As of May 2021, 425 newly qualified GPs have benefitted from SPIN New to Practice Fellowships in London. Now we are extending these to newly qualified General Practice Nurses.

What we did

Aim
Salaried Innovation Portfolio (SPIN) New to Practice Fellowships aimed to recruit and retain newly qualified GPs to salaried posts in London general practices. We are now offering Fellowships to General Practice Nurses too.

Activities
In addition to their salaried role, Fellows were funded to complete a postgraduate certificate or to work in a portfolio role for 1-2 sessions per week for 1-2 years. 1 in 3 London Fellowships offered 2 or more portfolio sessions per week.

Portfolio roles included developing a special interest, supporting a population health project or working in organisations such as Training Hubs, hospices, hospitals, universities or similar.

GPs were also offered monthly peer support and education sessions facilitated by a local Programme Director.

Gathering feedback
Over 400 new GPs and stakeholders such as Training Hubs, GP employers and organisations that hosted portfolio roles reflected on the Fellowships to help us keep developing.
What we achieved

Improving recruitment
Over the past 2-3 years, Fellowships have helped to recruit 425 newly qualified GPs to general practices in London. Almost every borough has hosted at least one Fellow.

<table>
<thead>
<tr>
<th>New GPs participating in Fellowships</th>
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<tbody>
<tr>
<td>2018/19</td>
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<tr>
<td>----------------</td>
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<tr>
<td>North Central London</td>
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<td>North East London</td>
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<td>South East London</td>
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<tr>
<td>South West London</td>
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<td>Total</td>
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*41 GPs were in the second year of their Fellowship in 20/21 and 34 in 21/22. The table counts these people in two years.

Being able to offer Fellowships helped practices recruit and retain GPs. 1 in 3 practices that employed GP Fellows said they had previously found it difficult to recruit.

As of May 2021, about 1 in 5 Fellows were employed in the boroughs of highest need (defined by deprivation and ratio of GPs and practice nurses to patients).

Supporting new GPs
All new GPs said they gained something from their Fellowship, including:

- **feeling supported** in their transition to working as a salaried GP (96%)
- **building skills** and confidence through projects, courses and networking (97%)
- **embedding within wider health and care systems** to support integrated working (94%)

“**It can be daunting transitioning from being a GP Trainee to a newly qualified GP. The Fellowship helped my confidence. I’ve learnt transferrable skills.**

You learn about people and places in your community and are inspired about where your career can take you. I want to stay working locally. I feel connected with colleagues and the system.” (Newly qualified GP)
Retention

9 out of 10 new GPs said that Fellowships increased their intention to continue working at a local general practice (88%). It is too early to say whether this will increase GP retention in the longer term.

What GP Fellows thought about the impacts of SPIN New to Practice Fellowships

Based on interview and survey feedback from 93 GP Fellows in May 2021.

What we’re doing next

Feedback from over 400 people shows that SPIN New to Practice Fellowships helped new GPs feel supported and increased their intention to stay working in their local practice. Peer support and education sessions facilitated by personable and knowledgeable local Programme Directors were key.

Fellowships also benefitted wider systems by developing relationships and joint working. Services that hosted new GPs in portfolio roles said they were able to offer new or enhanced services. They believed that developing mutual understanding between new GPs and other services would have lasting impacts for health and care systems.

London fills over 500 GP trainee places each year. All who qualify will be eligible for a Fellowship. We are continuing to development scalable and sustainable Fellowships by:

1. promoting the benefits of Fellowships widely
2. targeting Fellowships to support the boroughs most in need
3. streamlining the programme with more consistent and co-ordinated processes
4. monitoring the longer term impacts on retention, costs and equity
5. campaigning for changes to eligibility and funding to support new GPs and practice nurses

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