

Thames Valley and Wessex Primary Care School Fellowship

End Of Fellowship Report September 2026



Innovative Learning Environment: Creating Capacity

Introduction.

As a Practice Manager I was not sure this Fellowship was open to me but felt that the Learning Environment was very much part of my role. Whilst all but one of my Fellows were GPs I felt that I had a unique set of skills with my understanding of General Practice and a previous career centred in a learning environment.

I was supported in my Fellowship by Dr Rohit Kotnis as my mentor.

Literature

My Fellowship started by focusing on the wider workforce. Supporting our PCN as the Business Manager meant I had a good understanding of the Additional Roles Reimbursement Scheme (ARRS) and how these roles were contributing to capacity in General Practice. My first read was the PCN DES ([Network Contract DES - Contract specification 2025/26 – PCN requirements](#)). This lays out the variety of roles and the educational requirements for the roles. Most educational programmes for these roles need to be initiated within established institutes before Primary Care can become involved. Once qualified, the ARRS roles often require membership and mentorship outside of General Practice.

Whilst looking for literature about Practice Managers and their role in the learning environment I struggled to find many articles about the role of the Practice Manager in any guise. There is some literature which is 15 years old and therefore out of date and some publications which relate to Australian General Practice which is not relevant to English Primary Care. The role of the Practice Manager has changed greatly over the last 10 years and, to be relevant, the literature needed to be more current. I am an Associate member of the Institute of General Practice Managers so I looked to them for information. Their response was to highlight that there had been almost no research or published literature into the role of a Practice Manager. [Practice Managers and patient outcomes – New research highlights their critical role](#)

Another key part of my reading was related to the learning environment. During my Fellowship I became aware that in order for my GP Trainers to gain reaccreditation they had to belong to a Learning Environment. The NHS Education Quality Framework ([Education Quality Framework 0.docx](#)) sets out best practice for a Learning Environment and provided the underpinning for me to improve and develop both my Practice and PCN as a Learning Environment not only for my GP trainers but all learners.

Achievements:

The first major achievement was to gain Learning Environment status for my PCN. We are now able to provide education and reaccréditation within the structure set out in the NHS Education Quality Framework. This will be an ongoing process to ensure that the PCN continues to provide a safe, well governed, inclusive and learner centred environment for all learners. As part of this process, I have nominated the Learning Environment Lead and worked with them to develop policies and processes to ensure that the environment flourishes.

When I joined my practice in 2015, they were already an established Training Practice supporting GP Registrar training. 3 years later the practice also started to work with Buckinghamshire University to train Year 3 Medical Students in Consultation Skills and diagnostic thinking. Both of these require a good induction programme and a supportive environment in which to learn. Whilst working on my Fellowship, I commenced working with Buckingham University to introduce Year 4 Medical Students. These students are engaged in learning about Frailty, Elderly and Chronic Care which fits well with the emerging Neighbourhood priorities. Once we had worked with 2 or 3 pairs of students it became clear, through their feedback, that we could enhance their experience. I worked with one of the pairs of students and redevi sed the programme. There is now reference to the course outcomes in the programme as well as a wider range of relevant experiences including increased care home contact and practical skills development. I have also written a workplan so that all staff supporting the students understand what the students want to achieve from their experience and their role as empowered educators. The new programme allows the Year 4 students to review patients with long term conditions and then report their clinical observations to a supervising clinician. This work means that chronic disease reviews are being completed, increasing quality of care as well as creating capacity. Some of their work is done at the care homes or in patients own homes to avoid problems with limited clinical rooms.

I have also taken the opportunity to review how we develop our registrars and have introduced more joint tutorials. This required balancing of the benefits of group learning with individual support. By working with a group of 2 or 3 registrars a tutorial can support facilitated peer to peer learning and optimise our educator time and room space. In order to develop the leadership skills of our ST3 registrars, I sourced a Clinical Supervision training program, through BLMKICB training hub, which is available as an electronic resource. This will be used to train ST3 registrars in supporting Year 3 Medical Students as part of their Leadership experience. It has provided useful training for a new GP to be able to support the Year 3 Medical Students.

As well as meeting with Buckinghamshire University I also met with the Nursing Program lead at Northamptonshire University. We explored opportunities for student nurses

within our PCN. She is looking to place student nurse who live on the south side of Northampton with us. This will compliment the range of student nurse placements that we already have including Digital placements who we support virtually.

Unfortunately, funding has become increasingly important in our Learning Environment. In order to support our learners, time needs to be blocked with clinicians to supervise and that time needs to be backfilled. This is an additional cost necessary to maintain GP appointment capacity. The administration for the programs also needs to be considered. As the budget holder in my organisation, I have to ensure that the expansion of the Learning Environment doesn't cause unintended pressure on my staff or patients. One of the programs that I reviewed during my Fellowship was one for Clinical Pharmacists. We had been approached by an NHS Trust to support the training of their Clinical Pharmacist and support their prescribing qualification. We engaged in this but found the pressure of supervision was greater than anticipated. It also led us to look at the intended outcomes for the course and concluded that General Practice was not a suitable place to sign off a Trust Based Clinical Pharmacist as a Community Pharmacist. I will continue to work with the PCN lead Clinical Pharmacist to develop a more robust process for the training of Clinical Pharmacist and have a meeting with the NHS Trust to evaluate the placement. Our previous experience with learners who have then become employees has demonstrated a real benefit of training programmes. Our PCN Clinical Pharmacist completed her prescribing qualification, whilst a community pharmacist, in my practice and this has made the transition into the role in our PCN very successful.

Our Learning environment supports Work Experience students as many Universities favour applications for medical degrees from students who can demonstrate some experience of Medicine. During my Fellowship we had several work experience students and feedback from staff led to me creating an application process that requires a demonstration of commitment from the students and is limited to Year 12 or above. By actively reviewing applications I can ensure we support genuinely motivated students which will enhance the experience for both the students and my staff.

Whilst looking at the learning needs of the different ARRS roles I interviewed a Health and Wellbeing (H&W) Coach. We had previously had this role in our PCN but with limited success. I wanted to understand the education needs of a H&W Coach and if we could provide for them to aid retention. Like many of the ARRS roles, the person in the role needs clinical supervision provided by their own regulated body. Whilst very valuable to the Learning Environment as a resource, the benefit for many ARRS roles is limited as they need to qualify and be supervised within their regulatory body. Following on from my meetings with the H&W Coach I was able to recruit her into the PCN and have found ways to develop her practice by supporting her to run a weight loss coaching clinic. I am currently supporting her to develop Group Consultations within the PCN.

I have always believed that part of my role is to empower my staff to grow and learners from inside our organisation are a very important aspect of the Learning Environment. I have already, with the help of the PCN Lead Nurse, supported the growth of an HCA to a Nurse Associate using an Apprenticeship Scheme. We have then replicated that process with another Nurse Associate who qualified recently. During my Fellowship I have worked with our Lead Nurse to further develop our first Nurse Associate and she has progressed significantly into her training as a Practice Nurse. With further negotiation I have secured her a position next year within the PCN as a New to Practice Nurse within the ARRS scheme.

During the last year, I have worked with my practice nursing team to develop several members of the team. Although enrolled on courses with professional bodies, we are providing opportunities within the Learning Environment for a practice nurse to gain expertise in Women's Health, a Minor illness nurse to gain prescribing qualifications. Through our review processes I have also identified a new member of staff and have put in place support to gain confidence in her already acquired prescribing qualification.

Within my organisation we have a number of clinicians who started as learners in our practice and PCN. This expands the pool of candidates when we need new staff and, if successful, reduces the induction period. Both parties have a good understanding of each other and failed employment has been less likely. Educating learners in a supportive environment is creating capacity for the NHS. Retaining them in the NHS is the next challenge.

Blockers:

One of the problems for my Fellowship was time management. I opted to split my 8 hours over 2 days to ensure the Practice had a strong management team in the mornings when many issues occur. This meant it was difficult to get back into my Fellowship work each time and I had to be very disciplined to ensure practice work didn't impinge on the Fellowship.

Getting other members of the PCN onboard with the Learning Environment is a slow process of change hampered by lack of space at the other two practices in the PCN. I continue to work with the practices to assist them to support our learners.

Our Learning Environment has a wide range of diverse learners. As part of the discussions I have had with the educators, it has become clear that there is a stage at which they develop 'teaching fatigue' and want to focus on the patient needs instead of splitting a consultation into patient needs and learner needs. As a result of this, I feel that we need to look clearly at the requirements of any new learners and ensure the supervising clinician is engaged in the development of the program and has a clear

understanding of the commitment. This has worked really well with the Year 4 Buckinghamshire medical Students.

The Future.

I will continue to work with the Learning Environment Lead to ensure we provide a good environment for growth of both inside and outside learners. One that empowers both the learner and the educator and where both feel safe.

Using the CPD from my Fellowship, I hope to become a learner in our PCN. I want to gain a certificate in coaching so that I can offer support to the learners in my team and to my Management Team as they embark on the new NHS Management framework.