
General Practice Fellowship for newly-qualified GPs and Nurses New to Practice Programme Operational Guidance 2021/22

Making primary care a great place to work

This guidance supports Integrated Care Systems, 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 general practice

28 July 2021

Publishing Approval Reference Number: PAR767

Please note: Changes to the previous version of this document are highlighted in yellow.

Foreword



We are delighted to have this opportunity to share the updated 2021/22 General Practice Fellowship Programme Guidance, which will support the delivery 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 delivered 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. 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. This year, the programme continues to offer the same ten scheme delivery components, yet we have made some improvements to the financial values and flow. We have ensured reimbursement is available at the rate of the individual's salary, and added an on-cost supplement so the practice is not left out of pocket in any way by supporting their NQs to participate. We've also allowed a pause for those who joined the scheme but then missed out on their Fellowship time and funding due to supporting the pandemic.

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.

In addition to this guidance, you will also find additional learning materials and case studies on our [GP Workforce Delivery Hub](#).

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.



Dr Nikki Kanani,
GP & Medical Director for
Primary Care
NHS England and NHS
Improvement



Ruth May,
Chief Nursing Officer for
England
NHS England and NHS
Improvement

Programme summary



Purpose

This document outlines the national General Practice Fellowship programme which all ICSs are expected to continue delivery of in **2021/22**, utilising national funding.

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 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, with funded mentorship being available for GPs

Who is it for?

- Fellowship 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 GPs and nurses 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, with time and funding calculated on a pro-rata basis

What do fellows receive?

- Fellows benefit from support and networking, PCN portfolio working, and structured learning opportunities

Delivery

- The offer is a set national construct, with the opportunity for systems to agree how each of the components is delivered locally
- ICSs 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 on a quarterly basis to systems. The first tranche of funding is calculated on a weighted capitation basis, released at end Q1, with subsequent payments calculated based on levels of delivery. Funding covers a) reimbursement of up to one session per week plus on-costs to the employer (pro rata), b) provision of learning, c) a smaller amount for programme delivery 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 2021/22 national General Practice Fellowship programme. The delivery content of the programme remains as previous, but changes relating to the funding have been agreed (see next slide). All ICSs 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

All ICSs should have had full programme delivery underway from August 2020, and continue it this year. 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 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
- 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 2021/22 programme ICSs should continue to deliver all ten aspects of the scheme, categorised by:

- 1. Support and Networking;**
- 2. Learning and Development;**
- 3. PCN Portfolio Working.**

To ensure national consistency, ICSs 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 programme should be open to new joiners, as well as act as continuation for GPs and nurses who previously joined the programme and are therefore part way through their two year time on the scheme.

ICSs 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 where allowed. In some ICSs, 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



2021/22 funding

National funding is available to ICSs in order to deliver the programme locally, either themselves or through partners. NHS England and NHS Improvement have made sufficient funding available to support all GPs and nurses who meet the participant eligibility criteria. The [Primary Care Transformation funding letter](#) confirms ringfenced funding is allocated directly to ICSs on a quarterly basis, limited to delivery of this scheme. Funding for the first quarter is calculated on a fair-shares basis, with subsequent quarterly allocations calculated against actual delivery. There is no bidding or application process, but systems will want to make regional NHS England and NHS Improvement colleagues aware of their delivery plans, and demonstrate participant numbers in an ongoing way to justify the further financial value needed. Systems will need to ensure accurate updates to the Primary Care Monitoring Survey and input to the financial ledger in support. 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.

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 of the two year programme in 2021/22, there will be another pot of funding available in 2022/23 to support their continued participation.

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

Programme financials are calculated on a per head basis which are summarised below. The value of funding per person will depend on the individual participant's FTE. The ICS 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:

1. Pro-rata reimbursement to the employer for up to one session per week so the individual can be released from the practice to participate in Fellowship activities

- This is calculated at the individual's actual salary cost
- It is further supported by an additional 30% toward on-costs of tax, NI and pension

2. Funding for programme delivery including CPD provision, administration and oversight at £3,000 per participant (pro-rata)

- This is further supported through the Supporting Mentors Scheme which delivers the 'GP Mentorship' component of this programme (see more below)

Calculations are based on:

- 1.0 FTE is 37.5 hours
- A nine session week
- Reimbursement for up to one session p/w (4hr 10 mins / 52 weeks)

Drawing from the Supporting Mentors Scheme

Local delivery leads should link the capacity and funding from the [Supporting Mentors Scheme](#) initiative to support the 'GP mentorship' component of your local Fellowship programme.

Participant eligibility and participation



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. The scheme is open to both salaried employees and partners. Participants may also be international recruits, where they meet the other criteria. There is scope to extend the post-qualifying period to 18 months 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.

Pausing time on the scheme

Similarly, where an individual is already on the scheme and has a period of absence due to maternity/doption/arental leave or long term sickness whilst participating, their time on the scheme can be paused until they are ready to return. We have further extended this in 2021/22 in the instance where an individual had joined pre-pandemic but not experienced some or part of the scheme in 2020/21 due to COVID-19 pressures - and it can be evidenced funding has not been received for this time – they may consider that time paused, and re-join the scheme now.

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.

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. A draft welcome letter can be found on our [GP Workforce Delivery Hub](#). 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.

Fellowship framework



The below table defines the single national Fellowship framework. In order to deliver the Fellowship programme, each one of these ten components must be active as a minimum offer, with local autonomy on *how*, in order that there is flexibility to meet the local need.

	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

Delivery of the framework



As outlined in the Fellowship Framework on the previous page, there are three main themes to the fellowship programme. Participants to the scheme should be released from their practice clinical role for up to one session per week (pro rata) in order for them to participate in the 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.

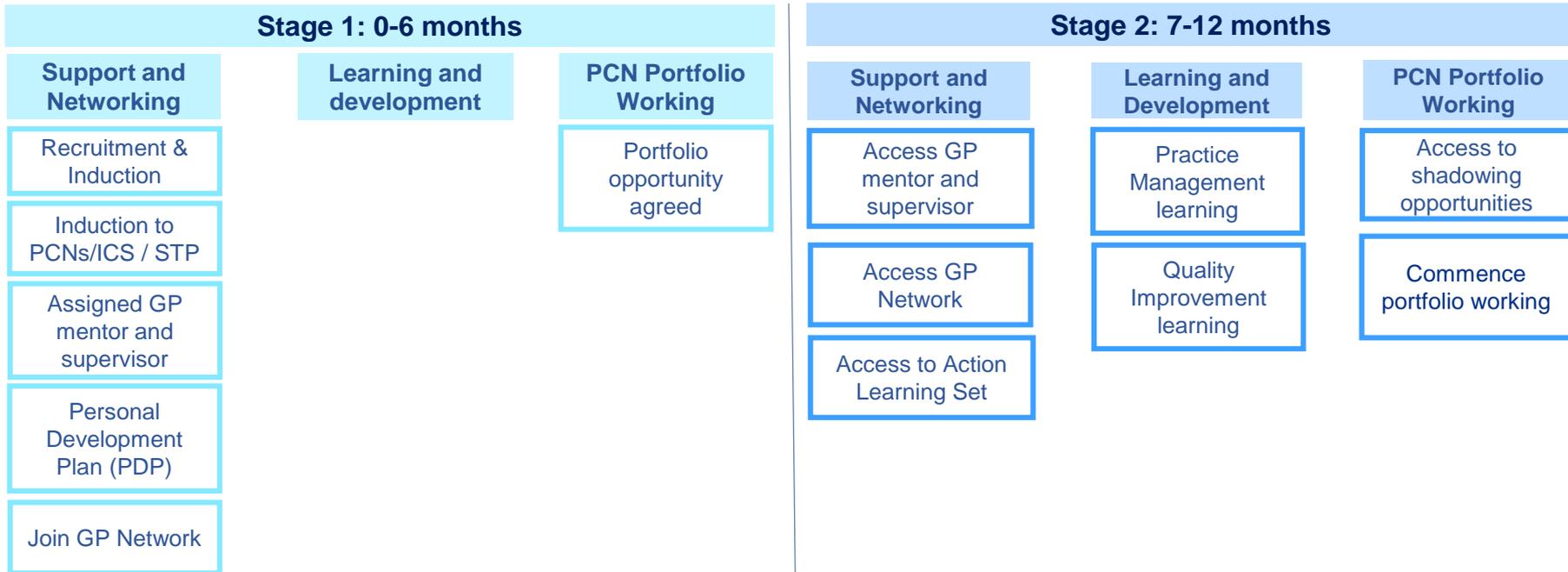
The third theme of the scheme '**PCN portfolio Working**' should be accessible to participants after their first six months on the programme. Participants of the programme should have the opportunity to work on a rotational basis outside of their usual practice environment, working across the PCN, experiencing 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.

Modular Delivery: year one for GPs



- In order for the fellow to have the opportunity to establish themselves clinically, it is recommended that a modular approach is taken 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	Learning and development	PCN Portfolio Working
Recruitment & Induction	Commence GPN Fundamentals programme (outside the scope of this programme)*	Portfolio opportunity agreed
Induction to PCNs / ICSs / STPs		
Assigned GPN supervisor		
Training Needs Assessment undertaken by Education Supervisor*		
Join GPN Peer Network		

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

Stage 2: 7-12 months

Support and Networking	Learning and Development	PCN Portfolio Working
Access to supervisor	Quality Improvement learning	Access to shadowing opportunities
Access to coaching for personal development	Practice Management learning	Commence portfolio working
Access to Action Learning Set		
Access GPN peer Network		

Expected Outcomes

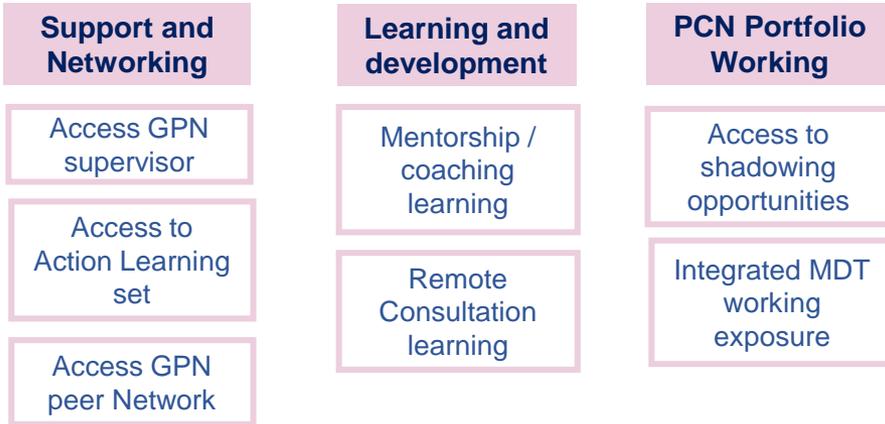
- Embedded supervision relationship
- Coaching sessions have informed future development plan
- Peer relationships embedded
- Shadowing opportunities within PCN increases learning
- Increased skills in Quality Improvement and Practice Management
- Accessed PCN portfolio working opportunity
- Increased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

*Fellowship funding cannot be utilised for clinical education

Modular Delivery: year two nurses



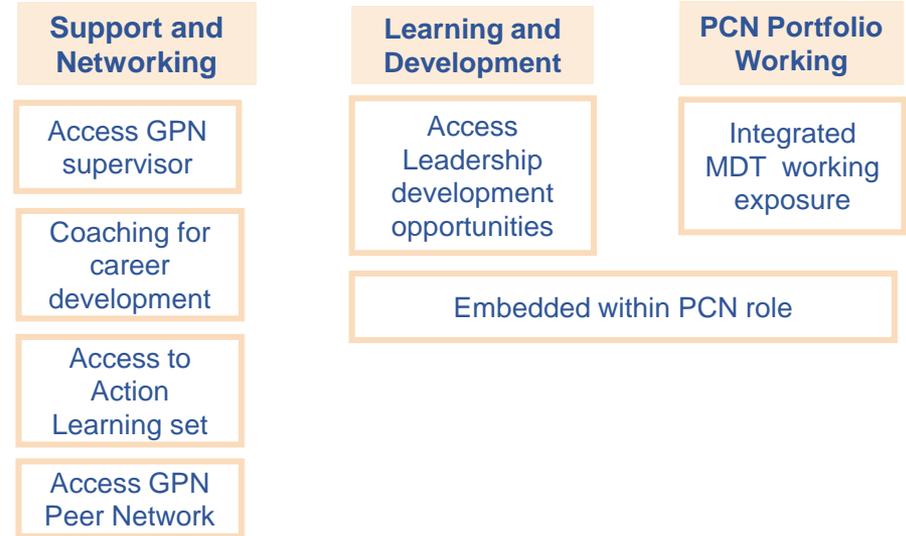
Stage 3: 13-18 months



Expected Outcomes

- Accessed learning in mentorship / coaching skills and remote consultations
- PCN level awareness and connectivity established
- System level awareness and connectivity established

Stage 4: 19-24 months



Expected Outcomes

- Future / leadership aspirations established with clear plan for development
- Understanding and experience of MDT integrated working approach
- Confident to lead element of PCN work

Participants who work LTFT



The below demonstrates how a 0.5FTE Fellow can utilise their one session per fortnight to participate in all ten aspects of the scheme within two years. In addition to the below, participants 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
<p>System Working with PCNs. In many systems, will make sense to deliver at place level</p>	<ul style="list-style-type: none"> • Responsible for the General Practice Fellowship scheme being in place across their area • Identifies SRO and Programme Lead • Overall leadership and design of the offer in partnership with the local training hub or other provider • Establishes meeting group to oversee and input to design, delivery and monitoring of offer; ensures suitable governance arrangements in place • Commissions and contracts where new provision needs to be put in place • Holds and releases funding (through nominated CCG bank account), including to local training hub and employers • Responsible for ensuring the offer is available to both GPs and nurses • Oversight of the evaluation and quality of the programme, and undertakes sharing of progress with NHS England and NHS Improvement • Engagement with all stakeholders and partners, including training practices • Submits data on delivery and participation levels via Primary Care Monitoring Survey
<p>Delivery organisation 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</p>	<ul style="list-style-type: none"> • Administration and delivery of the programme elements • Collation and share of monthly programme data • Commissioning of programme elements where these are not provided directly by the local training hub, and responsibility to ensure these are delivered locally • 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 • Liaise with PCNs and practices to support delivery • Support infrastructure of peer network groups • Point of contact for participants, including holding a check-in conversation with each individual
<p>Employer Usually a practice or PCN, but could also be a Federation</p>	<ul style="list-style-type: none"> • Recruits individual • Pays salary of individual • Ensures protected time for individual to undertake Fellowship-related sessions, which may be within or outside of the practice • Provides and releases individual for PCN portfolio/ rotational working opportunities • Provides a supportive environment to individual, and supports participation in the programme

Programme evaluation



NHS England and NHS Improvement 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.

ICSs and their delivery partners should continue to report their quantitative data primarily via the Primary Care Monitoring Survey (PCMS) and financial ledger.

The Fellowship metrics featured in PCMS from March 2021 are:

- When did the Fellowship scheme first become available for GPs/Nurses to register?
- How many GP fellowship places have been made available to the system?
- How many GPs are in year one of the fellowship scheme?
- How many GPs are in year two of the fellowship scheme?
- How many GPs pre-CCT (in training) were contacted to take part in scheme?
- How many eligible GPs were offered a place on the scheme?
- How many GPs have left the fellowship scheme prior to completion?
- How many Nurse fellowship places that have been made available to the system?
- How many nurses are in year one of the fellowship scheme?
- How many nurses are in year two of the fellowship scheme?
- How many trainee nurses were contacted to take part in scheme?
- How many eligible nurses offered a place on the scheme?
- How many nurses have left the fellowship scheme prior to completion?

Where to go for support



GP WORKFORCE SCHEME **DELIVERY HUB**



This [website](#) offers further delivery resources for ICSs, including workforce modelling tools and retention guidance and support. There is also a community of others leading this programme locally, so you can use the forum to ask questions and learn from other areas.

If you haven't used it before you will need to set up a username and password which should only take a few minutes.

The GP Career Support Hub helping GPs on their career journey



This new GP Career Support Hub is a one stop shop space online dedicated to providing GPs with information and signposting about a wide range of support available to help them to realise a rewarding and fulfilling career. Please encourage your GPs to access the information hosted here: <https://future.nhs.uk/GPCS>

National GP Workforce Policy Team: The team who developed this guidance can be contacted at england.primarycareworkforce@nhs.net

Annex: Summary of 2021/22 scheme changes



There have been a small number of changes to the financial aspects of the General Practice Fellowship programme in 2021/22 which have been incorporated into the main body of this guidance document – this sheet summarises those changes into a single place for ease of reference. **All of these changes can be applied retrospectively to 1 April 2021.**

Funding flow and frequency:

Financial allocations now flow directly to ICSs (via nominated CCG bank accounts). This differs from last year where funding flowed to NHSEI regions, and then to systems. Funding will be allocated quarterly, in line with actual delivery levels.

Salary reimbursement:

The reimbursement rate for the up to one session per week (pro rata) is now based on the individual's actual salary, whereas in previous years was set at a static salary rate of £65,000.

On-costs:

Related to salary reimbursement for the time attending Fellowship activities, an additional on-cost of 30% can now be reimbursed to the practice to support tax, NI and pension costs.

And in addition to these financial changes:

Participation impacted by COVID-19:

Individuals who joined the scheme pre-pandemic and did not receive time or funding for the Fellowship for a period of time due to the pandemic may consider that time 'paused' and resume their time on the programme from now.

