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# **General Practice Fellowships for GPs and Nurses New to Practice Programme Operational Guidance 2020/21**

Making primary care a great place to work

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This guidance supports Integrated Care Systems and Sustainability and Transformation Partnerships, Primary Care Networks, training hubs and other local partners to understand and continue delivery of the General Practice Fellowship programme, supporting newly-qualified GPs and nurses working in primary care

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# Foreword



We are delighted to have this opportunity to share the 2020/21 General Practice Fellowships Programme Guidance, which will support the development of your local offer of a two-year fellowship to newly-qualified doctors and nurses entering general practice. This programme is a NHS Long Term Plan commitment, also suggested by the GP Partnership Review, and recently restated in the February 2020 update to the GP Contract.

The programme launched in December 2019, and is subsequently being implemented across England to support all newly-qualified GPs and nurses in their transition to established, sustainable practise in general practice, becoming an embedded part of the primary care team in the PCN. 2019/20 was an establishment year for the programme, facilitating early partial implementation of what is now a bigger programme going live from August 2020 onwards, evolving to becoming an entitlement for this cohort. We have delayed the launch in this way in order to allow local capacity to focus on the COVID-19 efforts. Our team has constructed this programme to ensure a universally available single national offer exists for consistency, coupled with local flexibility around which initiatives best deliver the model in your setting.

The scheme builds on current good practice by bringing together a range of existing programmes into a standard offer, creating the environment to empower systems, PCNs and practices to further support this cohort of the workforce. National funding is available to support recruitment and retention of newly-qualified professionals, helping them to become lasting colleagues of the future. This scheme forms one aspect of your primary care workforce recruitment and retention strategy.

The programme is an offer available to all GPs and nurses who are newly-qualified, and joining a practice or PCN through a substantive position. It guarantees a level of support, learning and flexibility.

In joining the programme participants benefit from a ready-made network built around them to support confidence and reduce the sense of isolation we hear about. We are hopeful the programme will additionally encourage trainee nurses to choose general practice as their first destination, making it a great and vibrant place for all to work. We hope to create opportunities for participants to work in other practices, and we would encourage practices, PCNs and systems to work together to identify such opportunities. The learning and development aspects featured in the programme support growth of future-facing skills, building a team who are invested in and can ultimately grow to be confident members of the primary care team in the area they work.

We hope you find this guidance supportive in understanding the model we are progressing with this year, which is based on input from a range of partners, as well as two 'proof of concept' systems who trialled full implementation in 2019/20 – Bedfordshire, Luton and Milton Keynes and Humber Coast and Vale. You will also find additional learning materials, including case studies, on FutureNHS.

We wish you every success with your local programme and look forward to hearing how you are building contextual confidence and further supporting your newly-qualified GPs and nurses to find joy in their precious early years in general practice.



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# Programme summary

## Purpose

This document outlines the national General Practice Fellowship programme which all ICSs/STPs are expected to continue delivery of in 2020/21, utilising national funding, and building on the first stage of the offer which was launched in the latter part of 2019/20. The grown 2020/21 offer has delayed launch from 1 April to August to respect local capacity needed in relation to COVID-19.

## What is the initiative?

- The General Practice Fellowship programme is a national commitment announced in the [NHS Long Term Plan](#), and restated in the February 2020 [Update to the GP Contract](#)
- It is a two year programme of support, available to **all** newly-qualified GPs and nurses working substantively in general practice, with an explicit focus on working within and across a PCN. ICSs/STPs should encourage all eligible clinicians to sign up, and aim for as close to 100% coverage as possible
- It is a programme of support, PCN portfolio working, learning and development post-registration, supporting nurses and GPs to take up substantive roles, understand the context they are working in, become embedded in the PCN, and increase and maintain high levels of participation in the primary care workforce
- Participants receive funded mentorship and funded CPD opportunities of one session per week (pro rata), and rotational placements within or across PCNs to develop experience and support transition into the workforce.

## Who is it for?

- Fellowships is an entitlement for all newly-qualified GPs and nurses working/ about to work in substantive roles in general practice
- Every newly-qualified GP coming out of training will have a guaranteed opportunity to benefit from the scheme
- The Fellowship offer is for substantive staff working to provide primary medical services. They may be employed by a practice, across a PCN, cluster of PCNs or another body
- The scheme is open to those who work LTFT on a pro-rata basis.

## What do fellows receive?

- In 2020/21 fellows will benefit from support and networking, PCN portfolio working, and structured learning opportunities that are an enhancement of the previous offer, allowing continuity for fellows enrolled in 2019/20.

## Delivery

- The offer is a set national construct, with the opportunity for systems to agree how each of the components is delivered locally
- ICSs/STPs and PCNs should commission learning provision from their local training hub and/ or other providers according to an agreed specification. They may also choose to work in partnership with federations, at scale providers and other partners, reflecting local circumstances, while ensuring they are delivering a single offer for all fellows in the system or place
- The approach has been trialled in two 'proof of concept' systems: Bedfordshire, Luton and Milton Keynes and Humber Coast and Vale, with learning from them available online.

## Funding

- This programme is nationally funded, with allocations made indicatively to NHSE/I regions for systems to draw down on. Funding covers a) reimbursement of one session per week to the employer (pro rata), b) provision of learning, c) a smaller amount for programme design and oversight
- There is sufficient funding available for all newly qualified GPs and nurses to benefit from the scheme. Unused funding will not be available for other purposes
- A separate [Supporting Mentors Scheme](#) is available to fund the GP mentorship aspect of this Fellowship initiative.

## Going forward

- Subject to annual budget setting processes, national funding has been profiled for this programme through to 2023/24. A decision will be made in 2023 about whether national funding will continue after 2023/24.

# Programme delivery



## Purpose of guidance

This guidance sets the principles and framework for the revised and updated 2020/21 national General Practice Fellowships programme, establishing the new suite of core components, building on those outlined in 2019/20. All ICSs/ STPs must have this programme available for 100% of their newly-qualified GPs and nurses, and should utilise this document to shape their delivery.

## Programme delivery overview

2019/20 supplied ICSs/STPs with an early establishment opportunity for a partial element of the General Practice Fellowships programme, acting as a step towards full programme delivery happening from August 2020. The overarching intention is to deliver a national scheme supporting all newly-qualified GPs and nurses as they transition from training to an employed member of the primary care team. Taking learning from the GP Partnership Review, the supportive nature of this programme and the rotational working opportunity reflects the ways the incoming workforce wish for their roles to operate. It is hoped that this will encourage newly qualified GPs and nurses to take up substantive roles, and to develop an understanding of and attachment to the area they are working in. Thus, the programme will also help practices, PCNs and ICSs/STPs to recruit and retain skilled GPs and nurses in their workforce by offering attractive roles that lead to long term employment within primary care.

The scheme should sit within the overall ICS/STP workforce strategy, and aligned with leadership development activities and workstreams.

### The General Practice Fellowship programme is:

- A programme of support, learning and development
- Guaranteed offer to newly-qualified GPs and nurses working in general practice, including those working less than full time (LTFT)
- Supported by national funding for system-led implementation, and with delivery and oversight through training hubs or other locally-agreed provider

In order to deliver the 2020/21 programme ICSs/STPs should grow their 2019/20 'support and networking' offer - where this is in place - to include two new aspects: **1. Learning and Development;**  
**2. PCN Portfolio Working.**

To ensure national consistency, ICSs/STPs should implement the programme as described in this document, and can find the full framework of delivery elements on slide 7. All components should be available equally to both GPs and nurses, with the one exception being GPs are supported through 'mentorship', whereas for nurses it is 'supervision', as agreed with the respective professional bodies.

This enhanced programme should be open to new joiners, as well as act as continuation for GPs and nurses who joined the programme in 2019/20 and are part way through their two year time on the scheme. The programme should be flexible for participants where possible, and particularly be available for those who work LTFT.

ICSs/STPs and PCNs should usually commission learning provision from their local training hub, according to an agreed specification. They may also choose to work in partnership with federations, LMCs, at scale providers and other stakeholders, reflecting local circumstances, while ensuring they are delivering a single offer for all fellows in a system or place. There will be a mixed location for delivery as some aspects of the scheme can be delivered in-practice - such as 'induction' - and others elsewhere, such as online development activities from home, or in-person learning sessions at another site. In some ICSs/STPs, it will make sense to coordinate the scheme at system level; in others, the place level will be more appropriate.

The scheme is complemented by two interlocking national initiatives for GPs: '[Supporting Mentors Scheme](#)', and national support for '[Next Gen GP](#)', which can be utilised to deliver 'peer networking'. These should be considered as you continue to build your local programme.

# Programme financials



## 2020/21 funding

National funding is available to ICSs/STPs on a fair-shares basis in order to deliver the programme locally, either themselves or through partners. Ringfenced funding is allocated on an NHSE/I regional basis so that there is flexibility in spend across the footprint, but is limited to delivery of this scheme. Funds can now be drawn down. There is no bidding or application process, but systems will want to make regional NHSE/I colleagues aware of their plans and demonstrate participant numbers to justify the amount drawn down. All local system partners should work together to support effective delivery of this programme, and CCGs are encouraged to release funding in a timely way to both employers and providers.

In order to utilise funds effectively, systems and PCNs should build on work that is already ongoing in their respective areas, considering how broader recruitment and retention initiatives can support this programme. This means where good practice activity is already in place which supports delivery of this programme it should continue.

NHSE/I have made sufficient funding available to support all GPs and nurses who meet the participant eligibility criteria.

## Going forward

The programme and funding will continue beyond this year, with further communications to be expected at the start of each financial year. This means that where participants begin their first year of a two year programme in 2020/21, there will be another pot of funding available at the start of 2021/22 to support their continued participation on the scheme.

## To note

Fellowships funding is ringfenced and cannot be used in any circumstance for anything outside of the scheme description, even where activity is related. This includes clinical education - for example nursing 'fundamentals'.

## Funding breakdown

To simplify budget planning processes for local implementation of the programme, financials have been calculated nationally on a maximum 'unit cost'/ per head basis which are summarised below. That said, ICSs/STPs should utilise the aggregate delivery aspect of the budget to deliver their scheme and maximise scaled opportunities.

The 'unit cost'/ per head calculation comprises two elements:

- a) Reimbursement to the employer for one session per week (pro-rata) in order the individual can undertake 'support and networking' and 'learning and development' opportunities
- b) Funding for programme delivery including CPD provision (except GP mentorship\*), administration and oversight at £3,000 per participant (pro-rata)

GP costs - 12 months		
a)Reimbursement	b)Delivery	Total (pp FTE)
£7,200	£3,000	£ 10,200

Nurse costs - 12 months		
a)Reimbursement	b)Delivery	Total (pp FTE)
£3,800	£3,000	£6,800

'Full time' is 37.5 hours or nine sessions at 4 hours 10 minutes duration per week

## Cost calculations have been based on:

- A nine session week
- Reimbursement for one session per week (4 hours 10 minutes/ 52 weeks)
- GP reimbursement based on an average £65,000 starting salary
- GPN reimbursement based on an average £34,000 starting salary

\*The recent update to the GP Contract agreement separately committed to a scheme to create and fund GP Mentors. As such, local delivery leads should link the capacity and funding from that initiative - once established - to support the 'GP mentorship' component of your local Fellowship programme.

# Participant eligibility



## **Participant eligibility criteria**

The Fellowship initiative is focused on newly-qualified GPs and nurses who are within their first 12 months since qualifying and hold a substantive contract to deliver GMS services. There is scope to extend this to 18 months post-training in the instances of maternity/ adoption/ parental leave, long-term sickness or other caring responsibilities. Local delivery leads should consider such instances on an individual basis.

Similarly, where an individual is already on the scheme and has a period of absence due to maternity/ adoption/ parental leave or long term sickness whilst participating, their time on the scheme can be paused until they are ready to return.

The scheme is open to both salaried employees and partners. Participants may also be international recruits, where they meet the other criteria.

Funding exists to support all eligible newly-qualified GPs and nurses to participate in the scheme, and so there is no application process to join. That said, local areas may wish to implement a registration process. Where an individual wishes to benefit from the scheme and fits the eligibility criteria there must be local provision in place to do so. In order to support the intention of the 'Nursing 10 Point Plan' of encouraging nurses to recognise general practice as a first destination career option, nurses who participate should be newly-qualified (rather than 'new to general practice'). Systems should ensure all newly qualifying GPs have the opportunity to be enrolled on the programme, with the shared intention of NHS England and NHS Improvement, the BMA and RCGP for close to 100% of newly-qualified GPs to enter the programme.

## **Locums**

The scheme is for substantively employed GPs and nurses - and those currently working as locums who fulfil the other criteria and also take up a substantive role as they join the programme.

## **Employment model**

There is no set or unique employment contract for Fellows. The individual participant should be recruited in the usual way, utilising the respective practice's usual employment contract, which should usually be the BMA model GP salaried contract.

### **Individuals participating in the programme should therefore:**

- Have qualified in the previous 12 months (on a rolling basis), so are within their first year of practice in general practice
- Hold or about to hold a substantive salaried or partnership contract
- Be working to provide primary medical services

# 2020/21 Fellowship framework

Key: 2019/20 programme elements NEW elements for 2020/21

The below diagram defines the single national Fellowship framework. In order to deliver the Fellowships programme, each one of these components must be active as a minimum offer, with local autonomy on *how* in order that there is flexibility to meet the local need. Aspects of the 'Support and Networking' theme may already be underway in your area through delivery of the earlier 2019/20 programme.

Theme	Component	Purpose and expectation
1 Support and networking	Induction	An individual should feel supported in their transition from training to employment. Induction is to the PCN, the local practice environment and to the wider environment such as the place and system. This should enable the GP/GPN to understand the requirements of their new role in a structured format, feel oriented within the place and its population, and to feel confident in their ability to work safely and effectively within it
	GP Mentorship/ GPN Supervision	Mentors/ supervisors should provide support, direction and an objective view on how the fellow can develop and progress in their clinical environment. Conversations are a minimum of one hour each month
	Coaching	All participants to have access to six one-hour sessions with a qualified coach at one or two points over the course of the two-year period – to consider personal development and career development
	Peer Support	Peer support involves programme participants sharing knowledge, experience or practical help with each other. Delivery should consider various forms each quarter including: setup and maintenance of social media groups, informal online forums, as well as Action Learning Sets or Next Gen GP sessions
2 Learning and development	Practice management skills	Learning sessions should deliver skills in: managing staff and financial resources, HR and developing staff, legalities of partnerships, strategy and change management, working in Networks, IT, patient engagement
	Leadership	Opportunities for learning and reflection about self, including values and behaviours, creating positive cultures and climate, influencing others, personal resilience, sharing and receiving feedback
	Quality Improvement	Learning to develop skills in helping primary care free up time to deliver initiatives and embed new approaches into the practice/PCN, utilising an evidence-based approach
	Mentoring, supervision and coaching skills	Developing personal mentoring, supervision and coaching skills to be utilised in practice with patients when discussing e.g. lifestyle options, and supporting self-care; as well as supporting other members of the workforce, including future fellowship scheme participants
	Remote working	Learning on this new form of consultation skills to facilitate patient access, including understanding the appropriate culture, when a patient needs a physical examination, and running group online consultations
3 Portfolio Working	Opportunities for experience and integrated working	PCN portfolio working supports the new ways in which the modern workforce prefer their roles to operate, and is supportive of workforce retention. This can be delivered through rotational working or on a more permanent arrangement basis. See the 'PCN portfolio working slide' for more detail on this aspect

# PCN portfolio working



As outlined in the Fellowship Framework on the previous page, there are three main themes to the fellowships programme. Participants to the scheme should be released from their practice clinical role for one session per week (pro rata) in order they can participate in the **‘Support and Networking’** and **‘Learning and Development’** activities relating to the fellowship programme. This includes learning through a likely mix of training days and self-directed online sessions, mentorship/ supervision sessions and peer support conversations. Activities will vary week by week, and will evolve across the two-year period as new aspects from the model are added. For example, in the first six months an individual might expect to spend their weekly fellowship session undertaking a range of induction and peer support activities; whereas in their final six months on the programme they may utilise this weekly session for career coaching and plugging into system-wider leadership development and learning opportunities, amongst other things.

Whilst elements of the fellowship model can be staggered across the two years in this way, schemes must be designed in a way that fellows have access to every aspect of the fellowships model at some point across their time on the scheme. The ‘modular delivery approach’ pages demonstrate how this can work in practice across the two year timeline. There is a different timeline for each of the two professions to allow for the fact there will be a clinical education need for newly-qualified nurses, delivered and funded outside of this programme.

The third theme of the scheme is that of **‘PCN portfolio Working’**, which should be accessible to participants after their first six months on the programme. Participants to the scheme should have the opportunity to work on a rotational basis outside of their usual practice environment, working across the PCN, experiencing other ways of working and stretching their skills. The intention of this aspect is to create interesting roles through building variety, whilst exposing newly-qualified clinicians to different settings and other ways of working. As well as developing clinicians, this variation to traditional working should support clinicians to remain in substantive roles, and is intended to create a viable alternative to GP locuming. This flexibility is aligned with the expanded role PCNs are taking in delivering out of hospital activities, such as providing enhanced support to care homes. As the delivery responsibilities for PCNs grow, fellows can contribute to the PCN by taking each of these things forward as their PCN portfolio working opportunity. Thus, it is expected the breadth and volume of local PCN portfolio working opportunities will grow in time.

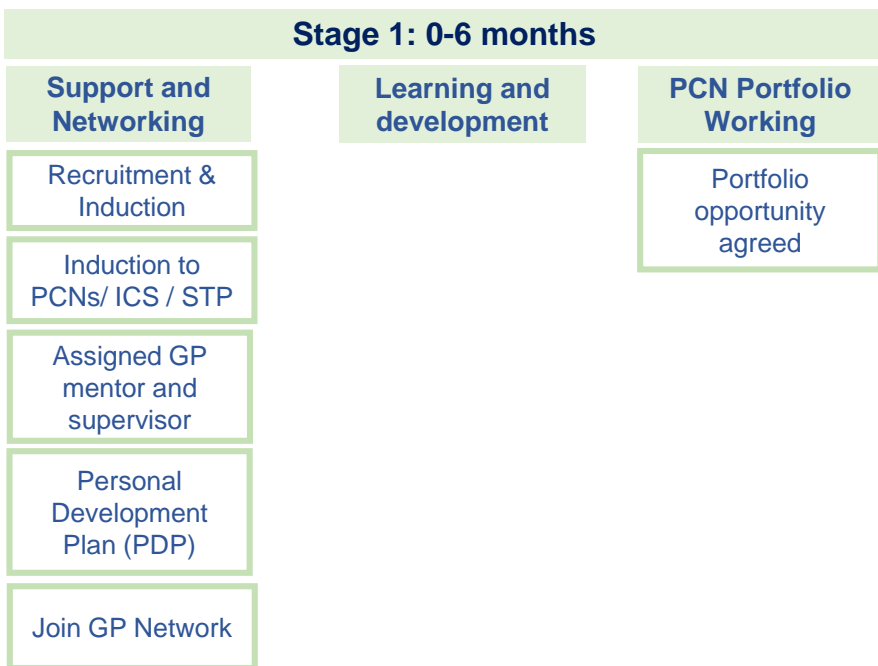
PCNs should work together to understand and articulate their offer, and begin to create a directory of opportunities for fellows to be placed onto. Each opportunity should be for no less than three months – ideally longer - in order the participant has an opportunity to gain a full sense of what is involved in the role in that setting.

## Existing scheme participants

The updated fellowship framework outlined in this guidance is an expansion of that which launched last year, and has been designed in a way to ensure a smooth continuation for those who are already participating in the scheme. Fellows who joined last year will have already been experiencing some of the aspects that are delivered in the first six months of the scheme, and can start to build aspects from months 7-12 as they reach that stage in their personal timeline.

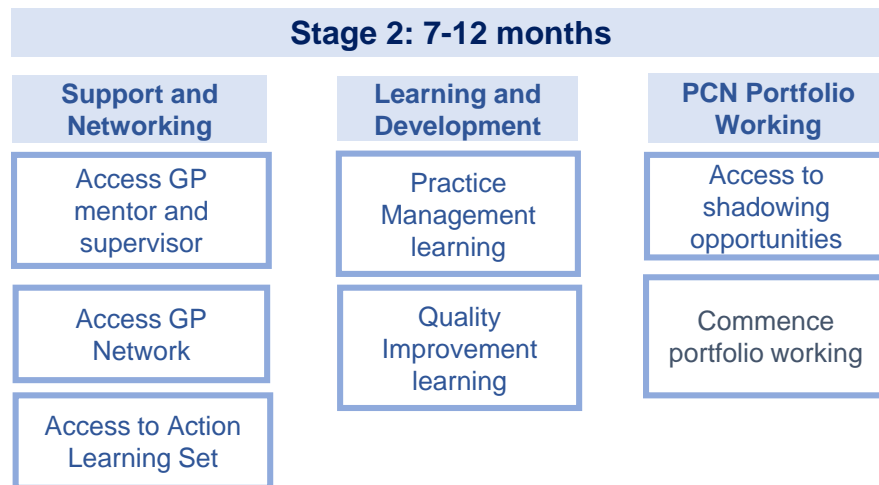
# Modular Delivery: year one for GPs

- In order the fellow has the opportunity to establish themselves clinically, it is recommended that a modular approach is taken in order to stagger programme elements. This means in the early months of the Fellowship programme the participant can benefit from support and networking opportunities, and begin to experience PCN portfolio working and learning aspects after six months in role
- Staging in this way is also beneficial for programme delivery, allowing systems to get delivery of the initial aspects underway quickly, whilst developing and planning for future programme aspects, including building the PCN portfolio working opportunities
- This and the subsequent three slides gives a demonstration of how this type of phased delivery approach might be taken. It is not intended to be followed precisely in every system



## Expected Outcomes

- Supported transition into PC role
- Awareness of PCNs/ ICSs / STPs and their role
- PDP in place
- Individual's ambitions understood
- Supportive network built around the individual
- Connected to Training Hub or other delivery partner
- System awareness
- Planned PCN portfolio working options
- Network of support grows contextual confidence



## Expected Outcomes

- Embedded mentor / mentee relationship
- Support network aids personal development
- Learning and development opportunities underway, with known ways of embedding learning
- PCN portfolio options embedded
- Access to shadowing opportunities within PCN
- Increase specialist skills in chosen area

# Modular Delivery: year two for GPs

## Stage 3: 13-18 months

Support and Networking	Learning and development	PCN Portfolio Working
Access GP mentor and supervisor	Access Leadership development opportunities/shadowing	Portfolio working underway on a regular basis
Access to coaching for personal development	Mentorship / coaching learning	
Access to Action Learning Set	Remote working learning	
Access GP Network		

### Expected Outcomes

- Coaching sessions inform future development plan
- Clear personal development goals
- Leadership aspirations established and trajectories planned
- Undergone learning in a range of non-clinical topics
- System level awareness and connectivity established
- PCN level awareness and connectivity established

## Stage 4: 19-24 months

Support and Networking	Learning and Development	PCN Portfolio Working
Access GP mentor and supervisor	Enhanced Leadership development	Integrated MDT working exposure
Coaching for career development		Embedded within portfolio role
Access to Action Learning Set		
Access GP Network		

### Expected Outcomes

- Leadership development established with clear plan for development
- Understanding and experience of MDT integrated working approach
- Confident to lead element of PCN work
- PCN/ System-wide relationships established
- Understanding of partnership roles

# Modular Delivery: year one nurses

## Stage 1: 0-6 months

### Support and Networking

Recruitment & Induction

Induction to PCNs / ICSs / STPs

Assigned GPN supervisor

Training Needs Assessment undertaken by Education Supervisor\*

Join GPN Peer Network

### Learning and development

Commence GPN Fundamentals programme (outside the scope of this programme)\*

### PCN Portfolio Working

Portfolio opportunity agreed

### Expected Outcomes

- Supported transition into Primary Care
- Awareness of primary care Networks / ICSs / STPs and their role
- Connected to Training Hub / other Fellowship delivery partner
- Personal development plan in place
- Individual's ambitions understood
- Supportive network built around the individual
- Network of support grows contextual confidence
- PCN portfolio opportunity engaged with

**\*Fellowship funding cannot be utilised for clinical education**

## Stage 2: 7-12 months

### Support and Networking

Access to supervisor

Access to coaching for personal development

Access to Action Learning Set

Access GPN peer Network

### Learning and Development

Quality Improvement learning

Practice Management learning

### PCN Portfolio Working

Access to shadowing opportunities

Commence portfolio working

### Expected Outcomes

- Embedded supervision relationship
- Coaching sessions have informed future development plan
- Peer relationships embedded
- Shadowing opportunities within PCN increases learning
- Increased skills in Quality Improvement and Practice Management
- Accessed PCN portfolio working opportunity
- Increased specialist skills in chosen area

# Participants who work LTFT

By way of example, the below demonstrates how a 0.5FTE participant can utilise their 2/2.5 sessions of fellowship time per calendar month to participate in all aspects of the scheme. Additionally, they should utilise one hour per month for mentorship/ supervision conversations.

Stage 1: 0 – 6 months		Stage 2: 7 – 12 months	
M1	Begins induction activities	M7	Attends Action Learning Set Introductory session with Coach – personal development
M2	Completes induction activities Considers and agrees mentor/ supervisor relationship	M8	One day learning (online or face to face) in Practice Mgmt Session 2 with Coach
M3	Peer network intro morning event Introductory session with mentor	M9	One day of shadowing elsewhere in PCN Session 3 with Coach
M4	Attends peer networking session Considers PDP and PCN portfolio working	M10	Attends peer networking session Session 4 with Coach
M5	Finalises and agrees PDP, Considers Coach relationship for next stage of programme	M11	One day learning (online or face to face) in QI Session 5 with Coach
M6	Agrees PCN portfolio working opportunity Writes reflections of first six months on programme	M12	Final session with Coach, updates PDP to reflect progress Writes reflections of first year on programme
Stage 3: 13 – 18 months		Stage 4: 19 – 24 months	
M13	Attends Action Learning Set	M19	Attends Action Learning Set Introductory session with Coach - career development
M14	One day learning (online or face to face) in Mentorship	M20	One day learning (online or face to face) in Leadership Session 2 with Coach
M15	One day of shadowing elsewhere in PCN	M21	Shadowing day with Leadership focus Session 3 with Coach
M16	Attends peer networking session	M22	Attends peer networking session Session 4 with Coach
M17	One day learning in Remote Working	M23	Further leadership learning online Session 5 with Coach
M18	One day of shadowing elsewhere in ICS/ STP Writes reflections of time to date on programme	M24	Final session with Coach, updates PDP to reflect progress Writes reflections of overall experience of programme

# Building the individual offer



There is an opportunity to make the content of the programme bespoke to reflect the need of the local population, workforce and individual programme participant. This page demonstrates prompts that will support these local choices.

## System

- How might you utilise the Fellowship programme in conjunction with your broader GP recruitment and retention initiatives?
- How will the programme link to other system clinical leadership development activities, both within and outside primary care?
- What is your population health management need – are there specific conditions you wish to target through skills development and PCN portfolio opportunities?
- Are there geographical considerations? For example, rural areas may want to develop their urgent care skills.
- What is your mechanism for delivering learning elements of the model, such as masterclasses, online learning modules, shadowing?
- How will partner organisations support PCN portfolio working to enable experience and integration?
- Where are the biggest resource gaps and risks?
- Which learning and development activities can you deliver at scale?

## PCN / Employer

- What is your workforce and skills profile? How could the programme enhance these?
- What are the PCN skills needs of the future to meet the PCN service specifications and PCN's broader goals?
- Could you create partners of the future through learning and skills in partnership working?
- Are there reciprocal portfolio working arrangements you and your PCN colleagues would benefit from?
- How can you be a flexible employer to support this programme and other new ways of working?

## Participant

- What are the individual's career aspirations and intentions this programme can support?
- How can they be supported to become a future partner or system leader?
- Are there condition or setting-specific activities relevant for the individual?
- Does the programme need to be delivered in full or in part through distance learning to support rurality or access need?
- What is their preferred learning style?
- Are there specific skills they wish to hone and develop?
- What PCN portfolio opportunities would they be interested in?
- Are there areas they feel less confident about where support could be targeted?
- What would build contextual confidence? Where will they find joy in their role? How will you support their wellbeing?

# Roles and responsibilities



The below table suggests ways in which local partners play a role in the execution of the programme, and where responsibilities sit.

Partner	Contribution
<b>System</b> Working with PCNs. In many systems, will make sense to deliver at place level	<ul style="list-style-type: none"> <li>• Responsible for the General Practice Fellowship scheme being in place across their area</li> <li>• Identifies SRO and Programme Lead</li> <li>• Overall leadership and design of the offer in partnership with the local training hub or other provider</li> <li>• Establishes meeting group to oversee and input to design, delivery and monitoring of offer; ensures suitable governance arrangements in place</li> <li>• Commissions and contracts where new provision needs to be put in place</li> <li>• Holds and releases funding (through nominated CCG bank account), including to local training hub and employers</li> <li>• Responsible for ensuring the offer is available to both GPs and nurses</li> <li>• Oversight of the evaluation and quality of the programme, and undertakes sharing of progress with NHSEI</li> <li>• Engagement with all stakeholders and partners, including training practices</li> <li>• Shares data on participation, including number of participants and percentage of eligible applicants enrolled, on a monthly basis (see following page)</li> </ul>
<b>Delivery organisation</b> Delivery will normally be through training hub and with engagement with other local partners. Alternatively could be other organisation eg PCNs, LMC, Federation or other at-scale provider	<ul style="list-style-type: none"> <li>• Administration and delivery of the programme elements</li> <li>• Collation and share of monthly programme data</li> <li>• Commissioning of programme elements where these are not provided directly by the local training hub, and responsibility to ensure these are delivered locally</li> <li>• Connect with newly-qualified doctors and nurses to inform them of the programme and encourage sign up; connect with individuals in training to let them know the Fellowship offer is available, and promote uptake. All eligible individuals in the local area should be contacted</li> <li>• Liaise with PCNs and practices to support delivery</li> <li>• Support infrastructure of peer network groups</li> <li>• Point of contact for participants, including holding a check-in conversation with each individual</li> </ul>
<b>Employer</b> Usually a practice or PCN, but could also be a Federation	<ul style="list-style-type: none"> <li>• Recruits individual</li> <li>• Pays salary of individual</li> <li>• Ensures protected time for individual to undertake Fellowship-related CPD sessions, which may be within or outside of the practice</li> <li>• Provides and releases individual for PCN portfolio/ rotational working opportunities</li> <li>• Provides a supportive environment to individual, and supports participation in the programme</li> </ul>

NHSEI will require management information on all primary care workforce schemes in order to understand impact and return on investment, and to inform the ongoing review of the support offer to the workforce. The detail of the specific reporting requirements and associated mechanism will be communicated through NHSE/I regional colleagues in due course. This slide outlines the potential metrics which updates will be sought against, in order ICSs/STPs and their delivery partner(s) can start to capture this information from the outset as they implement their schemes.

- How many fellowships places are available? What percentage of newly-qualified GPs/ nurses does this cover?
- What number and percentage of eligible GPs were contacted and offered a place on the scheme?
- How many GPs are participating in the fellowship scheme? What proportion of eligible GPs is this?
- How many nurses are participating in the fellowship scheme? What proportion of eligible nurses is this?
- In-year spend to date
- Profiled spend to end of year
- Participants' experience of the scheme (qualitative measure)

# Where to go for support



If you have any queries relating to the General Practice Fellowships scheme you can connect with people in the following ways:



## FutureNHS

- This website from the primary care workforce team in NHS England and NHS Improvement offers further resources including workforce modelling tools and retention guidance and support. There is also a community of others leading this programme locally, and a number of resources to support implementation, so you can use the forum to ask questions and learn from other areas.
- You can also access case studies and other learning from the two 'proof of concept' systems, and suggestions of good practice against each aspect of the Fellowships framework
- In order to gain access to this please email: [england.primarycareworkforce@nhs.net](mailto:england.primarycareworkforce@nhs.net) to request a username and password



## National Policy Team

- The team devising the General Practice Fellowships programme can be contacted at [england.primarycareworkforce@nhs.net](mailto:england.primarycareworkforce@nhs.net)



## Local Implementation Support

- Your local training hub holds skills and expertise which can support implementation
- You can gain support from your local NHS England and NHS Improvement regional colleagues