Bridging training and practice: How the Integrated Care GP Fellowship supports, mentors, and develops future GP leaders

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Introduction

The iGP Fellowship isn't just about transition, it's a test of whether Wales can truly retain GPs in practice and deliver on the promise of care closer to home?

The programme **aims**:

- ✓ offer structured mentorship
- ✓ professional development
- ✓ opportunities in understanding partnership, conducting research
- ✓ developing community-based care.

By fostering **skills** in leadership, QI work, and integrated community-based care, the iGP scheme ensures that early-career GPs are well-equipped to deliver high-quality, **prudent patient-centred care.**

Focus:

- ❖ developing portfolio careers
- ❖ helping GPs explore diverse roles
- ❖ maintaining clinical excellence.

Methods

Fellows work part-time in primary care alongside tailored sessions, gaining skills in partnership and system development.

Key features:

Mentorship: Experienced GP mentors provide ongoing guidance.

Professional Growth: Training in leadership, research, and service innovation.

Integrated Care: Focus on patient-centred, community-based care and multidisciplinary collaboration.

Flexibility: Supports portfolio careers, improving satisfaction, retention, and workforce sustainability.

Evaluation:

1. Semi-structured interviews with fellows at programme entry and midpoint,
2. Stakeholder interviews.
3. Midpoint activity and progress reports.
4. Thematic analysis of qualitative data revealed the impact and challenges.

Results

Impact:

- Smooth transition into practice through balanced clinical/non-clinical time and strong mentorship.
- Increased confidence and clearer professional identity within the NHS.
- Tangible service impact: stabilised workloads, improved access (DOAC, ADHD, hypertension clinics), and management of long term conditions.
- Leadership and innovation: QI projects, digital health tools (AI apps), and research involvement.
- Enhanced career development in leadership, education, and system engagement.

Challenges:

- Balancing clinical workload with development opportunities.
- Programme length may limit pursuit of qualifications and project completion.
- Need for equitable access and consistent delivery across regions.
- Role clarity in research projects. Regulatory barriers to digital innovation.

Conclusions

The findings demonstrate evidence the scheme:

- ✓ Strengthens GP retention, satisfaction, and workforce resilience.
- ✓ Builds leadership and innovation capacity.
- ✓ A transformative scheme with clear benefits, though refinements are needed for scalability and sustainability.

Consider:

- ➢ Extend duration (18–24 months) to support qualifications and project completion.
- ➢ Protected development time is needed especially with increased clinical workload.
- ➢ Ensure equity of access across regions.
- ➢ Clarify research roles for smoother integration. Support digital innovation with clearer governance.
- ➢ Link outcomes to careers in leadership, education, and research

References

Bevan Fellows Compendium: Fellows Compendium for June 2025