**BNSSG General Practice**

**Advanced Practitioner**

**Preceptee Document**

A logo of a human head and a heart with a brain

Description automatically generated

**Content**

**Glossary**

**Introduction**

**Background to Advanced Practice**

**Overview of current progress**

**What is a preceptorship?**

**Roles and responsibilities**

**Preceptorship Templates**

**Glossary**

**Advanced Practice**

Advance Practice (AP) is delivered by experienced, registered health care professions. Working with an elevated level of autonomy to make complex decisions. This is underpinned by a master's level award that encompasses the four pillars of clinical practice.

**Action learning set**

A group of people within a workplace that meet with specific intention of solving a workplace problem.

**Clinical Pillars of practice**

4 pillars of AP are clinical, education, research, and leadership.

**Competency**

The skills, abilities and knowledge that enable an AP to safely and effectively manage tasks required by their role.

**Continued Professional Development (CPD)**

CPD is the way in which Advanced Practitioner continue to learn and develop throughout their careers.

**Digital badge**

Digital badges standardize recognition of the quality assurance of advancing practice education, training, and experience.

**Job Plan**

Professional and contractual obligation documenting the roles and responsibilities of the employee.

**Intention to prescribe**

A list of medications that the preceptee is confident and competent to prescribe. This also may vary depending on their regulatory board. (E.G nurse / paramedic).

**Multiprofessional development**

learning that brings together health and care professionals from a range of different professional groups.

**Preceptorship**

A period of structured support provided to APs (Advanced Practitioners) at key moments of career transition.

**Preceptee**

An individual completing the program.

**Preceptor**

An individual providing one-to-one support to someone undertaking preceptorship.

**Scope of practice**

The knowledge, skills and experience made up from the activities carried out within an AP’s professional role. This can vary from each clinician and can expand or narrow depending upon the individual.

**Skills matrix**

A list of skills / procedures the clinician is competent and confident to perform / assess.

Introduction

The BNSSG Primary Care Training Hub has developed this preceptorship toolkit to guide organisations thorough the first year post the MSc Advanced Practice or for those who are new to General Practice and already working at an Advanced level.

This section of the toolkit is designed for Advanced Practitioners (AP) employed in BNSSG General Practice wishing to complete a preceptorship year. A separate document is written for Preceptors and Organisations. This includes those clinicians who have completed their NHSE Accredited MSc in Advanced Practice (AP) Pathways (modular and apprenticeship) and NHSE Accredited Supported e-portfolio.

The preceptorship programme is a structured model of work-based learning to help you to develop your skills and to enable you to maintain and enhance your scope of practice regarding the 4 pillars of advancing practice which are: Education, Leadership, Research and Clinical.

At present there is no formal guideline surrounding APs (Advanced Practitioners) Preceptorship programs. However, it has been identified that to support retention of the AP workforce and optimising the potential of the AP in the General Practice, there needs to be a suggested programme that can be used to help support and develop newly qualified APs within the General Practice environment.

This toolkit has been designed by the BNSSG Primary Care Training Hub utilising the national Allied Health Professional (AHP) Preceptorship Standards and Framework guidelines fund here: [Preceptorship Standards and Framework workforce, training and education](https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-allied-health-professionals-preceptorship-foundation-support-programme/allied-health) .

The aim is to help guide you through your preceptorship year, with documents that you might find helpful including reflections, clinical based discussions, meeting templates and an appraisal template. All parts of the preceptorship programme can used as whole or stand-alone, depending on the individual education and development requirements.

Advanced Practice Carer Development

Advanced Practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a Masters level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education, and research, with demonstration of core capabilities and area specific clinical competence (NHS England, 2017) ([What is advanced clinical practice? (hee.nhs.uk))](https://www.hee.nhs.uk/our-work/advanced-clinical-practice/what-advanced-clinical-practice)

The initial stages (2-5 years) of ACP career progression are diverse and led by the APs role, background, and interests. As an example, Nottingham University Hospital Trust have mapped the progression and carer development of an AP that included preceptorship.

A screen shot of a chart

Description automatically generated

(taken from Nottingham University Hospital, A framework of qualified Advanced Clinical Practitioner development and carer progression 2022)

The journey through the 5-year plan can be varied and not linear, and should led your interest, underpinned by the 4 pillars and a suggested 5-year development plan. The early years of your carer progression are diverse, reinforcing the skills learnt during the MSc and then years 5-8 are where specialisms are developed. This timeline can form the basis of a job plans and 5 years development plans.

**What is Preceptorship?**

Preceptorship is a period of structured support provided to APs at key moments of your career transition. The purpose of the Preceptorship Program is to provide support, guidance, and development to build confidence and competence as you transition from student to autonomous professional.

A Preceptorship Plan should be made in conjunction with your nominated preceptor. The Preceptorship Plan is an individualised plan setting out any targets, training, and meetings to be completed during the preceptorship year to meet any individual learning needs. The preceptorship is not a retest of your clinical competency. It is an opportunity to reflect upon and expand your existing skills, develop confidence, learn new skills and develop professional confidence.

When & who should complete the program?

The program can be completed by any AP who is new to practice, returning to practice, or who has completed their MSC in Advanced Practice. The preceptorship is a 12-month program, after an initial induction the first 6 months of the program should focus on the transition of the AP into General Practice, and the second 6 months focusing on CPD. The preceptorship program should include plenty of opportunities to engage in multi-professional learning activities, self-directed learning opportunities, reflective practice, as well as formal training such as Higher education courses.

Making Preceptorship Effective

It is essential that the Preceptorship Program is a positive, effective, and worthwhile experience. There is evidence that an effective Preceptorship Program can not only improve recruitment of new staff but also help with staff retention.

The HCPC have set out the key principles of preceptorship ([Principles for preceptorship | (hcpc-uk.org))](https://www.hcpc-uk.org/principles-for-preceptorship/) by taking these into account when planning your year, it help it to become a worthwhile learning opportunity rather than a tick box exercise.

Benefits of Preceptorship

There are many advantages of completing a preceptorship programme, but the benefits can be seen across the whole organisation, both validating and reinforcing professional value but can also stimulate innovation within the organisation.

* Empowers growth, building confidence, self-identification of needs, & continued progression
* Tailored support to meet individual needs
* Increased sense of belonging
* Facilitates a lifelong journey of reflection & professional development
* Increased professional & team identity
* Professional development
* Supports continued professional development & registration requirements

Roles and Responsibilities

Prior to starting your Preceptorship Programme, it is important to consider and agree the roles and responsibilities of everyone involved. It is essential to plan, co-ordinate and identify learning objectives to meet during the programme. Below is a list of some of the responsibilities for those involved in the programme and split down into the 4 pillars of practice.

**Advanced Practitioner**

|  |  |
| --- | --- |
| **Clinical**   * Ensure your job description is up to date and relevant to the new role, if not help develop a new one * You work within and are aware of your new scope of practice * Ensure your indemnity insurance has been updated to reflect your new role * Complete Stat Man training including, IRMER updates, NMP updates and additional CPD to develop a speciality * DPP/DPS - RPS framework- mapped | **Educational**   * Maintain your AP portfolio and professional registration * Develop a 12-month Professional Development Plan * Attend meetings including appraisals, monthly 1-1's, & supervision session * Assume responsibility for your own learning and development and be open to constructive feedback * Access peer support, Action Learning Sets (ALS)and supervision * Take place in work-based assessments |
| **Research**   * Have an awareness of National, Regional and Local AP strategy * Take part in regular audits, quality improvement plans and research * Remain up to date with any changes to practice. | **Leadership**   * Input or lead on the Governance Maturity Matrix * Become a supervisor of others, provide support to new learners in the workplace * Line management learning (if relevant) * Provide supervision for peers and colleagues |

**Preceptor / Supervisor**

|  |  |
| --- | --- |
| **Clinical**   * Understand the role of AP * Provide support and guidance to allow the AP to embed themselves into their role * Help to develop knowledge, skills, professional attitudes, values, and behaviours * Provide constructive, accurate, and timely feedback to the AP | **Educational**   * Assess learning needs and help to develop a learning plan / skills gap analysis * Adopt a non-judgmental learning environment * Develop action plans to allow the development of the Preceptee * Provide opportunities for work-based learning and assessments |
| **Research**   * Remain up to date with any National, local and regional AP updates * Be familiar with the documentation for preceptorship * Complete regular audits of the AP clinical skills | **Leadership**   * Be an advocate for the Preceptee * Complete supervision training * Maintain the preceptee’s confidentiality, and provide professional support for the AP within their role * Provide formal and informal supervision including case-based discussions, and joint clinics. |

**Organisational**

|  |  |
| --- | --- |
| **Clinical**   * Enable and assist the AP to embed themselves in their new role * Complete the annual governance matrix * Develop an updated job description and Job plan * Provide indemnity insurance * Assist the AP to act within their own scope of practice | **Educational**   * Develop a PDP (Professional Development Plan) including appropriate supervisory sessions tailored to individual education and development needs. * Help promote a culture for education, learning and development within the practice. |
| **Research**   * Ensure remain up to date on local, national, and regional changes to the role of AP within Primary care * Complete regular audits on the role of the AP within primary changes. * Complete QIPs and lead on any changes within the practice. | **Leadership**   * Enable and assist the Educational Supervisor to provide support to the AP * Develop a culture of learning and development to enable work-based learning and supervision * Promote the role of the AP as a supervisor for others in the workplace. * Work alongside the BNSSG Training Hub and system partners to identify relevant opportunities to educate, develop and support the AP in practice. |

Confidentiality

Preceptorship is a confidential process, and relevant information should only be shared between those who are part of the preceptorship process. However, in accordance with the both the NMC and HCPC codes of conduct, everyone involved has a duty to share information regarding any concerns of risks. In these circumstances consent will be sought to share information. However, in the case of safeguarding people at risk of harm or abuse, the need to protect people overrides the need to obtain consent.

Preceptorship Timeline

Below is a suggested 12-month timeline/ plan for the preceptorship year. This timeline can be adjusted, extended or reduced dependent upon individual needs.

Preceptee / Advanced Practitioner

Organisation

Preceptor / Supervisor

Ensure Job Description & job plan are up to date

Assign Preceptor / supervisor

Ensure Job Description in

Governance Matrix

Start

Induction

SWOT analysis

Plan meetings

6 - 12 months

1-5 month

Set meeting dates and attend monthly meetings

Complete learning contract

Identify learning activities

Complete ACP competency framework

Organise Stat man Training

Ensure indemnity insurance in place

Provide protected time to complete program

6 monthly reviews

Review learning activities.

Plan work-based activities

Plan next 6-month meetings

Document evidence

Review Job plan

Update job description where appropriate

Meet with both AP and Preceptor to review last 12 months

Final sign off

Complete annual appraisal

Review job plan for next 12 months

**Complete Job plan for next 12 months**

12 months

**Applying the 4 pillars of Advanced Practice**

The 4 pillars of Advanced Practice are the corner stone of Advanced Practice. It is essential that these are brought into every aspect of the AP role. Putting these pillars into practice can be as complex and challenging as the role of an AP.

The Royal College of Nursing have broken down the 4 pillars of Advanced Practice in order to review that they mean in reality. ([Advanced practice standards | Royal College of Nursing (rcn.org.uk)](https://www.rcn.org.uk/Professional-Development/Advanced-Practice-Standards))

|  |  |
| --- | --- |
| **Clinical Practice**   * Decision making/clinical judgment and problem solving * Knowledge, skills, and behaviour * Critical thinking, analytical skills including critical reflection * Managing complexity * Assessment, diagnosis, referrals * Working at a higher level of autonomy * Assessing and managing risk * Non- Medical Prescribing * Continued Professional Development * Developing specialist interests * Ethical decision making * Developing therapeutic interventions * Higher level communication skills | **Education**   * Principles of teaching and learning * Supporting others to develop knowledge and skills * promotion of learning/ creation of learning environment * Patient/ carer teaching/education * Developing education materials * Teaching, mentoring, coaching |
| **Leadership**   * Work effectively in a team, lead in the manner appropriate and fulfil management responsibilities * The knowledge, skills and behaviours needed to lead and to fulfil management responsibilities * Lead innovation and managing change * Developing care for change * Team development | **Research**   * High-quality evidenced based practice & education activities * Ability to access research * Critical appraisal. Evaluation skills * Involvement in research * Involvement in audit & service evaluation * Ability to implement research * Conference presentations * Quality improvement projects * Develop policies / protocols & guidelines * Conferences and publications |

**Continued Professional Development**

Personal and Professional development helps manage learning and growth throughout the career of any AP. It allows clinicians to extend their skills and take on new responsibilities, whilst ensuring the safety and effective management of patients.

It is a requirement to complete CPD to maintain your professional registration. The CPD requirement varies depending upon the different regulating body. The NMC states a clinician should complete 35 hours, however the HCPC have no recommended minimum hours of CPD.

CPD can be obtained from a variety of sources and can be formal and informal CPD. The BNSSG Training Hub offer a number CPD events throughout the year on different topics and can provide additional support for ongoing CPD ([BNSSG Training Hub](https://www.bnssgtraininghub.com/))

**Professional Activities**

These can be as big or as small as you want. Activities can range for being involved in a professional body, presentation at conferences, delivering training within your own practice, or local community. By including an evaluation section, it can allow for further development and reflection.

**Formal Education**

Formal courses can enhance and extend knowledge, and experiences. It does not have to be a full MSC, but can be completed on a much smaller scale, Including webinars, short courses and training.

**Self-Directed Learning**

This can not only help you to keep up to date with guidelines but also expand your own knowledge and passion in an area of interest. This can be one of the most challenging forms to document but can also be a very valuable source of learning. This includes reading articles, books, guidelines and exploring specialist interests.

Support for CPD and agreed expectations should form part of your job plan, and 5-year plan. This should also include the number of hours protected CPD, any training funds, and learning contracts. Please note that it suggested that CPD allocation is recorded in hours rather than days, as CPD courses are often shorter ‘actual working days’.

**Journal Club**

A Journal Club is a great way to complete CPD within a peer group. This can be completed in a number of ways, but the idea is similar to that of a book club. Pick a topic / an article and then either take it in turns to present the findings of the journal or group together and discuss the key learning points. There are a number of benefits of a journal club including keeping up to date with the latest research, supporting evidence-based practice, improving clinical practice, peer learning.

**Multiprofessional feedback**

Multiprofessional feedback forms an important part of CPD. It not only provides a helpful form of reflection but is an essential part of the NMC revalidation process. The feedback can be from variety of sources including peers, supervisors but also from patients. This can be written or verbal, formal or informal. Patient questionnaires is one way to receive this feedback.

**Action Learning Sets**

Action learning is a long established and powerful method for developing critical-thinking, problem-solving, creative solutions and innovative practice.

Working in Action Learning Sets (ALS) peers and leaders come together to work through organisational issues and challenges and share ideas and experience in a trusting, structured and supportive environment. ALS can facilitate the development of deeper relationships and personal insight for individuals, within teams and across organisations and in doing so build trust.

ALS is different to that of supervision, with sessions being managed by a facilitator and a set process is followed for each action learning set. The group determine the process and ground rules at the outset. The frequency of ALS sessions can vary depending upon the needs of those involved, and the number of people in the group, but they normally last between two and three hours.

ALS can play an important role in preceptorship / CPD as they can provide an opportunity for individuals to work together to resolve issues they have within the workplace and provide a forum to reflect upon their own development, discuss clinical issues, and support those feeling inexperienced and unsupported. Whilst this can be more difficult to implement than supervision, it is still a valuable experience for those involved.

**Portfolios**

There are a number of ways and platforms to record CPD. These can include online portfolios such as Pebblepad, Fourteen Fish and Red Whale, but this can also be a simple Excell spreadsheet. The BNSSG Training hub have created their own and this can be found within the Preceptorship documents.

The method of recording your CPD is not important, the important thing is that you complete regular CPD and it is documented within a portfolio.

**Supervision**

Supervision plays an important part of the preceptorship program. At present there is no formal guidelines about the amount of supervision you should receive. NHS England advised that Trainee APs should have 1 hour a week or

4 hours a month of formal supervision. It is therefore recommended that this continued during your preceptorship year. The supervision time allows the preceptor to provide feedback and learning opportunities for the preceptee. This can come in a number of off forms including discussions, work-based assessments, joint clinics, and clinical support.

**Work-based Assessments**

Work-based assessments provide an opportunity to reflect upon your progress as well as providing an opportunity to identify any individual learning needs. Work Based assessments are different to that of CPD and should be completed alongside this. Work-based assessments are not there to demonstrate your clinical skills, they are designed to identity any strengths or weaknesses. There are a wide range of opportunities and methods for Work based assessments, with each having their own advantages and disadvantages. The number of work-based assessment required can vary depending upon the individual's needs. These include:

**Peer support**

This is provided by and to your peers, it is a mutual exchange or information and ideas. This can be informal and formal sessions or can be group sessions or 1-1, and provides an opportunity to discuss clinical cases, prescribing decisions, or peer learning sessions.

**1-1 meetings**

As part of the supervision, it is important to have formal meetings. These are suggested to take place take place regular basis for example first month, 3 month, 6 months, 9 months and then 12 months, however this should be agreed between the preceptee and preceptor.

The meetings are an opportunity to review your clinical practice, discuss any difficult cases, and review any learning that may have taken place, and plan for any actions for the next 3 months.

At the end of the 12 months a final meeting should take place for a final sign off and should take place alongside the annual appraisal. This is an opportunity to discuss what has gone well, what has not gone quite so well and to develop a plan for the next 12 months. It is important that the appraisal reviews the 4 pillars of practice.

**Multi-professional feedback**

This consists of feedback from colleagues. Ideally this should involve both clinical and non-clinical staff. The feedback is anonymous, enabling colleagues to provide honest feedback. The feedback can then be reviewed as part of the annual appraisal or the preceptorship meetings. This is a valuable source of feedback.

**Patient Satisfaction Questionnaires**

Similar to multi-professional feedback, Patient satisfaction questionnaire provides a valuable work-based assessment. It allows patients an opportunity to feedback how they feel their consultation went. This feedback can be added to a spreadsheet and reviewed to see if there are any trends.

**Prescribing Audit**

As an NMP it is essential to complete an annual prescribing audit, this can be completed through a number of different methods, this can be a personal audit, a peer audit or a senior review. This not only provides an opportunity to reflect upon any prescribing decisions or trends including antibiotic stewardship. The results of the audits can be discussed as part of the formal supervision sessions and can be used to help identify any areas of development.

**Case Based Discussion**

This is a workplace-based discussion surrounding a case of choice. The case can be chosen by either the preceptee or preceptor. The discussion can focus on the management, assessment or prescribing decisions around the case, what went well, or what could have gone better. The discussion and feedback should take less than 30 minutes. The discussion can then be written up including any action plans or learning that may have arisen as a result of the discussion.

**Clinical Examination Exercise (CEX)**

A formative assessment tool designed to provide feedback on skills essential by observing an actual clinical encounter. This should be completed by someone who is competent in the skill. This can be used to assess competency and competence of a particular clinical skill. The complexity of the skill will alter how long a CEX can take, but it can be as little as 20 mins, with 15 mins to review the skill and 5 mins to provide feedback. The feedback can be verbal or written.

Each work-based assessment faced their own challenges and have their advantages and disadvantages. When planning work-based assessments it is essential to consider not only the individuals preferred learning style but also the purpose of the work-based assessment.

**Scope of Framework**

The Royal College of General Practitioner have set out expectations or a framework of core capabilities that as an AP working within general practice are able to do.

Work within the scope of your role

* Work within and across multi-professional teams and draw on the expertise of all members (including health and social care)
* Manage and escalate medical emergencies appropriately
* Identify and act appropriately on red flag symptoms
* Assess, diagnose and collaboratively agree a way forward, including shared decision making and personalised care and support planning
* Manage medical complexity
* Complete episodes of care including referrals for further assessment, treatment and care appropriately
* Work with people and where appropriate, carers, to access appropriate treatment, diagnostics, care and support within the context of individuals’ preferences, priorities and needs
* Provide continuity of care in collaboration with the person, considering all their physical, mental and psychosocial challenges
* Use interactions with each person to facilitate and enable changes in behaviour that can have a positive impact on the persons health and wellbeing

In addition to the core in this framework the AP may develop more specialist knowledge at advanced level and areas of special interest. These may evolve in order to meet population or practice need, or from special interest. It is the responsibility of the individual organisation to assess your individual competencies.

**Scope of Practice**

The Scope of Practice differs to the Scope of Framework. A Scope of Practice is the limit of your knowledge, skills and experience and is made up of the activities you can carry out within the professional role. It is essential for you to work within your own individual scope of practice to ensure you are practising safely, lawfully, and effectively (HCPC (Health and Care Provisions Council))

The Royal College of General Practitioners have set out the Core Capabilities Framework [ACP-Primary-Care-Nurse-Fwk-2020.pdf (skillsforhealth.org.uk)](https://www.skillsforhealth.org.uk/wp-content/uploads/2020/11/ACP-Primary-Care-Nurse-Fwk-2020.pdf)

This documents lists the main skills an AP may need to be able to complete within their role. This document can also reflect help the AP reflect upon their knowledge and identify any skills gaps. It is important to remember that each AP Scope of Practice will be different depending upon their background, specialism and personal interests.

This Framework has been adapted into a skills matrix, this can also be completed by all clinicians within your organisation. This can be disseminated across the organisation to prevent any confusion and reduce wasted appointments. This should be updated on a regular basis including during the annual appraisal.

**National Education and Training Survey (NETS)**

This survey is open to all undergraduate and postgraduate healthcare students, trainees, and apprentices – including advanced practice trainees. NETS provides a unique insight into the multi-professional practice learning environment, gathering feedback that helps understand what is working well and what needs improvement. The NETS survey takes 10 minutes to complete – please can you encourage all of your NHSE funded advanced practice trainees to complete (<https://poll.hee.nhs.uk/s/nets24/>)

Helpful documents

Below are a number of documents that as a Preceptor you can use to help guide the preceptee through their program. It is not essential to complete each and everyone of these, they are designed as a guide and the preceptorship program can be adapted and designed around the individual needs of the AP.

Preceptorship Checklist

This should be complete during the initial meeting

* Sign the learning charter
* Book in a list of dates for meeting & supervision time
* Set out a plan of action for the preceptorship programme including any additional training requirement
* Complete SWAT analysis
* Ensure job description and job plan is completed
* Share e-portfolio and preceptorship toolkit
* Complete governance maturity matrix
* Complete skill matrix
* Set out Key Performance Indicators
* Complete Personal Development Plan

**Learning Charter**

Charter to be signed by preceptee and the preceptor. To be completed at the start of the preceptorship with agreed common goals and responsibilities during the preceptorship year.

|  |  |  |
| --- | --- | --- |
| Preceptee | | Preceptor |
| I understand that my responsibilities as a newly qualified AP and preceptee include:   * Completing the organisation induction, local induction, statutory training, and mandatory training. * I will continue to work at level 7, within the 4 pillars * Observing and adhering to organisation values. * Work towards my Key Performance Indicators * Complete CPD, develop a specialist interest * Participating fully in the preceptorship programme by preparing for and attending meetings as scheduled with my preceptor. * Working collaboratively with my preceptor to share my reflections and identify learning and development needs. * seeking feedback from others to inform my progress.   Own my learning and development plan. | | I understand that my responsibilities as a preceptor include:   * Provide support and guidance * Acting as a role model and professional friend. * Facilitating and promote good working relationships. * Participating in all preceptorship activities * Providing timely and appropriate feedback to the preceptee. * Liaising with line manager about the preceptee’s progress as appropriate. * Advising on learning and development needs, facilitating a supportive learning environment and signposting learning resources. * Completing and continuing my development as a preceptor |
| **Name:** | **Signature:** |  |
| **Work area:** | **Date:** |  |

**SWOT Analysis**

|  |  |
| --- | --- |
| **Strengths**  *What do you do well? What knowledge, skill and experience do you have?* | **Learning needs**  *Are there any gaps in your learning or experience? Do you need more experience in anything? Are you clear about what is expected of you and the support you expect from your team?* |
| **Opportunities**  *What development opportunities are available? What resources are available from your professional body?* | **Threats**  *What are the barriers? Consider time, workload pressures, personal commitments, and energy levels.* |

**Initial Meeting**

|  |  |
| --- | --- |
| **Meeting Details** | |
| Name of preceptee |  |
| Name of preceptor |  |
| Date and time of initial meeting |  |
| Signature of Preceptee |  |
| Signature of P  receptor |  |
| Date of preceptorship programme commencement |  |
| Date preceptorship programme is due to end |  |
| What’s the aim or purpose of your supervision? |  |
| What structure will your supervision take? |  |
| How frequent will your supervision be? |  |
| Where will the supervision take place? |  |
| How will feedback be provided? |  |
| What are the confidentiality terms? |  |

Personal Development Plan

|  |  |
| --- | --- |
| **Meeting details** | |
| **Name of preceptor** |  |
| **Name of preceptee** |  |
| **Start Date** |  |
| **Finish Date** |  |
| **How will the feedback be given?** |  |
| **Future meeting date** |  |
|  |  |
| **Growth based Career planning for preceptorship** | |
| What are your expectations of preceptorship?   * Organisational programme * Support from your supervisor |  |
| SMART learning goals based on individual needs. To be agreed and updated, where necessary, at each subsequent meeting. |  |
| What additional learning would you like to complete to enable you to develop your skills / knowledge within the role of AP? |  |
| What actions will you take to accomplish your learning goals? |  |
| What support do you require from your preceptor to achieve these goals? |  |
| Comments/notes |  |

(adapted from the [AHP Preceptorship Standards and Framework](https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-allied-health-professionals-preceptorship-foundation-support-programme/allied-health))

Supervision Record

|  |  |
| --- | --- |
| **Meeting Details** | |
| Date and time of meeting |  |
| Name and signature of Supervisor |  |
| Name and signature of Supervisee |  |
| **Reflection and discussion** | |
| What’s the aim or purpose of this supervision session |  |
| What goals have you achieved since your last supervision? |  |
| What has gone well? What have you achieved since the last meeting? |  |
| What challenges have you met since the last meeting? How have you overcome them? |  |
| What future learning objectives have you identified and what do you hope to  achieve before your next supervision? |  |
| **Action Plan** | |
| What actions will you take to accomplish your individual learning goals? Or prevent issues that have arisen again |  |
| What support do you require from your preceptor to achieve these goals? |  |
| **Feedback From Supervisor** | |
| Feedback should be clear and focused.  Identifying clear actions and objective to meet prior to the next meeting. |  |
| **Next meeting date and time** |  |
| **Supervisor signature** |  |
| **Supervisee signature** |  |

(adapted from the [AHP Preceptorship Standards and Framework](https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-allied-health-professionals-preceptorship-foundation-support-programme/allied-health))

**Final Meeting**

|  |  |  |
| --- | --- | --- |
| **Meeting Details** | | |
| Date and time of meeting |  | |
| Name and signature of preceptee |  | |
| Name and signature of preceptor |  | |
| **Reflection and discussion** | | |
| What has gone well? What challenges have you met? How have you overcome them? |  | |
| Review of development plan: tasks or training completed since previous meeting and those awaiting completion. |  | |
| **Review of Learning Goals** | | |
| Review learning goals based on individual needs.  Are there any outstanding goals needed to work towards |  | |
| **Growth based Career planning post preceptorship** | | |
| Identification of future career goals post preceptorship. Eg specliast interest, supervision training, research goal |  | |
| What additional learning / actions do you need to complete to meet these goals. |  | |
| What support do you require to achieve these goals? |  | |
| **Preceptorship sign off declaration** | | |
| **This is to confirm that the preceptee has completed all aspects of the preceptorship period.** | | |
| **Preceptor Feedback** | | |
| **Preceptee name and signature** | |  |
| **Preceptor name and signature** | |  |
| **Date** | |  |

(adapted from the [AHP Preceptorship Standards and Framework](https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-allied-health-professionals-preceptorship-foundation-support-programme/allied-health))

**Clinical Based Discussion / Observation**

|  |
| --- |
| **Clinical / Discussion Observation** |
| Date: |
| Summary of clinical presentation: |

|  |  |
| --- | --- |
| [**ASSESSMENT**](https://nhs-my.sharepoint.com/personal/penny_lewis1_nhs_net/_layouts/15/Doc.aspx?sourcedoc=%7BA9BA0449-9167-4790-8BA8-4D5448B0C565%7D&file=Teressa%20induction.docx&action=default&mobileredirect=true) **CRITERIA AND GRADING** | |
| **Element of assessment** | **Comments** |
| History Taking Skills |  |
| Physical Examination Skills |  |
| Diagnostic Skills and underlying knowledge base |  |
| Management and follow up plan |  |
| Clinical judgment and decision making |  |
| Communication skills |  |
| Professionalism |  |
| **Preceptor Feedback** | |
| General: | |
| Strengths: | |
| Development Needs: | |
| Recommended Actions: | |

|  |
| --- |
| **Preceptee reflection** |
| What did I learn from this experience? |
| What did I do well? |
| What do I need to improve or change? |
| How will I achieve this? |

|  |  |
| --- | --- |
|  | **Signature** |
| **Preceptee** |  |
| **Preceptor** |  |

**Reflective Practice**

|  |
| --- |
|  |
| Date: |
| Summary of clinical presentation: |

|  |
| --- |
| **Reflection** |
| **Description** of the learning episode |
| **Feelings** and thoughts about the learning episode |
| **Evaluation** (what went well and what needs to be improved) |
| **Analysis** |
| **Conclusion** about what you learned and what you could have done differently |
| **Action plan** how would manage a similar situations in the future, and what do you have to do to achieve this. |

**Patient Satisfaction Questionnaire**

**Name**

**Date of examination**

Thank you for taking the time to review this feedback questionnaire. This information will enable me to review and reflect upon my practice and form part of my appraisal and revalidation process. This feedback will then be ammonised. Please complete the questions using the scale below.

1. Poor
2. Fair
3. Good
4. Excellent
5. Outstanding
6. How at ease did you feel during the consultation? (being friendly and warm towards you, treating you with respect, not cold or abrupt)

1 2 3 4 5

1. Did you feel that you had an opportunity ‘to you tell your story’… (giving you time to fully describe your illness in your own words, not interrupting or diverting you)

1 2 3 4 5

1. Did you feel your concerns were listened to? (paying close attention to what you were saying, not looking at the notes or computer as you were talking).

1 2 3 4 5

1. Did you feel I was interested in you as a whole person? (asking/knowing relevant details about your life, your situation; not treating you as ‘just a number’).

1 2 3 4 5

1. Did you feel I fully understanding your concerns? (communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything).
2. 2 3 4 5
3. Did I Show care and compassion? (seeming genuinely concerned, connecting with you on a human level, not being indifferent or ‘detached’).

1 2 3 4 5

1. Did I have a positive approach? (having a positive approach and a positive attitude, being honest but not negative about your problems)

1 2 3 4 5

1. Did I explain things fully? (fully answering your questions, explaining clearly, giving you adequate information, not being vague).

1 2 3 4 5

1. Did you feel you were able to take control of your consultation? (exploring with you what you can do to improve your health yourself, encouraging rather than ‘lecturing’ you).

1 2 3 4 5

1. Were you involved in any future action planning? (discussing the options, involving you in decisions as much as you want to be involved, not ignoring your views).

1 2 3 4 5

1. Overall, how would you rate your consultation?

1 2 3 4 5

1. Do you have any other feedback?

---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Multiprofessional Questionnaire**

Thank you for taking the time to complete the follow feedback questionnaire on my practice. Strongly disagree

1. Disagree
2. Neutral
3. Agree
4. Strongly agree

|  |  |  |
| --- | --- | --- |
| Standards of practice | Score | Comments |
| Promote and protect the interests of patients and carers | 1 2 3 4 5 |  |
| Treat patients and carers with respect and dignity | 1 2 3 4 5 |  |
| Communicate with service users and carers | 1 2 3 4 5 |  |
| Work well with colleagues | 1 2 3 4 5 |  |
| Works within own scope of practice | 1 2 3 4 5 |  |
| Delegates appropriately | 1 2 3 4 5 |  |
| Respects confidentially | 1 2 3 4 5 |  |
| Managed risks | 1 2 3 4 5 |  |
| Open and honest about error | 1 2 3 4 5 |  |
| Honest and trustworthy | 1 2 3 4 5 |  |
| Effective documentation | 1 2 3 4 5 |  |

**Frequently asked Questions**

**How often should I meet with my preceptor?**

This will vary depending upon where you are in your preceptorship, your individual needs, and the availability of your preceptor. It is suggested that you should aim to meet once a month.

**Is it best for the preceptor and preceptee to work together?**

This will depend upon who is acting as the preceptor. Ideally the preceptor should be someone who has knowledge and experience of the role of an AP within primary care, who is able to support you.

**Where do preceptors get their advice and support from?**

Like you they can be supported by their managers and peers and receive clinical supervision. Anybody seeking supervision should be reassured that the supervisory relationship is based on trust and that supervision offers the opportunity for open and honest discussion. Your preceptor may choose to discuss specific issues in relation to supporting you. The BNSSG training hub can also provide support.

**As a Preceptee am I accountable for my clinical decisions?**

Yes, you are accountable for your actions therefore it is essential to work within your own scope of practice, and your own registration.

**What happens if there is a breakdown in relationship with my preceptor?**

The role of the preceptor is to be there and support you within your role. It is therefore essential to have a good working relationship with them. Talking about the difficulties is often especially useful as misunderstandings can be put right. However, an alternative preceptor can be arranged if difficulties cannot be resolved.

**Is Preceptorship the same as mentoring?**

Preceptorship is for a fixed term only, whereas being mentorship may continue over a prolonged period. The preceptor/ preceptee relationship is more structured; it has a more specific function than a mentorship

relationship. The emphasis in a preceptorship pathway is on self-directed learning and the professional development of the new registrant.

**Is preceptorship mandatory?**

No this is not a mandatory requirement; however, it is designed to support an individual's development. Different employers have different requirements, it is therefore essential that you review your own contract.

