

Thames Valley and Wessex Primary Care School

End-of-fellowship Report

Introduction

At the beginning of my fellowship, I had a clear vision of what I hoped to achieve during the year, alongside several potential project ideas, including exploring neighbourhood teams and wider workforce training. Although these initial project ideas did not gain significant momentum, the process provided an opportunity to explore broader areas of education within primary care and ultimately shaped the direction of my fellowship.

My fellowship year can broadly be summarised as an exploration of education within primary care, encompassing public education, peer education and, most significantly, the development of multiprofessional student placements within primary care.

Public Education

Through networking during my fellowship, I was introduced to the Hampshire and Isle of Wight NHS communications teams and had the opportunity to contribute to their **'It Takes a Team'** campaign.

The campaign aims to highlight the breadth of roles working within primary care and to increase public awareness of the wider workforce. This included a full-page feature in local newspapers, alongside social media reels showcasing the diverse range of professionals working within primary care.

This experience provided an opportunity to contribute to public-facing education while developing my understanding of how communications and engagement can be used to promote the wider primary care workforce.

Peer Education and Professional Networks

During my fellowship year, I also took the opportunity to become more actively involved in the First Contact Podiatry Network Group with the Royal College of Podiatry. The network comprises primary care podiatrists working in first contact roles nationally and provides a platform for organisational and peer support.

Alongside my podiatry colleagues, we have developed the network into a **Specialist Advisory Group** and taken on co-chair responsibilities. Our work aims to promote the first contact podiatry role nationally, develop educational opportunities and contribute to the development of national clinical standards.

As part of this development, we are holding our first conference seminar session as a Specialist Advisory Group. The session aims to educate podiatry colleagues working outside primary care about the core skill set required for first contact practice and to increase understanding of the role within the wider profession.

This experience has demonstrated the value of peer networks in supporting professional development, sharing expertise and influencing the development of practice at a national level.

Exploring Multiprofessional Student Placements in Primary Care

My main fellowship project developed from my exploration of the **Learning Environment Approval Project (LEAP)**, which my Primary Care Network (PCN) had undertaken in 2025. Through my initial research, I identified that the primary focus of the PCN's approved learning environment was on GP trainees and medical students, while students from the wider primary care workforce were not routinely included. I therefore wanted to explore the reasons for this and whether there was an opportunity to expand student placements to a wider range of professions.

Through the networks developed during my fellowship, I was introduced to learning environment leads and gained a greater understanding of wider workforce student placements. I also spoke with other PCNs to learn from their experiences of successfully implementing multiprofessional student placements.

Within my own PCN, I engaged with the management team and surveyed clinical staff to understand their perspectives and perceived barriers. Following this, I undertook a trial of wider workforce student placements within the PCN to assess both the educational value and the potential financial sustainability of incorporating these placements into routine practice.

Addressing Perceived Barriers

Three key concerns were identified within the PCN:

1. Staff were not interested in supervising students.
2. There was insufficient funding to support student placements.
3. Placement mapping and time spent with assessors were perceived to reduce patient-facing clinical time.

The project therefore sought to explore each of these barriers and identify practical solutions.

Barrier One: Lack of Staff Interest

To address the first perceived barrier, I undertook a staff survey to identify clinical staff who would be willing to supervise and assess students. The survey focused particularly on practice nurses and pharmacists, who represented the majority of the wider workforce clinical team.

A total of 13 staff responded, comprising five pharmacists and eight practice nurses.

- Four out of 13 respondents would consider becoming practice assessors.
- Nine out of 13 would potentially consider the role, provided that appropriate protected time and/or training were available.
- Six out of 13 already had formal assessor and/or supervisor training.
- Seven out of 13 felt confident assessing students.
- Six out of 13 felt confident supervising students.

These findings challenged the initial perception that there was little staff interest in hosting students. The results suggested that clinical staff were generally willing to support student placements, with many already possessing relevant training and experience. However, further support from the PCN would be required to address protected time, workload and additional training requirements.

Barrier Two: Insufficient Funding

To explore the financial implications of hosting students, I undertook a cost analysis based on an initial cohort comprising:

- Four adult nursing students
- Four pharmacy students
- Two podiatry students

The analysis incorporated the initial training costs, one-hour initial, midpoint and final assessments with dedicated practice assessors, one hour of supervision per student per day, and a 1.5-hour facilitated learning session with the students.

Presenting the financial implications visually was particularly useful when discussing the project with the PCN management team. It provided a clear representation of the potential costs and supported discussions around the financial sustainability of hosting wider workforce students.

Barrier Three: Placement Mapping and Reduced Patient Contact Time

A further concern was that coordinating student placements and providing supervision could reduce clinicians' available patient-facing time.

To address this, I proposed a novel approach based around **facilitated learning**, comprising a weekly student-led group discussion and self-directed learning incorporated into students' weekly rotas.

During a four-hour clinical session, the proposed structure was:

- Three hours spent with the student's clinical supervisor.
- A 30-minute protected catch-up period for the student and clinician, providing an opportunity for supervision and reflection while also allowing the clinician to manage other responsibilities.
- A further 30 minutes allocated to student-led self-directed learning, with the expectation that students would bring relevant cases or learning points to the facilitated group discussion.

Students were surveyed at the end of their placement and provided positive feedback regarding the facilitated group sessions:

“It was nice to have group discussions about our experiences and interesting cases.”

“Very useful to reflect on our time here and discuss interesting cases that we’ve come across so we can all learn from them.”

“It’s nice to sit and hear everyone talk about the cases they experienced as everyone is different.”

The feedback suggested that group-based facilitated learning provided a valuable opportunity for students to learn from one another and broaden their exposure to different clinical experiences.

Placement Mapping and the Primary Care Learning Environment

In hindsight, placement mapping was the most time-consuming aspect of the project, both before and during the student placements.

I deliberately wanted students to have opportunities to spend time with both clinical and non-clinical staff. This was intended to demonstrate the breadth and diversity of primary care, including both patient-facing and non-patient-facing roles, and to provide students with learning opportunities that are particularly unique to the primary care environment.

However, the placement model was susceptible to last-minute changes, including staff sickness and alterations to clinical sessions. Consequently, student rotas required regular monitoring and modification to ensure that students could be moved to alternative learning opportunities when planned sessions were no longer available. This was not always feasible and represented a significant administrative commitment.

The administrative time required for placement coordination will therefore need to be incorporated into any future cost analysis and business planning.

Despite these challenges, students reported that the opportunity to experience the breadth of primary care was highly valuable.

Question: What was the most valuable part of your placement?

Student 1: *“Being able to observe how primary care works.”*

Student 2: *“Being able to experience the different settings of primary care and all professionals.”*

Impact on Students' Perceptions of Primary Care

The students reported that their experience of primary care differed from the settings they had previously encountered during their education and training. Prior to their placement, three out of five students had not considered a career in primary care. Following their placement, four out of five students indicated that they would consider working in primary care.

Their feedback included:

Student 1: *“It felt more comfortable and structured than a ward setting.”*

Student 2: *“It has opened another door for me of where I might possibly work in the future.”*

Student 3: *“Since I’ve been here and experienced it I like the whole dynamic of primary care as compared to the hospital system and could see myself working here in the future.”*

These findings suggest that exposure to multiprofessional primary care placements may have a positive influence on students' perceptions of primary care as a potential career destination. The placement also provided students with an opportunity to understand the breadth of professionals and services involved in delivering primary care, rather than experiencing the setting through the perspective of a single profession.

Next Steps

The next stage of this project is to develop a business case informed by the findings from the placement trial. The focus will be on identifying how wider workforce student placements can be incorporated seamlessly into the PCN's existing business model while maintaining financial sustainability. A key consideration will be how to offset the administrative costs associated with coordinating placements. The future model will also explore opportunities to provide students with greater hands-on clinical experience while ensuring that their contribution can appropriately support clinical capacity within the practice.

The aim is to develop a sustainable model that benefits three key groups: students through high-quality multiprofessional learning opportunities; clinicians through structured and supported supervision; and the PCN through workforce development and potential increases in clinical capacity.

Conclusion

On reflection, my fellowship year can be summarised as an exploration of education within primary care.

What began as several broad project ideas developed into a more focused exploration of how primary care can contribute to education across the wider workforce. The fellowship has provided me with opportunities to engage in public education, develop professional networks, contribute to peer education and undertake a practical project exploring multiprofessional student placements.

A year on, I have a greater awareness of the different educational pathways and opportunities that I can continue to explore throughout my career. I feel more confident in initiating and developing projects, evaluating perceived barriers and engaging with colleagues across organisational and professional boundaries. I hope that completing my PRINCE2 project management course will compliment this learning process.

Perhaps most importantly, the fellowship has demonstrated to me the value of networking and collaboration. Connecting with peers and colleagues who share similar ambitions has opened opportunities that I would not have encountered otherwise. I look forward to building on these experiences and continuing to contribute to the development of education and workforce opportunities within primary care.