

Upskilling our NHS: Evaluating the impact of COVID-19 recovery funding on physician associates and other healthcare professionals



Health Education England

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Introduction

In 2021/22, £13.8 million was invested by Health Education England (HEE) in three separate COVID-19 recovery funds to support targeted workforce development in the North West: a Physician Associate Recovery Training Fund, a Multi-professional Recovery Training and an Education Fund (MRTEF) and Workforce Upskilling Fund (WUF).

The Physician Associate Recovery Training Fund (PARTF) was set up to widen the opportunities for physician associates (PAs) to upskill and develop their competencies, particularly in priority clinical pathways (elective recovery, urgent and emergency medicine, critical and intensive care, and emergency paediatric care). A notional sum of £10,000 per PA available from an overall £1 million budget.

Funding was ring-fenced for developing and delivering in-house training and programmes, or to access accredited training from established providers. The intended impact was to assist service recovery and improve the quality of services in each Trust.

The MRTEF was a £2 million fund, enabled funding for provision of training, education and supervision and intended to support the development of a range of practitioners so they could respond safely, effectively and flexibly to service recovery priorities. A minimum fund of £30,000 per organisation was available. The WUF has a value of £10.8 million and was available to support procurement of equipment for use by the Nursing, Midwifery, Allied Health Profession, Healthcare Science, Medical, Dental and Pharmacy workforce and learner upskilling. This poster will focus predominantly on the PARTF

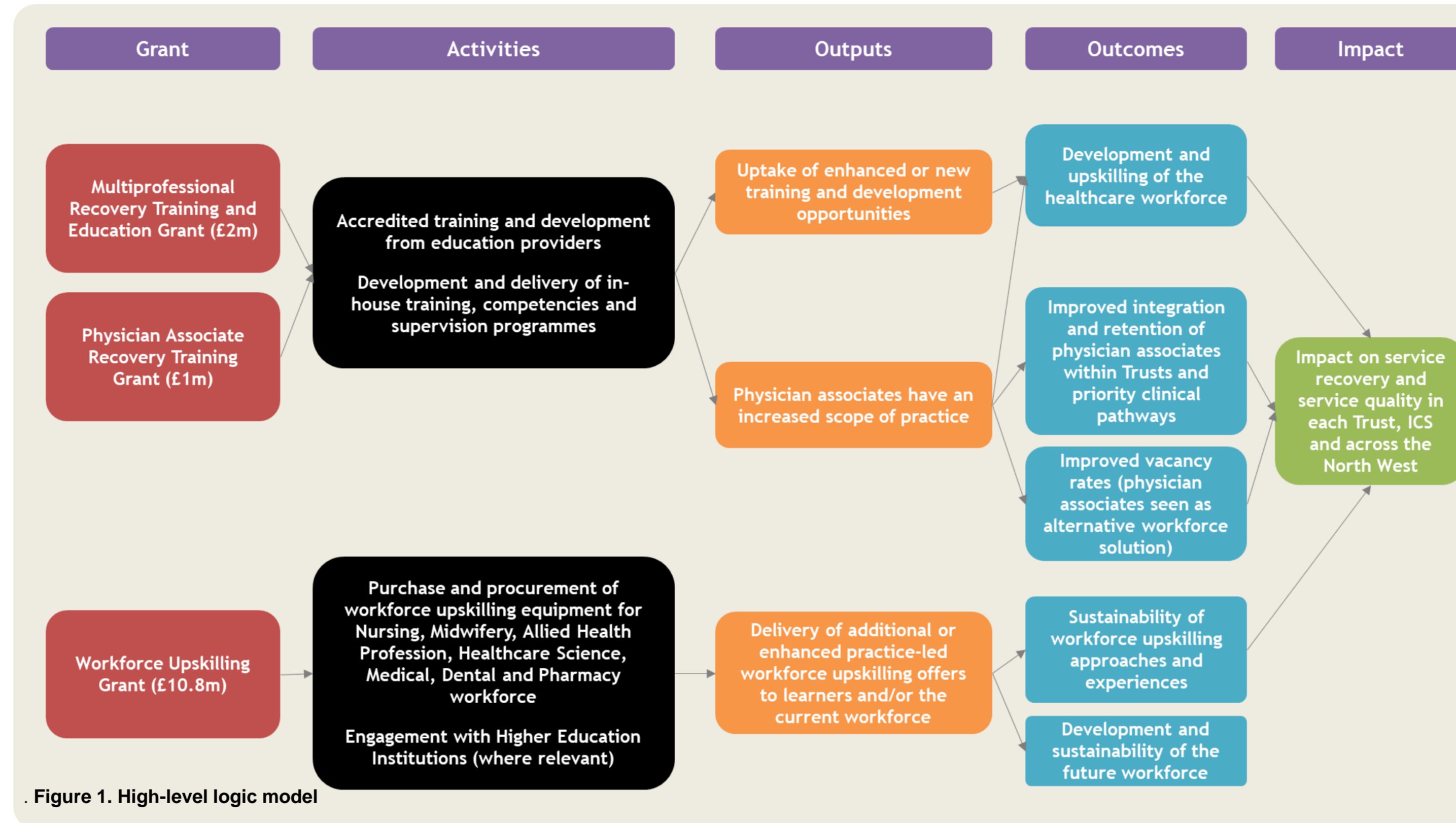
Aims

The aims of this evaluation were to assess the impact of funding from three COVID-19 recovery funds used to upskill the healthcare workforce in the North West.

Methods

The evaluation retrospectively reviewed qualitative and quantitative data collected over three reporting periods within a year, submitted by each beneficiary trust or university. These were comprehensively reviewed and analysed as part of an initial desk review. Additionally, a qualitative investigation with stakeholders was conducted through interviews with workforce training lead(s) in a stratified sample.

An overview of the key expected outputs, outcomes and impacts from the funding are summarised in the high-level logic model in Figure 1. This guided development of the evaluation framework to ensure an overarching analysis of delivery and outcomes. An economic evaluation was also undertaken, exploring the potential to monetise recovery fund outcomes (benefits) to provide an assessment of the Return on Investment.



Results

286 physician associates, 7,150 nurses and 3,222 AHPs benefitted from the investment in totality, although there further potential for this to be higher due to investment in equipment which can be used year-on-year.

For the PA fund, £877,249 was awarded to 17 Trusts across 214 training and development activities. Funding was predominately spent on developing or acquiring new training courses and the provision of in-house education, focusing on the development of medical skills and wider competencies (e.g. advanced communication and leadership). The majority of funding was spent on external training opportunities which provided had a lower unit cost/recipient (£735/ recipient) compared to In-house funded education (£17,000/ recipient).

The intervention logic for the funds indicates potential long-term impact on service quality and recovery across the North West, including improved patient outcomes.

Key outcomes identified from this funding were:

- An increase in skills, knowledge and confidence
- An increase in number of certifications and qualifications
- Improved training and job satisfaction
- An improvement in the knowledge of the PA role, recognition of their value within the organisations
- Funding can enable integration into the wider workforce
- Investment can increase result in PAs feeling valued and recognised

Discussion

The PARTF enabled PAs to be upskilled (or recruited in a few cases) which has the potential to free-up existing professionals (or the tasks they are undertaking) [1] or complements them, which could reduce labour costs (e.g., employment of agency staff) [2] and create efficiencies (e.g., reduced consultation time). In turn, this could relieve urgent care pressures, creates more manageable workloads and results in better quality care for patients [3]. Workforce leads interviewed for this study also suggested there is an opportunity cost for others through released time for other doctors to undertake training. This supports the hypothesis that there is a high potential for efficiency savings from recruiting and retaining PAs. This is in-keeping with literature that supports the hypothesis that there is a high potential for efficiency savings from recruiting and retaining PAs [1-4].

Workforce leads suggested both in their application and during interviews that investment could improve patient experiences and the safety and quality of patient care. Specifically, investment in PA upskilling in support service recovery resulted in PA career progression and satisfaction, and therefore retention. Nearly all interviewed leads agreed that Trusts would not have been able to afford to deliver training or purchase equipment in the absence of funding, often as there was no known source of alternative funding options, suggesting the need for further investment.

Recommendations

HEE and NHS England:

- Ensure that awarded organisations have time to spend their funding before any set deadline.
- Explore opportunities to fund more technological equipment to create more immersive and practical learning experiences.
- Facilitate greater coordination of training offers and approaches between primary, secondary and social care.
- Consider the most appropriate contact within each Trust is made aware of the funding, whilst ensuring appropriate time for consultation with wider departments and colleagues.
- Continue to allow backfill and travel (as well as other traditionally 'in-kind' contributions made my Trusts, such as payment for training venues) as part of future funding offers.
- Provide sufficient feedback on how applications were assessed to help inform similar bids, and provide pre-application guidance to support the application process.

ICBs and Trusts:

1. Formally identify training needs and priorities, e.g., through establishing Trust-wide consultation processes and establishing training strategies, to be more responsive to future funding requests with short deadlines.
2. Collect evaluation and monitoring data to understand the uptake of funded training and equipment offers.
3. Continue to facilitate a culture of continuing professional development and learning, to both ensure that staff feel able to access funded training offers and to increase their job satisfaction.

Conclusion

Overall, a comprehensive synthesis and appraisal of the range of qualitative, quantitative and economic information at a fund and trust-level against the research questions was undertaken. The evaluation suggests investment in PAs can increase skills, knowledge and confidence, to complement the team, and may improve efficiencies and alleviate urgent care pressures.

References

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