**Appendix 4 – General Practice Assistant Programme – Case Study GP Mentor Feedback**

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| **Brief Description of what benefits the programme brought to your GP practice?** | **What impact did the GPA role have on your time and resources?** | **Did the programme include correct content/modules?** | **Has the programme and the role of the GPA improved patient experience/satisfaction?** | **Any additional skills/knowledge that could have been included?** | **Has the GPA role continued at your practice?** | **Region** | **Any other comments?** |
| Our GPA found that the programme content allowed her to brush up on her existing skills, in clinical, admin, communication and record keeping. | GPA working to very high level for long time, working independently whilst being aware of when to share decision making with clinical colleagues. Did not learn any new skills – but the programme did offer the opportunity to reflect on her knowledge and skill level. | Yes – GPA confirmed that the programme did have appropriate content.  | GPA already working to a very high level. GPA always keen to seek and improve her knowledge and skills and since starting in the practice has been developing her role. Mentor felt that GPA had been doing the work of a highly skilled and experienced GPA for years and glad the programme confirmed that.  | Not sure – our GPA is unique in her ambition and ability. She has an excellent rapport with patients and colleagues.  | Yes, and it may be that the GPA programme will provide a more useful structure for younger less experienced team members in the coming years.  | C & M  | None.  |
| A different approach to managing a number of primary care issues using the GPA e.g. ordering tests, completion of admin, direct patient care and assisting the GP in examinations and assessments. | Mentoring and portfolio work took considerable time - but once achieved the role removes a lot of admin pressure from GPs and speeds up patient pathways.  | Yes.  | Definitely – enabling more patients to be seen in set amount of time. Taking the burden of some admin off the GP to allow the GP to focus on complex cases.  | N/A | Yes – it is now a substantive role and we have employed a second. We have also employed a GPA at one of our other practices.  | C & M  | The portfolio is a little laborious in terms of switching pages due to the software, but it makes sense. The support meetings were helpful.  |
| Able to train a member of reception staff to work as GP assistant through the programme. GPA started to do new patient health check clinic. | I had designated time to supervise/teach GPA with consent from other partners, but most often it went beyond the allocated time.  | Yes. | No.  | Yes. New patient health check done with longer appointment by GPA gives opportunity for patients to settle with new practice. GPA could do BP checks if nurse is busy and patient waiting just for that.  | GPA started to do new patient health check clinic**.**  | C & M  | None.  |
| We have trained GPA who has better understanding of care plans, patient centred care, infection control and good information handling. | The GPA helped in taking patient history and checking basic observations e.g. BP, pulse, temperature and urine dipsticks which helped with saving GP time.  | Yes.  | GPA has better understanding now and has been helping actively in appropriate measures to improve infection control, care plans and information handling. | No.  | Yes | C & M  | Good programme for GPAs.  |
| Experience as a mentor for the first wave of the course was rather mixed.  | The amount of evidence required of the learners was huge and seemed like overkill.  | Not included in email response.  | Not included in email response. | Not included in email response.  | Not included in email response.  | L & S C  | The deadline for submission was extended by the university, I think reflecting the difficulty the learners had with the course. However, the worst experience was the wait for the final accreditation by the university which took them months and I would describe as shambolic. |