**BNSSG General Practice**

**Advanced Practitioner**

**Preceptor Document**



**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 Practioners 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.

**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 Supervisors /Perceptors, Line managers supporting an Advanced Practitioner (AP) who is employed in BNSSG General Practice. 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) having a preceptorship program. 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.

**The BNSSG Primary Care Training Hub**

The [BNSSG Primary care training Hub](https://www.bnssgtraininghub.com/) is the place to go to for Primary Care workforce education, training and development within Bristol, North Somerset, and South Gloucester. With a mandate from NHS England Workforce, Training & Education (WTE) and hosted by the BNSSG Integrated Care Board we commission, deliver and signpost to a wide range of events, resources, and opportunities across the region.

**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.



(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 by the AP interests, underpinned by the 4 pillars and a suggested 5-year development plan. The early years of an AP 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?**

This is a period of structured support provided to APs at key moments of career transition. The purpose of preceptorship is to provide support, guidance, and development for all newly qualified APs, or new to practice APs to build confidence and competence as they transition from student to autonomous professional.

The Preceptorship Plan is a personalised plan, and should therefore set out any targets, training, and meetings to be completed by the AP during their preceptorship year. The preceptorship is not a retest of their clinical competency, it is an opportunity to reflect upon and expand their 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 period should include plenty of opportunity to engage in multi-professional learning activities, self-directed learning opportunities, reflective practice, as well as formal training such as Higher Education Courses.

What is effective preceptorship?

It is essential that the preceptorship is a positive, effective, and worthwhile process for everyone invovled. 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 implementing a preceptorship program, it helps it to become a worthwhile learning opportunity rather than a tick box exercise.

* Preceptorship should be embedded in the organisations workforce and organizational systems to enable preceptee access and engagement
* It should comply with equality legislation and take account of national and local equality, diversity and inclusion policies
* Prioritize preceptee and preceptor health and wellbeing
* Promote a culture of learning, self-reflection and safe practice, whilst recognizing the system challenges
* Ensure systems are in place to monitor, evaluate and review preceptorship programmes, to help tailor make the programme of support and learning reflecting individual learning needs and the specific environment they are working within
* Provide opportunities for preceptees to develop confidence and to support their future career.

Benefits of preceptorship

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

|  |  |  |
| --- | --- | --- |
| Benefits for Preceptee  | Benefits for Preceptor | Benefits for Organisations |
| Empowers growth, buildingconfidence, self-identification of needs, & continuedprogressionTailored support to meet individual needs Increased sense of belonging Facilitates a lifelong journey of reflection & professionaldevelopmentIncreased professional &team identityProfessional developmentSupports continued professional development & registration requirements | Personal growth through the development of new skillsProfessional developmentLifelong learning Increased professional &team identityEnhances future careeraspirationsSupports CPD & registration requirement | Development of skilled confident APMeeting organisational goalsReduced employee sickness absence & improves staff retentionEnhanced staff satisfaction & morale, reduced dissatisfaction & burnoutHelps create a culture of learning and development  |

Roles and Responsibilities

Prior to starting preceptorship programme, it is important to consider and agree the roles and responsibilities of everyone involved. This ensures the AP gets the most out of the programme and is a worthwhile process. 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 (preceptee)**

|  |  |
| --- | --- |
| **Clinical*** Ensure the job description is up to date and relevant to the new role, if not help develop a new one
* Work within and aware of their new scope of practice
* Ensure their indemnity insurance has been updated to reflect the 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 an 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 their 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
 |

**Education Supervisor (Preceptor)**

|  |  |
| --- | --- |
| **Clinical*** Understand the role of an 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.
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**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, all involved have a duty to share information regarding any concerns of risks to the public, preceptee, or to staff. 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 key stakeholders of the expectations and how key dates for the preceptorship program. This timeline can be adjusted, extended or reduced dependent upon individual needs. Documents to support this including meeting template, learning charters SWOT analysis and clinical supervision documents

Organisation

Preceptor / Supervisor

Preceptee / Advanced Practitioner

Ensure Job Description & job plan are up to date

Assign Preceptor / supervisor

Ensure Job Description in

Governance Matrix

Induction

SWOT analysis

Plan meetings

Start

Organise Stat man Training

Ensure indemnity insurance in place

Provide protected time to complete program

Set meeting dates and attend monthly meetings

Complete learning contract

Identify learning activities

Complete ACP competency framework

1-5 month

6 - 12 months

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 Advancing 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.

“Advanced Practice is a level of practice, rather than a type of practice, and as such an AP has the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients.” (Royal College of Nursing Advisory Group, 2018). It is therefore to remember that:

* Whilst an AP has the freedom and authority to act autonomously and independently, they are an accountable practitioner; therefore, must work within their professional boundaries
* APs are innovative and highly skilled at assessing and managing risk
* APs must accept the responsibility for decisions made and actions taken
* APs are very experienced and highly educated experts
* APs are holistic practitioners, and have the ability to ‘see’ the whole person, fuse biomedical science with the art of caring, providing health promotion advice, counselling, assessment, diagnosis, referral, treatment and discharge

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, referral, discharge
* Working at a higher level of autonomy
* Assessing and managing risk
* Non- medical prescribing in line with legislation
* Continued professional development
* Developing specialist interests
* Ethical decision making
* Developing therapeutic interventions to improve service user outcomes
* 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
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| **Leadership*** The knowledge, skills and behaviours needed to lead and to fulfil management responsibilities
* Leading innovation and managing change include service development
* Developing care for change
* Team development
* Networking
 | **Research*** Ability to access research/ use information systems
* Critical appraisal. Evaluation skills
* Involvement in research
* Involvement in audit and service evaluation
* Ability to implement research finding into practices
* Conference presentations
* Quality improvement projects
* Audits
* Development of policies / protocols and guidelines
* Conferences and publications
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Supervising an Advanced Practitioner

The transition from trainee AP to newly qualified AP requires significant adjustment and should not be underestimated, completing the Master is just the first step. The AP may experience may emotions including having periods of feeling disconnected, lack of familiarity with the new situation as well as imposter syndrome. It is therefore important to continue to support the AP through their journey. Supervision is one way to achieve this.

**Benefits of supervision**

Supervision is essential to ensure both professional and patient safety, for this reason supervision could continue post qualifications. It is essential that this is tailored to an individual’s needs and should be mapped accordingly. Personal Development Plans can help map any continued learning needs and therefore should be completed within the first few weeks of the Preceptorship Program. The Centre for Advancing Practice have developed guidance for clinicians and supervisors to be able to complete the PDP (<https://advanced-practice.hee.nhs.uk/> ). Some of the benefits of supervision include;

**Reflective Practice**

Reflective practise is essential for any clinician, it can help gain insight into and think analytically about your clinical decision. While supervision is not a substitute for reflection, it can support this process by providing important time and space to reflect on clinical decisions as well as identifying things that have gone well, as well as areas of improvement, help maintain and refine good practice, and avoid repeating them again in the future.

**Supports CPD**

In addition to being an important part of standard or conduct and ethics, supervision provides as opportunity or clinicians to ensure they stay up to date and relevant to your scope of practice in order to practising safely and effectively. Supervision supports CPD by helping to identify and respond to any identified learning gaps, as well as identify professional development opportunities, improve confidence and critical thinking.

**Increased quality of care**

Supervision can have a positive impact on service users by safeguarding and raising practise standards. Regular supervision can help you to reflect on challenging areas, improve communication, collaboration and teamworking, which all contribute towards increased quality of care and service outcomes.

**Improves wellbeing**

Work in health and social care can be challenging, regular supervision can provide a supportive environment enabling the AP to reflect upon clinical practice, discuss any concerns, which can help alleviate workplace pressures such as stress, anxiety and burnout. It can also help improve confidence and job satisfaction, by reflecting on achievements and affirming areas of positive practice.

**Improves work environment and culture**

Positive working environments are crucial for safe and effective care, and for driving service improvements. Supervision can help create a more supportive, caring and positive working environment, as it provides a space for regular communication, problem solving, and increased team working. When carried out regularly, it can help to build working relationships and create a culture of honesty, critical appraisal and learning across the organisation.

**Types of Supervision**

There are endless ways of completing supervision, and as with the PDP it is essential that the supervision is meets the needs of the AP but also meets the needs and demands of the organisation. As a result the method of supervision may vary accordingly.

**Clinical Supervision**

Day to day support by a senior clinician. This can include reflection upon recent cases, identifying learning needs and changes within practice.

**Educational Supervision or Continuing Professional Development**

Supports learning and enables learners to achieve proficiency. This can be formal courses to help extend the skills of the learner, but also take the form of personal reflection. This also forms an essential part an individual’s registration requirement for revalidation.

**Who can be a Clinical Supervisor?**

A Clinical Supervisor can be any experienced clinician ideally in the same speciality or working at a more senior level to the practitioner with an understanding of the role of an AP, but do not need to be an AP. In addition to this the supervisor should have completed relevant training (see learning directory).

**What is effective supervision?**

At present there is no adopted approach to supervision in Advanced Practice, and for this reason implementing supervision can be challenging. The HCPC commissioned Newcastle university to undertake research into what makes effective supervision ([The characteristics of effective clinical and peer upervision in the workplace: a rapid evidence review |](https://www.hcpc-uk.org/resources/reports/2019/effective-clinical-and-peer-supervision-report/)), as a result of this research they identified 10 characteristics as key for effective supervision.

 [HCPC Key characteristics of effective supervision](https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/approaching-supervision/key-characteristics-of-effective-supervision/)

**Planning Supervision**

Prior to completing supervision, it is essential to consider number of factors that could be considered when planning supervision sessions. This helps ensure that the supervision is both productive and worthwhile for everyone involved. Key factors include:

* The aim of the supervision session
* The expectations of both the preceptor and preceptee
* How often the supervision will take place
* What format supervision will be completed in (e.g. face to face/ virtually, individual / Group)
* How any feedback will be provided (formal, or informal)
* What is /is not appropriate to discuss during supervision
* Confidentiality during the sessions, and scenarios when it may be appropriate to break it

These can be documented in the initial meeting template

**Supervision Models**

Whilst NHS England set out the minimum standard of supervision for trainee AP, there is currently no defined amount of supervision a newly qualified AP should have. The hope is that post qualification a minimum of one hour of supervision every week should continue. [Minimum standards for AP supervision (hee.nhs.uk)](https://advanced-practice.hee.nhs.uk/our-work/supervision/minimum-standards-for-supervision/).

There are a number of different ways to incorporate this into everyday life, and supervision can vary depending upon the individual needs, below are two models which have been suggested by NHSE.

**Model 1**

Slots made available in the diaries / clinics of named senior or experienced clinicians.

The supervisors do not have to be of the same profession and supervision could be provided by more than one clinician depending on the issue/needs of the individual staff member.

The duration of each supervision slot can be flexed based on the needs of the practice team.

This may suit:

* practices where the workforce is more senior/experienced in their role and therefore may require less daily support
* practices that cannot block out long slots of time in clinical days.

## Model 2

A named senior/experienced clinician solely provides advice and support for a clinical session. This may be a GP or senior clinician whose skills, experience and training. Supervisors could be rotated to meet the demand of the practice and the workforce, e.g. one session of supervision each day.

This may suit:

* practices where the MDT is relatively new to primary care and inexperienced
* practices that have a large and varied MDT and/or are training practices and provide a broader supervisory role.

**Work-based assessments**

These provide an opportunity to reflect upon an APs progress as well as

providing an opportunity to identify any individual learning needs. Work-based assessments are not there to demonstrate skills but identity and 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.

Work-based assessment can take many different forms including clinical based discussions, observations reflections, peer support, patient feedback. For further information and templates for key documents to support this. The AP should complete a range of work-based assessments, this can vary depending upon the individual role and individual learning style.

Each work-based assessment 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. A number of templates can be found in the helpful documents section, within the Preceptee document and on the BNSSG Training Hub Website.

**Peer Supervision support**

This is provided by and to 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 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, this also 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**

It is essential for any Non-Medical Prescriber completes 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) as well as providing an opportunity to identify any developmental needs or specialist interests. 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 either the choice of the supervisor OR the AP. 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**

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.

**Scope of Framework**

The Royal College of General Practitioner have set out expectations of the core capabilities that an AP working within General Practice are able to do. It is essential that the organisation, the supervisor and the AP is aware of the framework and work within this. The framework states that an AP must:

* 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 of 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 indeed out of the special interest of the AP and can vary dramatically depending upon the individual. It is the responsibility of the individual organisation to assess the individual competencies of the AP.

**Scope of practice**

The scope of practice is the limit of knowledge, skills and experience and is made up of the activities the AP can carry out within the professional role, this can vary dramatically for each clinician. It is essential for each AP to work within their individual scope of practice to ensure they 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)

documents listing the main skills which an AP can complete to reflect their own scope of practice and identify any skills gaps. The BNSSG Training Hub have designed an organisational skill matrix, (an example of this is included in the Preceptorship documents). This can be completed by each AP to allow them to reflect upon their scope of practice. This can be disseminated across the organisation to prevent any confusion and reduce wastes appointments. This should be updated on a regular basis including during the annual appraisal. In addition to this an intention to prescribe can also be completed. Both these exercises can help both the AP and the supervisor review not only what the AP

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 organization to prevent any confusion and reduce wasted appointments. This should be updated on a regular basis including during the annual appraisal.

**Tips for effective Preceptorship program**

In order for the Preceptorship Program to be a success it is important for everyone involved to buy into the process and ensure that it meets the needs of not only the preceptee, but also the preceptor and the organisation. Therefor there may be a need to adapt it accordingly to ensure it is a worthwhile process.

Below are a few tips of how to make it an effective process.

1. Embed preceptorship specific to Advance Practice into local workforce plans, ensuring the organisation is clear about how it values the process.
2. Adapt and adjust the programme depending upon the needs of the organisation, individual APs, and supervisors.
3. All supervisors to be suitably prepared for their role, have appropriate skills to meet the individual needs of preceptee
4. Ensure there is protected time required to support the AP, including meetings, and
5. Seek and listen to the experiences and views of the preceptorship processes and systems. Embed a continuous cycle of quality improvement with evaluation processes to support ongoing improvements to the preceptorship programme.

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**

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| **Meeting Details** |
| Name of preceptee |  |
| Name of preceptor |  |
| Date and time of initial meeting |  |
| Signature of preceptee |  |
| Signature of preceptor |  |
| 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 toachieve 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 Observations**

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| --- |
| **Clinical 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 and listening skills    |   |
| Organisation and time management   |   |
| Professionalism   |   |
| **FEEDBACK****Verbal and written feedback is a mandatory component of this assessment** |
| 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**  |    |

**Clinical Reflection**

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

|  |
| --- |
| **Reflection**  |
| **Description** of the experience    |
| **Feelings** and thoughts about the experience     |
| **Evaluation** of the experience, both good and bad   |
| **Analysis** to make sense of the situation  |
| **Conclusion** about what you learned and what you could have done differently |
| **Action plan** for how you would deal with similar situations in the future, or general changes you might find appropriate. |

**Frequently Asked Questions**

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

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.

**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.

**Do I need to have completed a qualification to be able to be a preceptor?**

Ideally yes, you should have completed a supervisors course, and have a working understanding of the role of an AP within General Practice.

**Am I clinically responsible for my preceptee**

No – every AP is registered with their own regulation body; they are qualified clinicians and therefore they have their own duty of care to their patients and should be working within their own scope of practice, therefore as a preceptor you are not responsible for their clinical decisions.

**What should I do if I identify a concern?**

Every AP is registered with a governing body and each one has different regulations surrounding safe practice. Your organisation will also have their own policies surrounding raising a concern. If you have any concerns, please follow the normal processes

