An exploratory project scoping the development needs of practice managers across Oxfordshire and the Isle of Wight at February 2009

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EXECUTIVE SUMMARY

A practice manager ….“Everything that partners allow them to be”

Practice managers come from a variety of backgrounds and do not necessarily need to be a qualified healthcare professional. 46% of practice managers we surveyed hold a professional qualification (varied from certificates to Masters). Whilst practice managers will usually be required to hold a relevant qualification there is little and varied formal common professional development (CPD) support for them. It can be a professionally isolating role and is certainly one that provides huge changes and challenges in the current NHS.

The aim of this project was to scope what is available, what is used, what is missing and what could usefully be provided in terms of CPD, networking or professional support for practice managers in Oxfordshire and the Isle of Wight.

The findings and recommendations of the scoping exercise fall into four general themes, those of induction, support networks, learning opportunities and resources, and PDP/appraisal.

Induction: Only half had an induction programme.

Support: Good forums but limited sharing of good practice and ideas. Practice manager leads work very hard and successfully but seem to be unrecognised, unrewarded and under resourced in their role. Primary Care Trust (PCT) support varies. Good support from practices/partners.

Learning opportunities: 67% of practice managers have no structured CPD. There is lack of specific training for practice managers. Much is self taught (particularly HR and finance). There are issues of lack of time, costs and replacement. There is good in house education inclusion. Overall, practice managers would welcome more training – local and specific. Too much on offer is general management and not specific to the challenges of practice management. They are not keen on secondments but want local practical action learning. Most read a practice management journal. 10% do not use websites – 82% of those who do, use First Practice Management.

Appraisal: 30% of practice managers have no PDR. Doctors do appraisals but are not always aware of practice manager’s competences and needs. However, 75% of practice managers were not aware of any competency frameworks.
Key Recommendations

- Practice manager leads work needs to be recognised and resourced.

- Locally, CPD tutors can support practice manager leads, working together and encouraging PCT support.

- Locally, GPs can continue to support practice managers in their development (awareness raising is needed though).

- Regionally we can look to a joint approach to support practice managers through the possibility of learning events, action learning sets, resource information, and coaching.

- Propose that NESC commissions a pilot course for relatively new practice managers.

- Nationally, need to link with the Royal College of General Practitioners (RCGP) practice foundation and the re-launch of the IHM VTS programme.

- Further work is needed to explore the possibility of piloting the Scottish practice manager’s appraisal system and competency framework.

- Recommendations and future plans need to be considered in light of the recommendations made in other projects e.g. primary care workforce development.

- These findings need to be disseminated and discussed and the recommendations prioritised and actioned.
Table of contents

1. Background and context 1
2. Project proposal 2
3. Methodology 3
4. Findings 4
5. Conclusions and recommendations 16
6. Appendices 20
An exploratory project scoping the development needs of practice managers across Oxfordshire and the Isle of Wight at February 2009

1. BACKGROUND AND CONTEXT

Practice managers, deputy practice managers and assistant practice managers work within the primary care sector, where they manage the overall running of general practices (GP surgeries). Practice managers come from a variety of backgrounds and do not necessarily need to be a qualified healthcare professional. Whilst practice managers will usually be required to hold a relevant qualification there is little and varied formal common professional development (CPD) support for them. It can be a professionally isolating role and is certainly one that provides huge changes and challenges in the current NHS.

NHS Education South Central (NESC) provided funding to scope the training currently available plus approaching practice managers to explore by questionnaire and interview their perceived needs and awareness of what is available both locally, nationally and via e-learning/other. This work was carried out between February and May 2009.

The aim of the project was to scope what is available, what is used, what is missing and what could usefully be provided in terms of CPD, networking or professional support across South Central.

The project complied with the NHS Next Stage Review¹, NHS Leadership Qualities Framework², Mentorship (national workforce guidelines)³ and the Primary Care Taskforce priorities and the Oxford Deanery’s aim to develop as a multi-professional organisation.

The Primary Care Taskforce seeks to support and encourage educational and training in Primary Care. In particular the Taskforce looks to develop strategies to ensure that:

- Access to consistent education and training is available for the whole primary care workforce
- New ways of working as highlighted in the NHS Next Stage Review are adequately supported educationally.

¹ The final report of Lord Darzi’s NHS Next Stage Review. It responds to the 10 SHA strategic visions and sets out a vision for an NHS with quality at its heart. The full report can be downloaded at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

² The NHS Leadership Qualities Framework has been developed specifically for the NHS and sets the standard for outstanding leadership in the service. The framework can be downloaded at http://www.nhsleadershipqualities.nhs.uk/

2. PROJECT PROPOSAL

2.1 Purpose
To scope what training and development is available for managers (and their assistants) in medical general practices in Oxfordshire and on the Isle of Wight; to establish what resources are available and are used, what is missing and what may usefully be provided in terms of CPD, networking or professional support across South Central.

2.2 Aims and Objectives
To scope the extent of support and educational opportunities for practice managers (and their assistants) who are doing a difficult and relatively isolated job in a fast changing environment, often without mentorship of any kind.

To comply with Local and National Priorities:
- NHS Next Stage Review
- NHS Leadership Qualities Framework
- Mentorship (national workforce guidelines)
- Primary Care Taskforce priorities

2.3 Resources used
Funding to cover the cost of scoping the training currently available plus approaching practice managers to explore by questionnaire and interview their perceived needs and their awareness of what is available both locally, nationally and via e-learning/other.

The support was approved by NHS Education South Central was £5000 and this was used to fund the project leads and administrative support plus ancillary costs e.g. office space, use of a PC and associated printing/copying facilities, internet access, stationery costs, accommodation, travel and hospitality.

2.4 Project Board
Jan McCall CPD Tutor and GP Appraiser
Mo McKay GP Appraiser, Mentor and experienced Practice Manager
Lyn Stone Project Support Officer

Accountable to:
Nick Lyons, Primary Care Taskforce Lead
NHS Education South Central
3. METHODOLOGY

3.1 Approval and networking (key stakeholders)
The Primary Care Taskforce approved the bid for this work. Whilst this was a relatively small project we wanted to engage as many stakeholders as practicable/possible. To this end we liaised with Isle of Wight and Oxfordshire PCTs, and practice manager leads. We attempted to liaise with CPD tutor for IoW and other Primary Care Taskforce project leads. We also copied senior partners into the process.

3.2 Project planning and risk analysis
The project board developed a project plan (appendix 1) and undertook a risk analysis at the start of the project to help predict the risks that could prevent delivering the project on time or even failing.

3.3 Literature review
A literature review was carried out to get a feel for practice manager learning needs, availability of any development opportunities, examples of good practice, examples of competence frameworks and career pathways.

3.4 Practice manager’s group on the Isle of Wight
Prior to sending out a semi-structured questionnaire, Mo McKay was invited to a group session with local practice managers on the Isle of Wight to help shape the questionnaire design, get commitment, and initial thoughts and ideas on development needs and opportunities.

3.5 Questionnaire
A confidential and exploratory semi-structured questionnaire (appendix 2) relating to the continuing professional development of practice managers (and their assistants) across Oxfordshire and the Isle of Wight was designed and distributed electronically.

The questionnaire was sent with a covering letter (appendix 3) to a total of 100 Practices (82 across Oxfordshire, 18 on the Isle of Wight). A follow-up email was sent to all non-responders.

3.6 Focus group – Oxfordshire
A focus group of selected Oxfordshire practice managers was held to discuss initial findings from the questionnaire and thoughts around proposed recommendations.

3.7 Face-to-face interview
A face-to-face interview was conducted with Janet Newman, an experienced practice manager/developer and lead for Oxfordshire, Chair of Oxfordshire Practice Managers Forum and practice manager LMC representative, to provide a comparative opinion and reinforcement of feedback from the Oxfordshire focus group.

3.8 Report and recommendations
All findings from this exploratory project have been collated and presented in this report together with recommendations for the development needs of practice managers (and their assistants).
4. FINDINGS

4.1 Literature review

Utilising electronic searches we looked for training and development opportunities available for practice managers. This varied from specific courses such as a VTS scheme run by the Institute of Healthcare Management (IHM) and endorsed by the RCGP, to various modules, distance learning and computer based learning (e-learning and online packages). Many of these turned out to be very general management focussed or specific to the new contract or Quality and Outcomes Framework (QOF).

A few, however, were specific e.g. RCGP East Anglia are just starting master class business skills in general practice for practice managers and GPs.

Whilst the Working in Partnership Project (WIPP) has formally completed its programme of work there are still some resources freely available such as pod casts. Other examples include the Primary Care Management Development Programme (PCMDP) – providing resources and online modules.

The PCMDP, run by the NHS Clinical Governance Support Team, is made up of nine modules that include risk management, IT, finance and human resources. Most of the course is online with additional email and telephone support available. Face-to-face learning takes place in the form of local meetings overseen by one of 20 local professional facilitators.

AMSPAR is The Association of Medical Secretaries, Practice Managers, Administrators and Receptionists. It was established in 1964 with the aim of creating and promoting appropriate qualifications, initially for those working as medical secretaries and subsequently for medical receptionists, administrators and practice managers.

AMSPAR offer a level 5 Diploma in Primary Care Management and this is said to be the only qualification designed specifically for managers in general practice that is included in the National Qualifications Framework.

The ‘Pheonix Agenda’ (a publication from the NHS Executive Phoenix Agenda Project) is a ‘Development Framework for General Practice Management’ by Barry Syder. The Phoenix Agenda Competency Based Framework is for both assessing and promoting the development of practice managers.

The British Association of Medical Managers (BAMM) focuses on medical mangers that have a clinical background.

We also looked for adverts, job descriptions and person specifications to see what competences/criteria GPs as employers were looking for in future practice managers.

We read various workforce development documents but found little on primary care workforce particularly practice managers. Likewise, documents and policies relating to the development of primary care made little mention of practice managers.

We looked at competency frameworks such as Skills for Health and British Medical Association’s (BMA’s) practice managers’ framework.
The IHM has its own Management Competence Framework drawn from the generic Management and Leadership Standards, the Knowledge and Skills Framework (KSF) and Leadership Qualities Framework.

The Practice Managers collaborative in South West Dorset are using the Practice Manager’s Competency Framework that is part of the nGMS Contract. They hold quarterly whole day workshops with practice managers which they lead and are starting up a PCT-hosted internet site for the sharing of knowledge, policies, contacts, etc.

We also searched further a field in the UK, e.g. to the work that NHS Scotland has done with practice managers. There is a lot of support in Scotland for practice managers. They are running the IHSM VTS scheme – mentioned above (to be re-launched in England later this year). The VTS pilot was endorsed by the RCGP and evaluated by Professor Mike Pringle FRCPG of Nottingham University. Programmes based upon the pilot with additional educational content from NES are currently running in Scotland and being assessed by IHM.

We reviewed the Scottish practice managers appraisal system and searched (with little return) for information on appraisal, PDPs and CPD.

We checked local (county) resources, e.g. learning and development directory and NHS Education South Central (NESC) to see what opportunities are currently being offered to practice managers.

We searched for awards, scholarship type opportunities for practice managers, e.g. Ireland has a practice manager award.

Finally we looked at websites, journals, conferences and networks that may be of relevance to practice managers – including our own NESC website.

4.2 Feedback from practice manager’s group session on the Isle of Wight
In advance of sending out the questionnaire Mo McKay contacted the lead Practice Manager (Judy Keith of The Esplanade Surgery, Ryde) and obtained an invitation to address a meeting of the local practice managers.

This afforded the opportunity to explain the nature and purpose of the questionnaire and to take questions from the local practice managers who were there.

There are 18 GP Practices on the island – some of which are branch surgeries.

A total of 10 local practice managers attended the group session and contributed to shaping the semi-structured questionnaire and gave a feel for what sort of training and development opportunities were available for the island practice managers.

It was interesting to note that there was a split of about 60/40 between those managers present who felt that they wanted more training to be provided on the island so that they did not need to cross the (very expensive) stretch of sea that separates them from the mainland and the 40% who felt that it was highly beneficial for them to have to leave the island to meet mainland managers and share ideas.
An advantage to IoW practice managers is that they all use the same system so communications are made easier.

The inevitable isolation of the island presents its own obstacles to accessing training courses at affordable cost. However, the local PCT based at St Mary’s Hospital, Newport were commended for their positive response to requests for training whenever there are changes in procedures.

4.3 Analysis of questionnaire – Oxfordshire results
Of the 82 questionnaires distributed, there were 24 returned.

4.3.1 Areas of development
Chart 1 below shows the comparison of the areas of development respondents said they were aware of against those areas they used.

As can be seen from the chart, formal study and formal networking are the most utilised areas of development for practice managers across Oxfordshire. Informal networking, experiential learning and e-learning the other most common types of learning regularly used.

Structured CPD: It was commented that “in-house appraisal was often done by doctors who are not aware of what is available” and that there is “nothing structured specifically for practice managers”.

Formal study: Of the 70% who were aware of formal study, 50% actually utilised available training events and courses. 35% accessed ad hoc training (e.g. Berkshire, Buckinghamshire and Oxfordshire Local Medical Committee (BBOLMC) - very useful for HR regulation updates). A few have accessed formal study such as Improvement Foundation events as available (approx 1 or 2 days per year) and MSc in Management (Health & Social Care). A third of respondents said there were lots of management and leadership courses,
but nothing specific to practice managers. Some practice manager groups have in the past clubbed together and organised their own workshops.

**Work-based learning:** This included in-house education programmes, ECDL, worked-based learning programme aimed at practice managers.

**Learning sets:** 8% did not know what was meant by “learning sets” and 84% were not aware of learning sets at all. One individual is currently on a learning set which meets 3 times per year.

**Networking:** 50% accessed formal networking, through practice manager forums and by attending the practice manager’s annual conference. 25% informally network via email links and local practice manager groups.

**Competency frameworks for practice managers:** 75% said they were not aware of any competency frameworks. One respondent thought a refresher in some areas would be useful. Those aware of competency frameworks include QOF; Self assessment on internet; framework which is part of new GMS contract; a useful guide for looking at one’s own development needs. None said they actually make use of any competency frameworks for their own development needs.

**Coaching/mentoring support:** Of the 25% who said they were aware of available coaching/mentoring support, only 10% requested this support through First Practice Management. One respondent said they have acted in this capacity for new practice managers or those who are not performing as expected.

**Distance learning:** Less than 20% said they were aware of distance learning opportunities - some available through private companies at high cost, lots of management or leadership courses and IT - although only half used this form of learning. One respondent commented they were not suited to this type of learning.

**Secondments:** Less than 20% said they were aware of secondment opportunities (e.g. visiting mentor’s practice) but none had requested to arrange this for themselves.

**Experiential learning:** This included payroll, NHS Pension, continual reflection, appraisal process, purchased books; periodicals specifically for practice managers; help lines. Some thought most of what they did was self-taught.

**E-learning:** Used for various specific learning needs such as Data Protection, Confidentiality training, Information Governance Statement of Compliance (IGSOC), NHS Connect site, IT (e.g. Government e-courses on Excel), book keeping course, NHS Microsoft e-learning, First Practice Management website as a useful resource. Some thought they were not disciplined enough or preferred to chat and learn from others.

**Other:** This included Improvement Foundation Leadership course, self development, handover from predecessor, information resources such as First Practice Management (FPM), and finance training directed to by CPD tutor.
When asked what were the reasons for not utilising development opportunities over half said “not readily accessible/not aware of what is available”. A third gave lack of time/time away from the practice as a reason. One commented, “Quite a lonely job and you can’t hand over to anyone. However, if you stay at the practice you get interrupted!” Cost and access to funding was also identified as a strong factor.

Respondents were asked what other opportunities would be useful to their development. A third replied they would like more local practice manager specific training / practical subject based workshops (e.g. finance on practice funding; global sum; enhanced services, superannuating). Just over 15% said they would like QOF and regulation updates (e.g. Health & Safety rules and HR).

Just over 10% said they would find useful:

- Mentoring / coaching
- E-learning courses and distance learning (especially if there is funding available)
- Basic introductory course (especially GP funding, enhanced services, PBC)
- Employment Law updates (one individual currently accesses from ACAS but this is London based)
- IT training (e.g. excel; troubleshooting computer problems)
- Advice available on where to access training

Others said they would find useful:

- Pension updates
- Key financial and business updates (links with PCT are important as things change)
- Revalidation - possibly even training in producing effective reports (or similar)
- Primary Care national conferences
- Reporting on clinical system
- Management skills
- Better networking opportunities with other PMs
- Opportunity of participating in a structured learning set
- In-house training
- PMS statements
- Any or all of what is listed in Question 1 of other questionnaire
  Using an external appraiser as well as one of the partners

One individual commented that having done the Diploma in Management Studies (DMS) has proved useful for helping to put a business case together.
4.3.2 Funding
When asked how practice manager development is funded, 70% replied this was through the Surgery/Practice. It was commented that the Practice pays a yearly local voluntary levy plus Medical Defence Union (MDU) membership for the Practice. Individuals can request funding for development opportunities if found appropriate – if not then it would need to be done in their own time and at their own expense. One individual commented that they had received Train to Gain funding for attending Leadership Master Classes. Another individual was funded for their MSc by the Workforce Confederation.

15% said development isn’t funded and a further 15% said they didn’t know how it was funded.

4.3.3 Induction
48% said that they had an induction programme. However, in some cases there was no formal handover and only the basics were covered.

Of those who had an induction programme, what they particularly found useful at the time was a handover by their predecessor, shadowing or on the job training with their predecessor. Specific elements found to be useful included salaries training, learning how the Practice ran and knowledge of Practice culture, systems, local practice manager’s network, contact numbers, overview of accounts package, personal contact and informal training.

On reflection, practice managers thought it would have been useful to have had a staged induction, reviewed after a couple of months, possibly with a mentor. An induction for new managers a month into the job and in the first 3 months, a chance to visit the PCT, Library and Information Service (LIS) and Thames Valley Primary Care Agency (TVPCA) and meet key personnel to gain an understanding of resources available and their links.

4.3.4 Forums/professional group meetings
86% said they attend local practice manager’s meetings (32% monthly; 45% bi-monthly; 18% 6-weekly; 5% quarterly). The majority found these meetings extremely useful (“a good opportunity to share problems/solutions”; “nice way to catch up”; “useful for networking, sharing ideas and for support from colleagues”; “useful for support, advice and sharing best practice”; “useful to learn what priority others are giving to work”; “often speakers invited to clarify difficult areas or for discussion purposes”). Time constraints, however, make it really hard to get to all the meetings.

15% said they attend the Annual Practice Manager’s Conference and 9% Practice Based Commissioning meetings.

Other groups/professional membership mentioned included course organisers group, Institute of Healthcare Management (IHM) in conjunction with SHA (not too often as evening meetings) and Faculty of Public Health (annual subscription).

4.3.5 Journals and websites

Journals: The most popular professional journals regularly read for development and support include Management in Practice, Practice Business, Practice Management and Pulse. Others include GP, Primary Business Today, People Management, Business Management, HSJ, IHM and BMJ.

Websites: 82% said they regularly visit the First Practice Management website. It was commented that partners used this site for recruitment so the first year’s membership was
free and that the PCT email Practices asking who would like annual membership and do a group booking, although the Practice pays.

Other websites regularly visited include BMA (12%), PCT intranet (10%), ISHM (8%), Management in Practice, Pulse Today, DH, HSJ, BMJ, GPC, CIPD, NHS information, NHS Institute for Innovation and Improvement, Healthcare Republic and Government websites.

The MDU advice line was given as a good resource at one Practice who has group membership and circulates articles to staff on e.g. ‘confidentiality’.

10% said they do not regularly visit any websites.

4.3.6 Protected learning time/joint learning
Two thirds of respondents said they were not currently involved in any protected learning time learning or joint learning although it was commented that time would be granted if asked for. Of those who were this included attendance at clinical team meetings (e.g. first Friday in month as clinical updates), Significant Event Analysis (SEA) and complaints, some training sessions (e.g. Choose and Book), weekly journal club and weekly in house education programme. One respondent said they were a training Practice and were invited to any non-clinical training programme that may be run.

4.3.7 Review process/Personal development plan

Review process: 65% said they had a formalised review process of their role as practice manager including annual appraisal and probationary review. 30% replied ‘No’ and the remaining 5% said they were currently reviewing the appraisal for the practice manager.

Personal Development Plan (PDP)/Record of Learning: There was a 50/50 split between those who said they have a PDP and those who do not. 4% said they only had a record of learning. One commented that they do reflection and discuss plans for the year ahead but no formal plan - also 360 degree feedback. No one said that a competency framework was used.

4.3.8 Professional qualifications
Again, a 50/50 split between those who said they had a professional qualification and those who did not. Professional qualifications included Certificate in Management Studies; AMGP; Post Grad Diploma in Management in Health and Social Care; Association of Accounting Technicians; BSc Hons; Diploma in Management, Adult Teaching Diploma; FCIPD; CIPD; NVQ in Management; DMS; RGN, RHV, RDN, FAETC, BA[Hons]. One respondent has a BSC (Econ) and is currently doing an MSc.

4.3.9 How long in current post

12% 3-6 months
12% 6 months – 1 year
13% 1-2 years
21% 3-5 years
17% 6-10 years
25% 10-15 years

82% said they do not have a deputy or assistant practice manager.
4.3.10 Number of patients registered
Number of patients registered with those Practices who completed the questionnaire fell into the following categories:

- 22% 3,500-5,000
- 22% 6,000-7,100
- 22% 8,500-9,600
- 30% 10,000-15,000
- 4% 15,000-20,000

4.3.11 GMS or PMS?
71% GMS
29% PMS

4.3.12 Single-handed practice?
92% No
4% Yes
One individual did not know what was meant by ‘single-handed’.

4.3.13 Other comments
Respondents were asked to add any comments, questions and/or ideas that they felt would be a useful addition to the information they had already provided including any future development opportunities they would like to have available for practice managers.

Key themes that emerged were:

- isolation of the role
- importance of a support network
- need for mentoring/coaching
- learning on the job
- need for regular, local training
- training related to finance and HR

Here are some quotes from individuals:

“The role is very isolated at times and a support network is essential.”

“Despite having a good network of experienced PMs around, the role is extremely isolating.”

“I rely on my local PM meetings for advice and updates. They are invaluable for support in what is essentially a very isolated job.”

“It is a lonely role with a huge amount of responsibility.”

“I know that mentor schemes work well in other areas. Maybe a local system could be arranged – it’s so much easier to work alongside someone who has to respond to the same pressures and PCT deadlines.”
“I am amazed at how you are left to sink or swim!”

“Aside from CPR and required training for practice targets there is no encouragement to do anything else. Would like to see regular local training in employment law, time management, report writing, GP revalidation, 360 degree appraisal.”

“Structured learning programmes are sadly lacking.”

“I believe practices now need managers with a strong business head and a team that is focused and supportive. I would suggest that any training that’s provided is tailored to address the changing face of general practice.”

“The role of the PM has become much more complex since the introduction of the nGMS Contract. The speed at which things change leaves very little time for reflection, measuring outcomes or strategic thinking, with most PMs reporting a reduction in job satisfaction.”

“I would value protected learning time.”

“Would be really useful to have feedback at next Oxfordshire PMs conference and a chat about what is actually available etc.”

4.4 Analysis of questionnaire - Isle of Wight results

Of the 18 questionnaires sent to the island practices only 2 were returned. Contributing reasons for this were the tendency to ignore emails due to overload and thoughts had already been expressed by many managers at the focus group session.

Of the 2 who did complete the questionnaire the feedback was as follows.

4.4.1 Areas of development

The areas of development the two individuals said they were aware of or accessed were:

- networking - formal via a good support group on a monthly basis and informal networking via email
- distance learning
- experiential learning/self-taught
- e-learning - although this was not practice manager specific.

Although neither said they accessed coaching or mentoring, one commented that they did ‘help each other out’.

The reasons they gave for not using other areas of development were time and funding, location, or not available.

When asked what other opportunities would be useful to their development, they said ‘some formal and informal training’ and ‘mentoring and local development’.

4.4.2 Funding

When asked how their development was funded they replied, ‘GP, if lucky’ and ‘Practice only’.
4.4.3 Induction
One of the two individuals said they had an induction programme ‘but only a month – not enough’. They said, on reflection, they would like to see included in an induction programme training on GMS and PM, pension and GP superannuation.

4.4.4 Forums/professional group meetings
One individual said they were actively involved in the Practice Manager Forum (PMF) and Choose and Book (CAB) group and found this very beneficial. The other was involved in practice manager which they felt was useful depending on the agenda. Both said they attended monthly meetings.

4.4.5 Journals and websites
One said they regularly read Practice Manager, the other said they did not have time to read any journals. They both regularly visited websites – ACAS, Business Link, First Practice Manager.

4.4.6 Protected learning time/joint learning
None or not much.

4.4.7 Review process/Personal development plan
Neither had a formalised review process of their role as practice manager and only one said they had a personal development plan/record of learning.

4.4.8 Professional qualifications
None

4.4.9 How long in current post
5 years and 8 years respectively. One said they had a deputy/assistant practice manager.

4.4.10 Number of patients registered
Between 3,000 to 4,000.

4.4.11 GMS or PMS?
GMS

4.4.12 Single-handed practice?
No

4.4.13 Other comments
Respondents were asked to add any comments, questions and/or ideas that they felt would be a useful addition to the information they had already provided including any future development opportunities they would like to have available for practice managers.

“Short and long courses where we can learn at different times and locations and in groups and some work-based teaching would be useful”.

4.5 Feedback from Oxfordshire focus group
From across Oxfordshire, we selected a geographical, representative mix of practice managers (i.e. new to the role, keen educationalist, volunteer non-responder to questionnaire) to participate in a focus group session.
The focus group thought about training and development needs for practice managers across South Central – what resources are available and are used, what is missing and what may usefully be provided in terms of CPD, networking or professional support.

**Learning opportunities and resources:** All agreed they would value ‘signposting’ to learning opportunities and resources, and would value refreshers on employment law and health & safety. It was suggested that Healthcare Assistants training was included on the Oxfordshire PCT intranet and the idea of a ‘Share Point’ on the site was thought to be a good one. It was suggested that setting up an Information Centre (IC) users group would be beneficial. It was agreed that more awareness of available NESC resources was needed and also of specialist training at Cumberland Lodge, Windsor. It was brought to attention that MDU will carry out free risk assessments.

**Workshops:** The group liked the idea of bi-annual workshops with guest speakers on, for example, appraisals. It was suggested that guest speakers could be tagged on to practice manager forums/locality groups although it was noted that the Oxfordshire practice manager’s group is not open to all. Limited admin support was a concern.

**‘Medley of learning’ sessions:** The idea of ‘Medley of Learning’ sessions covering specific topics was strongly welcomed. It was suggested that established practice managers could share their knowledge at these sessions. Guest speakers could be tagged on to PM forums/locality The group were in favour of a learning set for practice managers, particularly now that there are a growing number of practice managers with a special interest (e.g. finance, HR, commissioning, education, etc).

**Sharing skills:** It was thought that there should be more sharing of skills amongst practice managers and that there are benefits to having a practice manager ‘buddy’. The group suggested that practice managers could be invited to monthly lunchtime educational sessions for GPs.

**PDP/appraisal:** With regard to PDP/appraisal, it was thought useful to have the opportunity of a practice manager appraised by another practice manager with a partner in the Practice. A standard appraisal system was welcomed (as Scotland) but would need to have local variations with a standard template. A working group for standard protocol was suggested.

**Practice manager’s annual conference:** The group said they attended the Management in Practice (free) National Conference and thought this was an ‘okay’ conference with regard to their learning and development.

**Sponsorship:** All agreed they saw no problems in using sponsorship from e.g. pharma companies.

It was agreed that key points to take forward should be:

- Think about running a programme of ‘Medley of Learning’ Days
- Look at training content on the PCT website
- A blog system on the PCT website for sharing
- Explore Scotland appraisal template system (put in bid for more support here)
- practice managers with special interests

4.6 Interview with Janet Newman
Following on from the Oxfordshire Focus Group, Jan McCall met with Janet Newman, experienced practice manager, (training practice) Oxfordshire Lead Practice Manager and practice manager LMC representative. It was felt that in many ways Janet acts as a CPD tutor for practice managers but with little support or formal recognition of this role.

Janet is able to open doorways, enhance networking and offer support to practice managers in Oxfordshire. Whilst she likes the idea of a VTS for practice managers, she was involved in the design and development of the IHM programme but felt it too general and not practice manager focussed - “There is so much about general management rather than practice management”.

“Practice Managers are varied so learning needs to differ but practice managers have to be ‘doers’ – therefore they need problem solving, crisis management, and probably not so much on reflection and general skills.”

Janet clearly recognises that practice managers are “everything the partners allow them to be” and there are issues specific to each county as well as each Practice.

There is also the issue of how practice managers are recruited – and we need to promote a culture of sharing. It is much about the dynamics of the GPs in the partnership and matching those skills.

The workload is very demanding and there is an issue of information overload for both partners and managers.

Janet felt there is very high turnover of practice managers and this is an ageing workforce but there is no central monitoring of this workforce. This clearly links to the work undertaken by Fiona Reed Associates.

Janet organises educational events and support for the Oxfordshire practice managers (Oxfordshire Practice Managers Forum). Practices pay a £25 levy to fund meetings – 60 people subscribe. The fees ensure that the group have a minute-taker and lunch. For the annual conference, pharmaceutical partnership may be used. Support from the PCT is offered in terms of sometimes providing venue and speakers for PCT agenda items e.g. 1st October, PM learning workshop – the PCT providing venue and lunch (Alan Webb and Geoff Rowthbottom from the PCT talking on world class commissioning). Ideally, Janet would like to make this an overnight event so that time could be built in for networking.

She would like to put on 4 events per year – that are very much learner driven and are about celebrating and sharing good practice. However, with a full time post and no funding this is difficult.

The other aspiration would be to run a programme for new practice managers – half a day away a week, 6 month programme, for the first 6 months – markers of what you need to know, as otherwise issues of overload of information.

Other areas discussed were the idea of adding a learning set on to Oxfordshire Practice Managers Forum and work on practice manager career development pathways including practice managers with special interests (PMwSI).
Janet is also interested and enthusiastic about looking at a general appraisal format for practice managers and reviewing the practice managers personal development reviews (PDRs) with GPs.

4.7 Further discussions (post project)
Jan McCall talked to Barry Coward, another very experienced and highly regarded practice manager in Oxfordshire, who had been discussing training needs with a local GP and Janet Newman.

A proposed Practice Manager Programme that Barry designed as a result of this and previous provision can be found in appendix 4.

Jan McCall contacted Fiona Reed Associates again and spoke with the project lead for the mapping exercise looking at scoping the primary care workforce and needs of the primary care workforce/primary healthcare teams.

Clearly these project link together and compliment each other.

Jan also spoke with Maureen Baker, Honorary Secretary of RCGP Council, who put her in touch with Jenny Britton from the General Practice Foundation. They are piloting the VTS programme in Scotland and hope to re-launch in England later this year and will liaise with Jan McCall. Additionally, Jan spoke directly with the IHM who designed this programme to express interest in roll out in England and ensure she receives information.

5. CONCLUSIONS AND RECOMMENDATIONS

The findings and recommendations of the scoping exercise fall into four general themes, those of induction, support networks, learning opportunities and resources, and PDP/appraisal.

5.1 Induction
Less than half of all practice managers across Oxfordshire and the Isle of Wight said they had an induction programme. In some cases only the basics were covered and there had been no formal handover.

Recommendations
There is a need to develop a structured induction programme for practice managers to include formal handover (shadowing or on the job training with their predecessor (where appropriate) and a visit to the PCT/other relevant organisations to meet with key personnel to gain an understanding of resources available and their links.

A structured induction programme would need to cover specific elements such as how the practice is run, culture, systems, local networks, salaries training, overview of accounts package, training on GMS and PM, pension and GP superannuation.

A staged induction for new managers a month into the job with a review after a couple of months (possibly with a mentor and support programme) to be recommended to GPs. PCTs and Deanery to consider how they might support this (see appendix 4).

5.2 Support networks
The practice manager role is a lonely one with a huge amount of responsibility. A support network is essential in what is an extremely isolated job. Almost 90 per cent of practice managers said they regularly attend local forums/professional group meetings which provide invaluable support from colleagues. The majority found these meetings useful for networking, sharing ideas, advice and best practice. Time constraints, however, is a barrier for managers to attend all the meetings.

A quarter of practice managers informally network via email links. Some attend practice based commissioning meetings, Choose and Book group and the Annual Practice Managers Conference. Other groups/professional organisations mentioned were course organisers group, IHM in conjunction with SHA (evening meetings) and Faculty of Public Health (annual subscription). British Association of Medical Managers (BAMM) was not mentioned but does tend to focus on clinical managers.

Since the introduction of the nGMS Contract, the practice manager role has become much more complex. The speed at which things change leaves little time for reflection, measuring outcomes or strategic thinking.

Recommendations
There needs to be more sharing of knowledge and skills and best practice amongst practice managers. This could be achieved by:

- Established practice managers/champions sharing their knowledge of specific topics/special interest areas at Medley of Learning events;
- Pilot Deanery run practice manager learning sets (particularly relevant now that there are a growing number of practice managers with a special interest). This could be added to PM forums;
- General encouragement and support of informal networking amongst practice managers;
- Practice managers setting up and utilising a ‘buddy’ scheme or alternatively Deanery or CDU providing a mentoring service?
- Support to practice manager leads – consider South Central network? Plus CPD tutors to support;
- Local support e.g. to Oxfordshire practice managers next event on 1st October.

5.3 Learning opportunities and resources
It emerged that formal study, experiential learning and e-learning are the most commonly utilised types of learning and development for practice managers (and their assistants). Practice managers consider lack of awareness, time, funding and location as barriers to their learning and development as well as replacement cover.

There is a lack of structured learning programmes, specific to practice managers. Practices now need managers with a strong business head and a team that is focused and supportive. There is a real need for training and development to be tailored to address the changing face of general practice.
Despite having around them a good network of experienced practice managers, the role is very isolating. Mentoring schemes work well in easing the pressures of what is a demanding job, particularly for new managers and those not performing as expected.

**Recommendations**

- Increase awareness of and signposting to available learning opportunities and resources and therefore utilise what is already available –
  - Look at the training content and signing on the Oxfordshire PCT intranet website (practice managers have a section but currently there is no educational element)
  - Set up a website ‘share point’
  - Set up an IC users group
  - Set up a section on the NESC website for all South Central Primary Care staff (with new organisation Deanery has lost practice managers pages)

- Recommend practice managers being invited to more monthly lunchtime GP educational sessions.

- Develop an educational programme in conjunction with practice managers, practices, PCTs and Deanery.

- Regular local training in areas such as employment law, time management, health & safety, report writing, GP revalidation, 360 degree appraisal.

- Commission new Practice Manager course as a pilot as proposed in appendix 4 (this would be for new practice managers so would also work as an induction).

- Bi-annual workshops with guest speakers tagged onto practice manager forums/locality groups or alternatively run a programme of ‘Medley of Learning’ Days 4 times a year. Practices to pay. Consider using sponsorship from e.g. pharma companies. NESC to host?
  - Such events must be learner driven and include celebration of good practice.

- Review the past Cumberland lodge Practice Manager and Partners course – revamp/replace with renewed focus from reflection to action learning.

- Link with RCGP – general practice foundation and IHM for future developments and re-launch of VTS scheme.

- ?NESC representative to attend Scotland RCGP conference and link with general practice foundation – 3rd RCGP conference, Glasgow, 5th-7th November.

### 5.4 PDP/Appraisal

All practice managers need a formalised review process of their role including annual appraisal and probationary review and they need to have a personal development plan. Many practice managers are committed to the appraisal process having set up systems in the Practices and having helped GPs with appraisal preparation. However 67% of practice
managers surveyed had no PDP. The other issue raised was that partners may not always be aware of practice manager competences and needs. Practice managers would welcome a standard appraisal system (as Scotland) but would need to have local variations with a standard template. Competency frameworks are not currently used.

**Recommendations**
- Suggest the opportunity of a practice manager appraised by another practice manager with a partner in the Practice.
- Further work to explore Scotland appraisal template system and think about setting up a working group for standard protocol as a pilot.
- Generally encourage the use of competency frameworks and career pathways.

**5.5 Next stages**
These recommendations need review in light of other recommendations made e.g. Fiona Reed – workforce planning issues.

Proposed sharing of these recommendations with
- NESC stakeholders
- Practice Managers – forum IoW and Oxfordshire
- Local GPs
- Local RCGP
- LMC

**Note:**
At the end stage of this scoping we have made initial liaison with education providers, Fiona Reed Associates (another taskforce project lead), Barry Coward (an independent ex practice manager training provider), the Royal College of General Practitioners (RCGP) re the general practice foundation and IHM re vocational training.
6. APPENDICES

Appendix 1: Project plan

1. To ascertain background information - research/literature/electronic literature review. (Mo)
2. Access funding. (Jan)
3. Contact key players. (Mo)
4. Source Support. (Jan & Mo)
5. Put together proposal. (Mo)
6. Put together a project plan and TOR for the Project Board. (Mo)
7. Risk evaluation. (Board)
8. Design and content of questionnaire. (Mo & Jan)
9. Design covering letter to accompany questionnaire. (Mo & Jan)
10. Agree a time frame punctuated by reviews. (Mo & Jan)
11. Inform Primary Care Trusts both Oxfordshire and Isle of Wight. (Jan)
12. Access list of practice managers’ contact addresses both Oxfordshire and Isle of Wight. (Jan)
13. Send out questionnaire electronically and receive responses. (Project Support Officer)
14. To arrange to interview a representative number of practice managers. (Mo)
15. Collate results (Project Support Officer)
16. To analyse results/reflect/produce report of findings. (Project Support Officer)
17. To prepare a presentation of the outcome/findings of the project (Mo, Jan & Project Support Officer)

Timescale

1. The questionnaires designed and distributed by mid-February.
2. Replies received and collated by mid-March.
3. Interviews of a number of representative practice managers completed by mid-March.
4. Findings collated and presented during April.
Appendix 2:

QUESTIONNAIRE RELATING TO THE CONTINUING PROFESSIONAL DEVELOPMENT OF PRACTICE MANAGERS, DEPUTY PRACTICE MANAGERS AND ASSISTANTS ACROSS OXFORDSHIRE AND THE ISLE OF WIGHT

1. As far as you are aware, in the following areas, what is available for your development?

<table>
<thead>
<tr>
<th>Area</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured continuing professional development (personal development planning)</td>
<td></td>
</tr>
<tr>
<td>Formal study (Learning events/courses)</td>
<td></td>
</tr>
<tr>
<td>Work-based learning</td>
<td></td>
</tr>
<tr>
<td>Learning sets</td>
<td></td>
</tr>
<tr>
<td>Networking (formal)</td>
<td></td>
</tr>
<tr>
<td>Networking (informal)</td>
<td></td>
</tr>
<tr>
<td>Competency frameworks for Practice Managers</td>
<td></td>
</tr>
<tr>
<td>Support in the form of coaching/mentoring</td>
<td></td>
</tr>
<tr>
<td>Distance learning</td>
<td></td>
</tr>
<tr>
<td>Secondments</td>
<td></td>
</tr>
<tr>
<td>Experiential learning/self-taught</td>
<td></td>
</tr>
<tr>
<td>E-learning/computer-based learning</td>
<td></td>
</tr>
<tr>
<td>Other (please state)</td>
<td></td>
</tr>
</tbody>
</table>

2. Which (if any) of the above do you use; why and how often?

3. What are the reasons for not using others on the above list?
4. In your opinion, what other opportunities would be useful to your development?

5. How is practice manager development funded?

6. Did you have an induction programme?  Yes ☐  No ☐

7. If yes, what was particularly useful to you at that time?

8. On reflection, was there anything not included that would have been useful?

9. What forums/professional group meetings are you actively involved in?
   - How frequently do you meet?
   - How beneficial are the meetings?

10. What professional journals do you regularly read for your development/support?

11. What websites do you regularly visit for your development/support?

12. Please describe any protected learning time and/or joint learning that you are involved in at your Practice?

13. Do you have a formalised review process of your role as Practice Manager?
   Yes ☐  No ☐

14. Do you have a Professional Development Plan/Record of Learning
   Yes ☐  No ☐

15. Do you have a professional qualification?  Yes ☐  please state ☐  No ☐

16. How long have you been in your current post?

17. Do you have a deputy/assistant practice manager?  Yes ☐  No ☐

18. How many patients are registered with your practice?

19. Is it GMS or PMS?

20. Is it a single/handed practice?  Yes ☐  No ☐

Please add here any comments/questions/ideas that you feel would be a useful addition to the information you have already provided including any future development opportunities you would like to have available for Practice Managers.
Appendix 3: Practice Managers Questionnaire - Covering letter

To: Practice Managers

Date:

Dear Colleague

As a former Practice Manager, Primary Care Development Lead and GP Appraiser I have been invited to work on this exploratory and fact-finding initiative to explore the continuing professional development needs of Practice Managers, their deputies and assistants across Oxfordshire and the Isle of Wight. I will be working with my colleague, Jan McCall, for NHS South Central and the Primary Care Taskforce looking at what is already available and where the gaps might be. This recognises the sometimes isolated role of Practice Managers and the challenging and constantly changing nature of their work.

We would value your input because it is you who knows what is there, what is useful, what isn’t and what is missing so please will you take a few minutes to consider and complete the attached questionnaire and to return it to me: mo.mckay@googlemail.com by Friday 20th March 2009.

Your contribution will be essential to the outcome of this exercise and should help to shape the provision of support for Practice Managers in the future.

This survey is confidential. You do not need to identify yourself. If you do, your contribution will be collated anonymously.

Thank you, in anticipation of your help with this.

Mo McKay
Professional Development Coach

Jan McCall
CPD Tutor, NESC
Appendix 4: Proposed course outline to be developed for Practice Managers (aimed primarily at relatively new managers)

<table>
<thead>
<tr>
<th>Course Description</th>
<th>Best month to present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality &amp; Outcomes Framework – portfolio of evidence and surviving a practice visit</td>
<td>Early Sep</td>
</tr>
<tr>
<td>Understanding the GP contract</td>
<td>Oct</td>
</tr>
<tr>
<td>Understanding practice finances and the SFE</td>
<td>Nov</td>
</tr>
<tr>
<td>Management miscellany – handling complaints, data protection, personal administration claims, understanding Practice Based Commissioning + other topics to be added</td>
<td>Dec</td>
</tr>
<tr>
<td>Quality &amp; Outcomes Framework – rounding off the current year successfully, looking towards next year</td>
<td>Jan</td>
</tr>
<tr>
<td>Management of Enhanced Services contracts</td>
<td>Feb</td>
</tr>
</tbody>
</table>

Designed by Barry Coward