

General Practice Assistant Programme

Frequently Asked Questions

What is a General Practice Assistant Programme?

The General Practice Assistant (GPA) programme was originally developed in USA to support GP surgeries in routine admin tasks and basic clinical duties.

This role has now been further developed in England to help in relieving some of the pressures faced by GPs. Former RCGP Chair Dr Maureen Baker says the assistants are “a cross between a healthcare assistant and a doctor’s PA’ which could provide a ‘short term injection of support’ for general practice”.

In 2018/19, Health Education England piloted a GPA programme in the North West which provided the evidence base for Health Education England to fund a national GPA learner programme in Jan 19 which covered the 7 regions across England.

What does a working day look like for a GPA?

Ultimately this will be up to the practice. You may already have systems in place to deal with certain pieces of work and may just want to plug gaps. Alternatively, you may want a complete system change practice-wide. The GPA framework will provide candidates with the tools to offer a variety of services to support the GP.

[Watch how one GP practice in the North West has developed a new Medical Assistant role, transforming the way they work and practice.](#)

What does a GPA do in practice?

GP Assistants (sometimes referred to as Medical Assistant) support doctors in the smooth running of their surgery by handling the routine administration and some basic clinical duties enabling the GP to focus on the patient.

Depending on your practice’s needs, a GP Assistant can be trained to help with:

- Sorting all clinical post and prioritising
- Extracting all information from clinical letters that needs coding
- Dealing with all routine clinical post directly e.g. DNA letters, 2WW etc.
- Arranging appointments, referrals and follow up appointments of patients
- Preparing patients prior to going in to see the GP, taking a brief history and basic readings in readiness for the GP appointment.
- Dipping urine, taking blood pressure, ECGs & phlebotomy

- Completing basic (non-opinion) forms for the GP to approve and sign such as insurance forms, mortgage forms e.g. ESA113 etc
- Explaining treatment procedures to patients including arranging follow up appointments
- Helping the GP liaise with outside agencies i.e. getting an on call doctor on the phone to ask advice or arrange admission while the GP can continue with their consultation(s)
- Support the GP with immunisations/wound care

What are the benefits?

By November 2020, 227 GPA learners had completed the training programme.

An evaluation was undertaken to illustrate how the GPA made an impact on patients, staff and employers, population health and reducing per capita cost of care. Below are the findings:

- 1. Improving the individual experience of care (patients/service users)**
 - Improved access for patients
 - Improved efficiency in patient management
 - Improved speed of patient letters being processed
 - Improved safeguarding alerts on digital systems
 - Preventing increased waiting lists
 - Reduction in average waiting time
- 2. Improving the experience of providing care (staff/employer)**
 - Supporting career development and retention
 - Increased job satisfaction and confidence
 - Cross cover and enhanced team working
 - Reducing hours GP's work over their contracted hours
 - Reducing GP time in admin tasks and other basic clinical duties
 - Increased staff satisfaction due to reduction in patient complaints
 - Improved clinical time to focus on clinical duties
- 3. Improving population health**
 - Increasing direct and in direct health coaching and signposting
 - Improved turn around for PIPS and ESA helped to improve population health
 - Improved efficiency relating to the Covid pandemic
- 4. Reducing per capita cost of care**
 - More efficient distribution of tasks and savings made
 - Example: GPA's undertaking PMA reports could save £425 per week/£22,100 per annum
 - GPA's undertaking other reports could save £813 per week/£42,250 per annum

Further testimonial statements can be found in **Appendix A**.

What is the cost?

This is a Health Education England funded project and the GP Practice will be eligible for funding in recognition of time for learners to train plus the clinical time given to supporting/mentoring learners.

Who can apply?

Ideally those applying should be an existing staff member who is already considered competent in good patient care from their experience as members of a GP practice. They must also:

- Be DBS enhanced level checked.
- Make a commitment to 6-9 month GPA learning programme (minimum 1 day per week).
- Confirm a dedicated, named GP mentor who can guarantee regular tutorials.

Please note that places are extremely limited and we ask that only those who are serious about completing the framework and who are supported fully by their practices should apply.

What is the GPA learning programme and how is it delivered?

The GPA framework is an experiential course that is led by a GP in practice. They will work through the competencies within the framework with the training GPA in each tutorial and then the trainee writes up their evidence of understanding for the GP to mark.

The GPA training programme is based on a competency framework. The framework covers five domains (two clinical and three non-clinical):

- Care Certificate (clinical)
 - Clinical (clinical)
 - Communications (non-clinical)
 - Administration (non-clinical)
 - Managing health records (non-clinical)
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- The trainee will work through each domain and upload evidence onto an on-line learning portal.
 - At each stage of their training, the trainee will be expected to write up and present evidence their work for the GP mentor to mark and sign off.
 - Once the GP mentor has signed off, an external nominated GP will verify your evidence via the on-line portal.
 - Each learner has one day protected learning time (½ day self-learning, ½ day mentor supervision)
 - The learning timeframe to complete should be 6-9 months.
 - Upon completion, the training provider will check submitted portfolios, feedback any further requirements for the learner to undertake if required. If not, they will then begin to process certification which can take on average between 2-4 months.

What is the requirement for GP Practices?

The training course is a 6-9 month practical course, delivered in practice by a GP mentor.

The practice will need to have a named, volunteer GP or GPs to support their assistant's training programme. Full guidance on the syllabus will be provided to the practice, and the GP mentor(s),

practice manager and trainee will agree a programme of training to offer the most benefit to the practice and trainee's professional development.

Should a GP mentor not be able to guarantee regular tutorials then this framework is not achievable.

GPs and practice managers may second trainees to other practice staff, for example nurses, to support with elements of their training/learning as part of the programme. However, this **MUST** be fully endorsed by the GP practice following a risk assessment within their practice, e.g. for insurance/indemnity purposes. The practice team also **MUST** be fully confident that their healthcare professionals are appropriately trained and qualified to support the learner. Any concerns or questions **MUST** be relayed to the GP mentor.

An element of funding is offered to the practice for this mentor/marking time.

Trainees will be expected to dedicate one day a week for study. A half day working with their GP mentor and the rest studying competencies on the online training portal.

GP mentors will be expected to mark their GPA's work before it is submitted for formal assessment.

They will be given a log in to an online platform, where trainees upload their work for evaluation. At each stage of their training, they will be expected to write up and present evidence of their work for the GP mentor to mark.

Your GP mentor will have their own log in and will use this to mark your work.

Your regional Training Hub provider will contact you to ensure all involved understands the commitment for the learner and the practice and discuss the process.

What is the requirement for GP Assistants?

This is a self directed, work based learning course and you will be trained by a GP – a GP mentor – in your practice and learn as you go.

The GP(s) training you will go through the skills and competencies step by step as tutorials and in practice sessions. They will provide valuable feedback to help you and where you have done well or where you may need to improve before submitting work.

You will need to dedicate one full day a week to training. Half a day working through the competencies on the online portal and writing up your evidence and half a day gaining hands on experience with your GP mentor.

You may find your GP mentor may second you to the practice nurse to help you train in areas relating to simple clinical duties such as blood pressures, but they will ultimately be responsible for signing you off as competent.

We would expect work to be sent back on occasion for revision, so timings are important.

You will need to be supported by a GP who will act as your mentor. Assuming you meet the entry criteria (detailed below) your GP mentor can put you forward for the GP Assistant Skills Certificate.

How is my progress recorded towards qualification?

You will be given access to an online platform, where you upload your work for evaluation. At each stage of your training, you will be expected to write up and present evidence of your understanding and learning for your GP mentor to mark.

Your GP mentor will have their own log in and will use this to mark your work.

Once completed, your portfolio of evidence will be verified by the regionally nominated GP verifier.

What is the qualification?

Upon completion of all five domains, the GPA will be awarded with a certificate 'GP Assistant Skills Certificate' which is equivalent to 10 credits at a Level 4. [More information about qualification levels](#)

If a GPA completes less than five domains (e.g.: non-clinical only), they will be awarded with a certificate of attendance and may be offered an allowance to complete the remaining two clinical domains within two years.

IMPORTANT POINTS TO NOTE:

- **There are no external courses/workshops/training provided.** The learning is experiential. We provide resources for you to tap in to as a mentor to work through with your learner and we provide the framework in order to meet the competencies to become a GPA. In addition, we provide up to date guidance and support, where appropriate.
- **The learner does not have to leave the practice to complete the course.** The learner will log in to a web-based portal which houses the framework. They will submit evidence which supports their understanding.
- **The mentor has to provide time to support the learner.** The GP mentor needs to dedicate time to work through the modules and teach the learner. This can be outsourced to other members of the team such as Practice Nurse for certain clinical areas or the Practice Manager for certain admin areas for example. Remember though, the GP mentor will be logging on to the portal and marking the learner as competent, so they need to be suitably assured.
- **The course needs to be completed within 6-9 months.** It is really important that you plan to start the course as soon after receiving your log in dates as possible.
- **The learner and the mentor need to have protected time.** We recommend 1 day a week where possible. ½ a day teaching and ½ day where the learner writes and uploads their evidence. Please do not put a candidate forward if you cannot afford them this time or you are unable to mentor.
- **Both the learner and the mentor need to be relatively proficient with IT.** Both the learner and the mentor will be provided with a user name and a password to access the 'Learning Assistant' platform via Sysco. You will be provided with a user guide also which will show you how to log on, access the course content, access where to upload evidence and where the mentor accesses their learners work to mark them as competent.

- **All modules must be completed.** Even if a learner is an existing HCA and has completed certain elements of the course previously, they still need to upload their evidence to demonstrate this. Of course, there may not be any need for the learner to be mentored in this area if they already have a good understanding and they can go straight to uploading their statement of understanding. Additionally, there may be some elements that you do not plan to utilise in your practice such as phlebotomy for example. Again, this module will need to be completed in order to pass the entire course.

Appendix A: Testimonial statements

Improving the individual experience of care (patients/service users)

*“The role has **been well received by patients**. This independence and enthusiasm has been especially visible during the **Covid peak**, where GPAs have cross covered patient services such as emergency ECGs, supported regional response teams and broadened their roles (within their competencies) to support the practice”.*

*“The presence of a **male member** of the clinical team has also been extremely supportive for patient experience, allowing patients to see a male team member if they would prefer”.*

*“Key achievements was the introduction of the **GPA managing DOCMAN letters**/ emails early in the mornings and effectively identifying pertinent information and any urgent clinical tasks that were needing attention from the clinician before the end of surgery which was when historically we would look at DOCMAN letters”.*

*“My role as a GPA in my practice involves clinical admin, urinalysis, BP clinics and ECG clinics etc. I have just completed my vaccination training and I am **learning new things / taking part in new training all the time**”.*

*“I act as a ‘middle man’. For example, if receptionist has a question for the GP, then they usually come to me first. We can answer quite a lot of queries and filter out things that the doctor doesn’t need to do. We are creating a lot of work for ourselves but taking it away from other people. I think it works more smoothly and efficiently than before. **With patients we have a liaison role**, e.g. getting messages to a GP or feeding information back to the GP about how a patient is progressing”.*

*“GPAs have made a difference in **dealing with patients with mental health issues**. This group of patients often present on a Friday afternoon. The GPA can take the history and provide intermediate support pending a referral to CMHT by the GP”.*

Improving the experience of providing care (staff/employer)

*“This is **an important role for any modern GP practice** and we envisage it will expand further. It may also be considered a step in the training ladder of non-clinical staff who want to take on clinical roles”.*

*“More such GPAs are needed in Practice- we must continue to work towards **developing the Practice workforce**”.*

*“In the absence of a GPA role, the practice would probably have trained more HCAs. However, the GPA role was seen as better, because of the breadth of the course, the formal qualification offered, and the **ability to flex between administrative and clinical support**”*

*“One of the GPAs is now considering a clinical career, which they had previously not thought was possible. This is a major personal achievement and will undoubtedly benefit the wider NHS by **allowing a new route for enthusiastic team members to enter into their careers**”.*

“This role has made me want to either apply for nursing or a managerial/clinical role”

*“I’m definitely looking at access courses to allow me to **go to university to develop my clinical knowledge**, possibly as a GP”*

“The positive outcome has been seeing the transformation of our GPA, from reception staff to fully independent GPA. Our GPA has enjoyed the clinical side of her training and is now keen to consider further clinical training, including nursing”.

*"I feel that the staff and GP are no longer under so much pressure to get all their work completed. I am always willing to help with daily tasks and offer advice. **I play a supportive role** with all my colleagues.*

*"Both GPAs were extremely enthusiastic about the chance to broaden their skills, especially clinically. Both were keen to see patients directly; one said that they had been **"buzzing" about the opportunity**, and the other observed that it was exciting to meet and help patients in a more direct way than was possible as an administrator".*

*"Having additional **clinically trained staff who also had administrative expertise** through the COVID peak has been supportive for the whole team.*

*"I was excited about the prospect of our **HCA being able to develop herself further in her career**, but also to be able to help me (practice manager) with the unsustainable increase in my admin workload".*

"One of our receptionists, who also has a background in social care agreed to undertake the GPA training"

*"Personally, it has made me **find a new love of a job**. I have never stayed anywhere in a job very long and it made me more adult in my approach and give me a new outlook about building a career. Professionally I feel higher up than I was before and it has given me more confidence clinically and in my admin role".*

*"The two GPAs have had an opportunity for **career progression** which has sparked an interest in developing their careers further, particularly in the clinical field. To this end, the Partnership has retained two members of staff who may otherwise have left".*

Improving population health

*"During the period of the COVID peak, one of the GPAs has been able to support the regional red hub, which has had **a major role in controlling the outbreak**".*

*"There has been an **influx of patients following relaxation of the Covid-19** guidance and some of this additional work has been picked up by the GPAs".*

*"The introduction of two GPAs has certainly **helped with the provision of care during Covid-19** pandemic. For example, on Fridays we now have a 'bridging service' from 1300 – 1900 hrs to ensure there are no gaps between the GP service and the 111 service. During the pandemic the GP has covered this shift from home, working remotely. This potentially could have been challenging, but we now have one of the GPAs 'on the ground' acting in an administrative capacity and (e.g.) taking observations. In other words, they are the GPA's on-site support, liaising with the GP as appropriate".*

*"**Medical reports for PIPS, ESA etc done in record time** would have likely improved Population health outcomes for the better".*

Reducing per capita cost of care

*"We required somebody to help the duty doctor in performing certain tasks, including admin and clinical, during their on-call day. **If this was not introduced, the duty doctor would be spending a significant proportion of their on-call day on performing these tasks**, when they could instead be more focussed on providing appropriate clinical care to patients and supervision of junior clinical staff".*

*"**GP time was freed from inexorable paperwork**, leading to time better spent in clinical work".*

*“The GP practice viewed the role as providing a good enough **return on investment** to continue employing one GPA full time and the other as a part time addition to their existing role”.*

*“**Supporting the GP with admin tasks** including the completion of referral forms, mental health and dementia care plans, high risk drug monitoring and clinical coding letters”.*