



The Future of Apprenticeships in England

Apprenticeship Standard for Medical Administrator/GP Assistant

Final Report

Executive Summary

In 2016 Health Education England (HEE) commissioned Skills for Health (SfH) to investigate the viability of developing an apprenticeship standard that covered the roles of Medical Administrator, GP Assistant and to also consider the area of clinical coding. As a result of stakeholder engagement, the following outcomes and recommendations have been reached:

At Level 2: Assistant Business Administrator

Outcome: Skills for Health will work with HEE and the existing Business Administration Trailblazer with the aim of establishing a sub group to submit an expression of interest to develop a Level 2 standard for Assistant Business Administrator.

At Level 3: Medical Administrator

Outcome: The existence of the level 3 Business Administration standard is a significant barrier to any new health-specific standard development as it has cross sector application. The specific skills pertinent to health such as communication, confidentiality, infection prevention and medical terminology can be considered as part of induction training or CPD. Business Administrators in the health sector are therefore strongly encouraged to make use of the L3 Business Administrator standard.

At Level 4: GP Assistant

Outcome: A clearly defined and nationally understood occupational role with employer support is a prerequisite to commencing the development of an apprenticeship standard. The GP Assistant is still in a development and testing phase therefore investigation into a Level 4 standard for GP Assistant has now closed until such time that the occupation is further embedded in the workforce. However, this does not mean that an apprenticeship solution is not available for GP Assistants. Evidence suggests that the Level 3 Business Administrator standard can be used to underpin education and training for this role and employers already have examples of how this can work well to encourage opportunity and skills development for individuals in primary care. Contextualising the delivery of a generic Business Admin standard can support employers to be innovative locally and to design training programmes which match the specific requirements of the GP practice.

CONTENTS

CONTENT	PAGE NO.
Background	3
Feedback from consultation meeting	3
Post Meeting Activity and Consultation	4
Summary	6
Appendix 1 - Medical Administrator / GP Assistant common/core skills	8
Appendix 2 - Business and Administration Apprenticeship starts and completions within health-related organisations 2012-2016	10
Appendix 3 - Stakeholder Interest Meeting - List of Attendees	11

Background

In 2016 Health Education England (HEE) commissioned Skills for Health (SfH) to investigate the viability of developing an apprenticeship standard at Level 3 that covered the roles of Medical Administrator, GP Assistant and to consider the area of clinical coding. Utilising HEE and SfH networks, an invitation was sent out inviting interested parties to a stakeholder interest / consultation meeting that was held in London on 22nd November 2016.

Prior to the meeting, initial desk research was undertaken to establish the common/core skills, underpinning knowledge and education/training requirements of the Medical Administrator role using current Job Descriptions, NHS Careers, and information from Awarding Organisations. This was presented to the meeting for feedback. Given the GP Assistant role was a relatively new role with no current standardised Job Description, limited information from case studies and pilot sites were also presented to the group for feedback (*Appendix 1*). Research was also undertaken looking at current apprenticeship take up in the roles of Medical Administration and Business Administrator roles at levels 2 and 3 (*Appendix 2*).

A risk log was established and 3 main challenges/risks were identified:

1. Low numbers of medical administration apprenticeship certification (medical admin pathway) since 2012 (average of 40-50 per year). Awarding organisations, who would put themselves forward to become end point assessment organisations, may not be able to develop a strong enough business case to proceed.
2. Gaining agreement of scope of roles, especially since there is relatively little data on the GP assistant role
3. Any standard would need to be significantly different to the L3 Business Administration standard for a new EoI to be approved by DfE

The consultation meeting was well attended with representatives from primary and secondary care, private sector, training providers as well as representatives from HEE, SfH and Skills Funding Agency (*Appendix 3*). In addition to those attending the meeting, other respondents expressed wishes to be involved in consultation/future meetings – these additional respondents together with attendees from the November 2016 meeting became the 'stakeholder group'.

Feedback from consultation meeting

With a few exceptions, such as 'handling mail' and 'advanced minute taking', there was a consensus that the core skills identified in Appendix 1 were common for all Medical Admin/Secretary roles. However, whilst these skills were also common to the 'GP assistant role' it was clear that several additional higher-level skills were needed for the GP assistant role such as indirect supervision, higher levels of autonomy, 'freedom to act', negotiation skills, triage admin, understanding emergency triggers and acting, health navigation and health promotion amongst others.

One of the key challenges is for any standard produced to have clear differentiation from the Level 3 Business Administrator standard in order for it to be approved by DfE for development. Differences highlighted at the meeting were infection prevention and control (IPC), knowledge of medical terminology, patient confidentiality (Caldecott) and communicating with sensitive /complex/distressed patients. It was by no means clear that these differences would warrant a separate apprenticeship standard. Therefore, any standard developed at this level would have to become an option within the level 3 Business and Administration standard. It is not clear whether there is sufficient difference to create a viable option nor if other groups are also interested in creating options, without which that model is not viable.

On balance the group felt that there seemed to be more viability to develop a level 4 standard – the suggested title at the time was ‘medical support officer’ or ‘medical support worker’, though it was also felt ‘administration’ should also feature to emphasise this was still a non-clinical role, albeit a higher level.

During the meeting the group also considered the inclusion of clinical coding. Clinical coding is a specific occupation within the Health Informatics (HI) Career framework with various roles at Level 2 e.g. (Clinical Coding Support Workers) and Level 3/4 (Medical Notes Summarisers and Clinical Coders). The group acknowledged some overlap with Medical Administrators/Secretaries undertaking coding related tasks such as ‘coding correspondence on the clinical system’ and ‘summarising new and ongoing medical records’. There was acknowledgement that coding was different in different provider organisations, but in the context of the role, it was a relatively small part of the job and outside of the scope of this trailblazer activity.

There was a clear need expressed from the group for a level 2 standard that covered roles such as receptionists, ward clerks and assistant business administrators. It was noted however that the existing Business and Admin Trailblazer had no current plans to develop a level 2 standard. A suggested approach was for SfH to facilitate and help develop a subgroup of the existing trailblazer to develop a generic level 2 business admin standard with cross sector representation.

Post Meeting Activity and Consultation

Following the meeting held on 22nd November a draft standard was drawn up in an attempt to describe what a Level 4 medical support/admin role might ‘look like’ in practice. It was immediately clear that there was too much overlap with the existing Level 3 Business Administrator standard.

Given that differentiation was mainly associated with the higher-level GP assistant competences, the thinking then shifted to developing a 'GP assistant standard' at level 4. A draft occupational profile was created and sent to the stakeholder group for feedback:

"GP Assistants provide high level non-clinical support to Doctors and other healthcare professions within primary care. They help reduce the administrative burden on GPs, enabling them to prioritise clinical time with patients. The GP Assistant is a focal point for patient/carer enquiries. Highly proficient communicators, they manage complex queries. They work closely with patients and their carers, some of whom may be distressed, have specific needs or behave in a challenging way. They have an in depth understanding of local health demographics and cultural needs of specific populations and are familiar with local health and social care policy. GP Assistants manage referrals and prescriptions and, where appropriate, act on test results in line with local policy and procedures. They negotiate with partner organisations to meet referral requirements. They manage risks within their area of expertise, taking appropriate action during urgent patient situations. They have extensive knowledge and understanding of medical terminology. They take accurate minutes of complex and sensitive meetings. They transcribe and prepare medical reports. They completing funding applications, use patient-related electronic systems and may also be trained to apply specific clinical codes to the patient record.'. GP Assistants also often undertake health navigation and promotion activities, including signposting patients to other services. They work pro-actively and autonomously. They receive regular supervision from the GP. Many GP Assistants supervise, train or mentor other non-clinical workers in the practice".

Feedback received from the stakeholder group based on the above occupational profile was varied. Whilst some in primary care welcomed it, the majority strongly criticised it as excluding secondary care settings – example of concerns raised included:

'Developing an admin role that is specifically for GP practices seems at odds to the aspirations of the STPs for all parts of the health and social care system to work more collaboratively'

'This is very similar to that of the medical secretarial role and therefore, developing a job standard with the title of 'GP Assistant' is risking the development of a job standard too specific to one sector's applications when many of the abovementioned characteristics of this job standard that is being proposed is almost entirely transferable to that of the 'medical secretary' role'

Other feedback suggested that, with a few changes to the skills, the standard could be made appropriate to primary and secondary care by renaming the standard as a 'Doctors Assistant'. Working with a few stakeholders, the following occupational profile was drafted:

"Doctor Assistants provide high level non-clinical support to Doctors and other healthcare professions within primary and secondary care. They help reduce the administrative burden on Doctors/GPs, enabling them to prioritise clinical time with patients. The Doctors Assistant is a focal point for patient/carer inquiries. Highly proficient communicators, they manage complex queries. They work closely with patients and their carers, some of whom may be distressed, have specific needs or behave in a challenging way. They have an in depth understanding of local health demographics and cultural needs of specific populations and are familiar with local health and social care policy. Doctors Assistants manage referrals and prescriptions and, where appropriate, act on test results in line with local

policy and procedures. They negotiate with partner organisations to meet referral requirements. They manage risks within their area of expertise, taking appropriate action during urgent patient situations. They have extensive knowledge and understanding of medical terminology. They take accurate minutes of complex and sensitive meetings. They transcribe and prepare medical reports. They are proficient at completing funding applications, using patient-related electronic systems and may also be trained to apply specific clinical codes to the patient record. Doctor Assistants also often undertake health navigation and promotion activities, including signposting patients to other services. They work pro-actively and autonomously. They receive regular supervision. Many Doctor Assistants supervise, train or mentor other non-clinical workers.

Feedback from the wider stakeholder group for this occupational profile was equally critical, examples of concerns raised include:

'Having met with members of our Organisational Development & Training team and HR, I'm not certain the role of Doctor Assistant would be relevant to our services either at this moment in time as we felt it was similar in its outline to that of a GP Assistant and heavily weighted towards primary care roles.'

'I would strongly suggest you move away from the nomenclature of 'doctor's assistant'. Reasons for this is that in secondary care there has been a shift away from roles just directly supporting the medic but more broadly supporting the multi-disciplinary team. Could I suggest the term which was raised at the initial meeting – 'medical support officer' or 'medical administration officer'.

Summary

Level 2 Assistant Business Administrator

There was a clear consensus from stakeholders that a level 2 Business Administrator standard is needed, evidenced also by the significant use of the L2 Business Admin apprenticeship framework by the health sector (*Appendix 2*).

Outcome: Skills for Health will work with HEE and the existing Business Administration Trailblazer with the aim of establishing a sub group to submit an expression of interest to develop a Level 2 standard for Assistant Business Administrator.

Level 3 Medical Administrator

Despite lots of initial interest, there was no clear consensus from stakeholders about the scope of the occupation. There was insufficient sign up to an employer group for any expression of interest to be submitted: 30+ people either attended the November meeting or expressed an interest to be involved but only 4 agreed to join an employer group based on a 'medical admin role', 2 agreed to join an employer group based on the re-focused 'GP assistant role' and 1 agreed to join an employer group based on a 'Doctors Assistant Role'.

There is clearly a need for administrative support roles, especially within primary care, but the existence of the level 3 Business Administration standard is a significant barrier to any new

health-specific development as it has cross sector application. In terms of the skills identified communication, confidentiality and infection prevention can be considered part of normal induction training when working within a healthcare environment. Use of medical terminology (and associated specific training) can be considered as a continuing professional development requirement for a business administrator within the health sector rather describing a change of occupation.

Outcome: Investigation into the need for a Level 3 medical administrator standard is now closed. Business Administrators in the health sector are strongly encouraged to make use of the L3 Business Administrator standard.

Level 4 GP Assistant

Outcome: A clearly defined and nationally understood occupational role with employer support is a pre-requisite to commencing the development of an apprenticeship standard. The GP Assistant is still in a development and testing phase therefore investigation into a Level 4 standard for GP Assistant has now closed until such time that the occupation is further embedded in the workforce. However, this does not mean that an apprenticeship solution is not available for GP Assistants.

Evidence suggests that the Level 3 Business Administrator standard can be used to underpin education and training for this role and employers already have examples of how this can work well to encourage opportunity and skills development for individuals in primary care. Contextualising the delivery of a generic Business Admin standard can support employers to be innovative locally and to design training programmes which match the specific requirements of the GP practice.

Medical Administration:

Several current job descriptions were analysed, all with the title of either 'Medical Administrator' or 'Medical Secretary' and all at AfC band 3. All these roles were also considered to be at academic level 3. Most job descriptions were divided into 3 functional areas; Administration, Secretarial support and communication/liaison. The following were a list of common admin/secretarial functions:

- Action clinical investigations, results and outcomes
- Audit
- Admissions
- Coding
- Insurance Forms
- IT System use
- Mail
- Managing appointments
- Managing leave/cover/rotas
- Managing waiting lists
- Managing Medical Records
- Minute taking
- Produce Documentation
- Prescription management
- Registration of new patients
- Scanning
- Stationary
- Transcribing
- Translation/Interpretation
- Referrals

In terms of communication/liaison, the following activities were common:

- Deal with enquires
- Providing routine and non-routine information and non-clinical advice,
- Considerable liaison with external organisations.
- Communicate sensitively and effectively

Key underpinning knowledge was medical terminology and knowledge of the health environment.

Education and training for the role was mostly underpinned by Business Administration apprenticeships (including the medical admin. Pathway) but also standalone qualifications such as the L2/L3 Diploma in Medical Admin and other AMSPAR qualifications.

GP Assistant

This is a relatively new role, mostly at level 3 and several case studies now exist around the country where the role is being piloted and implemented. The aim of the role is to enable support staff to deal with

much more of the administration work currently done by Doctors and Nurses, freeing them to engage with more clinical work. One of the issues is that there is no current standard job description.

From looking at various case studies, GP Assistants seem to be doing mostly the same functions (particularly administrative/secretarial activities) as the Medical Administrator role. However, the differences seem to be in the area of communication and patient liaison, 3 examples of which were:

Pro-active signposting - more pro-active signposting to patients or carers/families where queries and requests can be dealt with by self-referral

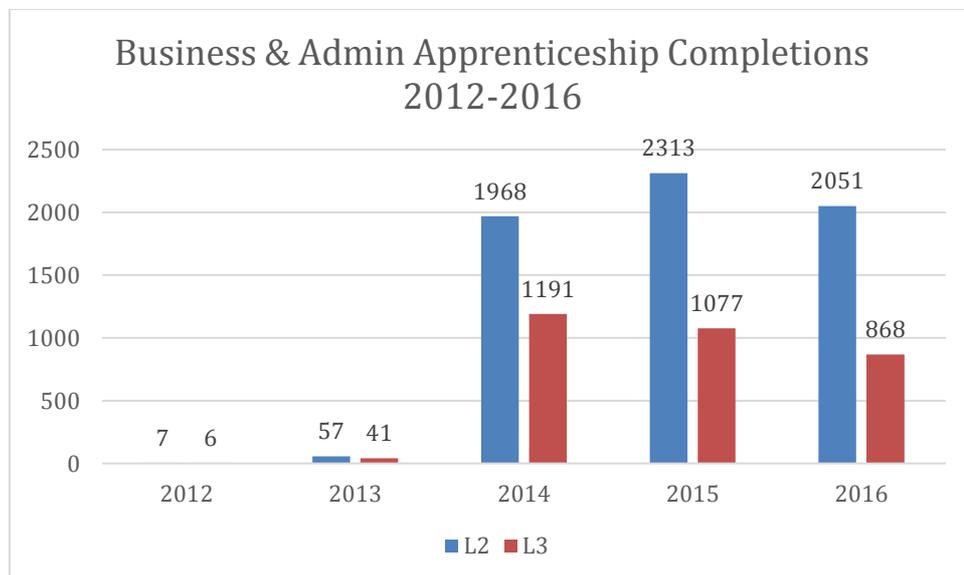
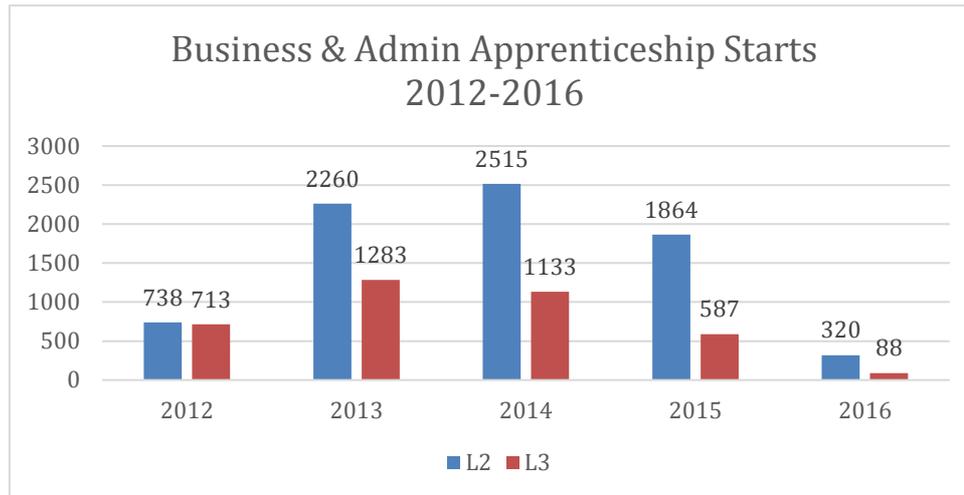
Health promotion type activity – e.g. reminding patients due for flu jabs etc.

Co-ordinating more immediate action – e.g. Co-ordinating an admission to hospital, DVT clinic attendance etc.

As such, aspects of the role were deemed to be a higher level (4).

Business and Administration Apprenticeship starts and completions within health-related organisations 2012-2016

Source: Instructus / Skills CFA



Stakeholder Interest Meeting - Developing an Apprenticeship standard for Medical Admin/GP Assistant/Coding – List of Attendees

Tuesday 22nd November 2016

10:00 for 10:30am to 3pm

9th Floor, Lynton House, Tavistock Square, London WC1H 9LT

Attendance

Name	Title	Organisation
Angela Manley & Lucy Minshall	North Staffs GP Federation Director & Practice Manager & Board Director (NSGPF) Dr Guindy & Partners	North Staffs GP alliance
Bhavena Patel	Senior Relationship Manager	Skills Funding Agency - National Apprenticeship Service
Anne Harvey	Project Manager – Primary & Community Care, Education and Quality	Health Education England
Cathy Medlow	Senior Assessor / Lifelong Learning Trainer & Quality Assurance Co-ordinator	Moorgreen Hospital, Southern Health NHS Trust
Celine Barrett	Clinical Coding Service Manager	Burton Hospitals NHS Foundation Trust
Darren Avery	Apprenticeship Lead	Great Ormond Street Hospital
Emira Shepherd	Practice Manager	Trinity Health
Fiona Boyle	Head of Data Quality for Transformation	University Hospital Southampton
Karen Gleave	Learning and development lead	Sirona care & health..
Helen Witcombe	Modality Partnership	
Dr Jackie Tavabie	Bromley GP and GP Education Lead	Bromley CCG, UK
Jayne Hunt	Operations Director	Modality Partnership
Dr Jayne Tullett	Performance, Training and Compliance Manager/ CEPN Lead	South Doc Services Ltd West Heath Medical Centre
Jill Esworthy	National Programme Manager	Health Education England
Rebecca Orton	Widening Participation Lead	Birmingham Children's Hospital NHS Foundation Trust
Sarah Appleby	Mental Health and LD Programme Lead	Health Education England
Tom Brownlie	AMSPAR	AMSPAR
Veronica Manning	Operational Manager – AHP	Central Manchester University Hospitals NHS Foundation Trust
Nathan Laxton	Associate	Skills for Health