

NHS England Thames Valley and Wessex Primary Care Fellowship report



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I started the fellowship with a specific project topic in mind: improving clinical supervision in primary care. I had developed an interest in this area through my own experiences during GP training. When done well, clinical supervision can be supportive and even inspiring. However, clinicians who have not been given the time or prior warning of the clinical supervision are, in my experience, less likely to provide effective clinical supervision. On the other side, after qualification I found a general lack of practical on-the-ground guidance for the provision of clinical supervision. I was also expected to supervise wider workforce colleagues whose training and skill set I was unfamiliar with.

The fellowship team paired me with another fellow who had also identified clinical supervision as a topic area but with a focus on reducing clinical risk for the supervising clinician. Moving from project leader to co-leads required some time invested in understanding each other's experiences, motivations, skill sets, and networks. Equally, acknowledging where we differed and any personality type clashes early helped to keep the project on track. We agreed to produce a survey looking at early career GPs' experiences providing clinical supervision and the enablers and barriers to providing effective clinical supervision. We both wanted to use this to gather data to highlight the need for further teaching and toolkits for clinicians providing clinical supervision.



The biggest learning point for me in previous projects has been identifying stakeholders early and engaging them fully. Learning about tools like Mendelow's matrix helped me to build on this task by categorising the stakeholders based on interest and influence. However, I struggled at first with this as my understanding of the Primary Care School structure and connected parties was limited. We were also working across Thames Valley, an area I have no

connections or knowledge about. This highlighted the importance of local connections, which we were able to access via our mentors. They identified the key players vs keep informed stakeholders which moved the project forward.

The next step was survey design. I had only ever produced basic surveys for feedback on teaching sessions. I found NHS toolkits for survey design helpful for the broad design strokes but otherwise they were too generic. We started with a vast list of questions and then whittled this down. We had to be careful not to word the questions in leading ways based on our own experiences of clinical supervision. Even with the final question set, there was data we wanted but felt we couldn't ask for due to the context of the survey. Reflecting on the process, we would have benefited from conducting a pilot survey, as the final survey was too long and the wording of two of the questions allowed for vague answers. Despite this, we had a great response rate of 100. This was mainly through face-to-face promotion of the survey at local teaching sessions. This is a strategy I would use again in future projects to boost participation.

I really struggled with the shared nature of our data analysis and report writing. Due to our working schedules and external time commitments, discussion had to be remote and could be disjointed. This meant that at times the work felt uneven and communication suffered. However, the final report is strong with a variety of data analysis tools used. In particular, this project introduced me to thematic analysis and the tools used for this.

I had thought that starting with a clear topic would make the project simpler, however time quickly rolled on. Reflecting on this, a clearer process map may have helped us stick to a tighter timeline. Despite this, we have achieved the goal of our project and have plans to use the data to drive change in the clinical supervision area. Firstly, we are presenting the survey at the 2026 RCGP conference in poster format. We also hope to submit the survey to a journal for publication. Furthermore, the results have wider implications for RCGP GP training which would be the next step for improving the experience of early career GPs.

Outside of the project, I have used the mentoring time to understand local systems in more detail, for coaching, and for guidance on how to continue my education journey. I have used my study budget for the RCGP conference and a coaching course. I have also started the NHS Leadership Academy Mary Seacole programme. This is a 6-month leadership course. It is more intense than expected, but I have found the sections on personality types in teams and leaders, and stakeholder engagement have been particularly useful for my project.

Reference:

[1] Kot K. Stakeholder analysis: Mendelow's matrix [Internet]. BA Coach. 2025 [cited 2026 Aug 27]. Available from: <https://bacoach.nl/2025/01/stakeholder-analysis-mendelows-matrix/>