

Name of Document	Management of Fellowships
Category	Standard Operating Procedure (SOP) This SOP is applicable to doctors and dentists in training within NHS England.
Purpose	This document is one of a suite of Standard Operating Procedures to support the management of resident doctors in training across England. This SOP is aligned to the principles of 'A Reference Guide for Postgraduate Foundation and Specialty Training in the UK' (The Gold Guide) and 'A Reference Guide for Postgraduate Dental Foundation, Core and Specialty Training' (The Dental Gold Guide). Please refer to the most recent versions. Since 2020, Foundation Training is embedded within the Gold Guide. Therefore, the NHS England suite of SOPs applies to all doctors in training, including Foundation, unless specified otherwise. Within the SOP, whenever reference is made to the Postgraduate Dean, it refers to the NHS England English Dean/Postgraduate Dean or their nominated representative who will be responsible for managing the process on their behalf. Throughout the document, unless otherwise stated, the term "resident doctor in training" refers to postgraduate doctors in training and also applies to postgraduate dentists in training and public health trainees with a medical or non-medical qualification. Postgraduate Deans will also consider application of this SOP to locally employed doctors and SAS doctors and dentists. This SOP is intended to be a guide to encourage consistency of practice across England. Due to the complex nature of training, there will be occasions where Postgraduate Deans will apply their discretion in enacting this SOP to take account of individual circumstances and varying local structures (e.g. Lead Employer). English Deans are committed to equality, diversity and inclusion (EDI), with a duty to eliminate discrimination, promote equality and ensure inclusive opportunities are available to all with regards to age, disability, gender, ethnicity, sexual orientation, religion or belief in the design and delivery of all our services. English Deans aim to meet and exceed their statutory obligations under the Equality Act 2010 by adopting a continuous improvement approach. This suite of SOPs will be routinely screened against relevant Equality and Diversity documentation.
Authorised by	English Deans
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1	17/09/2019	HEED	Document signed off at HEED
2	28/04/2021	HEED	Document signed off at HEED
3	11/10/2022	HEED	Document signed off at HEED
4	19/07/2023	HEED	Document signed off at PGMDE Operational Oversight Group
5	17/10/2024	English Deans	Document signed off at PGMDE Operational Oversight Group
6	26/06/2026	English Deans	Alignment of fellowships to 10-year plan and other strategic direction.
7	23/09/2025	English Deans	Document signed off at PGMDE Operational Oversight Group

Related Documents

- *Gold Guide 10th Edition: A Reference Guide for Postgraduate Foundation and Specialty Training in the UK:*
<https://www.copmed.org.uk/publications/gold-guide>
- *Dental Gold Guide 5th Edition: A reference Guide for Postgraduate Dental Foundation, Core and Specialty Training in the UK:*
<https://copdend.org/wp-content/uploads/2025/09/DGG5-2025-v5.pdf>

1. Introduction

Former HEE established the 'Enhancing Junior Doctors' Working Lives' programme in partnership with the BMA Junior Doctors' Committee, NHS Employers, the GMC and the Academy of Medical Royal Colleges (AoMRC) in March 2016. The programme was established to address a range of issues having a negative impact on the quality of life of resident doctor in trainings.

2. Types of Fellowships

There are a number of Fellowship opportunities available across NHS England. Some will be ring-fenced for trainees within the local office whilst others will be available through a regional or national competitive process. Examples include:

- Flexible Portfolio Training
- Royal College of Physicians Chief Registrar Scheme
- Topol Programme for Digital Health Fellowship
- Supported Return to Training (SuppoRTT) Fellowship
- Quality Improvement Fellowship
- Medical Education Fellowship
- Simulation Fellowship
- Leadership and management
- Clinical Informatics

This is not an exhaustive list and there will be several initiatives available locally, regionally and nationally.

Postgraduate Deans and their teams should ensure that all NHS England funded fellowships are clearly aligned to the strategic direction of NHS E (and the DHSC) current directives in relation to expanding digital capabilities, the shift to prevention and care closer to home and should be clearly defined in the aims and outcomes of all fellowships.

Postgraduate Deans will ensure that fellowships align to the principles contained in the 10 Year Plan.

Postgraduate Deans will apply sound decision making in the development of local or regional fellowships to ensure use of public funding which can demonstrate value for money.

There should be a reasonable distribution of fellowships across secondary care, general practice and public health training to ensure alignment with regional business plans as decided by the Postgraduate Dean.

Postgraduate Deans will consider where opportunities exist to utilise the experience of locally employed doctors and those from the Staff, Associate Specialist and the Specialist Doctor grade aligning with emerging National strategies to develop and support this important component of the workforce.

3. Recruitment Process

- Postgraduate Deans need to determine the best method of recruitment, either NHS England or through a trust appointment
- Advertisement should normally take place a minimum of 6 months prior to the proposed start date to ensure applications for the time out of training can be processed
- Fellowship opportunities must be advertised to all eligible applicants.
- Details of the Fellowship should be available on the local office / national website.
- The interview date should be identified in the advert and candidates should have at least one weeks' notice of the interview.
- Longlisting and shortlisting as per usual HR processes should occur as required.
- Resident doctors in training wishing to undertake a fellowship on a Less Than Full Time basis should apply and have their application given due consideration as per usual HR processes.
- The appointing lead will notify all shortlisted candidates that they are invited for interview. The invite letter should include: -
 - Date and time
 - Venue
 - Details of the selection process
- Panel members must have up to date Equality and Diversity training.
- There should be a minimum of three personnel on the panel.
- Arrangements for recruitment will vary according to local, regional or regional ownership of the programme.
- All candidates must undergo the same process for the interviews; this includes the same title of a presentation if required and the same questions.
- All assessment materials should be retained for 12 months, and panel members should be reminded that candidates may request sight of the interview notes of the panel.
- The panel chair is responsible for providing feedback to applicants.
- Where resident doctors in trainings wish to undertake an OOPT the necessary approvals will need to be sought from the GMC

4. Approvals

Fellowships can normally be taken in one of 4 ways with each application adhering to the relevant timeframes in the groups below:

1. through an application for Out of Programme Experience or Training OOPE/T (GG10: 3.157 – 3.163)
2. through an application for Less Than Full Time Training (GG10: 3.126)
3. through undertaking in programme as part of specialty curricular training
4. Locally employed doctors will require specific local arrangements that should be explicit in any job adverts and job descriptions.
 - Resident doctors in training (RDT) should be in programme at the point of application for items 1 & 2 above
 - Prior to applying the RDT should seek the approval of their Training Programme Director and / or Head of School and also determine which method of application is appropriate.
 - NHSE visa sponsored RDT must seek advice regarding their sponsorship.
 - The RDT should be in receipt of or on track to receive an ARCP outcome 1.
 - There should be no outstanding GMC Fitness to Practise issues.
 - If successful at interview RDT ed to liaise with their Educational Supervisor and employer to agree the protected time for the Fellowship.

5. Start Date

- Applications for OOP and LTFT need to adhere to published timescales
- In agreeing the start date, we should be cognisant of the requirements of Code of Practice and therefore employers and resident doctors in trainings must be given a minimum of 12 weeks' notice before commencement of the Fellowship.

6. Funding Arrangements

- The funding for the fellowships will be aligned to National cost centres and NHS E financial governance arrangements will apply to access this funding. Job descriptions will clearly demonstrate funding sources (via appropriate cost centres) and how this funding will flow to the employing organisation.

7. Out of Hours Working

- Where RDT occupies a training slot on the clinical training programme but have time ring-fenced for the Fellowship the expectation is that they will fully contribute to the on-call commitments required by the employer. Expectations should be made clear in advertisements.
- If a doctor wishes to negotiate a reduced on-call commitment pro-rata to the clinical commitment they will need to negotiate this with their employer.

8. Protected Time in Group 2 & 3

- Resident doctors in trainings appointed to Fellowships will have the WTE, as per the advert, protected for project work to support their professional development alongside training in their clinical specialty.
- The protected time will typically be one (20%) or two (40%) days per week but in discussion with the employer and educational supervisor could be undertaken as a block.

9. Less than Full Time Arrangements

- Fellowship opportunities will be accessible to less than full-time (LTFT) resident doctors in trainings.
- If as a result of taking up the Fellowship the clinical component of the role falls below 0.5 WTE, approval should be sought from the Postgraduate Dean given the [minimum requirements](#) for recognition of training as set by the GMC.
- In most cases it is likely that the resident doctor in training will develop competences aligned to the GMC curriculum for their clinical specialty, such as leadership and management, and therefore the expectation is that this will be supported for at least 12 months.

10. Extension to Estimated Completion Date

- It should not be assumed that the estimated completion date should be adjusted, particularly where resident doctors in trainings are acquiring competencies at the expected speed (or more rapidly than expected). This will need to be considered on an individual basis based on the relevant specialty curriculum

11. Recording the Fellowship

- There is currently no mechanism on TIS to record those resident doctors in trainings undertaking a Fellowship alongside their clinical training, therefore this needs to be recorded in their training file.
- Arrangements will depend on the nature of absence, if this is as an OOP, see OOP SOP.
- If this is being done alongside the CCT programme, the ARCP form must document the split between clinical training and protected time for the Fellowship, this is particularly important where the estimated completion date has been adjusted to reflect the reduced clinical component.
- Resident doctors in trainings are not expected to complete an Out of Programme (OOP) form if they remain on the same training programme and working towards the GMC approved curriculum as they will apply for LTFT. However, if the Resident

doctor in training undertakes the Fellowship outside of their parent Deanery or take up a post that is not part of the GMC approved training programme, they will need to complete the relevant OOPE/T application form.

12. Employment arrangements

- Employment arrangements and funding for the Fellowship placement should be agreed ahead of recruitment taking place.
- If the Fellowship placement is to be employed by a Lead Employer rather than the host organisation, discussions should take place with the Lead Employer ahead of position offer to ensure all elements of contractual arrangements have been covered.
- PGD should ensure appropriate onboarding where work is undertaken within NHSE teams, including access to software and systems required

The local office must have arrangements in place to ensure quality assurance and appropriateness of any fellowships; financial assurance will take place via the English Deans governance.