



The Primary Care Workforce & Training Hub is getting a number of questions re the **Fellowship programme** it is raising awareness of and running with the help of YORLMC, on behalf of NHSE. We just want to make sure that all practices know that this is a nationally funded scheme that **all new to general practice** (since August 2019) GPs and practice nurses are entitled to; we do not recruit, interview or choose people. **All who meet that simple criteria are eligible and should be asking to join. And their practices should be supporting them in this by releasing them for one session per week, pro rata.**

The rates of backfill, the time spent out of practice, the mentoring & coaching element, the PCN Portfolio working and even the frequency of the sessions are all mandated by NHSE as part of the NHS Long Term plan commitments for primary care. We can understand that in a progressive PCN that is willing to take on newly-qualified staff, there could be a potential issue with them all attending formal sessions on the same half days each month, but by supporting your staff in this way, you and they will reap the potential benefits. Please see the summary below:

- You will receive **£7,200 per year for each full time GP and £3,800 per year for each full time nurse** that signs up to the scheme (adjusted pro rata if not full time)
- You need to release them all for **2 half days per month for the formal training sessions**, and these will always be at set times to allow for rota planning for the 2 years.
- They are also entitled to **one session on the non-formal weeks**, but these can be flexible to fit with your rotas etc and can be planned with the Fellows; it is anticipated that these will largely be spent in practice on induction, getting to know the wider team, MDT working etc.
- You make a commitment that they can **work elsewhere in the PCN in the second 6 months**, but on a project that should benefit the PCN as a whole. Ideally this will be on a reciprocal basis with another fellow in the PCN coming into your practice. They can potentially really focus on an area for development for your whole PCN, to improve patient care.
- The commitment required by the fellow is to **attend the formal sessions, make useful time of the other weekly sessions and to work with their mentor**. They will plan regular catch ups with the mentor (fellow and mentor to agree the best way, time etc to do this) to work on a **personal development plan**. This is for their benefit and will help them plan their career, short term and long term goals etc. They must also attend the **coaching sessions**, again, for their benefit in terms of personal and professional development.
- Practices should continue to benefit after the scheme as it will **increase retention and encourage more GPs to remain as salaried/partners in general practice**. By supporting your staff in this way, you are showing them you are willing to offer them training and support from the start. Most will have come straight from the VTS/a nursing degree and be used to regular education and peer support sessions; it can be really daunting going from that weekly... to employment and nothing! The PCN portfolio opportunity will help them show the **variety of work in primary care**, and



the **opportunities that being part of a wider PCN can bring**. Helping them feel embedded and confident in primary care from the start shows your support and commitment to them in the long term and will hopefully **avoid them looking to a more locum-based portfolio career**. In the early months, it also helps you out with their induction.

- The Fellow benefits by **gaining a wider understanding of General practice and where it sits in the NHS**, along with the chance of **ongoing support, education and peer networking post-VTS/university**, as above. It will help them to understand their role more quickly, and to make them feel a part of their practice and their PCN much more quickly than they may do otherwise. It will give them a real opportunity to make positive changes in ways of working for the practice and the PCN, and therefore the staff and patients, the two most important things. Having a mentor to discuss professional issues with, rather than a more traditional clinical supervisor/assessor is really valuable. They are not conflicted in terms of what happens in a particular practice; they are there to support the Fellow to find their way, make an early career plan and start to work towards it. The coaching element is also something they would not perhaps otherwise have access to and gives a real chance to build resilience and work out what they potentially need help with.

This is an **ongoing national scheme for 5 years with a rolling 24 months programme**, and the plan is for it to become **standard for all leaving the VTS/nursing degree to sign up when they start their first job in primary care**. It is really hoped that all practices and PCNs will support with this. As a new programme in WY we are keen to ensure that we **evaluate experience and outcomes both from the fellows themselves but also from the employing practices and PCNs**.