

Trailblazer Post-CCT Fellowship Guidance 2024/25

Introduction

As part of the expansion of the GP workforce, the GP Forward View described entry for post CCT Fellowships annually. NHS England has seen a rise in newly qualified GPs entering the scheme and is committed to continuing investment. The Fellowship programme delivers benefits to the Fellows, patients, local health systems and the wider NHS through upskilling individuals across the spectrum of clinical practice, leadership and education. In addition, it supports the development of new ways of working as well as offering a route into portfolio working, therefore potentially boosting retention.

However, feedback on the current programme suggests that both Fellows and host organisations have found the current structure too restrictive. This has reduced both the offers available and the numbers applying for the scheme. This review seeks to address the issues raised and offer a more flexible scheme going forwards.

Aims of the post-CCT GP Fellowship programme

- Meet regional and local population health needs by:
 - Aligning with STP/ICS or other locally identified priorities
 - Contributing to the delivery of high-quality healthcare
 - Addressing unequal workforce distribution
 - Reducing health inequalities
- Making being a GP more attractive and help 'deliver the promise' of a varied and stimulating career
- Contributing to the development of future GP system leaders

Programme details

Eligibility

Applicants should be within the first five years of achieving their CCT, hold a licence to practice and have undertaken sufficient clinical work and undertaken NHS appraisals to maintain their registration on the National Performer List within the two years prior to application for the scheme. Bidding partner organisations should be UK-based health organisations within the health, social and voluntary sectors.

Fellowship design and approval

Each NHS England local office, whether through training hubs or directly, should invite submissions for fellowships from partner organisations, including but not limited to:

- STP/ICS leadership
- LWABs
- ICBs
- Federations / Local Care Networks
- Secondary and community care trusts
- Community and voluntary sector
- Higher Educational Institutions

NHS England local offices assess and approve successful bids against the aims of the programme, offering feedback for resubmission or declining those that aren't deemed acceptable.

GP Fellowships should usually include a minimum of four clinical sessions in primary care and one session of personal development time per week. Consideration may be given to applications that include two sessions of personal development where it can be demonstrated that time is required e.g. formal education / academic programmes.

An integrated Fellowship offering opportunities to develop across clinical systems will usually include a minimum of three clinical sessions in primary care, a minimum of two sessions in another clinical sphere of work and usually one session of personal development time per week.

Personal development time should be self-directed by the fellow in areas of relevance to their fellowship e.g. quality improvement activities, attendance at courses/university, time spent in other organisations. Alternatively, or running alongside this, the partner organisations or NHS England local offices may arrange structured education/development time.

Fellowship strands and local priorities Invitations can be sought for five broad categories of fellowship:

1. System leadership – Supporting emerging GP leaders within the local healthcare system - ICBs, STP/ICS, training hubs, HEE. This may include a formal qualification in leadership e.g. PG Cert
2. Health equity – Using the fellowship programme to reduce health inequalities
 - a. Prioritising fellowships that offer clinical placements in practices in under-doctored or socio-economically deprived areas
 - b. Specific health equity fellowships e.g. Deep End pioneer, Trailblazer GP
3. Clinical – Helping GPs to develop a clinical special interest e.g. dermatology, frailty, palliative care. These fellowships may often be driven by individuals.
4. Academic – Supporting early academic careers, bridging the gap from pre-CCT ACFs to higher academic study
5. Educational – Stimulating early career GP educators through involvement with undergraduate or postgraduate education and the attainment of postgraduate health professionals' education qualifications.

Local offices should, with partners, establish priorities and use these to direct how they source and approve fellowship bids. Regardless of the nature of the fellowships, consideration should be given to addressing GP workforce inequity by prioritising clinical placements in underdoctored and/or deprived areas.

Appointment and employment

- Successful partner organisations are responsible for the advertisement, recruitment and appointment of fellows.
- All aspects of employment, including salary, terms and conditions are the responsibility of the employer. BMA agreed standard contracts are recommended.
- NHS England supported personal development time is limited to 12 months per fellow, though partner organisations may choose to offer longer contracts. Fellows opting to undertake the fellowship LTFT will be entitled to the same total number of funded personal

development sessions. • A memorandum of understanding should exist between the NHS England local office and the employing organisation covering

Funding

- Partner organisations are responsible for setting salary and terms and conditions for the fellows, who should be paid for every session worked, including their personal development time.
- In multiple partner bids, robust internal arrangements should exist to handle recharging of salary costs.
- NHS England will reimburse practices £11,283.50 per session (£22,567 for 2 sessions), aligned to personal development
- For each fellowship, NHS England provides up to a maximum of £5000 for educational support-the majority of this is used to operate the Yorkshire and Humber scheme. Each year an amount which each fellow can claim to cover transportation and educational costs is determined and shared. In the past, this has been up to £1000.

The role of NHS England local offices

The responsibilities of NHS England local offices include:

- Liaising with partners to source fellowship bids
- Co-ordinating the assessment and approval of bids
- Supporting and tracking the employer led recruitment and appointment process
- Producing and adhering to a memorandum of understanding governing the transfer of personal development time backfill funding
- Arranging a managing system for the £5k education support funding
- Having a mechanism for contact and feedback from fellows in case of problems
- Reporting internally when required on the delivery of the programme
- Participation in local or national evaluation Extended involvement might include use of a 'top-slice' of the £5k education support funding, to support the commissioning, planning and/or delivery of:
 - A programme of education for the fellows
 - Personal development support for the fellows e.g. coaching, mentoring, peer learning