



TVW Primary Care Fellowship Report

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Introduction

When I learnt about the Thames Valley and Wessex Primary Care School Fellowship, I was intrigued at the opportunity. I had very recently qualified as a GP and was excited for opportunities ahead, but also nervous about the daunting first year as a fully qualified GP and ‘flying solo’. The fellowship meant working in a novel way to what I had done before as a GP and GP trainee, with time doing project work and wider leadership learning.

I put together an application, detailing some of my background and context within which I already worked – a newly qualified GP in a large, 42,000-patient training practice. I have analytical skills and a clinical research background with some experience in project work as a clinical research SHO prior to GP training, and the clinical exposure and workplace-based assessment (WPBA) experience that GP training provides.

I was pleased to discuss my project idea at interview, one surrounding clinical supervision with the wider workforce and my feeling that we as early career GPs get little training but this is an expectation of our role as GPs now. I had interview questions surrounding this when applying for my first jobs, and my feeling was that my lack of experience was apparent at the time.

I felt elated when I learned I had been selected onto the Fellowship and the fantastic opportunities it offered. I have detailed my reflections on how I have spent the past year learning and growing as a clinician, a leader and a member of the team. There is also a formal report and a supervision toolkit that is a product of this years work.

Reflections on the Fellowship Project

I was paired with another Clinical Fellow in the same cohort who concurrently had the same idea as me, and we agreed to pursue this project together. With two people and perspectives we were able to achieve more than what we could do individually, and I felt we both brought valuable skills to the table.

The bulk of the year was spent on our project. Whilst some colleagues were formulating a project idea or working on multiple smaller projects, we came in with an idea in mind and were fortunate to hit the ground running. Despite this, there were still some challenges and I learnt a lot along the way.

My initial vision was that we would have a survey generated and out early in the fellowship year – so that we could work towards developing a potential ‘toolkit’ which may be useful for colleagues who are newer to wider workforce supervision.

I learnt that when you are creating a robust piece of work, it needs to be able to withstand scrutiny from multiple angles. As such I had to adjust my initial project timeline to be more realistic given the quality of the work we aimed to produce.

We conducted an evaluation of the current landscape of clinical supervision confidence in early career GPs, with a view to develop a toolkit for early career GPs using learning from the survey.

Data Analysis and Statistical Learning

A significant amount of my time was spent analysing the data. We asked lots of questions and were fortunate to receive 97 responses. I developed my skills in coding and analysing a medium-sized dataset, and significantly improved my proficiency in Excel.

I learnt about statistical interpretation of ordinal data and Likert scales, and how to use software such as Jamovi. I used this to conduct Mann-Whitney U tests and Spearman's rank correlation on our data, and worked to understand how to interpret these correctly.

Outcomes and Impact

The result was ultimately novel piece of work, and that will be poster-presented nationally this October and is being prepared for publication. The work we have done is something I am proud of, especially as it has been delivered in a timely fashion whilst remaining robust, and directly speaks to the complexities of primary care workforce delivery.

Toolkit

Towards the latter stage of my fellowship, I used the data available to develop a short toolkit for early career GPs so that this can be a guide on how to safely deliver supervision in the workplace. I will present this to my practice teaching and we will use it to facilitate safe supervision in our workplace.

Reflections on the Year

Over the course of the year we have received excellent teaching sessions once a month on leadership, workshop facilitation skills, project management, and presentation skills. These are not things that come naturally to me, and to me often people seem natural when they do it well. I am grateful beyond anything else to have been taught by experts so well versed in this. As a doctor, I have so much to share and learn for my patients and colleagues and I feel these are incredibly valuable.

Wider Learning

I have conducted two courses as a part of this fellowship; the Combined Supervisor's Course, and a Supervision for the wider workforce course conducted in Wessex LMC.

The Combined Supervisor's course is primarily education focused towards GP trainees and Foundation trainees. It is an excellent primer and reminder to the needs of doctors in training, however there is little there to facilitate the needs of wider workforce colleagues as this is not in the scope of this teaching. It provided many translatable skills and I found it a valuable resource to be able to attend.

Working in a Multi-Disciplinary Team and Supervising other Colleagues Safely was delivered by an experienced GP and trainer who provided valuable insight into how to deliver supervision safely. This course acted as a good primer for the project early on, and some thoughts and ideas by course



attendees on the day sparked thoughts early on. There were thoughts on policy for supervision as well as key skills such as documentation and remote supervision.

Networking and Collaboration

It has been incredible to learn from, and build on the work of, colleagues who have already achieved great things in this space. Clinical supervision is a broad field, and there was already strong, directly relevant local work underway. I was able to network with multiple colleagues at a regional level who share an interest in taking this forward to help guide the future of general practice education.

Continuing Professional Development Funding

This fellowship awarded a generous £4000 funding towards a non-clinical professional development resource. I entered this programme because I was passionate about the project and about GP education. I have used some of the funding on the combined supervision course, as well as the Working in a Multi-Disciplinary Team and Supervising other Colleagues Safely course. I have also used funding towards the RCGP conference 2026 where we will be presenting our poster (appendix 1). Finally the remainder of the funding I would like to use to do a PGCert in Medical Education which will form alongside this fellowship a basis to further my career as a GP in medical education.

Conclusion

I have learnt immensely about leadership skills and delivering a project through the year with real results. I continue to learn and take this forward to share learning from this year. I have learnt translatable skills that I can take forward and apply to different roles.

The TVW fellowship has given me valuable time, resources and expert support to deliver a meaningful project at ground level. The fellowship gives frontline staff the opportunity to drive innovation forward, with direct senior leadership support and resources and I am grateful to have had the opportunity to have been a part of this cohort.