

Case Study

The Doctors' Assistant Role East Sussex Healthcare NHS Trust

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Introduction

The UK has too few doctors and many spend over 50% of their time doing tasks not requiring a medical degree. There is rarely anyone for doctors to delegate to. Doctors' Assistants (DAs) undertake specific tasks to reduce doctors' workload and help doctors focus on more complex activities or training and to help patient care. There are now 16 Doctors' Assistants working across departments (including cancer) in East Sussex Healthcare NHS Trust (ESHT), who can be recognised by their bright green uniforms. The role was pioneered in 2017, initially as a pilot project funded by Health Education England for six months, with five Doctors' Assistants selected from applicants who had been Healthcare Assistants.

Trust evaluation in 2017 with the University of Brighton showed:

- **Without Doctors' Assistants:**
 - **Doctors spend 44% of their time on administration** (e.g. an admission booklet may take an hour to complete and discharge letters can take an average of 20 minutes).
 - **78% of doctors' overtime/exception reports are tasks Doctors' Assistants could do**
- **Doctors' Assistants logs showed large numbers of tasks completed**
- **Qualitative results have been excellent**, including feedback below:
 - **"They've reduced the amount I have to do on the post-take ward round which definitely helps my stress levels!"**
 - **"Incredibly helpful when two patients fell ill simultaneously, and a septic patient was able to get IV access and subsequent antibiotics much faster as a result"**
 - **Ward sister: "timely completion of discharge letters which greatly increases our patient flow"**
- **Speedier patient care or discharges. Tasks started on ward rounds**

What is the Doctors' Assistant role?

The Doctors' Assistants are a band 3 role and work to a Code of Conduct for Healthcare Support Workers, but do not have a regulatory or professional qualification.

Each Doctors' Assistant should have a named doctor as their supervisor, and ideally another doctor they can approach for advice, explanations or support. ESHT set up a network of doctors at FY1 – Associate Specialist level performing this Educational Supervision role in 2020. Doctors' Assistants usually are existing Healthcare Assistants in the Trust with previous experience and will have undertaken the Care Certificate.

Doctors' Assistants work alongside Junior Doctors to support their inpatient/ward work. The role combines a range of clinical and administrative

competencies. The role will work with some autonomy alongside Junior Doctors, with clinical supervision provided by a Consultant. They will accompany Consultants and other doctors on ward rounds to contribute, prioritise and identify tasks.

This role is very different from Physician Associates who have a bio-medical or similar degree, two years' training to achieve a diploma or master's qualification, may examine patients and practise autonomously. The Physician Associate post has been evaluated under Agenda for Change at band 7.



What can Doctors' Assistants do?

Doctors' Assistants are able to perform the following skilled tasks upon completion of the pre-requisite training and assessment of competency:

- Blood tests
- Cannulation (drips)
- Blood cultures
- Drafting discharge summaries
- Finding results
- Taking radiology requests
- Taking referral requests
- Making phone calls
- Writing in notes
- Preparing notes
- Writing ward round notes
- Dementia screening
- VTE screening
- Blood glucose
- ECGs
- Giving information e.g. Doctors' Assistants undergo 'Making Every Contact Count' training and can return to the patient with specific information (for example about smoking cessation)
- Chaperoning patients
- Helping patient comfort
- Encouraging doctors to take breaks
- Freeing up doctors to get to education

Doctors' Assistants can not prescribe, administer medication, request x-rays or scans or make medical decisions.

It can continue to make a huge impact in cancer departments.

Training for the Doctors' Assistants

Doctors' Assistants undertake a robust induction, have a supervision plan and are invited to undertake the level 3 Senior Healthcare Support Worker Apprenticeship, which is funded by the apprenticeship levy and delivered by a company who have mapped teaching to the job description.

Most teaching is on-line with some training delivered in-house. The programme is roll-on, roll-off, so there is no cohort start date. People can start at any point.

Each person is given a coach who steers them through the course and is on programme for an average of 15 months. The 20% of time 'off the job' to undertake training is not supported by 'backfill' costs (although some of this time is on the wards) and so this can be a barrier to appointment.

What difficulties and barriers needed to be overcome to implement the change?

One of the main challenges with the Doctors' Assistant role is getting departments to pay for them (particularly in light of other recruitment pressures e.g. vacancies in doctor posts). Appointing a new Doctors' Assistant role is dependent on a manager justifying and creating each job.

Some departments do not know about the role, so the Trust needs to continue to raise its profile and awareness of the benefits. It can continue to make a huge impact in cancer departments.

The other main challenge is ensuring Doctors' Assistants have educational supervision and clinical support from a doctor, as well as management from an administrator and pastoral support.

What benefits have resulted from the change?

"Everyone loves the Doctors' Assistants! They are helpful, busy and free up the doctors to work at the top of their licence. There are very few initiatives taking work from the bottom end of the doctors' licence and this is what the Doctors' Assistants do.

They help everyone stick to protocols and speed up patient care. Doctors' Assistants cannot replace doctors, but they allow the doctors who are there to be as efficient as possible.

We have proven the role to be safe and effective and that it has a positive impact on patient care and flow. This model has had interest from other NHS trusts and the role is reproducible at scale."

Mrs Scarlett McNally- Consultant Orthopaedic Surgeon.

The role has been so successful that the trust is hoping to appoint more Doctors' Assistants to support workload and wellbeing and thus improve patient outcomes and hospital flow.

The Doctors' Assistant role has won several national awards including Gold Winner for Workforce Planning at the Skills for Health Our Health Heroes Awards, runner-up in BMJ Awards 2017 and finalist in HSJ Awards.

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Useful links about the Doctors' Assistant role:

- BMJ Leader: Developing a 'Doctors' Assistant' role to ease pressure on doctors and improve patient flow in acute NHS hospitals
- Article in Health Management (2018): Award winning new doctors' assistants freeing up time in acute NHS hospitals
- GMC report case study in 'Caring for doctors, caring for patients' (Nov 2019) [Page 64; case study 18]





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