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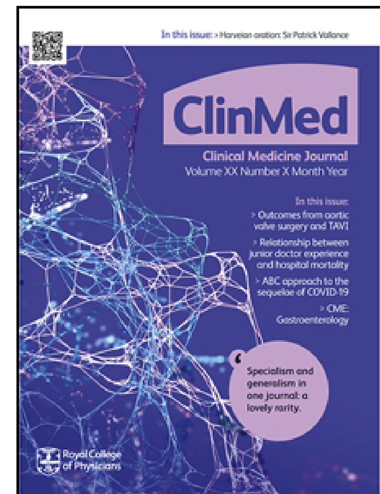

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Quality improvement

The role of medical support workers during the COVID-19 pandemic in the NHS in the UK: a qualitative service evaluation at the Oxford University Hospitals NHS Foundation Trust

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Conflicts of interests

The authors declare that they have no competing interests

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ABSTRACT

We conducted a service evaluation of the medical support worker (MSW) role at Oxford University Hospitals NHS Foundation Trust following the Coronavirus 2019 (COVID-19) pandemic. The aim was to explore the roles of MSWs, their contributions to the NHS, factors influencing their career choices, and the goals of the MSW position, to inform quality improvement in relation to their integration into the Trust. The perspectives of MSWs, their supervisors and recruiters were analysed through nine semi-structured interviews and two focus group discussions involving 18 participants. Results were categorised into micro-, meso-, and macro-levels of the health system. At the micro-level, MSWs were recognised as a diverse group of highly qualified international medical graduates (IMGs) who had a crucial role during the pandemic. At the meso-level, participants emphasised the importance of a comprehensive induction by the hospital, to clarify responsibilities and familiarise MSWs with the health system. At the macro-level, the role facilitated MSW integration within the NHS, with the aim of practising as doctors. The importance of comprehensive hospital induction, with role clarity for both MSWs and their teams, supportive supervision and assistance with applying for registration with the General Medical Council, were highlighted as key quality improvement areas.

KEYWORDS:

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Medical support workers; NHS; human resources for health; international medical graduates.

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Introduction

Health and social care services in the UK are facing a longstanding workforce crisis, made more apparent during the Coronavirus 2019 (COVID-19) pandemic.[1] In response, NHS England introduced a £15 million scheme in December 2020, creating the role of medical support workers (MSWs) to alleviate workforce pressures.[2,3] MSWs include qualified doctors who have been out of clinical practice for over a year and/or international medical graduates (IMGs) and refugee doctors currently based in the UK, who have not yet achieved their General Medical Council (GMC) registration. Initial funding was provided for NHS Trusts to recruit up to 1,000 MSWs for 6 months (ending in March 2022)[2,3] and the funding was later extended until March 2023.[3]

In 2020, over 10,000 IMGs joined the NHS workforce,[4,5] helping alleviate service pressures. IMGs require GMC registration and a license to practice in the UK following completion of the Professional and Linguistic Assessment Board (PLAB) exams,[6] which are both time-consuming and costly. This poses a barrier for IMGs to adopt a physician role in the NHS.[7] The MSW scheme provided IMGs with paid experience within the NHS, while they were seeking GMC registration.

We conducted a qualitative service evaluation of the new MSW scheme at the Oxford University Hospitals NHS Foundation Trust (OUHFT) to explore the MSW role, and experiences within their clinical teams and in the NHS. Our aim was to inform quality improvement activities to support their integration into the NHS.

Methods

We used a case study approach, which allows for a comprehensive exploration of complex issues within their real-life context.[8] We conducted semi-structured in-depth interviews (IDIs) and focus group discussions (FGDs) with stakeholders, including those working with MSWs at a senior managerial level, supervisors of the MSWs and MSWs themselves. Participants were identified through purposive sampling and received invitation emails and a participant information sheet.

Interview topic guides were developed for MSWs, their supervisors, and managers and directors involved in MSW recruitment. Given pandemic restrictions, interviews were conducted online via Microsoft Teams by SC and HW, audio recorded and transcribed verbatim, with informed consent of participants. Participants were given a non-identifiable number to preserve their anonymity. Data were curated using N-Vivo v12 QSR (QSR International, Doncaster, Australia) and analysed inductively using thematic analysis as outlined by Braun & Clarke.[9] Transcripts were first coded by a single investigator (SC) to generate themes. To minimise bias, an independent team member (HW) reviewed portions of the transcripts, and discrepancies were resolved through team discussions.

Ethical considerations

Those interested in taking part in the service evaluation gave both written and verbal informed consent to participate in IDIs and/or FGDs. The OUHFT Institutional Ethics Committee were approached regarding the study, which was deemed a service evaluation by the Hospital Board.

Results

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A total of 18 participants participated in nine IDIs and two FGDs. IDI participants included four MSWs, one MSW supervisor and four senior hospital Trust directors. One FGD was conducted with a total of four MSW supervisors and six senior hospital Trust directors and one FGD was conducted with five MSWs. Some of those present in the FGDs were also interviewed during the IDIs. All MSWs in our study were IMGs.

Themes and subthemes were categorised in relation to three levels of the health system (micro-, meso- and macro-levels) (Fig. 1).

A major theme to inform quality improvement at the micro-level related to 'who are the MSWs?', with subthemes around diversity, their supernumerary role at OUHFT, as well as attitudes and perceptions of the MSW role. The MSWs at OUHFT came from diverse cultural backgrounds, with most being IMGs. The MSWs were also diverse in their medical experiences, with some having several years of working experience in different specialities. This cultural and professional diversity was viewed by senior hospital staff as an asset.

'The most exhilarating and joyful thing for me was the diversity.'

- Senior Manager

MSWs were perceived as supernumerary members working under the supervision of registered medical practitioners. Their responsibilities were flexible but limited because of regulations surrounding their lack of GMC registration. Despite some of the MSWs having experience as doctors in their home countries, they were seen by some stakeholders as being similar to prelicensed medical students.

'So, MSWs can't prescribe drugs. And they can't prescribe ionising radiation. But under supervision, they can do things like a medical student, I think that's a really good analogy because a medical student is someone with medical training pre-licensed, and that's what MSWs are'.

– Director A

MSWs were aware of the limitations of their role, which at times could be frustrating, particularly for those with more experience as doctors. Their roles were mainly to assist foundation year 1 doctors (FY1).

'I have to work in a very extremely restricted area. Basically, what I do is I am helping out the F1s. So, I am basically helping them out to ease out their workloads.'

– MSW D

Both MSWs and their supervisors showed a positive attitude toward their role. Many IMGs stopped their clinical practice after moving to the UK because of licensing issues and returning to the practice was an encouraging experience, raising their self-esteem and well-being.

'I could remember what I said to myself when I got my medical practice licence, I said to myself that I am fulfilled. So, for me to get to this country, I am not able to participate or do things that I really like doing. It was really affecting me, mentally. But, when I got this opportunity, I felt fulfilled again!'

-MSW A

The supervisors spoke about the strong clinical knowledge of the MSWs, which contributed to supporting the work of FY1 doctors. Supervisors shared their interest in working with more MSWs.

'I would like at least five of them on my unit and if I could get five medical support workers as good as these people, it would support the FY1 doctors no end.'

- MSW Supervisor

However, participants mentioned that the role was not clearly understood by patients or other healthcare professionals outside of their immediate teams. MSWs mentioned the challenges in explaining who they were to patients as they were not identified as doctors. However, MSWs reported that they had been able to communicate with patients effectively.

Some IMGs had worked with the NHS during the COVID-19 pandemic before the MSW role, which helped them understand the working culture in the NHS.

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'Since I have been in the UK, during the pandemic, I have worked as a vaccinator, which is was a good thing, I was able to meet the patients and then talk to them, relay through them as it helped me the way of communicating the patients in the UK.'

-MSW A

At the meso-level, the importance of providing hospital-level inductions tailored to the needs of the MSWs was recognised. Induction was seen as important to clarify the role to both MSWs and the wider team, to enable integration into the medical team, and to help MSWs understand the health system and the logistics of patient records.

MSWs reported the importance of having clear guidance regarding their role and responsibilities, and the limitations of the position.

'Well, initially, I was very confused and was in doubt with myself during first two weeks. During that period, I was just going through like what is happening? What the role that I have to do? But the interview with my mentor, he told me, what we have to like focus on…., in that process I also used to see what other tasks we were supposed to do.'

– MSW C

Task-sharing was a major part of MSW responsibilities. Hence, it was also important that their co-workers had a clear understanding of the MSW role.

MSWs were assigned to work in distinct departments at the OUHFT based on their clinical expertise. The supervisors of the MSWs had an important role in integrating MSWs into the wider team.

'I really want them to work…want them to get the best out of this job. For that, I have absolutely, made sure that they are introduced to my department…in a very supportive manner. Encouraging them within team so that the team knows who they are and they are not just an outlier, making sure when there is teaching for the FY1s, they are brought along to it and included in that team, because otherwise, I worried that they would lose identity, be seen as potentially someone not doing very much, and they are absolutely not that.'

– MSW Supervisor A

The MSWs shared that the supportive attitudes of their colleagues and supervisors made them feel welcomed in the team.

For most MSWs, it was their first time using an electronic patient record (EPR) system, because digitalised systems for recording patient information were rarely available in the hospitals in their respective countries. The MSWs faced difficulties in working with EPRs.

'The EPR that we use has been very challenging. This is the first time I am using that kind of system. I have used something like that before even back in Nigeria. But this is much more complex.'

- MSW A

In addressing these challenges, OUHFT organised EPR training during the MSW induction process.

'For that, I have absolutely, made sure…that they got their IDs…their online learning, making sure that they know how to use the computers.'

– MSW Supervisor A

At the macro-level, the long-term integration of MSWs into the NHS was highlighted. Acquiring a license to practice from GMC through the PLAB exam was the long-term goal shared by all MSWs at OUHFT. Given the long waiting times associated with getting a slot for the PLAB exam, MSWs viewed the scheme as an ideal opportunity to work in the NHS while awaiting their exam.

Senior managers at the OUHFT felt that the MSW scheme helped integrate the IMGs into the NHS without delay and fostered their career progression, which would help address the existing healthcare workforce shortages in the NHS.

'Well, I mean we need to extend the workforce. Don't we? And, you know, a lot of people who trained overseas have had to wait for the PLAB, and have had difficulty becoming useful to the NHS in their doctor role, so, it strikes me as a good idea to get people upskilled to point they can safely take on a medical junior role and become accustomed to the NHS.'

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- Director B

The short-term recruitment of MSWs was funded through a national scheme by NHS England delivered to hospital Trusts. Employers of MSWs at OUHFT considered this scheme as an investment to mitigate existing workforce shortages and hoped for further support to recruit more MSWs.

'Certainly, at the moment, I think, it's seen as an investment'

– Director B

'I would really like it if we keep on providing this role so, we got people when they come [to the UK]. I don't know if there will be funding for that. It would be great if we can start seeing the benefits of doing that.'

– Director D

Similarly, MSWs reported the benefit of extending the duration of the role and wanting to contribute and work within the NHS in the long-term.

'So, continuation of this and then transition to another job as a licensed medical practitioner would do me so much good, would help me in so many ways, would make me a better doctor because I don't want to leave the country now, I have my family here, I would want to move on with my career.'

- MSW C

Discussion

This service evaluation explored the perspectives of MSWs as well as their recruiters and supervisors. Our results demonstrate that MSWs leverage their previous experience and have an important role in supporting the existing medical workforce, while working toward a GMC license to practice.

The NHS Long-Term Workforce Plan 2023 has committed to promote and develop the MSW programme in the short to medium term as a sustainable and cost-effective way of supporting the existing medical workforce.[10] There is scope for MSWs to fill workforce shortages in the NHS. Based on our study, the scheme can be viewed as a talent pipeline and one approach might be to concentrate MSWs in preferred centres or specialities based on their existing competencies. For example, at OUHFT, MSWs were successfully integrated into teams within the acute surgical and medical assessment units.

Undertaking the PLAB exam was a major concern for MSWs in our study. By providing exposure to UK clinical cases, operational experience of EPRs and NHS hospitals, teamworking with other medical professionals, building communication skills and improving medical English in preparation for the PLAB exam, the scheme has enabled a more efficient pathway for doctors to enter and integrate into the NHS. To date, ~1,000 MSWs have been supported to attain their full licence to practice.[10]

MSWs have heterogeneous professional backgrounds, which poses challenges for a clear role definition. From our experience, an adaptive approach that recognises the individual strengths and prior experience of MSWs enabled their integration into clinical teams and added richness and diversity to the NHS Trust. The diverse backgrounds of MSWs might enable better cultural understanding, promote tolerance and encourage opportunities for advancing dialogue on equality, diversity and inclusion within the NHS.

Previous studies revealed that IMGs find it most challenging to work in the NHS when being left to work without supervision and a comprehensive clinical orientation to the local healthcare system.[11,12] Future challenges for MSWs are not dissimilar to those faced by physician associates (PAs), who are medical associate professionals who currently lack prescribing rights and face uncertainty in relation to their professional and public perception.[13] Supportive supervision, clarity of the role both within the clinical team and for the public could address these challenges.

Our findings suggest several quality improvement strategies to help MSWs integrate into hospital Trusts. Highlighted by our study are the importance of a tailored induction for MSWs, their supervisors and teams, comprehensive EPR training, provision of supportive supervision and a clear role definition, with introductions to the wider clinical team and patient population. Further support might focus on meeting requirements for GMC registration. Successful integration of MSWs into NHS Trusts requires the

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support of senior directors involved in recruitment and of clinical supervisors, and training for those in supervisory positions to support MSWs within their teams. However, this would require ongoing funding and investment.

Our study has some limitations. It is a case study conducted at a single hospital Trust and, as such, the findings might not be generalisable to other Trusts. However, we do feel that the quality improvement suggestions would be valuable to other hospitals with MSWs. Our sample size was limited by the small number of MSWs at our Trust. We ensured data saturation and triangulation by conducting multiple IDIs, and collecting data from three different levels of participants in various ways (IDIs and FGDs).

To our knowledge, this is the first study to explore the role and integration of MSWs into the NHS. This study could contribute to the growing evidence base for NHS policymakers and hospital directors regarding the MSW scheme and future innovative schemes to integrate IMGs into the NHS, as well as more broadly to the growing literature on addressing human resource shortages and equality, diversity and inclusion in health systems. We have presented some of the quality improvement strategies that might be implemented to integrate MSWs most effectively into the NHS.

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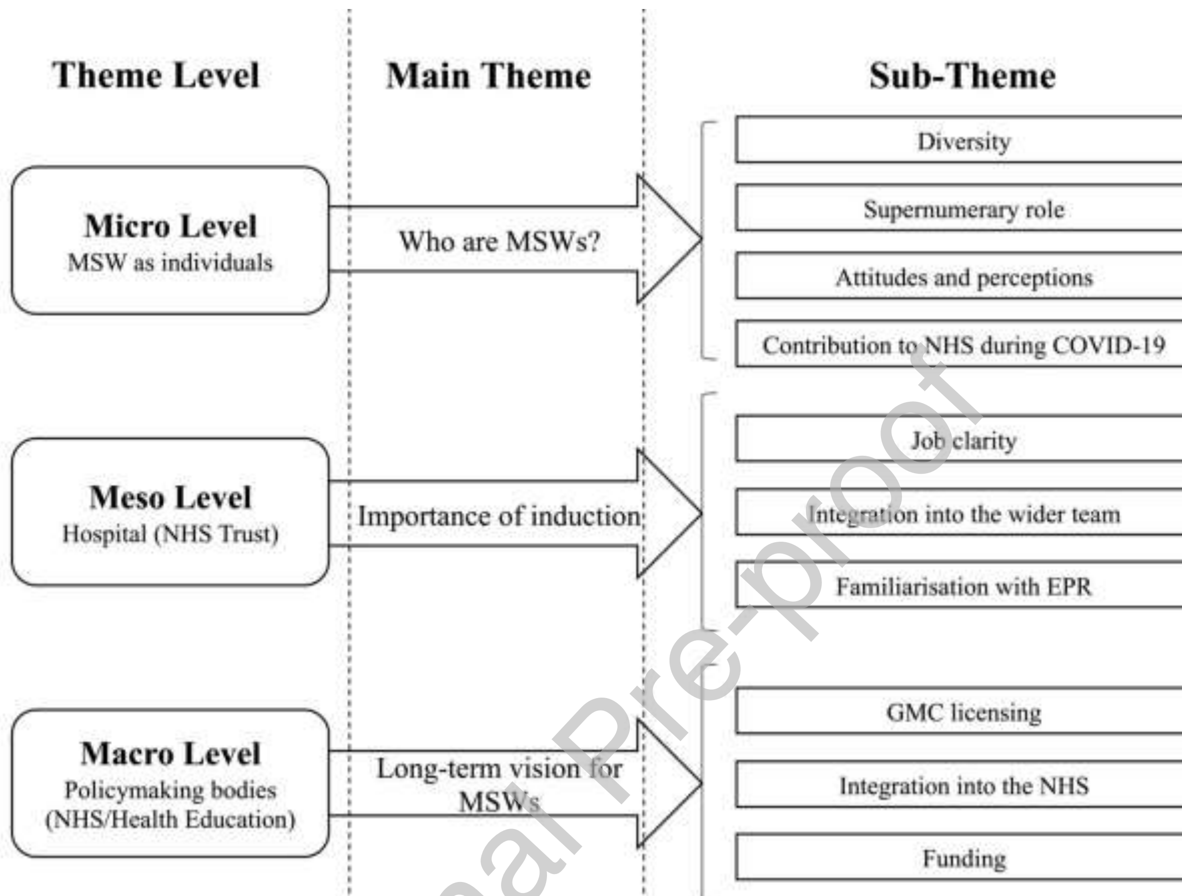
Fig. 1. Theme levels, and main themes and subthemes of discussion outcomes. COVID-19 = Coronavirus 2019; EPR = electronic patient record; GMC = General Medical Council; MSW = medical support worker.



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