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

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Research Article

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Abstract

Background

During the COVID-19 pandemic, the National Health Service (NHS) England created a short-term position known as a Medical Support Worker (MSW), for International Medical Graduates (IMGs) and qualified doctors who had left medicine, to return to medical practice. We conducted a service evaluation of the MSW role at Oxford University Hospitals NHS Foundation Trust (OUHFT), with the aim of understanding how MSWs were perceived and contributed to the NHS, factors driving MSWs' career choices, the short- and long-term goals of the position, analysing the perspectives of MSWs, their supervisors and recruiters.

Methods

A qualitative case study approach was adopted. A total of nine semi-structured interviews and two focus group discussions involving 18 participants were conducted with MSWs, their supervisors and recruiters based in OUHFT. A thematic analysis and narrative synthesis of results were conducted.

Results

Findings were categorised into micro, meso, and macro levels of the health system. At the micro level, MSWs were identified as a diverse group of highly qualified international medical graduates (IMGs) holding a supernumerary role, who contributed their skills during the pandemic. At the meso level, the importance of a comprehensive induction by the hospital was highlighted by all participants, to clarify the job responsibility and familiarise MSWs with the local health system. At the macro level, the role enabled familiarisation and integration of MSWs within the NHS with the aim of obtaining a license to practice as a doctor in the UK.

Conclusions

This service evaluation highlighted the importance of the role of MSWs during the pandemic. The MSW scheme could be a pathway for IMGs to integrate into the NHS and fill workforce shortages. This study has the potential to inform the NHS long-term policy on the role of MSWs and the integration of IMGs into the workforce.

Background

Health and social care services in the UK have been facing a longstanding workforce crisis, made more apparent during the Covid-19 pandemic [1, 2]. In December 2020, NHS England introduced a 15 million scheme of national funding to NHS Trusts and developed a short-term post, known as Medical Support Workers (MSWs) to provide additional clinical support for winter workforce pressures due to the COVID-19

global pandemic [3, 4]. MSWs include qualified doctors who have been out of clinical practice for more than a year, thus requiring clinical supervision, and/or International Medical Graduates (IMGs) and refugee doctors currently based in the UK, who had not yet achieved their General Medical Council (GMC) registration. Initial funding was provided for NHS Trusts to recruit up to 1,000 MSWs for six months (ending in March 2022) [3, 4]. Subsequently, the successful implementation of the program led to an additional year of extension until March 2023 [4].

The GMC (2019, 2020) reported that approximately 55% of doctors who joined the NHS between 2018 to 2019 were overseas doctors and the number of IMGs joining the workforce rose to over 10,000 in 2020, surpassing the numbers of doctors from the UK and EU combined [5, 6]. IMGs are currently the second largest group of doctors employed by the NHS, constituting nearly 40% of junior doctors in the workforce [7]. IMGs, however, require GMC registration and a license to practice in the UK following successful completion of the Professional and Linguistic Assessment Board (PLAB) exams [8]. This process is both time-consuming and costly for IMGs and poses a barrier for them to take on a physician role in the NHS [9]. The MSW scheme provided IMGs with paid experience within the NHS, whilst seeking GMC registration. Though the NHS long-term plan 2019 stressed the need to increase domestically trained medical professionals, however, considering the required long process of medical training in the UK, it seems a distant reality. Thus, in the short term, NHS England set up a plan to recruit high-skilled medical workers from other countries to join the NHS mitigating the workforce crisis [10].

MSW is a relatively new role in the NHS, and, to our knowledge, there is no study to date to examine the role of MSW in the NHS. To fill this gap, we conducted a service evaluation of the MSW role in OUHFT, exploring the perspectives of MSWs, their supervisors and recruiters at OUHFT. We aim to understand the rationales for choosing the MSW position and the factors behind the decision of MSWs' supervisors and recruiters to take MSWs into their teams. The short- and long-term expectations of MSWs, their supervisors and recruiters, were examined to provide an evidence base for their long-term integration into the NHS.

Methods

Setting

We used a qualitative case study approach for this service evaluation on the evolution of the MSW role at OUHFT. A case study approach refers to a research method that is used for in-depth and multi-faceted exploration of a complex issue, event, or phenomenon in its real-life context [11]. This approach is helpful to understand and explain the causal pathways resulting from a new policy initiative or service development [12]. We explored how the MSW position evolved at the OUHFT using semi-structured in-depth interviews (IDIs) and focus group discussions (FGDs) with participants.

Recruitment and data collection

A purposive sample of key stakeholders involved in the MSW scheme at OUHFT was identified, using guidance from key informants, and snowballing of contacts. Stakeholders included those working with MSWs at a senior managerial level, supervisors of the MSWs and MSWs themselves. Participants received an invitation email explaining the aims of the study, along with a participant information sheet.

Topic guides were developed based on the aims of the study for the three types of participants: MSWs, supervisors of MSWs, and those in managerial/director positions involved in the recruitment of MSWs. Due to pandemic restrictions, interviews were conducted via Microsoft Teams, an online audio-video call platform. With the consent of the participants, the interviews were audio recorded and transcribed verbatim by SC. Another co-author (HW) was presented in all interviews to take notes and facilitate the interview. Names and any identifiable features were removed from all the transcripts to ensure anonymity. Participants will be referred to as MSW, Supervisor of MSW and Director followed by a non-identifiable number.

Ethics, consent and permissionsThose interested in taking part in the service evaluation gave both written and verbal informed consent to participate in IDIs and/or FGDs. The study protocol was reviewed by The Oxford University Hospitals NHS Foundation Trust Joint Research Office Ethics Committee for institutional ethical approval and the study was deemed a service evaluation. All methods were carried out in accordance with the clinical governance procedures, regulations and guidelines of the OUHFT, and approved by the OUHFT Joint Research Office.

Data Analysis

The data for this study were managed and analysed using N-Vivo v12 QSR (*QSR International, Doncaster, Australia*), a software tool for qualitative research. Data were analysed using thematic analysis as outlined by Braun & Clarke [13]. The coding and themes were generated inductively, informed by the data without any presumptions before analysis. Selected studies were first coded by a single investigator (SC). To ensure rigour and minimise bias in data analysis, an independent member of the team (HW) analysed portions of the transcripts, until agreement was achieved regarding the themes identified. The coding and themes were reviewed by the research study team members (SN, ME, MN) via weekly meetings and, any discrepancies were discussed and resolved.

Results

A total of eighteen 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.

Themes and sub-themes emerging from the data could be categorised into those relating to three different levels of the health system (micro, meso and macro-levels), and are presented in ***Figure 1***.

Micro-Level: Who are the MSWs?

At the micro-level of individuals within the health system, a major theme identified, related to 'who are the MSWs?', with sub-themes around diversity, their supernumerary role at OUHFT, as well as attitudes and perceptions of the participants to the MSW role.

Diversity

The MSWs at OUHFT came from diverse cultural backgrounds. The majority of the MSWs who joined the OUHFT as MSWs were international medical graduates, with a very small number of unlicensed UK medical graduates. The MSWs were also diverse in their medical experiences and specialisations, with some having several years of working experience in general practice, geriatrics, emergency medicine, paediatrics, surgery and obstetrics and gynaecology. This cultural and professional diversity was viewed by senior hospital staff as an asset to the Trust.

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

- Senior Manager

Supernumerary role

MSWs were perceived as supernumerary members of the medical team working under direct supervision of registered medical practitioners at OUHFT. Although their responsibilities were flexible within the various departments at OUHFT, their responsibilities were limited due to regulations which did not permit MSWs to make clinical decisions without supervision, nor to prescribe medication or ionising radiation. Despite some of the MSWs' broad experience as doctors in their home countries, MSWs were seen by some senior stakeholders as being similar in background to pre-licensed medical students who work under supervision.

"*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 the foundation year 1 doctors (FY1) at OUHFT in order to decrease FY1 doctors' workload.

"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

Attitudes and perceptions towards the MSW role

Both MSWs and their supervisors showed an overwhelmingly positive attitude toward their role in the NHS. The MSW role provided IMG doctors with a sense of purpose and accomplishment, raising their self-esteem and well-being. Working as a medical practitioner in clinical settings had been a rewarding job for IMG doctors. However, they had been forced to take a break from their respective clinical fields after moving to the UK due to the challenges of getting a GMC license, and it was affecting their mental health. They shared that the MSW position provided them with an opportunity to regain their sense of accomplishment of working in the clinical setting as a medical practitioner.

"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 and experience of the MSWs, which was contributing to support the work of FY1 doctors. Supervisors shared their interest to work with more MSWs and acknowledged their importance within their clinical teams.

"I would like at least want 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 also mentioned that the MSW role was not clearly understood by patients or other healthcare professionals outside of their immediate teams. MSWs spoke about the challenges they face in explaining who they are and their role to patients as they are not permitted to introduce themselves as doctors. However, MSWs reported that they had been able to communicate with patients effectively without overstepping the limit of their roles.

Contribution during COVID 19 Pandemic

Prior to joining the NHS as MSWs, some IMGs played an important role in contributing to the NHS during the COVID-19 pandemic. This experience helped them understand the working culture in the NHS, particularly with regard to communicating with patients.

"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

Meso Level – Importance of NHS Trust Induction:

At the meso-level of the Hospital Trust, the importance of providing hospital-level inductions tailored to the needs of the MSWs was recognised, considering their diverse backgrounds. Induction was seen as important to clarify the MSW role to both MSWs and the wider team, to enable integration into the medical team, and also from a practical perspective to understand the health system and the logistics of patient records.

Job Clarity

The MSWs reported the importance of having clear guidance regarding their role and responsibilities, and the limitations of the position. One MSW shared how a one-on-one induction with her mentor or supervisor helped her have clarity about her assigned responsibilities as a MSW.

"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 the MSWs' responsibilities in the Trust. Hence, it was also important that the co-workers of the MSWs have clear knowledge about the assigned responsibilities and limitations of the MSW position to avoid confusion about MSWs' role in the team. Besides, at the initial stage of the job, allowing the MSWs sufficient time and space to learn new knowledge and adjust to the new clinical environment was also seen as useful to get a good grasp of their responsibilities.

Integration into the wider team

MSWs were assigned to work in distinct departments at the OUHFT based on their clinical expertise. The supervisors of the MSWs played 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, which is very busy, in a very slow, conservative, and 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 sat and not doing very much, and they are absolutely not that."

– MSW Supervisor A

The MSWs shared that the friendly and supportive attitudes of their colleagues and supervisors made them feel welcomed in the team as well as helped them greatly in adapting to this new role as MSW.

Familiarisation with Electronic Patients Record

For the majority of MSWs, it was their first time using an Electronic Patient Record (EPR) system, as digitalised systems for recording patients' information were rarely available in the hospitals in their respective countries. The MSWs shared facing stress and difficulties in learning and being accustomed to working with EPR.

"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 the challenges faced by the MSWs in using EPR at OUHFT, the trust organised training on the EPR system as part of the induction process for the MSWs. The supervisors also emphasised familiarising the MSWs with online EPR training.

"For that, I have absolutely, made sure…That's, all their ID is got, all their online learning, making sure that they know how to use the computers"

– MSW Supervisor A

Macro Level – Long-term vision for the MSWs

At the macro-level, looking at the national picture in relation to the MSW role, the long-term prospect of MSWs' integration into NHS England was highlighted. The MSW role enabled IMGs to get paid whilst contributing to the NHS, gaining experience of the NHS and integrating into a new health system, whilst also studying for their exams to become a licensed medical practitioner in the UK.

General Medical Council License

Acquiring the license from GMC for clinical practice in the UK through successful completion of the PLAB test was the long-term vision and goal shared by all IMGs working as MSWs at OUHFT. However, due to high demand, getting a slot for the PLAB test required a long waiting time. The MSWs communicated that the role of MSW was an ideal opportunity for them to effectively utilise this period of waiting to receive a GMC license, whilst gaining the opportunity to work in the NHS and clinical experience in the UK. They also reported that working as an MSW was an effective learning experience, and helpful for their future PLAB test.

Integration to NHS

Senior managers at the OUHFT felt that the MSW scheme was helpful in integrating the IMGs into the NHS without delay and fostering their career progression within the NHS, which would eventually help in addressing the existing healthcare workforce shortage in the NHS. One director said:

"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."

- Director B

Funding

The employers of the MSWs at OUHFT stated that the short-term recruitment of MSWs was funded through a national scheme by NHS England delivered to Hospital Trusts. They considered this scheme as an investment to mitigate existing workforce shortages of doctors in the NHS and hoped for further support for this scheme in the future to recruit more MSWs, with the extension of national funding.

"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 that they now wanted to contribute to the NHS and work within the health system 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

During the COVID-19 pandemic, NHS England introduced a short-term scheme of recruiting MSWs to provide additional clinical support to the trusts. The successful implementation of the program led to an extra year of funding, from March 2022 to March 2023. This service evaluation explored the perspectives of MSWs as well as their recruiters and supervisors working in one NHS Trust and highlighted the important role of IMGs working as MSWs in the NHS during the pandemic.

NHS England's longstanding crisis of healthcare workforce deficit became more evident during the COVID-19 pandemic [14, 15]. Since its inception in the late 1940s, the NHS has had a history of working with IMGs to fill the medical workforce gaps in the UK, particularly for the services in general practice and geriatrics [8, 9, 16]. However, IMGs face several challenges in starting their clinical career in the UK. This includes acquiring a GMC license for clinical practice, which is attained by successful completion of the PLAB test and securing a post afterwards. In a survey conducted in 2004, it is revealed that on average,

the IMGs have to wait for about a year before securing their first clinical job in the UK [17]. Besides, several studies reported that despite being highly qualified in their home country, IMGs struggle with the unfamiliar health system, such as the use of some equipment and drug names, lack of knowledge of regulatory frameworks such as handover systems and prescribing, expected roles and responsibilities as well as unfamiliar social and communication contexts in the initial stage of their clinical career in the UK [7, 18, 19].

Our results demonstrated that IMGs working as MSWs hold a supernumerary role within a medical team, however, with their experience and background, they have opportunities to support the existing medical team, whilst also familiarising themselves with the NHS and working towards obtaining their GMC licence to practice as a doctor in the UK. The MSW scheme is one pathway by which IMGs could integrate and familiarise themselves with the NHS Trust in terms of socialisation and administrative issues including electronic health records, clinical management, and integration into the clinical teams. The MSW scheme in turn could also be a potential way to address the wider NHS workforce shortage.

The findings of this study suggested that there are several strategies to help MSWs better integrate into the NHS system. These include the provision of tailored induction and training to use EPR, as well as supportive supervision and clear role definition and introductions to the wider clinical team and patient population. 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 [7, 18]. The successful integration of MSWs into NHS Trusts also requires the support of senior directors involved in recruitment as well as the support of clinical supervisors and training for those in a supervisory position to support MSWs within their teams. These would require ongoing funding and investment. As the MSW scheme could shorten the time for IMGs to integrate into the NHS, the scheme could have long-term cost-saving implications for the NHS.

This study is one of the first assessments of the role of MSWs in the NHS. Our results have the potential to contribute to the evidence base for NHS policymakers and hospital directors regarding the MSW scheme and future innovative schemes to integrate IMGs into the NHS. From a broader perspective, the study contributes to the growing literature on addressing human resource shortages in medical systems. There are some limitations in this study. The sample size of this study is relatively small though data triangulation was achieved by collecting data from three different levels of participants. Besides, this is a case study conducted at a single hospital and, as such, the findings from this study may not be generalisable to other Trusts.

Conclusion

The NHS is facing considerable workforce shortages. Our service evaluation highlights the important role of MSWs during the pandemic, and the value of the scheme in facilitating the registration and licensing of IMGs into the NHS, whilst remunerating them for their work and providing induction and training to integrate effectively into an NHS Trust. The MSW scheme is a pathway for IMGs to enter the NHS while

also filling the workforce demand in the NHS. The findings of the study could inform policy about the future role of MSWs in NHS England and how best to support people who are seeking the role of MSWs as well as integrate MSWs into the NHS in the longer term, which will help in addressing the existing healthcare workforce shortages.

Abbreviations

EPR: Electronic Patient Record

FGDs: Focus Group Discussions

FY1: Foundation Year 1

GMC: General Medical Council

IDIs: In-depth Interviews

IMGs: International Medical Graduates

MSWs: Medical Support Workers

NHS: National Health Service

OUHFT: Oxford University Hospitals NHS Foundation Trust

PLAB: Professional and Linguistic Assessment Board

UK: United Kingdom

Declarations

Ethics approval and consent to participate

Those interested in taking part in the service evaluation gave both written and verbal consent to participate in in-depth interviews and/or focus group discussions. The study protocol was reviewed by The Oxford University Hospitals NHS Foundation Trust Joint Research Office Ethics Committee for institutional ethical approval and the study was deemed a service evaluation. All methods were carried out in accordance with the clinical governance procedures, regulations and guidelines of the OUHFT, and approved by the OUHFT Joint Research Office.

Consent for publication

Not applicable

Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests

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Authors' contributions

SC, HW, SN, MN and ME conceived of the analysis. SC, HW, and EH contributed to data collection. SC, HW, and SN contributed to data analysis. ME, EH, and MN provided feedback and suggestions for data collection and analysis and interpretation of the result. SC wrote the first draft of the manuscript. HW, SN, ME, EH, and MN provided critical feedback on the first draft of the manuscript. All authors read and approved the final manuscript.

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Figures

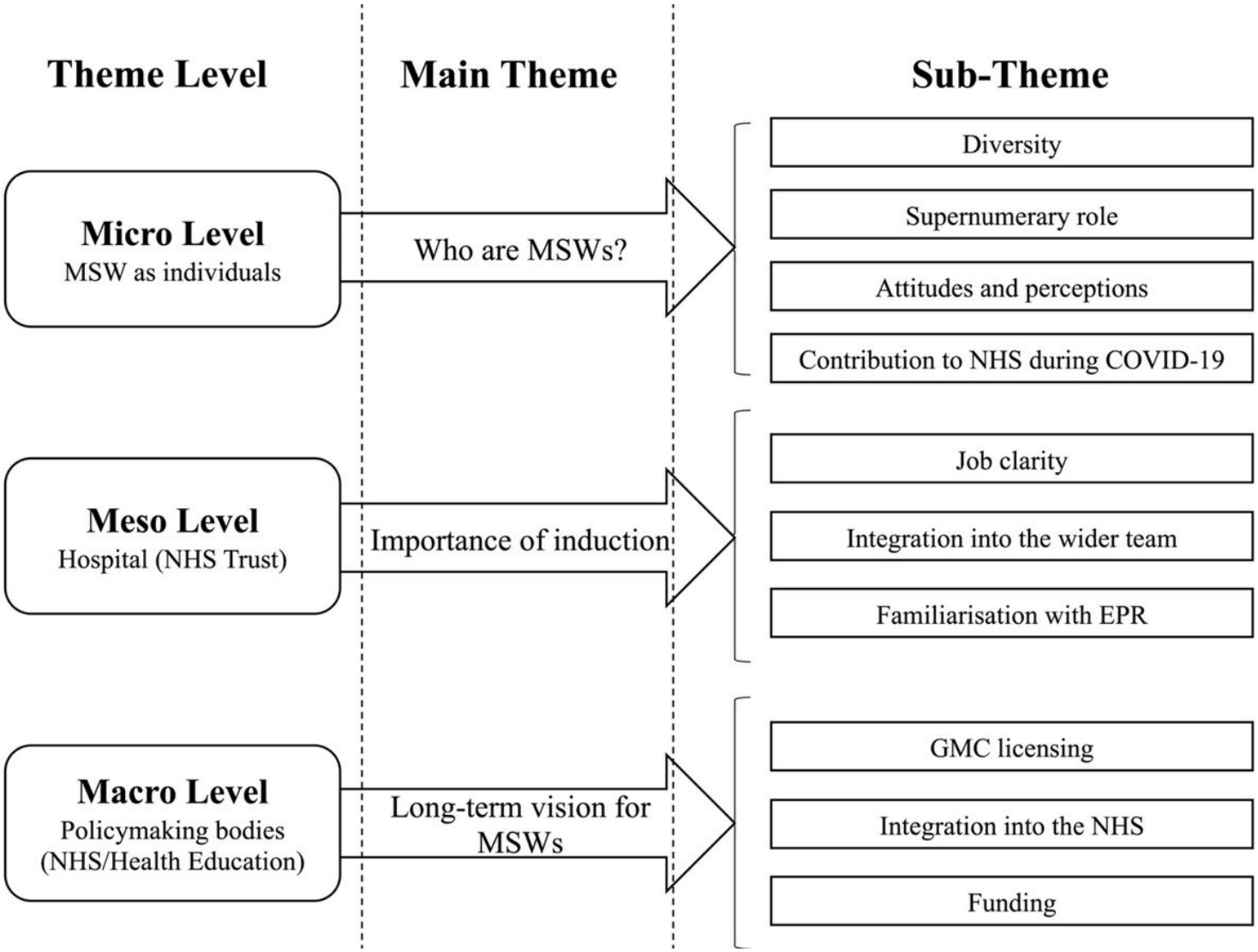

Figure 1

Main themes, sub-themes, and themes