"Doctors' Assistants" – the role the NHS needs now

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Summary:

- The NHS should promote the role of 'Doctors' Assistant' and the apprenticeship for it. This role works alongside doctors, increasing their efficiency and effectiveness, with excellent feedback and has won awards. It can be instituted rapidly, within weeks, training from HealthCare Assistants. It is a Band 3 role, (£23,576 mid-point) doing basic clinical and administrative tasks. We now have an on-line Apprenticeship that allows this role to be implemented at multiple sites. This is a very different role from 'Physician Associate'.

Differences between roles:

	Doctors' Assistant	**Physician Associate**
Tasks	Basic clinical and administrative tasks	Autonomous clinical skills
Pay scale and salary (mid-point)	Band 3 (£23,576)	Band 5 (£30,639) Band 6 (£37,350) Band 7 (£45,996) OR Band 8 (£54,150+)
Evenings and weekends	Very keen (they welcome the additional 30%+ hourly rate). Invaluable in increasing the effectiveness of doctors on-call.	Predominantly undertake day-time duties.
Entry experience	At least 1 year as a HealthCare Assistant	Degree + 2 years' training
Training	On-line Apprenticeship Level 3 (20% time is off-the-job training) with an educational coach	Masters' Level with senior clinical supervisor

History:

- We started the role of 'Doctors' Assistant' at East Sussex Healthcare NHS Trust. In 2016, we were awarded a generous £80,000 grant from Health Education England which paid the salaries of five Doctors' Assistants for 6 months including on-costs, overtime, uniform and laptops. We devised a two-week induction course and fortnightly teaching and communications. We now have 15 employed by the Trust.
- We trained them to undertake basic clinical and administrative tasks – drafting discharge letters, screening for dementia, taking blood tests, updating the patient list, etc. We did time-and-motion studies of found that doctors spent 44% of their time on tasks that could be delegated to Doctors' Assistants.
- 95% excellent feedback.
- It is now an apprenticeship at Level 3, 18 months, mostly virtual learning, roll-on-roll-off, with 20% of "off the job training". Each apprentice has a coach. This is invaluable because it is a difficult transition from being an HCA and the medical model can be challenging. We had a high turnover before starting the apprenticeship.
- Although they cannot replace doctors, they make the doctors we have far more efficient. They are well-liked by doctors and reduce their overtime and allow them to get to training.
- They cannot order scans or tests but can locate results. They help senior doctors – who have more time to deal with patient complexity and concerns, and may avoid unwarranted tests.

Accolades:

- We won awards:
    - 'Skills for Health' Gold award for workforce development 2017
    - runner up in BMJ leadership award 2017 and
    - finalist in HSJ awards 2017
- This initiative was quoted as best practice (case study 63) in the General Medical Council's 'Caring for Doctors, Caring for Patients' report.
- This initiative is item 92 in the new NHS workforce plan.

What needs to happen for the Doctors' Assistant role to be valuable across the NHS:

1. Formalisation of the education:
    - The apprenticeship needs to be formalised nationally, to allow this role to expand. This is a Level 3 apprenticeship, equivalent to 2 A Levels. We use the national "Senior HealthCare Support Worker" (Senior HCSW) Apprenticeship. This has six options, for mental health support, therapy support, etc, but not for doctor support. We adapted the nursing support option for our apprenticeship. A seventh option for doctor support needs to be formalised. This needs practical action and educational approval, so that the apprenticeship can be used anywhere. The Senior HCSW apprenticeship is: https://www.instituteforapprenticeships.org/apprenticeship-standards/senior-healthcare-support-worker-v1-4
    - In addition, for those who wish to progress, completion of the Apprenticeship should allow someone who wished to continue studying to apply to a Level 4 apprenticeship (equivalent to Foundation degree) on a different pathway, such as towards Nursing Associate or Administrative roles. It should not be seen as the entry point for Apprentice doctors.
2. We need a clear distinction between:
    - Support workers (on Pay Band 3 or 4) such as Doctors' Assistants (on Band 3). Many doctors and senior clinicians spend over half their time on administrative or similar tasks that could be delegated to other team members, while often being too busy to ensure that patients' basic health is optimised. The issue is that doctors currently have no one to delegate to.
    - Practitioners, Physician Associates, etc (Pay Band 5/6/7/8) who have degree-level education and can be autonomous, making decisions about patients. Many doctors have antipathy towards them because they are felt to take opportunities away from doctors in postgraduate training, or because they have not gone through rigorous medical training. I recommend that Physician Associates are included on tier 1 of the on the on-call rota as permitted by the Royal College of Physicians and their competencies are developed to do this. Otherwise, doctors end up covering rota gaps, reducing daytime training opportunities and relentless anti-social hours which is hugely difficult for doctors with childcare issues. At present, Physician Associates preferentially are on daytime work.
3. Expansion of training posts for doctors in postgraduate training, especially into Emergency Medicine and Anaesthesia. Doctors are able to deal with complexity and multiple co-morbidities. For many specialties there is huge competition for places, even when they have embarked on that specialty and only need a few more years to become a Consultant. Many leave training or go to Australia, which is a huge waste. Many posts of 'locally Employed Doctor' could be converted to training posts at little cost. Some extra funding would be needed. There is untapped potential for supervision – many SAS doctors could be supervisors. Many consultants would have more capacity if they had more administrative support (including Doctors' Assistants).

References and further information

- The Job Description and videos are on: https://www.scarlettmcnally.co.uk/projects
- McNally S, Huber J. Developing a 'Doctors' Assistant' role to ease pressure on doctors and improve patient flow in acute NHS hospitals. BMJ Leader 2021;5:62-64. https://bmjleader.bmj.com/content/5/1/62
- Scarlett McNally: Simplifying teamworking and upskilling in the NHS. BMJ 2023;381:p1398. https://doi.org/10.1136/bmj.p1398

- Scarlett McNally: The NHS at 75—let's celebrate it and preserve it for the future. BMJ 2023;382:1496 https://doi.org/10.1136/bmj.p1496
- Case study 18 page 64 of GMC caring for doctors caring for patients https://www.gmc-uk.org/-/media/documents/caring-for-doctors-caring-for-patients_pdf-80706341.pdf
- Our Band 3 Doctors' Assistant role was mentioned in the NHS workforce plan (para 92): https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.2.pdf
  92. There are considerable opportunities for better deployment of the administrative workforce to free up clinicians' time and support patient flow, alongside using technology to reduce administrative burden. For example, East Sussex Healthcare NHS Trust has successfully introduced doctor's assistants to undertake specific tasks to reduce doctors' workload. This was in response to an evaluation that found doctors were spending 44% of their time on administration and that 78% of overtime/exception reports could be carried out by doctor's assistants. Qualitative feedback indicated a reduction in workload following the role's introduction, as well as positive impacts on patient care and hospital flow.
- RCP Tier 1 of rotas, in: RCP London (2018) Safe medical staffing. https://www.rcplondon.ac.uk/projects/outputs/safe-medical-staffing

I would be happy to discuss this with anyone.

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