-style-type: none"> <li>- 'Maybe to a course workbook with all the topics and subjects so it's easy to learn from home.'</li> <li>- 'Hand-outs would have been useful.'</li> <li>- 'It would be good to have general protocols on DORIS that we could all go to when needed.'</li> </ul>	4
Delivery of training	<ul style="list-style-type: none"> <li>- 'Too much role play and game playing, not enough learning. They tried to cover too much.'</li> <li>- 'More interaction between surgeries to exchange ideas and ways to implement the programme.'</li> </ul>	2
Roll-out or implementation of the Medical Assistant role	<ul style="list-style-type: none"> <li>- 'Make clear from the start that the programme has to be implemented in a way that suits individual surgeries and that there is not a "one police fits all" approach.'</li> <li>- 'Internal communication needs to be robust and followed by all staff for consistency in work methods.'</li> <li>- 'I feel this should be down to the individual and clinical staff to progress the</li> </ul>	6

Theme	Examples (verbatim)	Frequency
	<ul style="list-style-type: none"> <li>role to help the surgery which you work in.'</li> <li>- 'Sharing of information from the outset and having more definitive guidelines, which hopefully will now be more helpful for practices who will now embark on this programme.'</li> <li>- 'I feel more Medical Assistant roles would be beneficial to even out the GP/assistant ratio.'</li> <li>- 'Staff engagement was the biggest hurdle, maybe some help for managers in the initial stages on coaching or engagement techniques, not only for the MA but for the GPs to let go of some of the work.'</li> </ul>	

The most frequently mentioned set of suggestions for improvement related to the roll-out of the MA programme, with learners emphasizing the need for clear communication and information sharing, including clarifying the fact that the programme has to be adapted to meet specific surgeries' requirements. The next most frequently mentioned set of suggestions pertained to the contents of the training programme, learners variously suggesting topics that could be usefully added to the training or expressing that they would have benefited from resources such as handouts or workbooks to support their learning. A very small number offered individual suggestions relating to the duration of the training and on the delivery of the training.

#### 4.1.21. Learners' perception of the sustainability of the programme

In the penultimate question, learners were asked to rate the extent to which they agreed or disagreed with various statements relating to the sustainability of the programme. They were given the choice to disagree, somewhat disagree, somewhat agree and agree. All 46 learners answered this question. The vast majority of learners tended to somewhat agree or agree with the various statements, while only a small minority disagreed or somewhat disagreed with the statements. The learners' responses are presented in table 4.41.

Table 4.41: Learners' perception of the sustainability of the programme (frequencies)

	Disagree	Somewhat disagree	Somewhat agree	Agree
This programme was a good investment of my time	0	1	12	32
I would recommend this programme to my colleagues	0	1	10	34
I would be interested in enrolling on similar programmes	1	0	18	26
This programme has improved my career opportunities	2	4	17	22
This programme could have a significant impact on my career progression in the future	3	5	14	23

In order to identify the aspects of sustainability with which learners agreed most or least, means were computed based on the following coding scheme: disagree=1, somewhat disagree=2, somewhat agree=3 and agree=4. Statements with mean values above 3 can be regarded as indicating overall agreement whereas statements with mean values below 3 can be regarded as indicating areas of lesser agreement. Results are presented in table 4.42.

*Table 4.42: Learners' perception of the sustainability of the programme (means)*

	Mean
This programme was a good investment of my time	3.69
I would recommend this programme to my colleagues	3.73
I would be interested in enrolling on similar programmes	3.53
This programme has improved my career opportunities	3.31
This programme could have a significant impact on my career progression in the future	3.27

The results show that most learners would recommend the programme to colleagues and that they tended to think that it was a good investment of their time. On the other hand, learners tended to agree less (though not disagree) that the programme had improved their career opportunities or that it would have a significant impact on their career progression in the future. The high scores for the means overall suggest that the programme was felt to be highly sustainable by this group of stakeholders.

#### 4.1.22. Final comments by learners

Finally, learners were asked whether there was anything else that they wanted to tell us about the programme. Twenty-nine learners answered this question, including 17 who answered 'no' or 'n/a'. Of the remaining 12 learners, a large number made general positive comments about enjoying the opportunity for learning, expressed appreciation for the trainers and mentors, or enthusiasm for their new role, for example:

- 'I feel this course would be brilliant for anyone working within a GP surgery who has the desire to further their skills and personal development.'
- 'The trainers were fab.'
- 'It is very valuable and the course leaders were very understanding of peoples difficulties and personal issues and also picked up on people if they were not themselves and were very approachable and caring'
- 'Had a lovely time learning with amazing mentors.'
- 'I have enjoyed the role and hope to continue with it.'
- 'MA work has been enjoyable and interesting and rewarding being able to support staff and patients.'

Three learners made final recommendations to improve the programme, including being more explicit from the start about the workload involved, sharing information across practices more, and ensuring learners from a single practice were spread across groups. These responses are presented below:

- 'As this was a pilot course I think it was not only a learning curve for the students but also the teachers. I think more information to students regarding the amount of work that is needed to be done in your own time would help.'

- 'I don't think that it is a good idea to have a large number of people from one practice unless they are split up as they tend to stay together and I felt that I didn't get to know them until at least half way through the course.'
- 'I feel that there should be more sharing of information by other practices of processes that work for them so that they can be implemented in other practices (obviously elements of the programme can be tailored to each practice).'

## 4.2. Results of Post-programme Learners' Managers Questionnaire

### 4.2.1. Learners' Manager profiles

A total of 21 learners' managers answered the questionnaire for 23 different learners. Nineteen learners' managers had one employee each on the programme while two learners' managers had two employees each enrolled on the programme. Learners' managers were asked to complete one questionnaire for each one of their employees. However, only one learners' manager did so, meaning that the total number of questionnaires completed stands at 22.

The learners' managers who completed the questionnaire had enrolled their employee(s) on one of five programmes, as follows:

*Table 4.43: Medical Assistant programme on which employees have been enrolled*

Programme	Number of learners' managers
NCL (Barnet, Camden, Enfield, Haringey & Islington)	4
NEL (City & Newham, Hackney)	2
KSS-West Kent	9
KSS-Surrey Heath GP Federation	1
SL-SW (Croydon and Sutton, Kingston, Merton, Battersea Healthcare CIC)	6

The learners' managers who completed the questionnaire worked in one of 21 different GP practices or medical groups.

### 4.2.2. Learners' manager perception of employee achievements from the programme

Learners' managers were asked what they thought their employee(s) had achieved during the programme personally, professionally and socially. Table 4.43 presents their responses, arranged thematically. Where responses were very similar, only one has been included in the table. In table 4.44, these responses have been quantified, to give a sense of how frequently any given type of achievement was mentioned across the group of learners' managers.

Table 4.43: Learners' manager perception of employee achievements from the programme (themes)

Theme	Examples (verbatim)
Employee's understanding and knowledge of various relevant topics has expanded	<ul style="list-style-type: none"> <li>- 'Increased knowledge and experience.'</li> <li>- 'Understanding of how the system works.'</li> <li>- 'Understanding boundaries...Greater knowledge and understanding of the role of the clinician and what aspects can be safely delegated. Knowing when to flag.'</li> <li>- 'The bigger picture - and how a gp practice fits in to that.'</li> <li>- '[Employee] has increased her knowledge in several administrative/managerial areas.'</li> <li>- '[Employee] now understands the value of social networking and is confident to engage with others to share experiences.'</li> <li>- 'Gained knowledge of adding drugs / discharge meds.'</li> <li>- 'Further insight into GP working practices.'</li> <li>- 'Increased knowledge of blood test results.'</li> <li>- '[Employee] has gained improved knowledge of clinical terminology ...She has also recognised the need for auditing and monitoring new processes.'</li> <li>- 'A better understanding of content and responses to phone calls.'</li> </ul>
Employee has developed new useful skills	<ul style="list-style-type: none"> <li>- 'Dedicated training – upskilling.'</li> <li>- 'Empathy, communication skills, successful negotiation, Teasing our route problems. Presenting.'</li> <li>- 'The ability to speak to people outside of their working group.'</li> <li>- 'Note taking.'</li> <li>- 'Understanding what is important.'</li> <li>- 'Document skills.'</li> <li>- '[Employee has] gained skills in evaluating a new approach.'</li> </ul>
Employee has grown in confidence and self-belief	<ul style="list-style-type: none"> <li>- 'Confidence.'</li> <li>- 'Confidence in sharing his knowledge.'</li> <li>- 'Realising she can achieve more than she thought she was capable of.'</li> </ul>
Employee performance at work has improved	<ul style="list-style-type: none"> <li>- '[Employee] has developed a very professional approach towards her work.'</li> <li>- '[Employee] has started SMART and has been more efficient with summarising the clinical notes... He has been able to Summarise/ Read code according to table reference that has been Categorise such as discharge letters, results, DNA's etc. and has been able to delegate to appropriate clinician.'</li> </ul>
Employee has developed professional relationships or enhanced quality of existing relationships or improved ability to work in teams, etc.	<ul style="list-style-type: none"> <li>- 'Working within a team, supporting colleagues.'</li> <li>- 'Working as a team across boundaries.'</li> <li>- 'New friends, and colleagues who she get ideas from.'</li> <li>- '[Employee] has developed social relationships with other colleagues in the NHS.'</li> <li>- 'Increased interaction with patients and GPs.'</li> <li>- 'She is willing to share ideas and learn from others.'</li> <li>- 'Reception team have worked well together.'</li> </ul>
Employee satisfaction and motivation at work have increased	<ul style="list-style-type: none"> <li>- 'Motivation and stimulation on learning a new skill.'</li> <li>- 'Increased job satisfaction.'</li> <li>- '[Employee] has found the work stimulating and a refreshing change.'</li> </ul>

*Table 4.44: Learners' manager perception of employee achievements from the programme (frequencies)*

Theme	Frequency
Employee's understanding and knowledge of various relevant topics has expanded	19
Employee has developed new useful skills	9
Employee has grown in confidence and self-belief	19
Employee performance at work has improved	2
Employee has developed professional relationships or enhanced quality of existing relationships or improved ability to work in teams, etc.	12
Employee satisfaction and motivation at work have increased	3

This last table shows that the most frequently mentioned achievement across the learners' managers' responses to this open-ended question related to an increase in their employee's understanding or knowledge of diverse topics and also the growth in their employee's self-belief or confidence. The development or improvement of professional relationships was also frequently mentioned as an achievement by learners' managers. On the other hand, learners' managers tended to mention less frequently the development of new skills and an increase in their employee's performance at work as achievements.

#### 4.2.3. Perceived employee readiness to undertake the programme

Learners' managers were asked to reflect and rate their employee(s)' readiness to undertake the programme by stating the extent to which they agreed or disagreed with various statements. They were given the choice to disagree, somewhat disagree, somewhat agree and agree. All 21 learners' managers answered this question. The large majority of learners' managers agreed with the various statements, with a minority somewhat agreeing and only a very small numbers disagreeing or somewhat disagreeing in relation to certain statements only. The results are presented in table 4.45.

*Table 4.45: Perceived employee readiness to undertake the programme (frequencies)*

	Disagree	Somewhat disagree	Somewhat agree	Agree
I believe my employee was motivated to study on the programme	0	0	4	18
I believe my employee was well prepared to study on this programme	0	0	7	14
I feel confident that my employee has learnt a lot on this programme	0	0	4	18
I knew what was expected of my employee	0	3	7	12
I scheduled protected time in my employee's calendar for studying	1	1	6	14
I supported my employee	0	0	3	19
The aim of the programme was clear	0	2	7	12

In order to identify with which aspects learners' managers agreed most and least, means were computed based on the following coding scheme: disagree=1, somewhat disagree=2, somewhat agree=3 and agree=4. Results are presented in table 4.46.

*Table 4.46: Perceived employee readiness to undertake the programme (means)*

	Mean
I believe my employee was motivated to study on the programme	3.82
I believe my employee was well prepared to study on this programme	3.67
I feel confident that my employee has learnt a lot on this programme	3.82
I knew what was expected of my employee	3.41
I scheduled protected time in my employee's calendar for studying	3.50
I supported my employee	3.86
The aim of the programme was clear	3.48

The results show that learners' managers tended to agree most that they had supported their employee, that their employee had been motivated to study on the programme and that they felt confident that their employee had learnt a lot on the programme. On the other hand, they tended to agree less that they had known what was expected of their employee and that the aims of the programme had been clear. They also tended to agree less (though only 1 disagreed) that they had scheduled protected time in their employee's calendar for studying.

#### **4.2.4. Learners' manager perception of additional information that would have been useful before commencement of programme**

In the following question, learners' managers were asked to reflect on whether, now that their employee had completed the programme, there was any additional information that they feel would have been useful to receive before the commencement of the programme. Fifteen learners' managers answered this open-ended question. Three learners' managers answered 'no' and one 'unsure'. Other learners' managers variously asked for more information on the timetable for the programme (n=2); expectations of learners, learners' managers, mentors and GPs (n=3); and information on the MA role and on what had been done elsewhere (n=2). For example:

- 'Yes. I would have liked to have received a comprehensive timetable which detailed what was going to be expected of myself and [employee] and explained what you expected the Medical Assistant to be on completion of their course.'
- 'The time/input needed by the Mentor would have been helpful, as I struggled at time to meet the full commitment.'
- 'More of a detailed guide as to what was expected from the GP.'
- 'More information would have been useful in relation to the Medical Assistant Role.'
- 'It would have been useful to have a bigger pool of ideas to explore and more examples of what might have been tried elsewhere.'



#### 4.2.5. Perception of improvement in employee communication skills, knowledge and understanding

Learners' managers were asked to rate the extent to which they felt the programme had improved their employee's knowledge, skills and understanding of a range of topics related to effective communication. Learners' managers were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. Twenty learners' managers answered this question. The vast majority of learners' managers answered 'improvement' or 'major improvement', while only a very small minority answered 'no improvement' or 'minor improvement' to one of the statements listed. Responses are presented in table 4.47.

*Table 4.47: Perceived improvement in employee knowledge, skill and understanding relating to effective communication (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Skills in enquiry and interpretation of information to identify areas of concern or risk	0	1	10	10
Ability to give and receive feedback	1	0	12	8
Ability to negotiate with colleagues, patients and external providers	0	1	12	8

In order to get a clearer sense of which aspects of effective communication learners' managers felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.48.

*Table 4.48: Perceived improvement in employee knowledge, skill and understanding relating to effective communication (means)*

	Mean
Skills in enquiry and interpretation of information to identify areas of concern or risk	3.43
Ability to give and receive feedback	3.29
Ability to negotiate with colleagues, patients and external providers	3.33

These results show that learners' managers felt that their employee's skills in enquiry and interpretation of information to identify areas of concern or risk had been the most improved area, followed closely by their ability to negotiate with colleagues, patients and external providers and, least improved (but still significantly improved), their ability to give and receive feedback.

#### 4.2.6. Perception of improvement in employee information management skills, knowledge and understanding

Next, learners' managers were asked to rate the extent to which they felt the programme had improved their employee's knowledge, skills and understanding of a range of topics related to information management. Learners' managers were given the choice between

‘no improvement’, ‘minor improvement’, ‘improvement’ and ‘major improvement’ for each statement listed. Twenty learners’ managers answered this question. With the exception of ‘ability to use risk analysis software’, a small majority of learners’ managers answered ‘improvement’ or ‘major improvement’ to the statements listed. The majority of learners’ managers selected ‘no improvement’ or ‘minor improvement’ for the ability to use risk analysis software, however. Responses are presented in table 4.49.

*Table 4.49: Perceived improvement in employee knowledge, skill and understanding relating to information management (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Ability to use risk analysis software	7	6	7	1
Ability to develop, implement and monitor care plans with patients /clients	3	6	11	1
Ability to receive and prioritise referrals	3	2	12	3

In order to get a clearer sense of which aspects of information management learners’ managers felt had been most or least improved in their employees, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.50.

*Table 4.50: Perceived improvement in employee knowledge, skill and understanding relating to information management (means)*

	Mean
Ability to use risk analysis software	2.10
Ability to develop, implement and monitor care plans with patients /clients	2.48
Ability to receive and prioritise referrals	2.75

These results show that learners’ managers tended to agree most that their employee’s ability to receive and prioritise referrals had improved and agree the least that the latter’s ability to use risk analysis software had improved through participating in the programme.

#### **4.2.7. Perception of improvement in employee knowledge, skills and understanding relating to protecting patients**

Learners’ managers were then asked to rate the extent to which they felt the programme had improved their employee’s knowledge, skills and understanding of a range of topics related to protecting patients. Learners’ managers were given the choice between ‘no improvement’, ‘minor improvement’, ‘improvement’ and ‘major improvement’ for each statement listed. All 21 learners’ managers answered this question. A large majority answered ‘improvement’ or ‘major improvement’ to the statements relating to understanding principles of assessment for vulnerable patients and understanding the impact on health of long-term conditions. A small majority only selected ‘improvement’ or ‘major improvement’ for the third statement relating to the employee’s ability to manage a caseload of stable patients or carers with long-term conditions. Responses are presented in table 4.51.

*Table 4.51: Perceived improvement in employee knowledge, skill and understanding relating to protecting patients (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Understanding principles of assessment for vulnerable patients	0	5	12	5
Understanding the impact on health of long-term conditions including mental health	0	4	12	6
Ability to manage a caseload of stable patients/clients with long-term conditions	3	5	9	3

In order to get a clearer sense of which aspects of protecting patients learners' managers felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.52.

*Table 4.52: Perceived improvement in employee knowledge, skill and understanding relating to protecting patients (means)*

	Mean
Understanding principles of assessment for vulnerable patients	3.00
Understanding the impact on health of long-term conditions including mental health	3.09
Ability to manage a caseload of stable patients/clients with long-term conditions	2.60

The results show that learners' managers tended to feel that the most improved aspect of protecting patients was their employee's understanding of the impact on health of long-term conditions, including mental health. This was followed by the employee's understanding of the principles of assessment for vulnerable patients. The least improved aspect was felt to be the employee's ability to manage a caseload of stable patients or clients with long-term conditions.

#### **4.2.8. Perception of improvement in employee knowledge, skills and understanding relating to organising and networking skills**

In the following question, learners' managers were asked to rate the extent to which they felt the programme had improved their employee's knowledge, skills and understanding of various aspects relating to organising and networking. They were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. Twenty learners' managers answered this question. Answers were spread across the possible choices, perhaps reflecting the diversity of projects and the way the MA role developed in each of the areas. In the case of the two statements 'ability to produce and present reports and audit in strategic meetings' and 'ability to chair multi-professional meetings and reviews', the majority of learners' managers answered 'no improvement' or 'minor improvement'. On the other hand, a small majority of learners' managers answered

‘improvement’ or ‘major improvement’ in relation to the statements ‘ability to write reports, make case for change and generate proposals’ and ‘understanding of multidisciplinary team working and able to network across traditional provider boundaries’. Responses are presented in table 4.53.

*Table 4.53: Perceived improvement in employee knowledge, skill and understanding relating to organising and networking (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Ability to write reports; make case for change and generate proposals	4	4	7	6
Ability to produce and present reports and audit in strategic meetings	6	7	3	5
Understanding of multidisciplinary team working and able to network across traditional provider boundaries (including voluntary sector)	5	4	6	6
Ability to chair multi professional meetings and reviews	7	4	6	4

In order to get a clearer sense of which aspects of organising and networking learners’ managers felt had been most or least improved in their employee, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.54.

*Table 4.54: Perceived improvement in employee knowledge, skill and understanding relating to organising and networking (means)*

	Mean
Ability to write reports; make case for change and generate proposals	2.71
Ability to produce and present reports and audit in strategic meetings	2.33
Understanding of multidisciplinary team working and able to network across traditional provider boundaries (including voluntary sector)	2.62
Ability to chair multi-professional meetings and reviews	2.33

The results show that learners’ managers felt their employee had most improved in their ability to write reports, make a case for change and generate proposals, followed by their understanding of multidisciplinary team working and ability to network across traditional provider boundaries, including the voluntary sector. On the other hand, they felt their employee had least improved in relation to their ability to produce and present reports and audit in strategic meetings and their ability to chair multi-professional meetings and reviews.

#### 4.2.9. Perception of improvement in knowledge, skills and understanding relating to motivating and supporting others

Learners' managers were then asked to rate the extent to which they felt the programme had improved their employee's knowledge, skills and understanding of various aspects relating to motivating and supporting others. They were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. Twenty learners' managers answered this question. Again, responses were spread out across the possible choices. Noticeably, too, and with the exception of the statement 'skills in advocacy and enabling for patient/clients', responses were polarised, with comparable numbers answering 'no improvement' to 'minor improvement' on the one hand, and 'improvement' to 'major improvement' on the other hand. Responses are presented in table 4.55.

*Table 4.55: Perceived improvement in employee knowledge, skill and understanding relating to motivation and support (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Skills in education and training for patients and level 1 and level 2 care navigators	6	4	7	4
Skills in advocacy and enabling for patient / clients	3	3	10	5
Understanding of social care and personal budgets	8	3	8	2
Motivational interviewing skills	9	1	9	2

In order to get a clearer sense of which aspects of their employee's motivating and supporting skills, knowledge and understanding, learners' managers felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.56.

*Table 4.56: Perceived improvement in employee knowledge, skill and understanding relating to motivation and support (means)*

	Mean
Skills in education and training for patients and level 1 and level 2 care navigators	2.43
Skills in advocacy and enabling for patient / clients	2.81
Understanding of social care and personal budgets	2.19
Motivational interviewing skills	2.19

The means show that learners' managers felt the most improved aspect related to their skills in advocacy and enabling for patients or clients, followed by their skills in education and training for patients and levels 1 and 2 Care Navigators. On the other hand, the least improved skills and understanding were the employee's understanding of social care and personal budgets and motivational and interviewing skills.

#### 4.2.10. Perception of improvement in employee knowledge, skills and understanding relating to developing effective relationships

The following question asked learners' managers to rate the extent to which they felt the programme had improved their employee's knowledge, skills and understanding of various aspects relating to developing effective relationships. They were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. Twenty learners' managers answered this question. The majority of learners' managers answered 'improvement' or 'major improvement', with half or just over half answering 'improvement'. A sizeable minority also responded 'no improvement' or 'minor improvement', however. Responses are presented in table 4.57.

*Table 4.57: Perceived improvement in employee knowledge, skill and understanding relating to developing effective relationships (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Ability to facilitate supportive working environment for all staff including volunteers	3	4	10	4
Ability to supervise junior staff	1	3	11	6
Ability to provide emotional support for distressed patients / carers	2	5	10	4
Ability to support vulnerable patients post hospital discharge	2	4	11	4

In order to get a clearer sense of which skills, understanding or knowledge relating to developing effective relationships learners' managers felt had been most or least improved in their employee, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.58.

*Table 4.58: Perceived improvement in employee knowledge, skill and understanding relating to developing effective relationships (means)*

	Mean
Ability to facilitate supportive working environment for all staff including volunteers	2.71
Ability to supervise junior staff	3.05
Ability to provide emotional support for distressed patients / carers	2.76
Ability to support vulnerable patients post hospital discharge	2.81

The results indicated that learners' managers felt the most improved aspect of developing effective relationships related to their employee's ability to supervise junior staff, followed by their ability to support vulnerable patients post hospital discharge. On the other hand, they felt their employee had least improved in their ability to facilitate a supportive working environment for all staff, including volunteers.

#### 4.2.11. Perception of improvement in employee knowledge, skills and understanding relating to self-awareness

In the following question, learners' managers were asked to rate the extent to which they felt the programme had improved their employee's knowledge, skills and understanding of various aspects relating to self-awareness. They were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. All 21 learners' managers answered this question. The vast majority of learners' managers answered 'improvement' or 'major improvement', while a small minority answered 'no improvement' or 'minor improvement'. Their responses are presented in table 4.59.

*Table 4.59: Perceived improvement in employee knowledge, skill and understanding relating to self-awareness (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Self-confident in relating to colleagues and patient /clients	1	1	11	9
Self-directed in seeking learning opportunities for development	1	2	11	7
Ability to reflect on own work and learning	1	0	10	11

In order to get a clearer sense of which skills, knowledge and understanding relating to self-awareness learners' managers felt had been most or least improved in their employee, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.60.

*Table 4.60: Perceived improvement in employee knowledge, skill and understanding relating to self-awareness (means)*

	Mean
Self-confident in relating to colleagues and patient /clients	3.27
Self-directed in seeking learning opportunities for development	3.14
Ability to reflect on own work and learning	3.41

The results show that learners' managers felt their employee had most improved in their ability to reflect on own work and learning. They also felt that their employee's self-confidence in relating to colleagues and patients/carers had improved, closely followed by their ability to be self-directed in seeking learning opportunities for development, rated as the least improved (though not 'not improved') area of the three listed.

#### 4.2.12. Perception of improvement in employee knowledge, skills and understanding relating to ethical practice

In the penultimate question pertaining to changes in their employee's skills as a result of participating in the programme, learners' managers were asked to rate the extent to which they felt the programme had improved their employee's knowledge, skills and understanding of various aspects relating to ethical practice. They were given the choice

between ‘no improvement’, ‘minor improvement’, ‘improvement’ and ‘major improvement’ for each statement listed. Twenty learners’ managers answered this question. A large majority answered ‘improvement’ or ‘major improvement’ while a minority answered ‘no improvement’ or ‘minor improvement’. Responses are presented in table 4.61.

*Table 4.61: Perceived improvement in employee knowledge, skill and understanding relating to ethical practice (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Ability to act as a role model for junior staff	1	2	11	7
Understanding of cultural needs of specific populations	3	2	13	3

In order to get a clearer sense of which skills, knowledge and understanding relating to their employee’s ethical practice learners’ managers felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.62.

*Table 4.62: Perceived improvement in employee knowledge, skill and understanding relating to ethical practice (means)*

	Mean
Ability to act as a role model for junior staff	3.14
Understanding of cultural needs of specific populations	2.76

The results show that learners’ managers felt that their employee had least improved in relation to their understanding of cultural needs of specific populations and most improved in their ability to act as a role model for junior staff.

#### **4.2.13. Other skills or knowledge relevant to the role of Medical Assistant developed by employee through participating in the programme**

In the final question relation to changes in skill, knowledge or understanding in their employee as a result of their participation in the programme, learners’ managers were asked to reflect on what other skills relevant to their employee’s role as Medical Assistant they had developed through participating in the programme. Nine learners’ managers answered this open-ended question. Among the answers that addressed the question, learners’ managers mentioned, variously, the skills of signposting (n=2), prioritizing patient documents (n=1), taking accurate information from patients (n=1), the ability to recognise opportunities to relieve the GP’s workload (n=2); and a greater understanding and knowledge of GP workloads (n=1) and medical terminology (n=1). The full quotations are listed below.

- ‘Confidence in dealing with prioritising patient documents received through Docman.’
- ‘Realisation of GP workload and how they can help ease this.’
- ‘Recognising opportunities to relieve GPs’ workload.’
- ‘Referring patient to the social care needs and service as appropriate.’
- ‘Medical terminology.’



- 'The skill of taking accurate / necessary information from patients to be passed to GP.'
- 'Signposting patients more effectively.'

#### 4.2.14. Perception of level of positive impact of employee participation in programme on various stakeholders

Learners' managers were asked to rate the level of positive impact they felt their employee's participation in the programme had had on various stakeholders. They were given the choice to respond 'no impact', 'minor impact', 'impact' or 'major impact'. All 21 learners' managers answered this question. With the exception of impact on carers, a large majority of learners' managers responded 'impact' or 'major impact'. A small majority answered 'no impact' to 'minor impact' in the case of carers, however. Responses are presented in table 4.63.

*Table 4.63: Perceived level of impact of employee participation in programme on various stakeholders (frequencies)*

	No impact	Minor impact	Impact	Major impact
Your employee	0	1	7	14
The clinicians	0	1	12	9
The managers	1	6	9	6
The patients	0	4	14	4
The carers	2	10	7	3

In order to get a sense of which stakeholders learners' managers felt had been the most and the least positively impacted by their employee's participation in the programme, means were computed based on the following coding scheme: no impact=1; minor impact=2; impact=3 and major impact=4. Results are presented in table 4.64.

*Table 4.64: Perceived level of impact of employee participation in programme on various stakeholders (means)*

	Mean
Your employee	3.59
The clinicians	3.36
The managers	2.91
The patients	3.00
The carers	2.50

The results show that learners' managers felt the most positively impacted stakeholder group were the employees themselves, followed by the clinicians. On the other hand, they felt the least positively impacted groups were the carers, followed by the managers. Patients were also felt to be positively impacted, more so than carers and managers but less so than the employees and clinicians.

In the following question, learners' managers were asked to reflect on their responses to the question about the level of impact on various stakeholders and provide examples. Seventeen learners' managers answered this open-ended question. Their responses are presented thematically in table 4.65 and a frequency is given for each one of the themes.

*Table 4.65: Learners' manager perception of nature of positive impact on various stakeholders (themes and frequencies)*

Theme	Frequency	Examples (verbatim)
Impact on employee, employee work and work relationships	5	<ul style="list-style-type: none"> <li>- 'The employee is much confident in managing his own tasks and channelling that of others.'</li> <li>- '[Employee] is more confident which will also have an impact on her current role and relationships within the practice.'</li> <li>- 'Self pride in everything that is carried out during her working day - Developing further within her role.'</li> <li>- '[Employee] has grown in confidence throughout this Programme.'</li> <li>- 'General attitude towards others and self has notably improved.'</li> </ul>
Impact on clinicians	10	<ul style="list-style-type: none"> <li>- 'Decreased GP workload, able to focus on necessary workload, triaging of documents ensuring information is captured.'</li> <li>- 'Clinicians do not deal with non-urgent documents.'</li> <li>- 'Reduced unnecessary paperwork for clinicians.'</li> <li>- '[Employee] worked with the clinicians to reduce the number of clinical documents they were getting each day.'</li> <li>- 'Has taken some workload away from the GPs.'</li> <li>- 'GP workload has been lessened in terms of dealing with some test results and also having their telephone lists triaged for more accurate information has meant that they now spend less time doing phone calls or they can ask the medical assistant to deal with the patient on their behalf.'</li> <li>- 'Assisting GP's with paper workload, reducing workload for secretaries, chasing referrals, printing repeat prescriptions. Typing non clinical letters.'</li> <li>- 'Currently the MA only does the work for the Lead GP, but he has reported that his workload has been significantly lightened, enabling him to concentrate on seeing patients and undertaking other work.'</li> </ul>
Impact on managers	3	<ul style="list-style-type: none"> <li>- 'As a manager, I felt I could rely on [employee] to carry out tasks effectively and efficiently.'</li> <li>- 'Helps management.'</li> <li>- 'As a Practice Manager the team is working in a more cohesive and positive way.'</li> </ul>
Impact on whole practice/surgery or on other groups within the practice/surgery	4	<ul style="list-style-type: none"> <li>- 'We are in the process of developing a job description for the MA role specific to our practice which will encompass the 4 impact areas.'</li> <li>- 'Helping in general with surgery workload, documentation workflow etc.'</li> <li>- 'Although one member of staff has taken on the ongoing role, duties were originally shared among the team. GPs, Nurses and Receptionists are generally happier with the workload and have improved understanding of how working collectively impacts on work being distributed to create a more even balance.'</li> <li>- 'Assisting reception with patient queries.'</li> </ul>

Theme	Frequency	Examples (verbatim)
Impact on patients and carers	4	<ul style="list-style-type: none"> <li>- '[Employee] will have more awareness when dealing with patients and carers.'</li> <li>- 'Has helped carers by checking meds for discharged patients. Has helped patients by making sure all stoma products correctly ordered and adding drugs started in hospital to repeat prescriptions.'</li> <li>- 'Patients records gets updated quicker than before.'</li> <li>- 'The patient / carer has benefited by having their requests dealt with in a more timely manner and have come to learn that not all requests need to wait for a GP to do.'</li> <li>- 'Assisting with patient queries, demands, signposting patients more effectively, reviewing simple test results.'</li> </ul>
The impact is not yet visible	1	<ul style="list-style-type: none"> <li>- 'Difficult to have had major impact in some areas as only just finished course. Takes time to make changes to practice to facilitate the new skills employee has - and sometimes to even appreciate what those skills are.'</li> </ul>

The type of impact that learners' managers commented on the most frequently concerned the impact of their employee's participation in the programme on clinicians. Learners' managers expressed that their employee's participation had helped in reducing clinicians' workloads overall or non-urgent cases, allowing them to focus on more urgent work and on seeing patients. The next most frequently mentioned impact concerned the impact on the learners' managers' employee and here, most responses highlighted the increased confidence of the employee as a result of taking part in the programme.

The other types of impact, respectively, on the patients and carers and on the whole practice team and the managers were mentioned less. Learners' managers felt their employee's participation had benefited patients and carers through having increased the former's efficiency and accuracy in dealing with patient requests and also their awareness of patient issues. Managers felt their employee's participation had benefitted themselves and the team as a whole by, variously, helping the team to work in a more cohesive manner; redistributing workload to achieve a better balance across the team; giving the manager a reliable, efficient and effective employee; and helping the team in general.

#### 4.2.15. Perception of impact of employee participation in the programme on their work

In the following question, learners' managers were asked to comment on how they felt their employee's participation in the programme had impacted their work. Eighteen learners' managers answered this open-ended question. Their responses are presented thematically in table 4.66 and a frequency is given for each one of the themes.

*Table 4.66: Learners' manager perception of impact of employee participation in programme on their work (themes and frequencies)*

Theme	Frequency	Examples (verbatim)
Participation has positively impacted how employee works (including more efficiently, productively seeking appropriate guidance)	4	<ul style="list-style-type: none"> <li>- 'Seeking appropriate guidance.'</li> <li>- '[Employee] has been helpful in completing the tasks in timely manner.'</li> <li>- 'Efficient.'</li> <li>- 'Increased productivity.'</li> </ul>
Participation has positively impacted factors supporting enhanced employee performance at work (including increased self-confidence, motivation, knowledge)	8	<ul style="list-style-type: none"> <li>- 'Made him aware in dealing with the priorities.'</li> <li>- 'It has enhanced her knowledge in long-term conditions.'</li> <li>- 'Increased motivation and stimulation.'</li> <li>- 'Increased self-confidence.'</li> <li>- 'More confident, less hesitant.'</li> <li>- 'More confident and engaged.'</li> <li>- 'There is better job satisfaction.'</li> <li>- 'Increased confidence and knowledge.'</li> </ul>
Participation has impacted the nature and contents of employee work (including the tasks they carry out, the level of responsibility and amount of structure)	5	<ul style="list-style-type: none"> <li>- 'Given them structure and responsibility.'</li> <li>- 'Increase in coding...critical analysis of some letters ...sign posting - on going development within the practice.'</li> <li>- 'Although [employee] is still working as a senior receptionist and facilities manager at the practice she has also now taken on some safeguarding responsibilities.'</li> <li>- 'The impact was significant as [employee] took on a number of new tasks which were incorporated into her current role.'</li> <li>- 'Has increased their input with the GP/ Developed relationship with GP mentor who explained all new procedures.'</li> </ul>
Participation has impacted employee workload	3	<ul style="list-style-type: none"> <li>- 'It has increased their work load.'</li> <li>- 'The MA work is very time-consuming but has been enabled partly by reducing the employee's tasks in other areas, either by the use of additional software or by delegation.'</li> <li>- 'No overtime was required but needed a lot of coordination.'</li> </ul>
Participation has positively impacted employee in other ways (including supporting her through a difficult time, promotion at work)	1	<ul style="list-style-type: none"> <li>- 'Soon after starting the programme the staff in her section left. Whilst I thought being involved in the recruitment and training process would be too much on top of the course it actually motivated and supported her at a time that was very stressful. She looked forward to her training days and was able to put into practice all that she learnt in a way that helped her through a difficult time. She also applied for and got promoted during the course.'</li> </ul>

The most frequently mentioned impact on how employees work as a result of participating in the programme, according to their managers, related to the positive impact of various factors such as increased confidence, motivation, satisfaction or knowledge and awareness on the employee's work performance. The next most frequently mentioned set of responses concerned the impact on the nature of their employee's work, the tasks that the latter have been carrying out or their new areas of responsibility. A smaller number of learners' managers commented that their employee's participation in the programme had impacted the manner in which the latter have worked, for instance, tending to seek guidance more than in the past or working more productively or efficiently. Less positively, three learners' managers felt the programme had led to an increase in work either for the employee or for the practice as a whole or the managers. A final learners' manager commented that participation in the programme had helped an employee through a challenging time in the workplace and also led to a promotion for the employee concerned.

#### 4.2.16. Perception of impact of employee participation in the programme on the workplace

In the following question, learners' managers were asked to comment on how they felt their employee's participation in the programme had impacted the workplace. Eighteen learners' managers answered this open-ended question. Relevant responses are presented thematically in table 4.67 and a frequency is given for each one of the themes.

*Table 4.67: Learners' manager perception of impact of employee participation in programme on the workplace (themes and frequencies)*

Theme	Frequency	Examples (verbatim)
Employee participation has improved overall practice efficiency, workflow, reduced backlog	3	<ul style="list-style-type: none"> <li>- 'Improved the triaging of documents, smooth transition of administrative duties.'</li> <li>- 'He has reducing the back log work and aiming to the workflow and case load up to date.'</li> <li>- 'Improved the efficiency of our service to patients for non-clinical issues.'</li> </ul>
Employee participation has reduced workload of GPs	8	<ul style="list-style-type: none"> <li>- 'Good impact felt in the work place as the Docman letters going to the clinicians have gone down.'</li> <li>- 'There is a vast reduction in clinical admin time for the GPs.'</li> <li>- 'Reduction in clinical time being used reading through documentation that doesn't need GP input.'</li> <li>- 'Giving the GP's more time to do core work.'</li> </ul>
Employee participation has strengthened practice staff and teams overall	5	<ul style="list-style-type: none"> <li>- 'Taken on greater role in supervision of admin team.'</li> <li>- 'Stronger staff, more confident on the phones, able to help and direct as appropriate.'</li> <li>- 'Developed the administrative team. She is a much more participative member of the Management team able to raise concerns and seek outcomes that take into account every ones point of view.'</li> <li>- 'All staff feel more confident and knowledgeable when speaking to patients.'</li> </ul>

Theme	Frequency	Examples (verbatim)
Employee participation has contributed to reducing stress, creating less pressured work conditions overall	2	<ul style="list-style-type: none"> <li>- 'Stress free work environment.'</li> <li>- 'By freeing up GP time so that they are able to concentrate on other work demands has meant that they are not so pressured and the whole team has benefited from this. Patients have also had their requests dealt with promptly which has meant there is less chance of complaints.'</li> </ul>

The most commonly mentioned impact on the workplace of employees' participation in the programme, according to their managers, related to the reduction of GP's workload, particularly their non-clinical workload. The next most frequently mentioned theme concerned the impact of the employee's participation on the whole practice, strengthening staff as a whole, including the reception, admin and management teams. Learners' managers' responses also showed that in some instances, the practice had become more efficient and backlogs cleared and also a less pressurised environment in which to work.

#### 4.2.17. Employee's biggest achievement since enrolling on the programme

Learners' managers were asked what they felt had been their employee's biggest achievement since enrolling on the programme. Sixteen learners' managers answered this open-ended question. Relevant responses are presented thematically in table 4.68 and a frequency is given for each theme.

Table 4.68: Employee's biggest achievement since enrolling on the programme (themes and frequencies)

Theme	Frequency	Examples (verbatim)
Improving their performance and attitude at work	3	<ul style="list-style-type: none"> <li>- 'Increasing efficiency and coding of documents, improving prevalence and data capture within the practice.'</li> <li>- 'Successfully putting all changes requested by the GP partners in place while running her section while short of staff.'</li> <li>- 'Efficient and motivated.'</li> </ul>
Having a positive impact on practice, particularly clinicians' workloads	2	<ul style="list-style-type: none"> <li>- 'Reducing the workload for the clinicians.'</li> <li>- 'Keeping correspondence and blood test work away from the doctors.'</li> </ul>
Learning new skills, gaining new knowledge and/or an interest in new areas of work	3	<ul style="list-style-type: none"> <li>- 'Learning the new skills.'</li> <li>- 'Confidence and an enquiring mind. She has opened the doors to what is possible and is now a participant in the practice in terms of holistic care for patient and staff.'</li> <li>- 'Much clearer understanding of the complexities of the NHS.'</li> </ul>
Developing personally	7	<ul style="list-style-type: none"> <li>- '[Employee] is more confident making presentations and speaking up in front of others.'</li> <li>- '[Employee's] personal development – [Employee] would never have spoken to a room full of people before this programme!'</li> </ul>

Theme	Frequency	Examples (verbatim)
		<ul style="list-style-type: none"> <li>- 'Too many to choose from, but her confidence is the main thing that I have noticed.'</li> <li>- '[Employee] has grown in confidence, professionalism and personal belief.'</li> <li>- '[Employee] has been self-confident and taking care of duties with minimum support.'</li> </ul>
Engaging in new initiatives	1	- 'Improving the Med 3 template.'
Completing the course	1	- Completing it!

The most frequently mentioned greatest achievement, according to the learners' managers, related to the employee's personal development, and in particular a growth in self-confidence manifest, for example, in the employee's confidence to make presentations or speaking in front of an audience. Other areas of great achievement mentioned by learners' managers included, variously: the employee's improved performance at work; their greater skills, knowledge or understanding and their interest in new areas or topics; their positive impact on clinicians' workloads and their engagement in new initiatives.

#### 4.2.18. Learners' managers' perception of the sustainability of the programme

In the next question, learners' managers were asked to rate the extent to which they agreed or disagreed with various statements relating to the sustainability of the programme. They were given the choice to disagree, somewhat disagree, somewhat agree and agree. All 21 learners answered this question. The vast majority of learners' managers tended to somewhat agree or agree with the various statements, while only a small minority somewhat disagreed with the statements. None of the learners' managers disagreed with any of the statements. Their responses are presented in table 4.69.

Table 4.69: Learners' managers' perception of the sustainability of the programme (frequencies)

	Disagree	Somewhat disagree	Somewhat agree	Agree
This programme was a good investment of my employee's time	0	0	4	18
I would recommend this programme to my colleagues	0	0	6	16
I would be interested in enrolling another member of staff on this programme	0	3	7	12
I would be interested in enrolling another member of staff on similar programmes	0	1	10	10
This programme could have a major impact on my employee's future career progression	0	3	10	8
All my employees in my organisation are aware of the new care medical assistant	0	4	6	12

In order to identify the aspects of sustainability with which learners' managers agreed most or least, means were computed based on the following coding scheme: disagree=1, somewhat disagree=2, somewhat agree=3 and agree=4. Statements with mean values above 3 can be regarded as indicating overall agreement whereas statements with mean values below 3 can be regarded as indicating areas of lesser agreement. Results are presented in table 4.70.

*Table 4.70: Learners' managers' perception of the sustainability of the programme (means)*

	Mean
This programme was a good investment of my employee's time	3.82
I would recommend this programme to my colleagues	3.73
I would be interested in enrolling another member of staff on this programme	3.41
I would be interested in enrolling another member of staff on similar programmes	3.43
This programme could have a major impact on my employee's future career progression	3.24
All my employees in my organisation are aware of the new care medical assistant	3.36

The results show that learners' managers tended to agree most that the programme had been a good investment of their employee's time, followed by 'I would recommend this programme to my colleagues'. They also tended to agree that they would be interested in enrolling another member of staff on similar programmes or the same programme and that other employees were aware of the new MA. On the other hand, they tended to agree less (though not disagree) that the programme could have a major impact on their employee's future career progression.

#### 4.2.19. Challenges faced by learners' manager as line manager of employee on the programme

Learners' managers were then asked what challenges, if any, they had faced as the line manager of an employee enrolled on the programme and how they had overcome those challenges. Seventeen learners' managers answered this open-ended question. Their responses are presented thematically in table 4.71.

*Table 4.71: Learners' managers' perception of challenges as line manager of employee on the programme (themes)*

Theme	Examples (verbatim)
Making time to support/mentor employee by line manager or by GP	<ul style="list-style-type: none"> <li>- 'I was not aware how much time the mentorship would take up, you should make this clear on the application.'</li> <li>- 'Finding the time to fit in with a busy schedule was the hardest thing. I transferred to another site so it was harder to arrange regular meet times.'</li> <li>- 'Making time, we did not set aside as much time as we should have. I was fortunate in that she was a willing candidate who was prepared to work in her own time. I also moved location during the programme and found it much easier to mentor her when I could observe her every day.'</li> <li>- 'Difficulties in scheduling time for GP to work with MA in training, slow process to develop the role to</li> </ul>



Theme	Examples (verbatim)
	gain competency due to lack of available GP time, once 70% plus trained become a faster learning curve.'
Releasing employee to take part in programme, arranging cover	<ul style="list-style-type: none"> <li>- 'Making time for the programme as others needed to cover for him. Looked at the rota and filled it carefully keeping the additional demand in mind.'</li> <li>- 'Staff sickness meant reduced time in medical assistant time off-reception-desk.'</li> <li>- 'With the pressures of general practice, it was sometimes difficult to facilitate protected time when we were short staffed.'</li> <li>- 'Time management for the training slot.'</li> </ul>
Managing increased workloads resulting from employee participation in programme	<ul style="list-style-type: none"> <li>- 'Managing the medical assistants increased work load and protected learning time with the GP. This role has meant that we have had to increase another member of staff hours so that she could take on some of the medical assistants existing tasks and so free up the MA with time to deal with the blood results and phone call requests.'</li> </ul>
Lack of resources	<ul style="list-style-type: none"> <li>- 'Lack of resources i.e. time and cost.'</li> </ul>
Course contents was not always appropriate for the MA in our specific practice	<ul style="list-style-type: none"> <li>- 'Another difficulty was that a lot of the course material was very difficult to fit in to [employee's] job role - referrals for instance, we have a team of medical secretaries so although Elaine could learn how to do them, this would never become a part of her role. Also, making business cases and understanding of health budgets we felt ([employee] included) was not appropriate for the job role she had.'</li> </ul>
Encouraging GPs and/or employees to engage in new practices	<ul style="list-style-type: none"> <li>- 'Had to encourage employee to engage with new practices, this was done by very gentle introduction, and discussion.'</li> <li>- 'Some of the clinicians are not using the MA as much as others to help reduce their workload. We are actively trying to encourage all clinicians to work with the MA.'</li> </ul>
Other aspects of the programme such as writing protocols, structuring the mentoring sessions	<ul style="list-style-type: none"> <li>- 'Mentoring the MA in the practice in a more structured way so that elements of her work could be signed off as the course progressed and the evidences were being produced.'</li> <li>- 'Trying to get the employee and the GP involved to write down what they are doing so that we can develop procedures and protocols and gradually embed the role into the practice organisation.'</li> <li>- 'Coordination of training needs and writing up of protocols'</li> </ul>

In table 4.72, these six themes have been quantified, to give a sense of how frequently any given type of challenge was mentioned across the group of learners' managers.

*Table 4.72: Learners' managers' perception of challenges as line manager of employee on the programme (frequencies)*

Theme	Frequency
Making time to support/mentor employee by line manager or by GP	4
Releasing employee to take part in programme, arranging cover	5
Managing increased workloads resulting from employee participation in programme	1
Lack of resources	1
Course contents was not always appropriate for the MA in our specific practice	1
Encouraging GPs and/or employees to engage in new practices	2
Other aspects of the programme such as writing protocols, structuring the mentoring sessions	3

Table 4.72 shows that the most frequently mentioned challenge related to the issue of time – either the employee's time and therefore release, or the GP or the learners' manager's time. Other types of challenges were mentioned far less frequently, and these included, variously: the challenge of managing increased workloads, the lack of resources, the fact that the course contents was not always well suited to the MA role in any given practice, and the difficulty of encouraging GP and learners alike to engage in new practices. Other aspects of the programme, such as writing protocols or structuring mentoring sessions so that they might more closely match the course contents and requirements, were also mentioned as challenging by individual learners' managers.

#### 4.2.20. Further suggestions for improving the programme by learners' managers

In the penultimate question, learners' managers were asked if they had any further suggestions for improving the programme. Fourteen learners' managers answered this open-ended question, including six who answered 'no'. The remaining answers included suggestions to rethink the title of 'medical assistant' in a way that it does not suggest clinical knowledge; more guidance as to how the MA role can be utilized within practices and sharing of example protocols developed elsewhere; training that is more MA-specific and potentially shorter in duration; and a suggestion to appoint tutors similar to tutor X from one project site (but with no elaboration). Relevant answers are copied below, verbatim:

- 'The deliverer of the programme (Avneet) was excellent. She was the main catalyst who made it accessible to the learner. Suggest tutors like her are appointed.'
- 'We think the term 'medical' assistant maybe implies some clinical knowledge and this is not the case, perhaps a review of the title would be useful.'
- 'It is difficult I think something for practices to help them understand how this role can be utilized within the practice. I felt at the beginning of the programme it was hard to visualize exactly how this role would fit in to the practice. Although we did manage to work new job tasks into the role, I have been told at other practices this is not really the case.'
- 'Specific training to be developed for MAs.'
- 'Sharing of policies is a good idea.'
- 'The programme could be a little shorter and more specific?'
- 'Learn from other areas - not vague PowerPoint slides but specific protocols that we can evaluate and adopt if we wish to.'

#### 4.2.21. Final comments by learners' managers

In the final question, learners' managers were asked whether there was anything else they felt was important to tell us for the evaluation of the programme. Ten learners' managers answered this open-ended question, including three who responded 'no'. The comments included: general positive appreciation for the programme, the individual employees on the programme, the project managers and trainers; satisfaction with the impact on their practice and patients; a suggestion to include medical terminology courses; and a comment on the crucial role played by the individual learner/employee and mentor support for the success of the programme. Relevant answers are presented below, verbatim:

- 'Excellent service, should be rolled out to all practices, especially in London to help support clinicians in their role.'
- 'A small GP surgery like ours will benefit from programmes like these where one of the staff can learn and permeate the benefit to all.'
- 'I feel that the success of the programme really depends on the individual and the support given by the mentor. I have to say that [employee] was absolutely fantastic and was proactive and dedicated to the programme which made a real difference. She was enthusiastic and eager to learn.'
- 'The support provided by [project manager] throughout was superb. Her emails were timely and clear, she was approachable and arranged sessions for the mentors as well as the trainees. It was great to be able to talk to the trainers at mentor meetings, they were very professional and gave us guidance without breaking any confidences with the trainees.'
- 'Ongoing medical terminology courses.'
- 'Having a MA has had a positive impact on our practice and patients. We are confident that role will continue to develop within our Practice.'

### 4.3. Results of the Post-programme Senior Managers' Questionnaire

#### 4.3.1. Senior manager profiles

A total of eight senior managers, working in one of eight participating GP practices, answered the questionnaire. Seven senior managers answered for one employee each, while one senior manager answered the questionnaire on behalf of an entire CEPN. Unlike the learners' managers, senior managers were asked to only complete one questionnaire (and not one per learner as was requested from learners' managers).

Senior managers' employees were enrolled on one of four MA programmes, as follows:

*Table 4.73: Medical Assistant programme on which employee has been enrolled*

Programme	Number of Senior Managers
NCL (Barnet, Camden, Enfield, Haringey & Islington)	3
NEL (City & Newham, Hackney)	1
KSS-East Kent	0
KSS-West Kent	1
KSS-Surrey Heath GP Federation	0
SL-SW (Croydon and Sutton, Kingston, Merton, Battersea Healthcare CIC)	3

Programme	Number of Senior Managers
SL-SE (Bromley, Bexley, Lewisham)	0
NWL-Hillingdon	0
NWL-Ealing	0

#### 4.3.2. Senior manager perception of employee achievements from the programme

Senior managers were asked what they thought their employee had achieved during the programme personally, professionally and socially. Table 4.74 presents their responses to this open-ended question, arranged thematically. Where responses were very similar, only one has been included in the table. A frequency is also given in the table, indicating how many times any type of achievement was mentioned across the senior managers' responses.

*Table 4.74: Senior manager perception of employee achievements from the programme (themes and frequencies)*

Theme	Frequency	Examples (verbatim)
Personal achievements, including confidence, self-esteem, job satisfaction, resilience	5	<ul style="list-style-type: none"> <li>- 'Improved confidence and communication.'</li> <li>- 'Confidence.'</li> <li>- 'Increased confidence, increased self-esteem.'</li> <li>- 'Greater resilience.'</li> <li>- 'Job satisfaction growth in confidence.'</li> </ul>
Increased knowledge, skill and understanding including communication, teamwork, management of results, data protection, etc.	8	<ul style="list-style-type: none"> <li>- 'Upskilled to be able to deal with documents and normal/vitamin D/simple urine lab results effectively and proficiently, working as part of a team with senior clinicians, gained knowledge about management pathways for simple conditions and how the GPs might handle this. Knowledge of common medications and prescribing outliers e.g. expensive medications from hospital and to check if we can issue them from general practice.'</li> <li>- 'New skill.'</li> <li>- 'Understanding the urgency of hospital letters.'</li> <li>- 'Sno med/read coding good.'</li> <li>- 'Signposting, public health policy, data protection.'</li> <li>- 'Better understanding of organisation and chronic disease particularly related to mental health and chronic disease.'</li> <li>- 'Breadth of understanding and models of approach.'</li> <li>- 'Knowledge of commonly presenting telephone themes &amp; management of laboratory results.'</li> </ul>

Theme	Frequency	Examples (verbatim)
Increased quality of relationships within or outside of the practice; sharing and/or supporting colleagues	7	<ul style="list-style-type: none"> <li>- 'Improved communication and approachable.'</li> <li>- 'Sharing within the practice members.'</li> <li>- 'Good team member.'</li> <li>- 'Supporting colleagues with training.'</li> <li>- 'Met people from other practices.'</li> <li>- 'Team working.'</li> <li>- 'Closer relationship to GPs &amp; fellow MAs.'</li> </ul>
Improved attitude at work	1	<ul style="list-style-type: none"> <li>- 'Pleasant on time works hard asks for help.'</li> </ul>

The most frequently mentioned biggest achievement related to the employee's increased knowledge and skill in a diversity of areas. This was followed by a growth in the quality of the employee's professional relationships, including with GPs, other MAs and colleagues within their own practice, to whom employees extended support and shared their knowledge. Senior managers also noted as a big achievement an increase in confidence in their employees, as well as in some instances, greater resilience and job satisfaction.

### 4.3.3. Senior managers' perceptions of the programme

Senior managers were asked to respond to a series of statements relating to the programme. They were given the choice between 'disagree', 'somewhat disagree', 'somewhat agree' and 'agree'. All eight senior managers answered this question. The vast majority of senior managers tended to somewhat agree or agree with the various statements, while only a small minority disagreed or somewhat disagreed with the statements. Their responses are presented in table 4.75.

Table 4.75: Senior managers' perceptions of the programme (frequencies)

	Disagree	Somewhat disagree	Somewhat agree	Agree
I had a clear understanding of the aims of this programme	0	1	3	4
I feel confident that my employee(s) has learnt a lot on this programme	0	0	3	5
I believe I knew what was expected of my employee(s)	0	1	2	5
Protected time was scheduled in my employee(s)' calendar for studying	1	0	1	6
I tried to support my employee(s)	0	0	1	7

In order to get a clearer sense of which aspects the senior managers agreed with most or least, means were computed based on the following coding scheme: disagree=1, somewhat disagree=2, somewhat agree=3 and agree=4. Results are presented in table 4.76

*Table 4.76: Senior managers' perceptions of the programme (means)*

	Mean
I had a clear understanding of the aims of this programme	3.38
I feel confident that my employee(s) has learnt a lot on this programme	3.63
I believe I knew what was expected of my employee(s)	3.50
Protected time was scheduled in my employee(s)' calendar for studying	3.50
I tried to support my employee(s)	3.88

The results show that senior managers tended to agree most that they had tried to support their employee and that they were confident that their employee had learnt a lot on the programme. On the other hand, they tended to agree less (but not disagree) that they had had a clear understanding of the aims of the programme and knew what was expected of their employee, and also that protected time for studying had been scheduled for their employee.

#### 4.3.4. Perception of improvement in employee communication skills, knowledge and understanding

Senior managers were asked to rate the extent to which they felt the programme had improved their employee's knowledge, skills and understanding of a range of topics related to effective communication. Senior managers were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. All eight senior managers answered this question. The vast majority of senior managers answered 'improvement' or 'major improvement', while only a very small minority answered or 'minor improvement' to two of the statements listed. None of the senior managers answered 'no improvement' to any of the statements. Responses are presented in table 4.77.

*Table 4.77: Perceived improvement in employee knowledge, skill and understanding relating to effective communication (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Skills in enquiry and interpretation of information to identify areas of concern or risk	0	0	5	3
Ability to give and receive feedback	0	2	4	2
Ability to negotiate with colleagues, patients and external providers	0	1	6	1

In order to get a clearer sense of which aspects of effective communication senior managers felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.78.

*Table 4.78: Perceived improvement in employee knowledge, skill and understanding relating to effective communication (means)*

	Mean
Skills in enquiry and interpretation of information to identify areas of concern or risk	3.38
Ability to give and receive feedback	3.00
Ability to negotiate with colleagues, patients and external providers	3.00

These results show that senior managers felt that their employee's skills in enquiry and interpretation of information to identify areas of concern or risk had been the most improved area, followed by their ability to negotiate with colleagues, patients and external providers and their ability to give and receive feedback.

#### 4.3.5. Perception of improvement in employee information management skills, knowledge and understanding

Next, senior managers were asked to rate the extent to which they felt the programme had improved their employee's knowledge, skills and understanding of a range of topics related to information management. Senior managers were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. Six senior managers answered this question. The majority answered 'no improvement' or 'minor improvement' for two of the three items listed and 'improvement' for a third listed item. Responses are presented in table 4.79.

*Table 4.79: Perceived improvement in employee knowledge, skill and understanding relating to information management (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Ability to use risk analysis software	3	2	1	0
Ability to develop, implement and monitor care plans with patients /clients	2	3	1	0
Ability to receive and prioritise referrals	1	1	4	0

In order to get a clearer sense of which aspects of information management senior managers felt had been most or least improved in their employees, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.80.

*Table 4.80: Perceived improvement in employee knowledge, skill and understanding relating to information management (means)*

	Mean
Ability to use risk analysis software	1.57
Ability to develop, implement and monitor care plans with patients /clients	1.83
Ability to receive and prioritise referrals	2.50

These results show that senior managers tended to agree most that their employee's ability to receive and prioritise referrals has improved and agree the least that the latter's ability to use risk analysis software had improved through participating in the programme. The low scores overall suggest that senior managers did not feel employees had improved much in respect of these three listed areas.

#### 4.3.6. Perception of improvement in employee knowledge, skills and understanding relating to protecting patients

Senior managers were then asked to rate the extent to which they felt the programme had improved their employee's knowledge, skills and understanding of a range of topics related to protecting patients. Senior managers were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. Six senior managers answered this question. None of the senior managers answered 'major improvement' for the items listed, while the majority answered 'no improvement' to 'minor improvement' in relation to two items and equal numbers answered 'no improvement' to 'minor improvement' on the one hand and 'improvement' on the other hand. Responses are presented in table 4.81.

*Table 4.81: Perceived improvement in employee knowledge, skill and understanding relating to protecting patients (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Understanding principles of assessment for vulnerable patients	1	3	2	0
Understanding the impact on health of long-term conditions including mental health	1	2	3	0
Ability to manage a caseload of stable patients/clients with long-term conditions	1	3	1	0

In order to get a clearer sense of which aspects of protecting patients senior managers felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.82.

*Table 4.82: Perceived improvement in employee knowledge, skill and understanding relating to protecting patients (means)*

	Mean
Understanding principles of assessment for vulnerable patients	2.17
Understanding the impact on health of long-term conditions including mental health	2.33
Ability to manage a caseload of stable patients/clients with long-term conditions	2.00

The results show that senior managers tended to feel that the most improved aspect of protecting patients was their employee's understanding of the impact on health of long-



term conditions, including mental health. This was followed by the employee's understanding of the principles of assessment for vulnerable patients and ability to manage a caseload of stable patients or clients with long-term conditions. The low scores overall suggest that senior managers did not feel employees had improved much in respect of these three listed areas.

#### 4.3.7. Perception of improvement in employee knowledge, skills and understanding relating to organising and networking skills

In the following question, senior managers were asked to rate the extent to which they felt the programme had improved their employee's knowledge, skills and understanding of various aspects relating to organising and networking. They were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. Six senior managers answered this question. For the first two items, near equal numbers answered 'no improvement' to 'minor improvement' on the one hand and 'improvement' on the other hand, while a majority answered 'minor improvement' or 'improvement' to another two listed items. Responses are presented in table 4.83.

*Table 4.83: Perceived improvement in employee knowledge, skill and understanding relating to organising and networking (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Ability to write reports; make case for change and generate proposals	1	2	3	0
Ability to produce and present reports and audit in strategic meetings	1	2	3	0
Understanding of multidisciplinary team working and able to network across traditional provider boundaries (including voluntary sector)	1	1	3	1
Ability to chair multi professional meetings and reviews	1	4	1	0

In order to get a clearer sense of which aspects of organising and networking senior managers felt had been most or least improved in their employee, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.84.

*Table 4.84: Perceived improvement in employee knowledge, skill and understanding relating to organising and networking (means)*

	Mean
Ability to write reports; make case for change and generate proposals	2.33
Ability to produce and present reports and audit in strategic meetings	2.33
Understanding of multidisciplinary team working and able to network across traditional provider boundaries (including voluntary sector)	2.67
Ability to chair multi-professional meetings and reviews	2.00

The results show that senior managers felt their employee had most improved in their understanding of multidisciplinary team working and ability to network across traditional provider boundaries, including the voluntary sector. This was followed by their employee's ability to write reports, make a case for change and generate proposals and their ability to produce and present reports and audit in strategic meetings. Senior managers felt their employee's ability to chair multi-professional meetings and reviews had been the least improved area relating to organising and networking skills.

#### 4.3.8. Perception of improvement in knowledge, skills and understanding relating to motivating and supporting others

Senior managers were then asked to rate the extent to which they felt the programme had improved their employee's knowledge, skills and understanding of various aspects relating to motivating and supporting others. They were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. Six senior managers answered this question. With the exception of motivational interviewing skills, where the large majority of senior managers answered 'no improvement' or 'minor improvement', near equal numbers of respondents answered 'no improvement' to 'minor improvement' on the one hand and 'improvement' to 'major improvement' on the other hand. Senior managers' responses are presented in table 4.85.

*Table 4.85: Perceived improvement in employee knowledge, skill and understanding relating to motivation and support (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Skills in education and training for patients and level 1 and level 2 care navigators	1	2	3	0
Skills in advocacy and enabling for patient/clients	1	2	2	1
Understanding of social care and personal budgets	2	1	3	0
Motivational interviewing skills	2	3	1	0

In order to get a clearer sense of which aspects of their employee's motivating and supporting skills, knowledge and understanding, senior managers felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.86.

*Table 4.86: Perceived improvement in employee knowledge, skill and understanding relating to motivation and support (means)*

	Mean
Skills in education and training for patients and level 1 and level 2 care navigators	2.33
Skills in advocacy and enabling for patient/clients	2.50
Understanding of social care and personal budgets	2.17
Motivational interviewing skills	1.83

The means show that senior managers felt the most improved aspect related to their skills in advocacy and enabling for patients or clients, followed by their skills in education and training for patients and levels 1 and 2 care navigators. The least improved skills and understanding were the employee's understanding of social care and personal budgets and motivational and interviewing skills.

#### 4.3.9. Perception of improvement in employee knowledge, skills and understanding relating to developing effective relationships

The following question asked senior managers to rate the extent to which they felt the programme had improved their employee's knowledge, skills and understanding of various aspects relating to developing effective relationships. They were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. Seven senior managers answered this question. None of the senior managers answered 'major improvement' to the items listed and only a very small minority answered 'no improvement' to the items. Responses are presented in table 4.87.

*Table 4.87: Perceived improvement in employee knowledge, skill and understanding relating to developing effective relationships (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Ability to facilitate supportive working environment for all staff including volunteers	1	2	3	0
Ability to supervise junior staff	1	0	6	0
Ability to provide emotional support for distressed patients/carers	1	3	2	0
Ability to support vulnerable patients post hospital discharge	1	3	2	0

In order to get a clearer sense of which skills, understanding or knowledge relating to developing effective relationships senior managers felt had been most or least improved in their employee, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.88.

*Table 4.88: Perceived improvement in employee knowledge, skill and understanding relating to developing effective relationships (means)*

	Mean
Ability to facilitate supportive working environment for all staff including volunteers	2.33
Ability to supervise junior staff	2.71
Ability to provide emotional support for distressed patients/carers	2.17
Ability to support vulnerable patients post hospital discharge	2.17

The results indicated that senior managers felt the most improved aspect of developing effective relationships related to their employee's ability to supervise junior staff, followed by their ability facilitate a supportive working environment for all staff, including volunteers.

On the other hand, their felt their employee had least improved in their ability to support vulnerable patients post hospital discharge and provide emotional support for distressed patients or carers.

#### 4.3.10. Perception of improvement in employee knowledge, skills and understanding relating to self-awareness

In the following question, senior managers were asked to rate the extent to which they felt the programme had improved their employee's knowledge, skills and understanding of various aspects relating to self-awareness. They were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. All eight senior managers answered this question. The majority of senior managers answered 'improvement' or 'major improvement' to two of the items listed, while equal numbers answered 'no improvement' or 'minor improvement' on the one hand and 'improvement' to 'major improvement' on the other hand, to one of the items listed. Senior managers' responses are presented in table 4.89.

*Table 4.89: Perceived improvement in employee knowledge, skill and understanding relating to self-awareness (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Self-confident in relating to colleagues and patient/clients	1	1	3	2
Self-directed in seeking learning opportunities for development	2	2	2	2
Ability to reflect on own work and learning	1	2	3	2

In order to get a clearer sense of which skills, knowledge and understanding relating to self-awareness senior managers felt had been most or least improved in their employee, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.90.

*Table 4.90: Perceived improvement in employee knowledge, skill and understanding relating to self-awareness (means)*

	Mean
Self-confident in relating to colleagues and patient/clients	2.86
Self-directed in seeking learning opportunities for development	2.50
Ability to reflect on own work and learning	2.75

The results show that senior managers felt their employee had most improved in terms of their confidence in relating to colleagues and patients or clients, followed by their ability to reflect on own work and learning. Their employee's ability to be self-directed in seeking learning opportunities for development on the other hand was rated as the least improved (though not 'not improved') area of the three listed.

#### 4.3.11. Perception of improvement in employee knowledge, skills and understanding relating to ethical practice

In the penultimate question pertaining to changes in their employee's skills as a result of participating in the programme, senior managers were asked to rate the extent to which they felt the programme had improved their employee's knowledge, skills and understanding of various aspects relating to ethical practice. They were given the choice between 'no improvement', 'minor improvement', 'improvement' and 'major improvement' for each statement listed. Six senior managers answered this question. The majority answered 'improvement' while the minority answered 'no improvement' or 'minor improvement'. None of the senior managers answered 'major improvement' to any of the items listed. Responses are presented in table 4.91.

*Table 4.91: Perceived improvement in employee knowledge, skill and understanding relating to ethical practice (frequencies)*

	No improvement	Minor improvement	Improvement	Major improvement
Ability to act as a role model for junior staff	0	2	4	0
Understanding of cultural needs of specific populations	1	1	4	0

In order to get a clearer sense of which skills, knowledge and understanding relating to their employee's ethical practice senior managers felt had been most or least improved, means were computed based on the following coding scheme: no improvement=1; minor improvement=2; improvement=3 and major improvement=4. The results are presented in table 4.92.

*Table 4.92: Perceived improvement in employee knowledge, skill and understanding relating to ethical practice (means)*

	Mean
Ability to act as a role model for junior staff	2.67
Understanding of cultural needs of specific populations	2.50

The results show that senior managers felt that their employee had least improved in relation to their understanding of cultural needs of specific populations and most improved in their ability to act as a role model for junior staff.

#### 4.3.12. Other skills or knowledge relevant to the role of Medical Assistant developed by employee through participating in the programme

In the final question relation to changes in skill, knowledge or understanding in their employee as a result of their participation in the programme, senior managers were asked to reflect on what other skills relevant to their employee's role as Medical Assistant they had developed through participating in the programme. Four senior managers answered this open-ended question. Among the answers that addressed the question, senior managers mentioned, variously the skill of signposting (n=1); processing lab results to a protocol (n=1); and identifying tasks that do not need GP decision making (n=1). Given the very small number of answers and in order to preserve anonymity, verbatim quotations are not presented here.

#### 4.3.13. Perception of level of positive impact of employee participation in programme on various stakeholders

Senior managers were asked to rate the level of positive impact they felt their employee's participation in the programme had had on various stakeholders. They were given the choice to respond 'no impact', 'minor impact', 'impact' or 'major impact'. All eight senior managers answered this question. With the exception of impact on carers and impact on patients, the majority of senior managers responded 'impact' or 'major impact'. The majority answered 'no impact' to 'minor impact' in the case of carers, and equal numbers selected 'no impact' to 'minor impact' on the one hand and 'impact' to 'major impact' on the other hand in relation to patients. Responses are presented in table 4.93.

*Table 4.93: Perceived level of impact of employee participation in programme on various stakeholders (frequencies)*

	No impact	Minor impact	Impact	Major impact
Your employee	0	1	3	4
The clinicians	0	2	4	2
The managers	0	3	4	1
The patients	1	3	3	1
The carers	1	4	2	0

In order to get a sense of which stakeholders senior managers felt had been the most and the least positively impacted by their employee's participation in the programme, means were computed based on the following coding scheme: no impact=1; minor impact=2; impact=3 and major impact=4. Results are presented in table 4.94.

*Table 4.94: Perceived level of impact of employee participation in programme on various stakeholders (means)*

	Mean
Your employee	3.38
The clinicians	3.00
The managers	2.75
The patients	2.50
The carers	2.14

The results show that senior managers felt the most positively impacted stakeholder group were the employees themselves, followed by the clinicians and managers. On the other hand, senior managers felt the least positively impacted groups were the carers, followed by the patients.

In the following question, senior managers were asked to reflect on their responses to the question about the level of impact on various stakeholders and provide examples. Seven senior managers answered this open-ended question. Relevant answers clarified that clinicians had benefited through more timely and efficient processing of documentation (n=2), as had patients (n=1), and a reduction of their clinical admin workload (n=1), while employees had been positively impacted through a growth in their confidence levels (n=1). Given the very small number of answers and in order to preserve anonymity, verbatim quotations are not presented here. Senior managers did not comment on how their employee's participation in the programme had impacted managers or carers.

#### **4.3.14. Perception of impact of employee participation in the programme on their work**

In the following question, senior managers were asked to comment on how they felt their employee's participation in the programme had impacted their work. Six senior managers answered this open-ended question. Senior managers commented variously that participation in the programme had led to the employee becoming engaged in more complex work (n=1); in more clinical work involving discussion with patients and working to protocol (n=1); employee promotion to a senior receptionist role (n=1); and, where the nature of employee work appeared to remain the same, the employee was found to work with more skill (n=1) and confidence (n=1) and be more highly motivated (n=1). Senior managers also found in some instances that the employee was better able to manage their workload (n=1). Given the very small number of answers and in order to preserve anonymity, verbatim quotations are not presented here.

#### **4.3.15. Perception of impact of employee participation in the programme on the workplace**

In the following question, senior managers were asked to comment on how they felt their employee's participation in the programme had impacted the workplace. Six senior managers answered this open-ended question. Among these, three commented that it had improved workplace functioning or had a positive impact without specifying how; two senior managers indicated that it had saved GP time; another commented that the employee had shared their learning with colleagues (perhaps suggesting that the workplace had benefitted from greater knowledge of certain issues or procedures); a final senior manager felt that the programme had led the practice to hire an extra member of staff, but did not indicate whether this was a positive or negative development. Given the very small number of answers and in order to preserve anonymity, verbatim quotations are not presented here.

#### **4.3.16. Challenges faced by senior manager embedding the role of MA in their organisation**

Next, senior managers were asked what challenges, if any, they had faced as the senior manager embedding the new role of MA in their organisation. Six senior managers answered this open-ended question, including two who answered 'unsure' or 'n/a'. Three senior managers mentioned that time had been a challenge, either that of the employee (release/protected time) or that of the mentors/learners' managers. A further senior manager expressed that securing agreement on the protocols developed and encouraging the confidence in new ways of working among stakeholders were key challenges. . Given the very small number of answers and in order to preserve anonymity, verbatim quotations are not presented here.

#### **4.3.17. Perception of organisation's biggest achievement since establishment of new MA role**

Subsequently, senior managers were asked what had been their organisation's biggest achievement since the establishment of the new role of Medical Assistant. Six senior managers answered this open-ended question, including two who answered 'n/a'. Among the four remaining responses three related to the issue of saving time or increased efficiency



of the organisation since establishing the role of MA, and one concerned the reduced workload of GPs. Given the very small number of answers and in order to preserve anonymity, verbatim quotations are not presented here.

#### **4.3.18. Perception of the implications of the role for the culture of senior manager's organisation**

In the following question, senior managers were asked to reflect on the implications, both positive and negative, of the new MA role with regards to the culture of their organisation. Six senior managers answered this open-ended question, including one who answered 'n/a'. Three senior managers expressed that the implications of the role for the culture of the organisation had been positive, but did not detail how. One senior manager commented that it had demonstrated to all staff the value of promoting education for all members of the team and another senior manager explained that the role could bring challenges if the MA was seen to be favoured or promoted above others but that it was contributing to the sustainability of Primacy Care and thus also had positive implications for the organisation. Given the very small number of answers and in order to preserve anonymity, verbatim quotations are not presented here.

#### **4.3.19. Perception of the impact of the role of MA on the structure of senior manager's organisation**

Next, senior managers were asked to comment on whether they felt the new role of MA had had, or would have an impact on the structure of their organisation. Six senior managers answered this open-ended question, including two who answered 'n/a' or 'unsure'. One senior manager expressed that the structure remained unchanged, while another commented that they were developing new roles and yet another senior manager explained that the new role had led to a change in admin duties. Given the very small number of answers and in order to preserve anonymity, verbatim quotations are not presented here.

#### **4.3.20. Perception of impact of MA on saving clinical time**

Senior managers were then asked whether the MA had had an impact on saving clinical time and, if they had measured the savings, what the data had shown. Six senior managers answered this open-ended question. Among these, one stated that it had not saved significant time. Four senior managers felt that it had saved clinical time; one stated it had saved between 2-4 hours per day in one instance, while two others commented that while time had been saved, it was difficult to quantify. A further senior manager stated that it had saved time but gave no further detail. None of the senior managers reported explicitly that they had measured savings in clinical time. Given the very small number of answers and in order to preserve anonymity, verbatim quotations are not presented here.

#### **4.3.21. Senior manager reflection on initial aims of MA programme and extent of achievement of aims**

The senior managers were asked to reflect on the initial aims they had wanted to achieve through the Medical Assistant programme and state which ones they felt had been achieved and which ones had not. Five senior managers answered this open-ended question. One senior manager answered that they had all been achieved but did not give any further detail. The remaining four senior manager all mentioned one aim that had been achieved,



including: saving time for clinicians; improving their organisation's coding; increasing the job satisfaction of the MA; reducing GP workload. None of the senior managers mentioned any aims that they felt had not been achieved. Given the very small number of answers and in order to preserve anonymity, verbatim quotations are not presented here.

#### 4.3.22. Senior managers' perception of the sustainability of the programme

In the next question, senior managers were asked to rate the extent to which they agreed or disagreed with various statements relating to the sustainability of the programme. They were given the choice to disagree, somewhat disagree, somewhat agree and agree. All eight senior managers answered this question. The vast majority of senior managers somewhat agreed or agreed with the various statements, while only a small minority somewhat disagreed with the statements. Only one of the senior managers disagree with a single statement. The senior managers' responses are presented in table 4.95.

*Table 4.95: Senior managers' perception of the sustainability of the programme (frequencies)*

	Disagree	Somewhat disagree	Somewhat agree	Agree
This programme was a good investment of my employee's time	0	1	4	4
I would recommend this programme to my colleagues	0	0	3	4
I would be interested in enrolling another member of staff on this programme	0	0	6	2
I would be interested in enrolling another member of staff on similar programmes	0	1	3	3
This programme could have a major impact on my employee's future career progression	1	0	4	3
All my employees in my organisation are aware of the new care medical assistant	0	2	3	3

In order to identify the aspects of sustainability with which senior managers agreed most or least, means were computed based on the following coding scheme: disagree=1, somewhat disagree=2, somewhat agree=3 and agree=4. Statements with mean values above 3 can be regarded as indicating overall agreement whereas statements with mean values below 3 can be regarded as indicating areas of lesser agreement. Results are presented in table 4.96.

*Table 4.96: Senior managers' perception of the sustainability of the programme (means)*

	Mean
This programme was a good investment of my employee's time	3.38
I would recommend this programme to my colleagues	3.50
I would be interested in enrolling another member of staff on this programme	3.25
I would be interested in enrolling another member of staff on similar programmes	3.29

	Mean
This programme could have a major impact on my employee's future career progression	3.13
All my employees in my organisation are aware of the new care medical assistant	3.13

The results show that senior managers tended to agree most that they would recommend this programme to their colleagues, followed by the statement that the programme had been a good investment of their employee's time. They also tended to agree that they would be interested in enrolling another member of staff on similar programmes or the same programme. On the other hand, they tended to agree less (though not disagree) that the programme could have a major impact on their employee's future career progression and that other employees were aware of the new MA.

#### 4.3.23. Further suggestions for improving the programme and final comments by senior managers

The final two questions asked senior managers whether they had any further suggestions for improving the programme and whether there was anything else that they wanted to tell us that they felt was important for the evaluation. Three and four senior managers answered these questions, respectively, including for the first question, two who answered 'no' and a third making a comment that did not address the question; and in the second question, two who answered no and two further senior managers who commented that the questionnaire was not always relevant to the role of MA as it had developed in their CEPN.

#### 4.4. Results of Interviews with Project Managers and the Clinical Lead

This section presents the summary of a thematic analysis of the post-programme interviews with project managers and the Clinical Lead. A total of seven interviews were conducted by phone, lasting between 40 and 60 minutes. These were digitally recorded and transcribed in full before being subjected to a thematic analysis.

In view of the length of the qualitative analysis of the post-programme interviews, a table (4.97) summarising the themes and subthemes arising from the analysis of the interviews is presented here, followed by a narrative summary of the themes.

Table 4.97: Summary of themes from post-programme interviews with Project Managers

Overarching Theme	Sub-theme	Sub-sub Theme
Drop-out and reasons for Drop-out	<ul style="list-style-type: none"> <li>- A feeling that the programme was too easy</li> <li>- Mistaken belief that the MA programme would lead to a clinical role</li> <li>- The individual concerned leaving the practice or the NHS</li> <li>- Personal circumstances at home.</li> </ul>	
Experience of working with HEE and the Clinical Lead (CL)	<ul style="list-style-type: none"> <li>- A supportive but hands-off approach that worked well</li> <li>- Little contact with HEE/CL but this did not adversely impact project</li> <li>- Too little contact and guidance resulting in some misunderstandings</li> </ul>	
Challenges, as perceived by Project managers	Challenges faced by practices or staff in the practice generally	<ul style="list-style-type: none"> <li>- The challenge of allowing and trusting learner to practise new skills</li> <li>- The challenge of time commitment for learners, mentors, managers</li> <li>- The challenge related to requests for promotion, salary increases from learners</li> <li>- Challenges related to supporting the learner by other practice staff</li> </ul>
	Challenges faced by practice managers principally	<ul style="list-style-type: none"> <li>- Challenge related to staffing, replacing the MA or needing additional admin staff</li> <li>- Challenge related to mitigating risk of introducing a new role</li> <li>- Challenge related to personal sense of threat to own position</li> </ul>
	Challenges faced by project manager principally	<ul style="list-style-type: none"> <li>- The challenge of engaging practice team in MA project</li> <li>- The challenge of getting practices to work together</li> <li>- The challenges related to the suitability of practices for the programme</li> <li>- Other challenges faced by project manager</li> </ul>
	Challenges related to project management and faced by practices and project managers	<ul style="list-style-type: none"> <li>- Challenge of staff turnover within the project practice or at CEPN level</li> <li>- Challenge of novelty of MA concept, lack of clarity over meaning, risk aversion and changing mind-sets</li> <li>- Challenges relating to resourcing the project</li> </ul>

Overarching Theme	Sub-theme	Sub-sub Theme
		<ul style="list-style-type: none"> <li>- Challenges relating to the training provider, developing the training or delivery of training</li> </ul>
	Challenges faced by learners principally	<ul style="list-style-type: none"> <li>- The challenge of securing the time needed to engage in programme</li> <li>- The challenge of developing the confidence to participate in the training and take up the new role</li> <li>- Challenges related to perceptions of the learner and the programme by other staff in the workplace</li> <li>- The challenge of being allowed to practise their new skills within the workplace</li> </ul>
	Challenges faced by mentors principally	<ul style="list-style-type: none"> <li>- Lack of experience with mentoring non-clinical staff</li> </ul>
	Challenges faced by the training provider and tutors	<ul style="list-style-type: none"> <li>- Short time-scale for developing the training package</li> <li>- Volume of communications from practices</li> <li>- The amount of support required by practices</li> </ul>
	Challenges faced by the CEPN	<ul style="list-style-type: none"> <li>- Seeing the 'bigger picture'</li> <li>- Keeping the learning from the MA project</li> </ul>
Factors supporting Medical Assistant Programme roll-out - what worked well	Factors relating to the training - delivery, contents and support mechanisms	<ul style="list-style-type: none"> <li>- Good learner support mechanisms</li> <li>- Having a clinician deliver the training, giving examples</li> <li>- The contents or format of the training</li> </ul>
	Factors relating to engagement – key people and approaches to engaging practices	<ul style="list-style-type: none"> <li>- Going to GP steering groups, having GP champion, taking time to engage GPs</li> <li>- Having a lead figure on board within the practice</li> <li>- Having flagship practice or project promoting MA programme</li> </ul>
	Other factors that supported project success – general	<ul style="list-style-type: none"> <li>- Giving practices room to develop their own approaches</li> <li>- Meeting and sharing with other practice managers to cover gaps in training</li> <li>- Overlap with CN programme: familiarity with concept and Competency Framework</li> <li>- A good project team/colleagues</li> </ul>

Overarching Theme	Sub-theme	Sub-sub Theme
Impact	Other factors that supported project success – practice characteristics	<ul style="list-style-type: none"> <li>- Practice interest or motivation for involvement in project</li> <li>- Size or other practice characteristic</li> </ul>
	Impact on CEPN	<ul style="list-style-type: none"> <li>- Programme helped develop the CEPN</li> <li>- Raise CEPN profile locally</li> </ul>
	Impact on clinicians	<ul style="list-style-type: none"> <li>- Impact feedback still largely anecdotal</li> <li>- Impact observed to have varied depending on the extent to which practices had ‘embraced’ the MA</li> <li>- At best, helped reduce the administrative burden on clinicians, saving time or reducing workload overall, and potentially increasing morale</li> <li>- No adverse impacts on clinicians known</li> </ul>
	Impact on learners	<ul style="list-style-type: none"> <li>- An increase in self-confidence</li> <li>- A greater sense of self-worth and feeling valued at work</li> <li>- Greater job satisfaction and more assertiveness</li> <li>- No mention of material impacts except one promotion to practice manager</li> <li>- Few negative impacts, possibly frustration where learner has not had opportunity to implement learning, develop role; work has become more demanding</li> </ul>
	Impact on managers	<ul style="list-style-type: none"> <li>- Practice managers generally positive towards the programme</li> <li>- Increased demand for MA training for other staff or from practices previously not involved in programme</li> <li>- Some experienced increase in workload initially</li> <li>- Concern expressed that practice manager will have added burden of managing relationships upset by introducing new role and securing partners’ engagement</li> </ul>
	Impact on patients and carers	<ul style="list-style-type: none"> <li>- Has not been visible nor has it been specifically explored; may be too early to tell</li> <li>- One example of a very positive outcome for a patient as a result of MA training</li> </ul>

Overarching Theme	Sub-theme	Sub-sub Theme
	Impact on retention of staff	<ul style="list-style-type: none"> <li>- Has not specifically been investigated, may be too early to tell</li> <li>- May be positive, keeping staff within the NHS or healthcare profession</li> </ul>
	Impact on the workplace, relationships & culture	<ul style="list-style-type: none"> <li>- No specific information besides anecdotal evidence of negativity accompanying relational and role adjustments within practices</li> <li>- May be too early to tell</li> </ul>
Learner hopes for career progression	<ul style="list-style-type: none"> <li>- Not much information as yet</li> <li>- Apparent diversity of career paths entertained by learners, including admin and clinical pathways</li> </ul>	
Comments on sustainability of programme or outlook	<ul style="list-style-type: none"> <li>- Project managers positive towards programme</li> <li>- Report of requests for training and expansion of programme</li> <li>- Some projects have built-in a Train-the-Trainer component to ensure sustainability</li> </ul>	
Recommendations or anticipated changes to approach going forward	Recommendations or changes relating to engaging stakeholders	<ul style="list-style-type: none"> <li>- Engaging senior partners, as well as learners and practice managers</li> <li>- Ensuring practice managers are on board from the start</li> <li>- Ensuring robust engagement with GPs</li> <li>- Holding workshops to engage employers and understand necessity of whole system change</li> <li>- Using champion or flagship practices to promote MA programme</li> </ul>
	Recommendations relating to recruitment of learners, practices	<ul style="list-style-type: none"> <li>- Stricter criteria for recruitment of MA, including experience of scanning and expectation of programme</li> <li>- Ensuring clarity of expectations from practices, learners, etc.</li> <li>- Specifying time mentor will need to spend with MA each week</li> </ul>
	Recommendations relating to training provider	<ul style="list-style-type: none"> <li>- Taking more care in selecting training provider</li> </ul>
	Recommendations or changes relating to managing the project roll-out	<ul style="list-style-type: none"> <li>- Coordinating individual MA programmes, brining under one roof</li> <li>- Ensuring a closer link between project managers, practices, learners, course leaders</li> <li>- Ensuring consistency of project management</li> </ul>

Overarching Theme	Sub-theme	Sub-sub Theme
	Future directions in MA programme	<ul style="list-style-type: none"> <li>- Accreditation of MA training</li> <li>- Creating a link with Practice Managers Association so MAs have a route into management</li> <li>- Expanding the programme to other CCGs</li> </ul>

A total of seven interviews were conducted by phone, lasting between 40 and 60 minutes. These were digitally recorded and transcribed in full before being subjected to a thematic analysis.

Although the approaches adopted across the CEPNs differed and some of the issues encountered by Project Managers were unique to their CEPN, in many cases CEPNs faced very similar challenges from and shared similar expectations of the Medical Assistants pilot. The common themes that emerged from the analysis of the interviews are presented below. Not all interviewees mentioned all of the themes listed below, but where a theme was broached by a large number of interviewees this is indicated in the text.

Where only a small number of interviewees commented on a particular topic, illustrative quotes are not given, in order to preserve anonymity. Similarly, quotes are not presented where these do not add to the general commentary introducing each section.

#### **4.4.1. Description of the project approach and process**

##### *Project focus and training approach*

The table presented in Appendix 2 summarises information on the focus of the MA project or the main role of the Medical Assistant in each pilot area and the training approach adopted. Overall, project sites tended to retain their original focus, one exception being a CEPN where the active signposting element was dropped after an unhappy start to the programme. The project manager in this site explained the circumstances that led to this decision:

‘We did a kind of mini procurement for different companies and the [Training Provider X] came out on top, ... we said can we have like an initial day... with GPs and practice managers in the room to sort of explain the programme, what this involves, how the programme is going to work, what the ‘ask’ is of the practice, and what the ‘give’ is of our CGP and the day was a disaster. The presenter didn’t know the material, I think she was late, the slides didn’t really make sense. Some of the things that were on the slides about being triaged were... even to a non-clinician...potentially worrying because pregnant ladies [we]re being signposted without clinician input....So we pulled a stop to the day half way through ... we then met with our [training provider] again ... to say look, this wasn’t what we wanted, can we kind of re-specify this training ...But unfortunately our [training provider]... what they were providing we still didn’t feel was fit for purpose and so we pulled it. So we haven’t progressed the active signposting properly yet ... [it] has kind of stalled just through pressure of work.’

The MA role was interpreted in a variety of ways by the CEPNs involved in the pilot programme: from workflow optimization to managing phone consultations to active signposting and processing lab results. The Clinical Lead further commented that the issue of where the MA role is located in relation to the clinical-non-clinical boundary was not fully resolved during the pilot period, and that more work needed to be done to better define the role and ensure consistency in understanding of the role, going forward.



*Adjustments to the programme during roll-out*

Project managers reported making changes to the programme as it rolled out. The changes mentioned during the post-programme interviews are listed below, with relevant quotations illustrating the change:

- *Additional staff training e.g. mentor training for managers*

‘Often the practice managers or the line managers didn’t understand fully what was going to be involved, and I think that again we have run courses since then on coaching and mentoring for the practice managers.’

‘One of the things that we did do throughout the programme, we provided a couple of workshops for the mentors to attend to come and get some formal mentor training, some formal supervision training because a lot of them, although practice managers, they hadn’t ever had mentor training and they don’t really know how to mentor somebody, they might not have a qualification or whatever, so [X] who provides mentor training regularly as part of her role at HEE decided to hold a couple of workshops for them and a lot of people did attend, not all of the mentors did, some of them did and they found it really useful.’

- *Changes to the duration, contents, delivery of training*

‘The bid that was submitted to HEE originally had... the model was to develop an apprenticeship for the Medical Assistants programme. Quite quickly I decided that that probably wasn’t the right route to go down simply because the only apprenticeships available were very generic and not very GP-focused and they were very much business administration or customer service... So I went and met with a local GP in Wandsworth who was already doing something similar in his practice..., and asked him if he had the capacity to deliver something for the programme and he said he did and he also brought in colleagues that he had worked with over the years educationally; he is himself an HEE trainer so we had that crossover which was really good.’

‘The feedback that we had from the practices was that perhaps the 12 days over 9 months was too long and so we had made ... we have tried to consolidate it into 8 taught days to make it sort of easier for practices in terms of releasing staff, but this means that maybe the support that’s offered from online work will need to be a bit stronger.’

- *Creating regular opportunity for learners to debrief, discuss issues in a group*

‘What we do now is every so many months we have a get-together with them over a lunch and they can then talk about any issues they are finding ... it also gives them more confidence that what they are doing, they are doing well and doing right.’

- *Spend more time planning, checking on presentations, etc.*

‘We have changed our processes since actually and now we are much hotter on making sure that we see all the presentations before any training... and maybe pushing back a bit more and saying ‘actually we are not ready with this concept ourselves so we can’t sell it to practices until we understand it and we are confident that this is a process that’s going to work.’ So I guess more time in the planning stages would be my biggest lesson learnt.’

#### 4.4.2. Drop-out and reasons for dropping out

All project managers interviewed were asked about the rate of drop-out from the programme in their CEPN, and, where possible, the reasons for the learners dropping out. Responses to this question varied: in areas where the programme was only just starting to run after some delays, the question did not apply; in other areas, project managers reported that none of the learners had left the programme as such, but their practices were moving more slowly than others in the programme; in yet other areas, small numbers of learners had indeed left the MA programme ranging from four to six learners where data was available to the interviewee. The reasons given for learners leaving the programme included:

- A feeling that the programme was too easy
- Mistaken belief that the MA programme would lead to a clinical role
- The individual concerned leaving the practice or the NHS
- Personal circumstances at home.

#### 4.4.3. Working with HEE, Clinical Lead

The response of project managers to the question of collaboration with HEE and the Clinical Lead was two-fold. On the one hand, a set of project managers felt that the relationship with HEE and the Clinical Lead had worked well for them: while they felt HEE/CL had been mostly 'hands-off' and had 'let them get on with it', they felt that the support of HEE/CL had been available to them when they had needed it, HEE/CL answering questions and providing advice as required. For example:

'I think it worked well because we know that should we need advice or if we need to ask any questions, we have that support if we need it...[T]owards the start of the programme where I was a bit kind of like 'oh God, this is...a massive thing and I am a bit in over my head' kind of thing, ... I had...that support if I needed it, which I did at the beginning, but once I had started to work with [two colleagues] who were amazing to work with ... we just kind of got on with it.'

'I appreciated ultimately the freedom that HEE gave me to work in that way...I had a couple of conversations with the [overall project lead]... [She was] positive and supportive. I think that in the early days there were quite a few expressions of concern about risk and indemnification and she said 'look, don't worry about that, that has been taken up nationally and be reassured... so that was a helpful enabler. And I think some feedback as to what others were doing helped really triangulate with what other folk were doing, although it does sound as though our project was quite different than most. And again, very positive and encouraging I would say so I think at every stage we were encouraged to innovate and experiment and learn, but I think pretty much left to our own devices to get on with the work really.'

On the other hand, another set of project managers felt they had not had much contact or support from HEE and the CL, though the extent to which this was found to have been problematic varied. In one instance, the lack of contact was felt to have led to misunderstanding around the role of HEE, and a delay to the start of the project. One project manager explained that:

'I think if we'd had a meeting right in the beginning that actually unpacked the different roles that we were playing and that HEE central was playing [this would have been helpful]...who is sort of leading things, whether it's been led centrally or in the periphery.'

While in other CEPNs, the lack of engagement with HEE/CL was not felt to have adversely affected the project roll-out, or at least no mention was made of adverse effects:

‘From my personal point of view I don’t really feel like I had that much engagement with them if I am honest... we had sort of monthly or six-weekly meetings with the other CEPNs ... I mean I didn’t really sort of feel like it was something that was missing.’

‘I don’t think I saw [the CL] ever....[And] I didn’t really get to work very much with HEE. I had [colleague] from the CEPN board, so we actually worked with him rather than HEE...he comes with a lot of knowledge and his project work is really good. So we were very lucky, we had very good support from him.’

#### **4.4.4. Challenges, as perceived by Project managers**

The next set of questions in the interview concerned the challenges that project managers had experienced or had reported to them by various stakeholders. These challenges are listed below, illustrated by verbatim quotations drawn from the interviews.

##### *Challenges faced by practices or staff in the practice generally*

Project managers described a series of challenges that they found practices or practice staff had had to face as the new role of MA was introduced. These included:

- ***The challenge of allowing and trusting learner to practise new skills***

‘The practice sort of being a bit wary about these new skills and relinquishing those sorts of tasks to the medical assistant; that was probably one of the main issues ... to allow the trainees to code and take on some of those tasks which left some of the trainees feeling a little bit frustrated.’

‘I think that the medical assistant starts to become the expert themselves and I think they have the challenges of frustration that they are not allowed to do more. I certainly see that in my own practice where the lead GP probably is one of the most risk-averse and therefore has produced a system that is quite constrained and actually now there’s more vision in the medical assistants than there is from the partnership.’

‘I had the GPs and that was very difficult to start with because they are used to seeing everything in their role and not seeing everything was quite difficult to start with, so it was changing their perception that their admin staff are very good and with the right training they could actually reduce your workload.’

- ***The challenge of time commitment for learners, mentors, managers***

‘I think the main challenges for the learners are finding the time to do it alongside their day job.’

‘Well that was probably one of the large/biggest challenges that we had. Some of our learners were really lucky in that they had scheduled time with their mentors every week; they were given time to complete their coursework or to be complete their mini projects, you know, they were signing off their competencies regularly, and the mentor had a vested interest in them and they really wanted to develop them and their role, but that wasn’t the same for everybody. Some people struggled to get time with their mentors, we had a

practice where there were several medical assistants from that practice and they all had one mentor between them so that raised a bit of a problem.'

'Getting the protected time to do it, to spend time with their medical assistant colleagues and then the work of reducing the protocols in conjunction with usually their practice manager, finding the time to then ensure that there is partnership ownership, so that would have taken time within probably practice partner meetings.'

- *The challenge related to requests for promotion, salary increases from learners*

'With the additional work trainees were talking about asking for pay rises and enhanced job descriptions, practices need to be aware that this might happen.'

- *Challenges related to supporting the learner by other practice staff*

'I think there was a varying degree of interest and capacity from the ...clinical leads.'

'The whole point is that they were supposed to have somebody else to lean on in the practice... But I don't think ... that was necessarily utilised in a lot of practices. You know, the GPs don't have time and as far as they are concerned, the practice managers have got this in-hand, so I think that was probably how it was looked at.'

### *Challenges faced by practice managers principally*

Project managers also described the kinds of challenges they felt that practice managers had encountered as the MA programme rolled out. These included the following:

- *Challenge related to staffing, replacing the MA or needing additional admin staff*

'It's a challenge for the practice, yeah. But they always knew that, we were upfront and honest about that from the word go because they can't ... slow down what they are doing and there not be an impact, so we had to understand that they would have to increase their administration staff.... Those that didn't struggled, and now they have made the changes.'

- *Challenge related to mitigating risk of introducing a new role*

'I think the main challenge was getting their head around what if something goes wrong?'

- *Challenge related to personal sense of threat to own position*

'Maybe [the practice managers] being a bit wary of these new skills that these people were coming back with and perhaps feeling a bit threatened... There was a fear from maybe a small number of practice managers that the trainees were sort of after their job, because of the sort of wide breadth of learning within the programme, so I think that might have been an issue maybe in some of the smaller practices.'

### *Challenges faced by project manager principally*

Project managers were asked what challenges they had faced, if any, and to describe these. The challenges below were mentioned by project managers. Some project managers also commented that they had not faced any specific challenges. This last set of responses are not included in this section.

- ***The challenge of engaging practice team in MA project***

The challenge most frequently mentioned by project managers was the challenge of ‘getting people on board’, particularly the more senior members of practices such as managers, clinicians or partners. Project managers expressed that engaging senior members often took longer and had been more arduous, than initially anticipated. The following quotations illustrate this:

‘The engagement that is required really does have to be significant when you are trying to develop something that is not well known in the area... in an ideal world it would take 3 months’ but actually in our experience it has taken 6 months and I think we have definitely learned that.’

‘[Getting] all of the clinicians ... fully on board ...is quite a big undertaking when practices are really kind of feeling completely overloaded with their workload.’

‘An assumption was made at the beginning of the course that all practice managers were on board with the programme – many weren’t, which made it difficult for the medical assistants to get time with their mentors to consolidate their learning.’

‘I think that it was quite a common comment that practices found the whole experience harder than they anticipated which I think probably translates to time spent, not only with the medical assistant but then getting the engagement of the rest of the partnership to adopt the model...The engagement challenge...took different forms, so to some there were champion kind of GPs who really believed in this process, and they may have had difficulties in getting the engagement of their partners....In one or two practices actually it was the admin staff who had the vision and actually they had difficulty taking their GPs with them.’

‘We got everybody involved which was really difficult, it took me a long time to get them on board and work with them ...it was very difficult to get them all on board.’

- ***The challenge of getting practices to work together***

This challenge was mentioned by one project manager alone, commenting that:

‘I think we underestimated the difficulty in getting practices to work together.’

- ***The challenges related to the suitability of practices for the programme***

Similarly, only one project manager mentioned this challenge:

‘A...challenge was people signing up and then not doing what they said that they’d kind of committed to, so we have got practices who did express an interest for the first cohort not doing the online training or not progressing very far and then we have got another cohort of practices who are saying “we really want to do this, when is the funding coming in?” and we don’t have the next set of funding. So I guess with hindsight we would have had some kind of screening process where we could better have picked the practices I think for the first cohort.’

- ***Other challenges faced by project manager***

The last set of challenges that project managers said they themselves had faced related to the learners such as learner requests for extension or flexibility in the attendance requirements of the programme. One project manager also expressed that their distance

from the learners and the training programme had been a challenge. Comments are copied below:

‘It’s been a question of me [and my colleagues] working together to get around issues [for instance], there was a girl on the programme who had two grievances in the same week ... people very close to her died and so she wanted an extension on the programme so, you know, talking things through like that, like how do we make it fair for everybody? So we ended up giving her a bit of an extension.’

‘So it’s just talking through things... that haven’t been set [and] that you work out as part of the pilot as you are going along... [For example] we set out in the original consent form that they had to attend at least 10 out of the 12 days to qualify, to basically graduate and then we had somebody that ended up attending 9 of the days rather than 10, but still wanted to graduate, and it’s just kind of working things out like that that were a bit tricky.’

‘We didn’t feel as engaged in the learning process or the sort of training as we might have liked... we felt we could have helped to facilitate those problems [faced by practices] had we known about them....we weren’t perhaps informed of the people that had dropped out maybe as soon as we would have liked...[and] maybe we could have looked at why they were leaving, and what the issues were had we known.’

### *Challenges related to project management and faced by practices and project managers*

- *Challenge of staff turnover within the project practice or at CEPN level*

The challenge of staff turnover in the CEPN (project manager) and within the practice (mentors) was mentioned by two interviewees, who commented:

‘The overall management of the programme was given to [Project Manager X]...and that was good in many ways because she was located there, but of course she was in a short-term post so when she left it sort of... the cohesiveness dropped off.... One of the challenges for the future for CEPNs is that the people who lead these projects should be people who are going to stay because the project management skills that they learn could be applied in lots of other situations.’

‘Some of the mentors changed throughout the programme, so some of them left completely the practice so then there was a period of handing over to somebody else and then getting them up to speed with the programme ...so there were a lot of changes...so it wasn’t as straightforward as we expected.’

- *Challenge of novelty of MA concept, lack of clarity over meaning, risk aversion and changing mind-sets*

One of the principal challenges of the project, and mentioned by most interviewees, concerned the novelty of the MA concept and the scope of the MA’s role and also, mentioned by one project manager, care navigation. There appeared to be a diversity of understandings of the MA and in some instances, this lack of clarity meant practices were reluctant to sign up for what was perceived as a risky endeavour. The extent to which this uncertainty was problematic, however, varied across the project areas – in one CEPN, it was not found to have been a problem at all.

‘I think the learning I have got is that there are very few practices that want to sign up for a pilot. If they are going to invest their time and resource into something, most of them want to know exactly what is going to happen – sort of like the risk and like the project, but the practices aren’t in a situation to experiment.’

‘I think to some extent they were all ready... the role was already existing in a lot of practices anyway....No I don't think there was really [an issue with the novelty of the concept].’

Concern was in some cases generic (relating to perception of admin staff; clinicians' habitual ways of working, fear of change):

‘I had the GPs and that was very difficult to start with because they are used to seeing everything in their role and not seeing everything was quite difficult to start with, so it was changing their perception that their admin staff are very good and with the right training they could actually reduce your workload.’

While in other cases, the source of concern related to the specific nature of the MA role in a given CEPN, such as MAs processing lab results:

‘There was some of whose feelings of risk aversion led them to say no, no, no, we wouldn't touch laboratory results, and there were some who selected purely to do that and have found it very effective.’

In this last instance, the project manager then explained that their work had involved showing practice managers and clinicians that the MA role could be seen as an extension of current work practices, reframing perceptions of the MA project in more familiar terms:

‘I think it was just initial fears and absolutely part of the learning here is that we can now go and say, you know, listen to all the practices who are doing it, for whom now it really isn't an issue, so I think we have broken the back of those concerns ... the real learning here is that practices do this stuff every day and maybe not to the depth that we have been doing and with the focus that we have been doing, but every practice has protocols and procedures for processing patient requests for help – this is no different, it's just taking it to a different level.’

- *Challenges relating to resourcing the project*

A small number of project managers expressed that resources for the project had been slightly insufficient; in one case, funding had been an issue, with more practice interest in the programme than could be accommodated:

‘There wasn't enough funding for all of the practices to do it because it was a very expensive programme, it's 50p per registered patient which is a significant investment, so that was probably the first challenge...then we have got another cohort of practices who are saying ‘we really want to do this, when is the funding coming in?’ and we don't have the next set of funding.’

And in another two cases, project managers felt that administrative support would have benefited the project roll-out:

‘So maybe a bit of admin support just to manage that process would have been helpful.’  
‘Our biggest challenge locally is the CEPN, it is just a local issue and nothing to do with the project, there's been a lack of admin support.’

- *Challenges relating to the training provider, developing the training or delivery of training*

Three project managers mentioned challenges relating to the training provider they had selected, in all three instances an external provider. The project managers found that the package developed by the external training providers did not suit their requirements and these packages had to be amended or had required significant input on their part.



‘Being honest, if I knew what I knew now, we wouldn’t have worked with [Training Provider X]. I think it’s very expensive... [The package they developed] wasn’t really meeting our needs and therefore [my colleague] in particular spent a lot of time actually working with [Training Provider X] and they have had to develop something in order to meet our needs... it just hasn’t been a good fit.’

‘We did a kind of mini procurement for different companies and the [Training Provider Y] came out on top, and we were really hopeful... we said can we have like an initial day...with GPs and practice managers in the room to sort of explain the programme [but] the day was a disaster... we then met with [Training Provider Y] again and had quite a long meeting with them to say look, this wasn’t what we wanted, can we kind of re-specify this training and put something that is a bit more practical... and that we feel is more kind of peer-reviewed and trustworthy... unfortunately ...despite our second meeting with them, what they were providing we still didn’t feel was fit for purpose and so we pulled it.’

‘We used an outside company and I have to say I probably wouldn’t use them again for it because they ... they were more interested in selling their own programmes, other programmes, and they kept trying to drop that in and I’d say “This isn’t about this, we are due to run this session” ...In our heads we knew what we wanted and when these people come into their training programmes and see what we are doing, they have just got their own, whereas we wanted a more bespoke training package, we actually built our own training package afterwards.’

### *Challenges faced by learners principally*

Project managers felt that learners had faced a diversity of challenges as they underwent training as a MA and subsequently, as they had sought to embed their learning in the workplace. These are listed below, with appropriated quotations from the project manager interviews.

- ***The challenge of securing the time needed to engage in programme***  
‘I think the main challenges for the learners are finding the time to do it alongside their day job.’
- ***The challenge of developing the confidence to participate in the training and take up the new role***  
‘I think confidence in terms of actually on the programme a lot of them at the beginning didn’t have any confidence, they didn’t want to talk in front of other people. ...Their roles in practice up until this point had been... just to answer phones, keep to themselves, you know, they didn’t have any responsibility as such and so it was quite a challenge I would say from the tutors’ perspective to get them to actually open up and not ... and not feel as though if they ask a question that people are laughing at them.’  
  
‘With the admin staff, it’s giving them the ... that empowerment and the confidence to actually think yes I can do this, I am seeing this on a daily basis, I am actually... you know, they are skim-reading and they don’t realise how much they know. You know, but to get them to feel confident to actually step forward and do this was another issue.’
- ***Challenges related to perceptions of the learner and the programme by other staff in the workplace***  
‘Probably the challenge of maybe being misunderstood by, or envied by other staff when they were taken out of protected time. They may have been seen to be favoured in some way and, you know, what might have been seen to be an interesting role.’



- *The challenge of being allowed to practise their new skills within the workplace*

‘And really clarification of their role, especially as the programme advanced and they were able to take on more responsibility, clarification of their job description.’

‘I think that the medical assistant starts to become the expert themselves and I think they have the challenges of frustration that they are not allowed to do more. I certainly see that in my own practice...[but] my guess is that ... we won’t be the only one experiencing that and actually we need to encourage staff to push back to their GPs and say “Look, come on, let us do more of this stuff because then we will see progression and development of the role.”’

### *Challenges faced by mentors principally*

Only one project manager mentioned challenges faced by mentors in practices, and this concerned their lack of experience with mentoring non-clinical staff:

‘GPs frequently tutor medical students and registrars but they don’t tutor non-medical staff that often, so I think maybe for some people that was a challenge.’

### *Challenges faced by the training provider and tutors*

Four project managers commented on the challenges that the training providers and tutors had faced. These included the short time-scale for developing the training package, the volume of communications from practices and the amount of support required by practices. The following quotations illustrate this challenges:

‘The challenges for the tutors were the initial timescale, so getting it together quite quickly and then kind of pinning the practices down to the dates.’

‘One of the challenges is having lots of practices contact you at very random intervals, but they seemed to manage with that quite well.’

‘I think going outside of their remit to provide support that they didn’t anticipate, you know. They have had to speak to mentors and learners a lot in their own time outside of their remit, to talk about personal issues and they have had to be in the middle of conflict where there has been a learner and a mentor that aren’t seeing eye to eye and one of them is blaming the other one, they have been a piggy in the middle with all that.’

### *Challenges faced by the CEPN*

Only one interviewee mentioned challenges to the CEPN. The interviewee expressed that the challenge for the CEPNs was to see the ‘bigger picture’ and also to keep the learning from the MA project:

‘The challenges to the CEPNs is actually to see the bigger picture...and also to keep that learning within the organisation and share it amongst all the provider groups...it is quite a big change and I think they are used to managing lots of small projects without necessarily expecting big change and I think this is a sort of big change opportunity.’

#### 4.4.5. Factors supporting Medical Assistant Programme roll-out - what worked well

As well as the challenges presented by the project, project managers discussed what had worked well or helped the project roll-out. The various enabling factors are presented below, with relevant quotations from the interviews with project managers. It should be noted that some of these enablers are very CEPN-specific or specific to a particular MA model.

##### *Factors relating to the training - delivery, contents and support mechanisms*

- ***Good learner support mechanisms***  
‘Where it’s worked best, was where the clinical lead and the administrator had kind of an hour or two hours a week where they looked at the audits and that was kind of programmed in and a regular thing.’
- ***Having a clinician deliver the training, giving examples***  
‘They had a GP so he had come in to deliver the workshop around deciding what clinical correspondence was going to be managed and he was excellent and he related... it was good to have him there because it was very much a workshop that was focused around the clinical lead so it did really help to have a clinician there delivering that.’
- ***The contents or format of the training***  
‘We really like the format of the taught days and the group teaching rather than sort of one-to-one teaching that might have happened elsewhere. We feel that the experience that these people have had is really important – some of these people that were on the programme haven’t done any sort of formal learning in a long time, or really any sort of higher education at all, and so they’re sort of... the benefits for them as people was really important, so we have tried to stick to that as close as we can really. We are keeping the actors, so in terms of sort of how the course looks, it’s staying pretty much the same.’

##### *Factors relating to engagement – key people and approaches to engaging practices*

- ***Going to GP steering groups, having GP champion, taking time to engage GPs***  
‘I spent a lot of time going to their GP steering groups and their protected learning time. I met with them individually, you know, we were very lucky that we had a GP champion who felt this was the way forward and could see the benefits ... it literally took us a long time... months to get the GPs to agree... But we just took it step by step and once they realised I was building the protocols with them and they could see the bits that were going, they ... started to see the benefits...by the time we came to September, we had all the GPs all OK about it and on board and then when we ran the GP session at the end of the year into December, we had started with the soft launch and we could actually feed back to them what it was actually like from a GP from that practice we did the soft launch at....I spent a good year bashing, working with these GPs to get them on board but it was worth the effort.’
- ***Having a lead figure on board within the practice***  
‘They needed some significant kind of lead figure from within the practice to see that kind of worked out yeah.’

- ***Having flagship practice or project promoting MA programme***

‘What we have now though, certainly in south-London, because we did the care navigator project which run ahead of the Medical Assistants, we have got some flagships from practices that will stand up and say “This is fantastic.”’

‘One of the things that we did was to video tape a practice who had a particularly positive experience of the role, and put a YouTube link kind of up which we then sent round to all practices as a way of just trying to hear a positive story... I think that there is nothing as powerful as somebody saying actually this works and we find it to be a positive experience so we will probably try and do something about it at the annual general meeting in October, hoping that others will perhaps start or kind of view the journey and push the boundaries further.’

### ***Other factors that supported project success – general***

- ***Giving practices room to develop their own approaches***

(see Working with HEE, Clinical Lead, above)

- ***Meeting and sharing with other practice managers to cover gaps in training***

‘The good thing for the project managers by bringing everyone together is that they were then able to collaborate and actually share development of programmes which covered the gaps, so there were a lot of medical assistants who were in training who needed to fill gaps at the care navigator level, and even some of the more basic reception, you know, back office functions, so they were able to work on that, and in that way it was a very similar overlap to the Care Navigator programme.’

- ***Overlap with CN programme – familiarity with concept and Competency Framework***

‘It worked particularly well in south-London because it was so closely linked to our Care Navigator Programme, and we sort of used the Competency Framework as it stood so it was easier I think for us than in some of the other areas for example north-London and KSF where it was a completely new concept.’

- ***A good project team/colleagues***

‘I think it’s been really successful, I am really happy with how it has gone, I am really happy with the outcomes and I think for me it was only like that because I got to work with two very professional, very experienced and passionate people and they made my job a lot easier.’

### ***Other factors that supported project success – practice characteristics***

- ***Practice interest or motivation for involvement in project***

‘Where it is moving forward is in those practices who said ‘actually we want to change.’

‘I think there was a difference in practices that genuinely wanted to sign up people to improve and develop them and I think there were some practices that probably just signed up because there was free training and a grant associated with it and once they got their grant, that was, you know... they didn’t have to do anything which in hindsight if I was going to do it again I would have made sure that the grant came after the programme, not at the beginning so that they were tied into that throughout and there was a reason, there was that incentive for them to provide the support.’

- *Size or other practice characteristic*

‘For practices who already have a triaging system, I think it might be easier for them to implement receptionist signposting than for a practice that doesn’t have any form of triage then it just becomes a free for all.’

‘I think some of the larger practices were able to provide more support, they had more capacity. Some of the smaller single-handed practices have struggled with time I think, so I think that might have been an issue as well.’

#### 4.4.6. Impact

Project managers were asked to comment on the impact of the programme on various groups, relationships and processes; they also shared their views on the broader impacts of the programme. These are presented below, with relevant quotations.

##### *Impact on CEPN*

Only one project manager commented on how the MA project had helped develop the CEPN as well as raise its profile locally:

‘I think it helps raise the profile of the CEPN...Also...we have needed to develop as a CEPN in terms of structures around project management, administration, leadership... I think now we are in a very different place and we are much more sophisticated in terms of doing this type of business as it were.’

##### *Impact on clinicians*

All seven interviewees commented on the impact the programme had had on clinicians, in particular, in reducing the administrative burden on clinicians, saving time or reducing workload overall, and potentially increasing morale. A small number of project managers stated they had measured reductions in administrative burden, and gave figures of 85% reduction; most commented that beneficial impacts on clinicians were still largely anecdotal, garnered, for example, from GPs sharing their practice’s success story with others during project meetings. One project manager further pointed out that impact had varied, depending on the extent to which practices had ‘embraced’ the MA or not. None of the project managers mentioned adverse impacts on clinicians, however. The following quotations illustrate these points:

‘I have been to some meetings in Bromley where we have had people who have had people on the programme stand up and tell attendees how much benefit they have had in terms of reducing their administrative workload.’

‘I think practices that have really embraced it are absolutely saying it’s saving them hours of time which is just fantastic.... The other ones that haven’t joined in so much have been a little bit like ‘I don’t know how you expect me to do this beside my day job’ type of thing.’

‘We have had a bit of feedback from some GPs and it’s all been really positive. They were all saying how much the medical assistants are helping them reduce their workload.’

‘I would imagine that it would increase morale... but that would just be me guessing. We haven’t really had formal feedback.’

‘Some of the feedback is for a [CEPN X] GP that ‘my workload in relation to documents workload had reduced by 80-85%.’

‘We ended up with an 85% reduction in paperwork for the GPs across the board of [CEPN Z].’

### *Impact on learners*

All seven interviewees commented on the impact of the programme on the learners. This was almost invariably felt to have been positive and included an increase in self-confidence, a greater sense of self-worth and feeling valued at work, greater job satisfaction and more assertiveness. Project managers tended to focus on gains in terms of personal development or at the level of subjective experience, but none of the project managers mentioned material impacts such as promotions or salary increases, though when questioned, one interviewee reported that one learner had been promoted to the position of practice manager. The only negative impacts mentioned was that the learners’ job had become more demanding, requiring more thought than previously, and also that some had experienced frustration when they were not given the opportunity to implement their learning in their workplace. The quotations that follow illustrate these points:

‘Confidence comes up number one for everybody, you know, having the confidence because these people have got potential but they often don’t have the confidence to put themselves forward so I think that confidence in saying that ‘I am valuable, I am important in this process.’

‘I think they have got a lot more confident and just feel a bit more appreciated, you know, that they have got a kind of role, because I think often in primary care you kind of can do a really good job in admin for ages and no one really notices whereas this has been a kind of formalised programme of going... “this is a really important job that you are doing for the practice and we really appreciate you and we trust that this is something that you can do.”’

‘Where their role has changed and they have gained responsibility I think they definitely prefer it, they enjoy it a lot more. I think that has been a little bit of frustration from some people whose roles haven’t changed quite as much as they expected.’

‘Some of the feedback from the students however was that because they did assertiveness training and had some leadership skills training, is that they felt that they were able to talk to their GP partners and senior members of the team far better than they might have been able to do previously, and attend those meetings and know what people are talking about, so I think that really is a key outcome from our training in those... developing those other skills for people who probably don’t really ever get that sort of training, so we were really pleased with some of those outcomes.’

‘I think in terms of confidence levels and morale and feeling valued, this pilot was really important.’

‘The negative impact is it’s been a bit more ... they have to really think about their job when they come in, whereas before scanning is just putting it through a machine really and sending it off.’

*Impact on managers*

Six interviewees commented on the impact of the programme on practice managers and all reported that practice managers had generally been positive towards the programme or, minimally, that they had received no significant negative feedback from these stakeholders. Much of the evidence for this positive perception of the programme was indirect: they found that the demand for further training for practice staff or from practices that had not previously been involved in the programme, had increased. Interviewees tended not to give much detail of how practice managers day-to-day work or role had been affected positively. Two project managers commented on the observed or potential adverse impacts of the programme: one project manager felt that the programme could leave practice managers with the added burden of managing relationships between practice staff and the MA, and trying to secure and maintain the practice partners' engagement in the programme; while another interviewee reported that initially practice managers in her CEPN had found their workloads had increased but that this had subsequently returned to pre-programme levels. The following quotations illustrate these points:

'The practices that have really embraced it have been positive, I think because they have heard it from both the GP and the admin person that the process is working; and so yeah, they have been very, very positive and quite keen to sort of train up more staff.'

'I think generally they have been really happy with the programme... I have had a lot of emails from practice managers that were too late to get on the course but they have been saying "if you do this again, please do let us know, like we are really keen to get involved and send somebody on the course", so positive feedbacks from even those that weren't involved... the course has had a good reputation and people are finding out about it which is great.'

'I think overall positive, as in we haven't heard any sort of glaringly negative response from practice managers and without even having to advertise next year's course I have got six people who phoned up who are wishing to sign up already.'

'I think they are left with managing some of the relationships in terms of just their relationship to the medical assistants who are supposed to be fulfilling that role. Then the relationship with the other staff who aren't fulfilling that role, and also the relationship to partners and partnerships in the sense of trying to get further engagement.'

'So the impact now is good for them now because ... they only get the odd question now whereas, you know, back in January it was quite hard work for them... They took on extra at the beginning and now it's reduced back, they are back to what they were doing before, before January, so they haven't got to sit there going through everything and checking it, they just do random checks every now and then just to ensure the quality and everything.'

*Impact on patients and carers*

All seven interviewees commented on the impact of the programme on patients and carers, and all except one either had not asked about this impact or did not feel that impact on this group of stakeholders were visible or even that it should be visible. The one exception was an instance of a MA drawing on her training to correctly identify a condition and enable the GP to respond effectively. The following quotations illustrate these points:

'There is a question about the impact on patients and carers, and I think I don't know... I don't think this is possible to tell either to date.'

'It has been invisible to them and I think probably rightly so because I think patients and carers potentially get a little worried that their letter hasn't been seen by a GP, so I think it's probably better that it is invisible.'

'[The Clinical Lead] was chairing a meeting and she asked if I could take a medical assistant along with me just to talk about her experiences on the programme. [The MA] talked about a case study where a patient had come in to her reception and because she had been on the course and she had done a lot of training around medical terminology, this patient was basically really struggling to breathe, she was obviously like going through some sort of panic attack or something, but because of what she had learnt on the programme she knew the right questions to ask, she could understand what the patient was telling her according to her condition because I think she had COPD, and because of the information she was getting back she was able to act quickly and relay that information to the GP so that he could respond effectively.... That is the only one I am aware of at the moment.'

'We didn't actually speak to any patients. The only reason I know that there's not been any issues is because the paperwork has been dealt with and the fact that there haven't been any complaints relating to any of the correspondence, but no significant events due to it. So we don't feel that there will be any influence.'

### *Impact on retention of staff*

Only two project managers commented on the impact of the programme on retaining staff. One felt it was 'too early to tell' while another expressed that she found learners were thinking about staying and developing their career within the NHS, suggesting the programme could have a positive impact on retention of staff within the NHS or at least the healthcare profession.

### *Impact on the workplace, relationships & culture*

Five project managers commented on the impact of the programme on workplace culture and relationships; most had not received any explicit feedback relating to culture change and indeed felt it was 'too early' to tell whether the MA would impact workplace culture. Some reported hearing comments about jealousies within practices, resentment at extra work being 'dumped' on the admin staff or, at the other end of the scale, a greater appreciation of the MA, but the extent of these feelings and their impact was unclear.

#### **4.4.7. Learner hopes for career progression**

Two project managers commented on learner hopes for career progression. One reported that the issue had not been discussed, though she expressed appreciation that a career path was being developed for non-clinical staff. Another recalled that learners had expressed interest in pursuing a wide range of career paths, from more senior admin roles, to QI roles and even physician's assistant roles.

#### **4.4.8. Comments on sustainability of programme or outlook**

Four project managers commented on the sustainability of the programme. All suggested they felt the programme was sustainable, indicating that they had already received requests for and had already begun delivering training and in one instance, the CEPN had built-in a 'train the trainer' element to ensure sustainability. Project managers were generally positive towards the programme, some expressing regret that the programme was coming to a close.

#### 4.4.9. Recommendations or anticipated changes to approach going forward

Interviewees made a number of recommendations during the interview. These recommendations are presented thematically below, together with an illustrative quotation.

##### *Recommendations or changes relating to engaging stakeholders*

- ***Engaging senior partners, as well as learners and practice managers***  
‘The senior partners... are the key decision-makers in the practice when it comes to things like this, so I think probably they need more involvement.’
- ***Ensuring practice managers are on board from the start***  
‘All practice managers must be on-board right from the start.’
- ***Ensuring robust engagement with GPs***  
‘Ensure that there is a robust engagement with GPs prior to engaging with any other staff – that is definitely a recommendation.’
- ***Holding workshops to engage employers and understand necessity of whole system change***  
‘One of our next steps is going to be to have some workshops to try and engage the employers so that they understand that it’s a whole system change when you introduce a new role, so that’s what we are also undertaking now so that’s another spinoff that we are following up on.’
- ***Using champion or flagship practices to promote MA programme***  
‘Using our champion practices to persuade and show what can be achieved.’

##### *Recommendations relating to recruitment of learners, practices*

- ***Stricter criteria for recruitment of MA***  
‘For the next cohort we would specify a certain amount of time in post, so if you are very new to general practice or very new to scanning then some of these letters can seem... Some letters are easier to understand than others, are better written than others, and some are very clinically dense...I think maybe two years in practice to kind of be really, really familiar with scanning, really have read several thousand letters and then be a bit... because I think if you are very new to it then it all feels a little bit overwhelming because there’s so many terms.’  
  
‘Some people who arrived on the course, it really wasn’t appropriate and that was quite clear, or that they thought they were doing clinical training...Selection of trainees is crucial... that they are not sort of thinking that they are going to take a clinical pathway.’
- ***Ensuring clarity of expectations from practices, learners, etc.***  
‘Really getting that key relationship with the practice in terms of what is expected from them, in terms of their commitment, the hours that they are expected to put in to learning with a medical assistant, practice manager support, you know, ensuring protected time to do the work – just making sure all that is in place as well as we can I think is really key to its success.’



- ***Specifying time mentor will need to spend with MA each week***

‘I guess now that we have done the first cohort, we can say “our recommendation is that you set aside two hours once a week as a protected time for the two people” whereas we were probably a bit more vague in kind of “you will need to work with your clinical lead” or “the clinical lead will need to work with the administrator to work out which letters go where”, but I think potentially being a bit more dogmatic with practices from the beginning to say “this is what you will need to do if you want to do this wonderful programme”.’

### ***Recommendations relating to training provider***

- ***Taking more care in selecting training provider***

‘Be careful who you choose for your training programme because...they didn’t get the training that they really needed and it cost ... a lot of money.’

### ***Recommendations or changes relating to managing the project roll-out***

- ***Coordinating individual MA programmes, brining under one roof***

‘We are now actually going to roll out another stage to this, whereas as with the Federation, we are going to actually take this work away from each of the practices and have it under one roof, just to try to ensure that staff actually have all the support mechanisms in one place rather than, you know, in practices doing it slightly differently, we made sure that across the board we were all doing it the same way and it’s something that the GPs all want to see happen as well.’

- ***Ensuring a closer link between project managers, practices, learners, course leaders***

‘So that’s something we feel quite strongly about with this year, is having that engagement with the practice manager, the course leader and a trainee... we would like a bit more of a closer relationship with them...and following along the journey; keeping abreast of what is happening on the course, and being involved in the communications – that was the things that we really wanted changing, much in the same way as some of our other educational programmes run, in that we have really close relationships with the practice and I think that ensures its success.’

- ***Ensuring consistency of project management***

‘They should have thought ahead beyond [Project Manager X] completing [her contract]... all the areas had project leads, but we were not sufficiently working together I think to keep the whole thing together without somebody organising meetings and making people come together.’

### ***Future directions in MA programme***

- ***Accreditation of MA training***

‘What we are looking at for the future is developing an accredited model of training and that also probably a lot of the training will be an online option so it could be developed locally but they would have the opportunity, particularly for a part-time workforce, to do some of that training online and then they will take an assessment online which will then give them an accredited certificate and that’s going to be the Certificate of Excellence in Healthcare Support, so it will be various levels, we are doing the care navigator one with the Practice Manager Association at the moment and the idea will be that we will move on....I think once we get the programme accredited I think that will expand enormously.’

- *Creating a link with Practice Managers Association so MAs have a route into management*

‘The hope for the future it’s going to be that they have got the opportunity to go further if they wish to into management; obviously this is a non-clinical role but they can branch off into the clinical healthcare assistant nursing programmes if they wish, but assuming they want to stay in an administrative role, we are making a connection now (a) with the Practice Managers Association that will take them through, and also we are giving them a route that they can see clearly how they could develop their own career if that is what they want to do.’

- *Expanding the programme to other CCGs*

‘Our next stage plus we will also help other CCGs ... locally, to do the same as we are doing, to have an impact and reduce the workload for the GPs.’

#### 4.4.10. Summary of post-interviews with project managers

Overall, the project managers interviewed as part of the post-programme evaluation phase were positive towards the programme and their experience of acting as project manager for the MA pilot. They mentioned a series of challenges that they had faced as project managers or heard about or observed in other stakeholders. Among these, the greatest challenges appeared to be: the challenge of time – for learners, practice managers and mentors alike; the challenge of engaging practices, particularly given the novelty of the MA concept and the low capacity for experimenting among practices or their high level of risk aversion; and the challenge of developing a training package fit for purpose, which often required more project manager input than had been anticipated.

Based on their experiences, project managers cautioned potential future project managers to be aware of the following in particular:

- That the training provider may have own programme to push and may not be willing or able to create a suitable package; project manager input may be necessary to tailor the package;
- That there will be varying levels of engagement, that engagement may take longer than anticipated, and at times practice administrators may be more forward thinking and embrace the MA programme more rather than clinicians;
- That different sized practices may have different capacity to see through the programme, and the smaller practices in particular may struggle with time and support for learners;
- That practice managers or clinicians may not have the skills necessary to mentor non-clinical staff learning a new role. This may require additional training for clinicians and practice managers.

From project managers’ accounts, it appears that generally the challenges presented by the MA programme were met as few, if any, practices were reported to have dropped out of the projects altogether. Project managers felt that a number of factors had been key or would be key, in future programmes, in meeting these challenges, and these included:

- Organisation: the MA component should not be bolted on and ad-hoc, but be built-in and include regular, scheduled, protected time for learners and mentors to meet;

- An emphasis on whole practice change: everyone will be affected by the new role and should be involved at some level e.g. through workshops or through having assessments done in practice where this has not been the case, allowing managers to feel responsibility for the course;
- Continuity of staff involved in project management;
- The support of lead figures on board within the practice e.g. practice manager;
- Care and sufficient time devoted to planning and selecting learners, training providers and even practices;
- Highlighting flagship practices and success stories; someone standing up and saying 'this is fantastic' is crucial to engaging risk-averse practices.

Project managers felt that the programme had had a range of positive impacts and few, in any, negative impacts. The programme managers found that the programme's most noticeable positive impacts had been on the learners and particularly on their confidence and sense of self-worth; and on the clinicians, particularly on their administrative workload. Other impacts had not been as visible by the time of the interviews, and this included any possible negative impact such as the 'push-back' from patients that had concerned some project managers at the outset of the programme (see pre-programme interview summary table 3.17). It was certainly too early to begin talking of 'culture change', project managers seemed to suggest.

Relating to the extent of impact, project managers further pointed out that the extent to which the practice benefits from having an MA would very much depend on the level of engagement of the practice, with greater benefits accruing those practices that have been more fully engaged in the programme. One further commented that the programme worked best where the practice really wanted to change, and was not engaging in the programme in order to get access to funds or free training.

Project managers made a number of recommendations as indicated in the summary table. For convenience, these are copied below:

- Recommendations or changes relating to engaging stakeholders:
  - Engaging senior partners, as well as learners and practice managers
  - Ensuring practice managers are on board from the start
  - Ensuring robust engagement with GPs
  - Holding workshops to engage employers and understand necessity of whole system change
  - Using champion or flagship practices to promote MA programme.
- Recommendations relating to recruitment of learners, practices
  - Stricter criteria for recruitment of MA, including experience of scanning and expectation of programme
  - Ensuring clarity of expectations from practices, learners, etc.
  - Specifying time mentor will need to spend with MA each week.
- Recommendations relating to training provider
  - Taking more care in selecting training provider

- Recommendations or changes relating to managing the project roll-out
  - Coordinating individual MA programmes, bringing under one roof
  - Ensuring a closer link between project managers, practices, learners, course leaders
  - Ensuring consistency of project management.

## 4.5. Summary of Post-programme evaluation

Overall, it seems undeniable that those who completed the questionnaires and/or took part in the interviews for the evaluation were positive and enthusiastic about the MA programme and its potential. This was also the case for those whose opinions were reported by those taking part in the evaluation but who did not themselves take part. Many of the expected or hoped-for impacts were not as yet visible though there was a clear impact on learners, not just in terms of their greater skill and knowledge, but also in terms of their greater levels of self-confidence and their sense of self-worth and feelings of being valued in their workplace.

In terms of skill and knowledge or understanding, the very disparate nature of the MA approaches developed under the umbrella of this project meant that it was often difficult to gauge which had been improved and which had not as opposed to which had simply not been included in the training in a given CEPN, pointing to a mismatch between the MA model in a given CEPN and the Competency Framework. While detailed information on the contents of the training and in particular an indication of which of the competencies listed in the Competency Framework (Appendix 1) was sought from CEPNs, it was often not made available to the evaluators. Still, some skills and domains of knowledge and understanding were shown to have improved among learners in all CEPNs that took part in the evaluation. These included the skills, knowledge and understanding relating to communication, establishing effective relationships, self-awareness, and ethical practice.

Impacts on clinical time were still largely anecdotal, but the little evidence that is available is tantalising, suggesting that where practices embrace the MA, and make the investments in time that are required, savings can be substantial: some practices were quoting up to 85% reductions in clinical admin workload, others mentioning figures of 2-4 hours savings in clinical time each day. Further research will be needed to quantify the savings more accurately however.

The programme presented many challenges and much learning was garnered as a result. Most importantly, the experiences of the project managers and the Clinical Lead as well as the evaluation team showed continuity of staff at the CEPN to be crucial: without such continuity, learning tends to be lost, programme concepts can lack coherence and accessing information for the purpose of evaluation becomes tricky.

A second important lesson concerned the importance of engagement, and building in to project plans the time necessary to ensure that the MA project will have the necessary support; it should not be assumed that practices who have signed up have fully bought into the idea of the MA and are willing or able to make the investments that will be necessary, at least at the outset.

Finally, despite the many challenges, it is fair to say that the MA programme appears to have been very well received and interest appears to be increasing, boding well for the future.

Below is a summary of each of the points covered in the post-programme evaluation, including the extent and nature of impact of the programme on various stakeholders, the culture and organisational structure of practices; the perceived achievements by learners and organisations as a result of engaging in the programme; the challenges of the programme; perceptions of the sustainability of the programme; and recommendations by all five groups of respondents involved in the evaluation namely, learners, learners' managers, senior managers, project managers and the Clinical Lead.

#### 4.5.1. Respondent profiles

Respondents for the post-programme evaluation phase included:

- 46 learners from NEL, NCL, West Kent and SWL, with almost half of learners (n=20) from West Kent; most described their role as administrators or receptionists, with a small number (n=8) describing their main role as 'Medical Assistant'
- 21 learners' managers from NEL, NCL, West Kent, SWL, Surrey Heath, with the largest number coming from West Kent (n=9), followed by SWL (n=6) and only small numbers from the other CEPNs
- And eight senior managers from SWL (n=3), NCL (n=3), with small numbers from West Kent and NEL.

It is worth noting the fact that West Kent response rates were much higher than other areas, meaning that the experience of West Kent will be overrepresented in the results. This is significant as West Kent developed a model of the MA to which most of the items in the Competency Framework did not apply. This goes some way into explaining the polarised results in the section on Skills, Knowledge and Understanding.

#### 4.5.2. Learner readiness and overall experience of the programme

The learners overall appeared to have had a positive experience of the programme. They felt they had been well motivated to study on the programme and found the information about the programme useful. They also felt that the programme was appropriate for their role as medical assistant and felt supported by their managers and, albeit to a lesser extent, their colleagues. These perceptions were shared by their managers and also senior managers who appeared confident that their employee had learnt a lot on the programme and expressed that they had tried to support their employee. All three groups, however, had felt unsure of what was expected of the learner/employee at the outset and had found the aims of the programme unclear. Similarly, they tended to agree that scheduling protected time to study had been an issue.

#### 4.5.3. Perceived learner/employee achievements from the programme

All three groups of respondents (learners, learners' managers and senior managers) felt that the learners' greatest achievement was the development of a range of skills and a growth in their understanding of various topics of relevance. They also agreed that the learner's increased confidence was among the latter's greatest achievements as was an increase in the quality of their professional relationships. In addition, senior manager noted as a big achievement greater resilience among their employees and greater job satisfaction.

#### 4.5.4. Learners' most liked aspect of the programme

Learners mentioned the impact of the programme on how they work, including their performance at work, their working conditions, their new responsibilities or expanded role and the sense of contributing more, as the most liked aspects of the programme. The second most frequently mentioned liked aspects were developing skills, knowledge and new understandings and also the opportunity to meet and learn with or from peers in other practices. Many also cited various aspects of the training, including the trainers themselves as most liked aspect. A small number, finally, mentioned the supportive environment on the programme and also the chance to work closely or develop a close relation with the GP as the most liked aspects of the course.

#### 4.5.5. Further additional information that would have been useful

Learners and learners' managers expressed that the following information would have been useful prior to embarking on the course:

- Information on the role of the MA, examples of similar programmes elsewhere
- better information about the contents of the course
- information about the time commitment required by the course
- information on the course's timetable
- information on the roles and expectations of the learners, learner's managers, mentors and GPs
- some pre-training reading or refresher on topics such as medical terminology

#### 4.5.6. Impact of MA programme

##### *Impact of programme on learner skill, knowledge and understanding*

##### *Perception of improvement in communication skills, knowledge and understanding*

All three groups agreed that the learners' skills, knowledge and understanding of communication had improved and identified as the most improved areas their skills in enquiry and interpretation of information to identify areas of concern or risk, followed by their ability to negotiate with colleagues, patients and external providers. The least improved area was felt to be the learners' ability to receive and give feedback.

##### *Perception of improvement in learner/employee information management skills, knowledge and understanding*

Respondents were divided over the extent to which the skills listed had been improved in learners, reflecting the different approaches to the MA and therefore the specific skills required of the MA across the areas represented among respondents. All three groups tended to agree however that the most improved had been the ability to receive and prioritise referrals and the least improved had been the ability to use risk analysis software.

##### *Perception of improvement in knowledge, skills and understanding relating to protecting patients*

Responses once again were widely spread, once more possibly reflecting the different roles envisaged for the MA in the various areas under consideration. Respondents agreed, however, on which skills relating to protecting patients had most or least improved and these were, starting with the most improved: the learners' understanding of the impact on health of long-term conditions, their understanding of the principles of assessment for vulnerable patients, and least improved, their ability to manage a case load of patients with long-term conditions.

##### *Perception of improvement in employee knowledge, skills and understanding relating to organising and networking skills*

The answers to this question were strongly polarised (in the case of learners) or widely spread (for managers). Of all the skills identified in the Competency Framework (Appendix 1) and measured in this evaluation, more learners tended to find they had not improved in relation to this skill than any other. Learners and learners' managers tended to agree on which skills had been most and least improved however, respectively, the learners' ability to write reports, make a case for change and generate proposals on the one hand, and the learners' ability to chair multi-professional meetings and reviews on the other hand. Senior manager concurred in relation to the area of least improvement. They disagreed on the learners' ability to produce and present reports and audit in



strategic meetings, learners seeing this as a more improved area while their managers saw it as a least improved area. Senior managers felt that the most improved area was the learners' understanding of multidisciplinary team working and ability to network across traditional provider boundaries, including the voluntary sector.

#### Perception of improvement in knowledge, skills and understanding relating to motivating and supporting others

Once again, responses were polarised in relation to the extent of improvement in knowledge, skills and understanding relating to motivating and supporting others. All three groups agreed on which had been the most improved of the areas listed, namely, the learners' skill in advocacy and enabling for patients and clients. They differed however in which area they perceived to have been the least improved: while senior and learners' managers felt the learners' motivational and interviewing skills to have been the least improved, learners felt this had been an area of greater improvement.

#### Perception of improvement in employee knowledge, skills and understanding relating to developing effective relationships

Responses to this area were more consistent, with most respondents feeling that the learners' knowledge, skill and understanding relating to developing effective relationships had improved. All three groups also agreed that the learners had most improved in their ability to supervise junior staff. They disagreed on which of the areas listed had been the least improved however.

#### Perception of improvement in employee knowledge, skills and understanding relating to self-awareness

Responses across the groups tended to be more consistent in relation to this area too, with respondents tending to see the learner's knowledge, skills and understanding relating to self-awareness as having been improved through the programme. Learners and learners' managers agreed that the most improved skill among those listed had been the learner's ability to reflect on their own work and learning and that the least improved had been the learner's ability to be self-directed in seeking learning opportunities for development. Senior managers also felt the last had been least improved but felt that the most improved area had been the learner's confidence in relating to colleagues and patients or clients, followed by their ability to reflect on their own work and learning.

#### Perception of improvement in employee knowledge, skills and understanding relating to ethical practice

All three groups agreed that this was an area of improvement for learners. They also agreed as to the area of most and least improvement, all three feeling that learners had most improved in their ability to act as a role model for junior staff and least improved in relation to their understanding of cultural needs of specific populations.

#### Other skills or knowledge relevant to the role of Medical Assistant developed by employee through participating in the programme

Learners, learners' managers and senior managers felt that learners had developed a range of other skills as a result of participating in the programme, and these included:

- a greater knowledge of medical conditions, procedures and medical terminology
- a greater understanding of the roles of GP and MA
- IT skills
- time management skills
- signposting
- the ability to prioritise patient documents
- the ability to take accurate information from patients



- the ability to recognise opportunities to relieve the GP's workload, identifying tasks that do not need GP decision making
- the skill of processing lab results to a protocol.

### *Perception of level of positive impact of learner participation in programme on various stakeholders*

All three groups of respondents tended to agree that the most positively impacted stakeholder had been the learners themselves, followed by the clinicians. These were felt to have experienced a positive impact or a major positive impact. There was less agreement among the three groups of respondents concerning the level of impact on carers and managers, some feeling the latter had only experienced a minor impact or no impact while others felt they had experienced a positive impact. The carers were rated as the least impacted group by all three groups of respondents while managers were also regarded as among the least impacted by all three groups of respondents.

Relating to the extent of impact, project managers further pointed out that the extent to which the practice benefits from having an MA would very much depend on the level of engagement of the practice, with greater benefits accruing those practices that have been more fully engaged in the programme. One further commented that the programme worked best where the practice really wanted to change, and was not engaging in the programme in order to get access to funds or free training.

### *Nature of positive impact on stakeholders*

All four groups of respondents, including the project managers, concurred on the nature of the positive impacts on the main stakeholders: clinicians had been positively impacted through a reduction of their administrative workload and non-urgent cases, freeing their time to focus on more urgent work and seeing patients; learners had been positively impacted through a growth in their self-confidence; and patients and carers had been positively impacted through having their requests dealt with more efficiently and accurately. The latter had also been positively impacted by the learner's/MA's greater awareness of patient issues.

Respondents did not comment on how managers or the whole practice team had been positively impacted. In interviews, project managers suggest that other impacts had not been as visible by the time of the evaluation, and this included any possible negative impact such as the 'push-back' from patients that had concerned some project managers at the outset of the programme (see pre-programme interview summary table 3.17). It was certainly too early to begin talking of 'culture change', project managers suggested.

### *Learner perception of biggest achievement since starting the programme*

Learners felt that their increased self-confidence, in general or in performing a given aspect of their work, had been their biggest achievement since starting the programme. Other frequently mentioned achievements were the ability to perform some aspects of their work better and also the ability to provide a better service to receiving positive feedback from patients, and the ability to make a difference to the Surgery team, including reducing clinicians' workload and stress levels.

### *Impact of the programme on learner/employee experience at work and how they work*

Overall, learners felt the impact of their participation in the programme on their experience at work had been a positive one in most respects: they felt more confident in their work, more motivated and were more satisfied with their work which they felt had become more interesting; they also found that they had been given more responsibilities and were contributing more to patient care. Learners also felt their interest in further learning had increased.

Learners' managers and senior managers also generally felt the impact of the programme on how the employee/learner works had been a positive one, citing increased motivation and satisfaction at work and some also finding that their employee had been working more efficiently and productively and had tended to seek more guidance and feedback than in the past.

Less positively, a small number of learners' managers felt the programme had led to an increase in work either for the employee or for the practice as a whole or the managers.

#### *Perception of impact of employee participation in the programme on the workplace*

In addition the various positive impacts on practice staff and other stakeholders outlined above, the presence of the MA was felt by some respondents to have strengthened the entire staff, including the reception, admin and management teams. Learners' managers' responses also showed that in some instances, the practice had become more efficient and backlogs cleared and also a less pressurised environment in which to work.

#### *Perception of the implications of the role for the culture of senior manager's organisation*

Few senior managers answered this question, however they felt that the impact had been or would be positive. The information was sparse however, indicating that it may be too early to tell how organisational culture would be impacted.

#### *Perception of the impact of the role of MA on the structure of senior manager's organisation*

As in the case of organisational culture, it was not possible to tell from the few responses obtained whether the programme had had any impact on the structure of the organisation.

#### *Perception of impact of MA on saving clinical time*

Although respondents generally felt that the presence of the MA had had a positive impact on clinical time, the amount or extent of the time saved was still largely anecdotal, with only one senior manager explicitly reporting that it had been measured in their practice. In this instance, the senior manager reported a daily saving of 2-4 hours of clinician's time.

#### *Learner hopes for career progress after the programme has finished*

Most learners express a wish for their careers to progress, and this in a diversity of ways: most wanted to develop their current role, including the role of Medical Assistant where they found themselves working in that capacity; and a smaller number stated they hoped to move into managerial roles or clinical roles. On the other hand, only a very small number of learners expressed that they could not or did not wish to make any changes to their current roles.

### **4.5.7. Achievements from programme**

#### *Employee's biggest achievement since enrolling on programme*

Learners' managers felt that their employee's greatest achievement since enrolling on the programme had been their personal development, and in particular a growth in self-confidence manifest, for example, in the employee's confidence to make presentations or speaking in front of an audience. Other areas of great achievement mentioned by learners' managers included, variously: the employee's improved performance at work; their greater skills, knowledge or understanding and their interest in new areas or topics; their positive impact on clinicians' workloads and their engagement in new initiatives.

### *Perception of organisation's biggest achievement since establishment of new MA role*

Few senior managers answered this question, but those who did mentioned as greatest achievements an increase in efficiency of the organisation since establishing the role of MA, and the reduced workload of GPs.

### *Senior manager reflection on initial aims of MA programme and extent of achievement of aims*

Overall, the few senior managers who answered this question felt the aims of the MA programme had all been met, including: saving time for clinicians; improving their organisation's coding; increasing the job satisfaction of the MA; reducing GP workload. None of the senior managers mentioned any aims that they felt had not been achieved.

## **4.5.8. Challenges of MA programme**

### *Challenges faced by learners*

By far the biggest challenge for learners concerned the time required – of them, but also of their mentors and GPs in their places of work. Another set of challenges concerned the fact that they were still learning the MA role – and uncertainties around knowing when to interrupt a GP for advice, how to conduct face to face consultations or deal with 'grey areas', remembering to triage calls in between answering 'ordinary' calls, deciding what to read code or not, and so forth. A small number of learners also mentioned challenges related to the organization of the course and its contents and to engaging staff in the programme, the latter being relevant to the very small number of respondents who undertook the programme as learners occupying a managerial role. In addition, project managers felt that learners had faced challenges related to perceptions of the learner and the programme by other staff in the workplace; the challenge of developing the confidence to participate in the training and take up the new role; and the challenge of being allowed to practise their new skills within the workplace and managing feelings of frustration where they were not able to practise these skills.

### *Challenges faced by learners' manager as line manager of employee on the programme*

The principal challenge faced by the learners' managers was also the issue of time: the employee's time and therefore release, replacing the MA or needing additional admin staff, or the GP or the learners' manager's time. Other challenges included, variously: the challenge of managing increased workloads, the lack of resources, the fact that the course contents was not always well suited to the MA role in any given practice, and the difficulty of encouraging GP and learners alike to engage in new practices. Other aspects of the programme, such as writing protocols or structuring mentoring sessions so that they might more closely match the course contents and requirements, were also mentioned as challenging by individual learners' managers.

### *Challenges faced by senior manager embedding the role of MA in their organisation*

The issue of time was mentioned once again by senior managers as a major challenge; a further challenge mentioned by a single senior manager related to securing agreement on the protocols developed and encouraging the confidence in new ways of working among stakeholders.

### *Challenges faced by practices, practice managers*

Practices were felt to have faced a number of challenges as they engaged with the MA programme, and these included: the challenge of allowing and trusting learners to practise new skills; the challenge related to requests for promotion, salary increases from

learners; challenges related to supporting the learner by other practice staff (associated with mentoring skill rather than time deficits); challenges related to mitigating risk of introducing a new role; and challenges related to personal sense of threat to the manager's own position.

#### *Challenges faced by project manager principally*

Project managers also expressed having faced a variety of challenges, including: the challenge of engaging practice teams in the MA project; the challenge of getting practices to work together; and challenges related to the suitability of practices for the programme.

#### *Challenges faced by the CEPN*

Only one interviewee mentioned challenges to the CEPN. The interviewee expressed that the challenge for the CEPNs was to see the 'bigger picture' and also to sustain the learning gained through the MA project.

#### *Other challenges*

Other challenges encountered by various stakeholders as the MA programme rolled out included: the challenge of staff turnover within the project practice or at CEPN level; challenges relating to resourcing the project; challenges relating to the training provider, developing the training or delivery of training; and the overall challenge posed by the novelty of the MA concept, the lack of clarity over its meaning and the scope of the role, risk aversion and the difficulty of changing mind-sets.

### **4.5.9. Perception of the sustainability of the programme**

All three groups of questionnaire respondents tended to agree that the programme had been a good investment of their or their employee's time and most also expressed that they would recommend the programme to colleagues and were interested in enrolling an employee on a similar programme. They were less certain about the extent to which the programme would impact their or their employee's career progression, however, although they did not feel that it would have no impact on the latter's career progression.

### **4.5.10. Recommendations and suggestions by stakeholders**

#### *Suggestions for improving the programme & recommendations*

Learners and learners' managers suggested the following for future programmes: clearer communication and information sharing, including clarifying the fact that the programme has to be adapted to meet specific surgeries' requirements; rethink the title of 'medical assistant' in a way that it does not suggest clinical knowledge; more guidance as to how the MA role can be utilized within practices and sharing of example protocols developed elsewhere; training that is more MA-specific and potentially shorter in duration. In addition, and based on their experiences with the MA project, project managers cautioned potential future project managers to be aware of the following in particular:

- That the training provider may have their own programme to push and may not be willing or able to create a suitable package; project manager input may be necessary to tailor the package;
- That there will be varying levels of engagement, that engagement may take longer than anticipated, and at times practice administrators may be more forward thinking and embrace the MA programme more rather than clinicians;

- That different sized practices may have different capacity to see through the programme, and the smaller practices in particular may struggle with time and support for learners;
- That practice managers or clinicians may not have the skills necessary to mentor non-clinical staff learning a new role. This may require additional training for clinicians and practice managers.

Project managers made a number of recommendations as indicated in the summary table. For convenience, these are copied below:

- Recommendations or changes relating to engaging stakeholders:
  - Engaging senior partners, as well as learners and practice managers
  - Ensuring practice managers are on board from the start
  - Ensuring robust engagement with GPs
  - Holding workshops to engage employers and understand necessity of whole system change
  - Using champion or flagship practices to promote MA programme.
- Recommendations relating to recruitment of learners, practices
  - Stricter criteria for recruitment of MA, including experience of scanning and expectation of programme
  - Ensuring clarity of expectations from practices, learners, etc.
  - Specifying time mentor will need to spend with MA each week.
- Recommendations relating to training provider
  - Taking more care in selecting training provider
- Recommendations or changes relating to managing the project roll-out
  - Coordinating individual MA programmes, bringing under one roof
  - Ensuring a closer link between project managers, practices, learners, course leaders
  - Ensuring consistency of project management.

#### *Project manager Perception of key factors for MA project success*

Project managers felt that a number of factors had been key or would be key, in future programmes, in meeting these challenges, and these included:

- Organisation: the MA component should not be bolted on and ad-hoc, but be built-in and include regular, scheduled, protected time for learners and mentors to meet;
- An emphasis on whole practice change: everyone will be affected by the new role and should be involved at some level e.g. through workshops or through having assessments done in practice where this has not been the case, allowing managers to feel responsibility for the course;
- Continuity of staff involved in project management;
- The support of lead figures on board within the practice e.g. practice manager;

- Care and sufficient time devoted to planning and selecting learners, training providers and even practices;
- Highlighting flagship practices and success stories; someone standing up and saying 'this is fantastic' is crucial to engaging risk-averse practices.

## 5. Conclusion and recommendations

### 5.1. Conclusion

Given the uneven coverage of the pre-programme and post-programme evaluation, SWL being overrepresented in the pre-evaluation and KSS-West Kent being overrepresented in the post-evaluation, and given also the very different nature of the MA in these two areas, a pre-post comparison is not attempted here. Rather we summarise results from the evaluation overall and present recommendations based on these results.

The aims of the evaluation were to identify:

- The current status of practice
- Learners' perceived engagement with the programme and its activities
- The perceived value of the programme
- The perceived impact of the programme on practice and workload
- The perceived sustainability of the programme.

The evaluation was able to meet its aims, providing data in relation to all of the above domains. At the same time, it was able to contribute the overall aims of the MA project, notably in clarifying the drivers, barriers and challenges to introducing the role of MA in primary care; and helping to understand the potential impact of the MA role on improving clinician workload and efficiency.

The MA project included a diversity of approaches and covered a wide area (nine CEPNs) and large number of practices. At the beginning of the programme, learners from a total of 46 practices, learners' managers from 28 practices and senior managers from 30 practices had been involved in the project. The MA role was interpreted in a variety of ways by the CEPNs involved in the pilot programme: from workflow optimization to managing phone consultations to active signposting and processing lab results.

The learners appeared *well prepared for the programme*, with high levels of motivation and confidence that they would learn a lot on the programme. Learners also appeared well supported on the whole, both by their managers and the senior managers and this appeared to be the case throughout the programme. The post-evaluation results showed that learners had had a positive experience of the programme overall and that they had felt the programme had been appropriate for their role as MA. Scheduling protected time for the training, however, remained an issue throughout. Stakeholders also reported being unclear of what was expected of them and expressed that further information on the role of the MA, the course contents, timetabling, the time commitment represented by the training would have been helpful prior to the programme. On the whole though, it is fair to say that the programme benefitted from *high levels of engagement on the part of the learners*. The number of learners dropping out of the programme was low, and the reasons ranged from personal (domestic, professional) reasons to a sense that the level of the programme was too low, or a misunderstanding of the aims of the course.

The evaluation showed the programme to have had a *strong positive impact on learners' confidence and sense of self-worth* as well as developing many relevant skills and their knowledge and understanding of topics relevant to the role. Some also pointed to further positive impacts on learners' motivation and job satisfaction. As yet, however, participation in the programme had not had material impacts in the sense of salary increases or promotion. In fact, learners as well as learners' managers and senior managers appeared to



be less certain about the extent to which the programme would impact their own or their employee's career progression.

At the time of the evaluation, *impacts on clinical time were still largely anecdotal*, but the little evidence that was available was tantalising, suggesting that where practices embraced the MA, and made the investments in time that are required, savings could be substantial: some practices were quoting up to 85% reductions in clinical admin workload, others mentioning figures of 2-4 hours savings in clinical time each day.

Similarly, the *broader impacts on organisational culture*, such as the rethinking of existing roles and current practices, were not yet visible, nor were other hoped-for impacts such as an increased Practice income.

Some reported that the programme had had an *adverse impact on manager and learners' workloads*; however, this appeared to have been temporary, with workloads returning to pre-programme levels once the learner had become familiar with the new role.

The programme presented *many challenges* and much learning was garnered as a result. Most importantly, the experiences of the project managers and the Clinical Lead as well as the evaluation team showed *continuity of staff at the CEPN to be crucial*: without such continuity, learning tends to be lost, programme concepts can lack coherence and accessing information for the purpose of evaluation become tricky.

A second important lesson concerned the *importance of engagement, and building in to project plans the time necessary* to ensure that the MA project will have the necessary support; it should not be assumed that practices who have signed up have fully bought into the idea of the MA and are willing or able to make the investments that will be necessary, at least at the outset.

Project managers further *cautioned future managers to be aware of the following*: that the training provider may have own programme to push and may not be willing or able to create a suitable package; project manager input may be necessary to tailor the package; that there will be varying levels of engagement, that engagement may take longer than anticipated, and at times practice administrators may be more forward thinking and embrace the MA programme more rather than clinicians; that different sized practices may have different capacity to see through the programme, and the smaller practices in particular may struggle with time and support for learners; and that practice managers or clinicians may not have the skills necessary to mentor non-clinical staff learning a new role. This may require additional training for clinicians and practice managers.

Among the *drivers*, project managers found the following to be crucial: continuity of project management staff; engagement of senior staff in practices; an emphasis on whole practice change; ensuring that the learner benefits from regular, scheduled protected time with their mentor; devoting sufficient time to planning and selecting learners, practices, and training providers; and, as a means to engagement, highlighting success stories when introducing the MA to a new practices.

The programme was generally *felt to have been valuable by all stakeholders*, with positive implications for the programme's future *sustainability*: respondents tended to agree that the programme had been a good investment of their own or their employee's time and most also expressed that they would recommend the programme to colleagues and were interested in enrolling an employee on a similar programme. Finally, none of the project



managers interviewed reported hearing anyone making negative comments about the programme.

## 5.2. Recommendations

Based on the findings from the evaluation, it is possible to make the following recommendations:

### *For project management*

- Employer buy-in in order to achieve their commitment is crucial
- The selection of learners need to be carefully considered
- Coordinating individual MA programmes, bringing them all under one roof
- Ensuring a closer link between project managers, practices, learners, course leaders
- Ensuring consistency of project management

### *For engagement of practices*

- Engaging senior partners, as well as learners and practice managers
- Ensuring practice managers are on board from the start
- Ensuring robust engagement with GPs
- Holding workshops to engage employers and understand necessity of whole system change
- Using champion or flagship practices to promote MA programme

### *Recommendations relating to selection of learners, practices*

- Stricter criteria for selection of MA, including experience of scanning and expectation of programme
- Ensuring clarity of expectations from practices, learners including the workload and time commitment required
- Specifying time mentor will need to spend with MA each week.

### *For senior managers*

- Employers need to be prepared for a culture change within the organisation, which includes providing the learners opportunities to apply their newly gained skills and allowing the learners to take on the role as Medical Assistant.

### *Evaluation*

- Consider a longitudinal follow-up evaluation study in order to identify impact and the major drivers of positive impact.

## 6. Appendices

### 6.1. Appendix 1 - Competencies and Core Functions

(Entry level Apprenticeship Training or equivalent expected before Level 1)

8 competency framework	9 competency framework	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<b>Effective communication</b>	Effective communication and personalisation	<ul style="list-style-type: none"> <li>-Telephone skills</li> <li>-Listening skills</li> <li>-Recording and responding to information and requests</li> <li>-Proactive patient contacts</li> <li>-Understanding cultural needs</li> </ul>	<ul style="list-style-type: none"> <li>-Understand and able to use common health and social care terminology</li> <li>-Able to communicate in multiple formats in order to engage a variety of patients / clients / agencies / professionals</li> </ul>	<ul style="list-style-type: none"> <li>-Skills in enquiry and interpretation of information to identify areas of concern or risk</li> <li>-Able to give and receive feedback</li> <li>-Able to negotiate with colleagues; patients and external providers</li> </ul>	<ul style="list-style-type: none"> <li>-Skilled in negotiation and planning at strategic level</li> <li>-Able to lead teams in patient / client care</li> </ul>
<b>Managing information</b>	Handling data and information + coordination and integration	<ul style="list-style-type: none"> <li>-Managing complex information and requests</li> <li>-IT skills:-</li> <li>Appointments / diaries/ prescriptions / medication / registrations</li> <li>Information governance</li> <li>-Managing documents and data</li> <li>-Accountability</li> <li>-Follow-through</li> <li>-Effective handover</li> <li>-Attention to detail</li> </ul>	<ul style="list-style-type: none"> <li>-Collating data</li> <li>-Writing reports</li> <li>-Managing databases</li> <li>-Understanding basic principles of audit</li> <li>-Able to take minutes in meetings</li> <li>-Able to develop monitoring systems</li> <li>-Understanding of the Data Protection Act</li> <li>-Able to implement action points from care plans</li> </ul>	<ul style="list-style-type: none"> <li>-Able to use risk analysis software</li> <li>-Able to develop, implement and monitor care plans with patients /clients</li> <li>-Able to receive and prioritise referrals</li> </ul>	<ul style="list-style-type: none"> <li>-Able to monitor standards; and carry out quality improvement projects</li> <li>-Able to plan services and manage budgets</li> <li>-Able to evaluate outcomes of organisation activities in providing care for vulnerable groups</li> </ul>

8 competency framework	9 competency framework	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
<b>Protecting patients</b>	Personalisation and knowledge for practice	<ul style="list-style-type: none"> <li>-Health and safety at work</li> <li>-Basic life support</li> <li>-Safeguarding children and adults - level 2</li> <li>-Recognising and alerting appropriate others to emergencies - physical, social and mental health</li> <li>-Confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>-Managing vulnerable / distressed people / mental health patients/ carers, through communicating with in and outside own organisation</li> <li>-Able to respond appropriately in crises</li> <li>-Safeguarding children and adults - level 3</li> <li>-End of life care - level 2</li> <li>-Mental health training - level 2</li> <li>-Understanding of potential problems and barriers to care associated with disability, learning disorder and dementia</li> </ul>	<ul style="list-style-type: none"> <li>-Understanding principles of assessment for vulnerable patients</li> <li>-Understanding the impact on health of long term conditions including mental health</li> <li>-Able to manage a caseload of stable patients/clients with long-term conditions</li> </ul>	<ul style="list-style-type: none"> <li>-Able to manage complex care needs</li> <li>-Knowledge of local and national public health issues</li> <li>-Able to receive and manage complaints, referring to clinicians or senior management where necessary</li> </ul>
<b>Organising and networking skills</b>	Coordination and integration + enabling access to services	<ul style="list-style-type: none"> <li>-Understanding the organisation, protocols and procedures</li> <li>-Organisation security</li> <li>-Understanding the organisation within the broader concepts of health and welfare services</li> <li>-Awareness of local services and how to access them</li> </ul>	<ul style="list-style-type: none"> <li>-Able to access local resources and signpost appropriately from a range of options</li> <li>-Updating local services register</li> <li>-Understanding local health and social care policy</li> <li>-Able to give presentations within own organisation</li> </ul>	<ul style="list-style-type: none"> <li>-Able to write reports; make case for change and generate proposals</li> <li>-Able to produce and present reports and audit in strategic meetings</li> <li>-Understanding of multidisciplinary team working and able to network across traditional provider boundaries (including voluntary sector)</li> <li>-Able to chair multi professional</li> </ul>	<ul style="list-style-type: none"> <li>-Able to recruit and be responsible for induction of junior non-clinical staff</li> <li>-Able to contribute to strategic planning at managerial level</li> <li>-Skills in project management</li> </ul>

8 competency framework	9 competency framework	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
				meetings and reviews	
<b>Motivation and supporting skills</b>	Personalisation + personal development and learning + building and sustaining professional relationships	<ul style="list-style-type: none"> <li>-Able to demonstrate empathy and compassion</li> <li>-Able to deal with distressed patients /clients and manage conflict</li> <li>-Recognition of mental health impact on welfare</li> </ul>	<ul style="list-style-type: none"> <li>-Able to co-ordinate meetings / arrange case reviews and understand their functions</li> <li>-Able to run defined group sessions (e.g. carers groups)</li> <li>-Understanding of health promotion: purpose, methods and impact</li> <li>-Motivational interviewing skills</li> </ul>	<ul style="list-style-type: none"> <li>-Skills in education and training for patients and level 1 and 2 care navigators</li> <li>-Skills in advocacy and enabling for patient / clients</li> <li>-Understanding of social care and personal budgets</li> <li>-Motivational interviewing skills</li> </ul>	<ul style="list-style-type: none"> <li>-Able to mentor junior staff, offering advice on role responsibilities and career development within the organisation.</li> <li>-Able to debrief with junior staff</li> <li>-Able to coordinate and run appraisal system for non-clinical staff</li> </ul>
<b>Developing effective relationships</b>	building and sustaining professional relationships + professionalism	<ul style="list-style-type: none"> <li>-Commitment to person-centred working</li> <li>-Reliability</li> <li>-Honesty and integrity</li> <li>-Teamworking</li> </ul>	<ul style="list-style-type: none"> <li>-Ability to engage patients in discussion to encourage healthy choices</li> <li>-Able to manage regular contacts and reviews, supporting patients and carers</li> <li>-Teamworking - decision-making and responsibility</li> </ul>	<ul style="list-style-type: none"> <li>-Able to facilitate supportive working environment for all staff including volunteers</li> <li>-Able to supervise junior staff</li> <li>-Able to provide emotional support for distressed patients / carers</li> <li>-Able to support vulnerable patients post hospital discharge</li> </ul>	<ul style="list-style-type: none"> <li>-Able to supervise junior staff</li> <li>-Able to manage workforce capacity / line management / dispute resolution</li> </ul>
<b>Self-awareness</b>	Professionalism	<ul style="list-style-type: none"> <li>-Prioritising</li> <li>-Time management</li> <li>-Stress management / resilience</li> <li>-Making judgements</li> <li>-Defining boundaries</li> </ul>	<ul style="list-style-type: none"> <li>-Able to monitor impact of own work</li> <li>-Knowing own limitations and how to debrief</li> <li>- Resilience</li> </ul>	<ul style="list-style-type: none"> <li>-Self-confident in relating to colleagues and patient /clients</li> <li>-Self-directed in seeking learning opportunities for development</li> <li>-Able to reflect on own work and learning</li> </ul>	<ul style="list-style-type: none"> <li>-Able to reflect on own practice and that of others</li> <li>-Able to use tact and diplomacy in dealing with sensitive issues</li> </ul>

8 competency framework	9 competency framework	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
		-Personal support			
<b>Ethical practice</b>		- Understanding stigma and discrimination in social and health care -Understanding own prejudices	-Understanding of legal, ethical and regulatory principles of the health and social care system	-Able to act as a role model for junior staff -Understanding of cultural needs of specific populations	-Able to evaluate proposals for new developments within ethical principles

## 6.2. Appendix 2: Overview of Project Specifications based on Pre-Programme Interviews with Project Managers

CEPN	Principal Medical Assistant role						Involvement of senior, clinical and other staff?	Training approach for the non-clinical staff that will fulfil the MA role					
	Workflow optimization/correspondence management across a cluster of practices	Workflow optimisation/correspondence management in individual practices	Designing and implementing protocols*	Managing requests for phone consultations	Active signposting	Managing lab results		External provider or in-house training?	GP-MA Buddying or mentoring by manager or GP	Apprenticeship (inc Business and Admin diploma)	Workshops (F2f group learning in external venue)	Blended learning	Practice-based training**
KSS - East Kent	x						Practice managers, admin lead and GP from each practice	EXT – HERE (Practice Unbound )			x		
KSS - West Kent			x	x		x	YES, 'a lot' of practice managers in the workshops	IN-H	X (GP buddy)				

CEPN	Principal Medical Assistant functions						Involvement of senior, clinical and other staff?	Training approach for the non-clinical staff that will fulfil the MA role					
	Workflow optimization/correspondence management across a cluster of practices	Workflow optimisation/correspondence management in individual practices	Designing and implementing protocols*	Managing requests for phone consultations	Active signposting	Managing lab results		External provider or in-house training?	GP-MA Budding or mentoring by manager or GP	Apprenticeship (inc Business and Admin diploma)	Workshops (F2f group learning in external venue)	Blended learning	Practice-based training**
KSS - Surrey Heath		x					YES, training also developed for GPs, nurses, champions and senior managers ('train the trainer' programme)	EXT			x	X Assessments are online	
SWL Croydon, Sutton, Kingston, Merton, Battersea Healthcare CIC		x						Design by local GP But training by EXT (?)	X (not GP)		x	X	

CEPN	Principal Medical Assistant functions						Involvement of senior, clinical and other staff?	Training approach for the non-clinical staff that will fulfil the MA role					
	Workflow optimization/correspondence management across a cluster of practices	Workflow optimisation/correspondence management in individual practices	Designing and implementing protocols*	Managing requests for phone consultations	Active signposting	Managing lab results		External provider or in-house training?	GP-MA Budding or mentoring by manager or GP	Apprenticeship (inc Business and Admin diploma)	Workshops (F2f group learning in external venue)	Blended learning	Practice-based training**
SEL Bromley, Bexley and Lewisham		x					YES Whole team inc GPs, admin, nurses and practice managers	EXT HAWK		X	x		
NWL Hillingdon			x				YES Practice manager as 'lynchpin'		Training is not the main focus of this project. Training of staff in the use of the protocols developed during the pilot will be up to individual practices.				
NWL Ealing		x			x		YES Practice managers very involved (development of protocols, training MA to use protocols in-house)	EXT  HERE, CGP  IN-H (for admin staff)			x	X Webinars developed by HERE	x



CEPN	Principal Medical Assistant functions						Involvement of senior, clinical and other staff?	Training approach for the non-clinical staff that will fulfil the MA role					
	Workflow optimization/correspondence management across a cluster of practices	Workflow optimisation/correspondence management in individual practices	Designing and implementing protocols*	Managing requests for phone consultations	Active signposting	Managing lab results		External provider or in-house training?	GP-MA Buddying or mentoring by manager or GP	Apprenticeship (inc Business and Admin diploma)	Workshops (F2f group learning in external venue)	Blended learning	Practice-based training**
NCL***		x						EXT Local GP developed package; xtn trainer	x		x		x
NCEL - NEL		x			x		YES. Practice managers, GPs, confederation staff trained as Coaches to support practices with quality improvement	EXT  HE Medics (for MA training package)  Sheffield Micro Systems (Coaches)			x	x	x

Key: EXT= external provider; IN-H=in-house training package development/training

\*This column is ticked when the main focus of the project is the development of protocols. Many of the projects will include the development of protocols without it becoming the principal activity funded as part of the pilot.

\*\*This involves a trainer coming to the practice to deliver training as needed but without forming part of an apprenticeship.

\*\*\* Three areas within this CEPN have approached the training of MAs differently: Barnet and Enfield deliver the training through f2f group sessions in an external venue; Islington combine f2f group sessions in an external venue and one-on-one training in the practice; and Haringey have adopted a one-on-one, practice-based training approach.

◇ --In kss west kent, practices could opt to work on lab results processing or phone demand or both; they were to produce their own protocols to develop their MAs and support these two functions. KSS WK had already worked on document management training.

■ -- in NWL, the active signposting element of the MA programme was withdrawn after a poor start to the programme and the inability of training provider to develop a package meeting the specific pilot project's requirements.

**Notes:**

--'learners' in several cases will include not just admin staff but also other staff, clinical and non-clinical in the practice who may also undergo some training as part of this programme. In this table, we have sought to include information relating to the training of staff to fulfil the role of MAs only.

--'blended learning' here involves either face to face workshops with online-assessments; face-to-face training supported by webinars; the use of web-based support (WhatsApp groups, etc.) plus face-to-face training.

