

Reference Guide

Post-CCT GP Fellowships: Midlands and East: 2018 Programme

Programme Output: A full or part-time development programme for 75 qualified GPs which will facilitate both an individual's career development and local health service needs through the provision of extended skills and experience. The additional professional roles will support STP plans and the programme will support GP recruitment in areas of need. In addition, the programme offers service commissioners the opportunity to develop shared posts between employers (for example across primary and secondary care or between practices and a CCG).

1. Programme Objectives:

The NHS GP Forward View requires that 250 Fellowships be completed by GPs across England by 2020.

Health Education England is funding a national programme of Post-CCT GP Fellowships in 2018-19. Across the Midlands and East (M&E) our 75 posts build on 4 years of successful experience of developing post-CCT GP Fellowships which have been fully evaluated. The new posts are intended to meet current and future primary care workforce needs as determined by local Training Hubs working with LWABs/STPs. The programme provides additional support and development for newly qualified GPs or those in their first few years of practice. Fellowship programmes directly contribute to the transformation of the primary care workforce by supporting both the acquisition of clinical maturity in general practice and extended development in specific clinical or professional areas, furthering both local workforce capability and the career aspirations of the GP fellows themselves.

Posts will be developed locally by Training Hubs working with LWABs/STPs and may be shared appointments between practices (providing the general practice component) and Trusts (providing additional skills experience). Clinical areas could include emergency care, dermatology, ENT, elderly and frail care, palliative care etc. Other posts will be in partnership with local stakeholders such as HEIs, CCGs etc and may focus on developing new care pathways, increasing educational capital in the community or other projects which align to the aspirations of the GP Forward view and the local STP priorities.

To assist potential employers, commissioners, workforce leads and stakeholders, the following sections and accompanying letter will give a summary overview of the HEE offer, investment model, structure and recruitment.

2. Programme Structure and Expectations

A. Who is this programme intended for?

- Applicants will be qualified to work as a GP in the UK; expected applicants are GPs who have just completed their CCT in general practice or are applying within 2 years of achieving their CCT
- Applicants should demonstrate a commitment to develop a portfolio career through the extension of traditional clinical and leadership skills.

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Past Post-CCT GP Fellows with appropriate service support have continued to use their extended skills within localities, sometimes developing extended community services. The opportunity to contribute to service transformation and continuing development is an important inducement for the next generation of GP leaders, supporting retention of employment in local areas.

B. Full and Part-Time Offers:

The **full-time programme** will be delivered over a 10 session week and run for 12 months. The programme will allow for local variation in terms of content and clinical focus, but the structure of Fellowships must include:

- **40%** (4 sessions p/w) of **traditional general practice**, to develop clinical maturity as a GP. It is likely a primary care provider will be the main employer.
- **40%** (4 sessions p/w) to deliver a programme of **additional skills development** beyond the MRCGP curriculum and relevant to the Fellowship aims, usually provided within a partner NHS organisation.
- **20%** (2 sessions p/w) of protected education and training time. It is intended that an **academic** underpinning will frame the programme and provide robust governance and quality assurance. This may involve completion of a Postgraduate Certificate.
- Fellows will attend local peer learning groups which will be run in each local area (West Midlands, North Midlands, Central Midlands and East of England). These will be facilitated through training hubs with the support of the primary care education network. The groups will support Fellows to share learning throughout the programme across the system, but will importantly also support planning for career and service development after the cessation of the programme.

C. Less-than-Full-Time:

A **less-than-full-time** programme will be available. Given the nature of the programme this will be 0.8wte (so 3 sessions of "traditional" practice, 3 of enhanced clinical placements and 2 of education and training per week), over a 16 (rather than 12) month period. How this breaks down in terms of funding for the education and training element will be determined on a case-by-case basis.

3. Programme Investment Model

The investment model for this programme will include:

- A discreet **education and training allowance** to cover postgraduate tuition fees and other costs (which may include realistic supervision costs) associated with undertaking education and training @ £5k per Fellowship.
- 20% of the **gross annual salary cost** (£75,249pa +26% on-costs) to facilitate and ensure the release from practice of the Fellows to undertake education and training @ £18,963 per Fellowship.
- The employer will agree an appropriate remuneration package to attract GPs to their area. The employer will usually be a primary care provider organisation, but could be a Trust.
- The local Training Hub will facilitate arrangements and coordinate educational support. In some areas the CCG or Training Hub could be the employer for GP Fellows. Training hubs will manage the HEE funding contribution.







• The service providers will each contribute salary costs at an agreed level commensurate with the sessions of employment/placement within their service.

4. Supervision

The employer will provide an **educational supervisor** or **mentor**; this will usually be an experienced GP. The educational supervisor will provide ongoing support, enable the undertaking of additional general practice roles and will facilitate release from practice for professional development sessions. The educational supervisor will provide infrequent progress reports to Health Education England to inform evaluation of the programme. It is expected the additional placement partner will also provide a mentor to enable appropriate additional experience/skill acquisition. As licensed GPs, the Post-CCT Fellows will not need formal clinical supervision.

5. Recruitment Timetable

- HEE will launch recruitment between April and June 1st 2018.
- Recruitment to Fellowship posts will be managed by Health Education England on behalf of all employers, using a single combined advert and appointment process.
- HEE are able to support visa issues for doctors wishing to undertake a fellowship on completion of training.
- Employers will be expected to agree job descriptions with Health Education England prior to recruitment and will contribute to shortlisting and interviews.
- The Fellowship year will provisionally run for 12 or 16 months (for the Less Than Full Time option), from 1st
 September 2018.
- Subject to the recruitment timetable, it may be possible for employment to commence earlier.

For information or to discuss further, please contact:

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