**BNSSG General Practice**

**Advanced Practitioner**

**Preceptorship toolkit**

**December 2024**



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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 registrants 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 document is aimed at supervisors, line managers and clinicians employed to work at an Advanced Practice level in BNSSG General Practice. 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.

**Who are 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.

What is Advance Practice?

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. For more information on job planning (add bnssg training hub HR resource link) …….

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 to build confidence and competence as they transition from student to autonomous professional.

The preceptorship plan should be made in conjunction with the preceptor and preceptee. The perceptorship plan should set out any targets, training, and meetings to be completed during the preceptorship year. The preceptorship is a personalised plan tailored to the individual needs. The preceptorship is not a retest of clinical competency. It is an opportunity to reflect upon and expand existing skills, develop confidence, learn new skills and develop professional confidence.

What is effective preceptorship?

It is essential that the preceptorship is a positive, effective, and worthwhile process. 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 programme it help it to become a worthwhile learning opportunity rather than a tick box exercise.

* The 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, but 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 supervisee  | Benefits for supervisor | Benefits for organisations |
| Empowers growth, buildingconfidence, self-identificationof needs, & continuedprogressionTailored support to meet individual needs Increased sense of belonging Facilitates a lifelong journeyof 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  |

When & who should complete the programme?

The programme 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 programme, after an initial induction the first 6 months of the programme 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.

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 your job description is up to date and relevant to the new role, if not help develop a new one
* You work within and 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
 |

**Education Supervisor (Preceptor)**

|  |  |
| --- | --- |
| **Clinical*** Understand the role of AP
* Provide support and guidance to allow 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, 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.

Top tips to implementing a preceptorship programme

1. Ensure organisational buy-in by sharing the importance and benefits of preceptorship specifically tailored to meet the needs of AP
2. Organisational leads to familiarise themselves with the Preceptorship Programme
3. Embed preceptorship specific to Advance Practice into local workforce plans, ensuring the organisation is clear about how it values the process.
4. Adapt and adjust the programme depending upon the needs of the organisation, individual APs, and supervisors.
5. All supervisors to be suitably prepared for their role, have appropriate skills to meet the individual needs of preceptee
6. Ensure there is protected time required to undertake the preceptorship for both the supervisor and the AP
7. Ensure timely allocation of appropriate preceptors to meet the needs of the AP
8. Ensure there is an embedded preceptorship policy either as part of the supervision policy or as a stand-alone document.
9. Seek and listen to staff 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.

Preceptorship Timeline

[Preceptorship-Journey-Preceptor-online-2.pdf (workforceskills.nhs.uk)](https://workforceskills.nhs.uk/wp-content/uploads/2023/09/Preceptorship-Journey-Preceptor-online-2.pdf)

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 can be found ……..(insert location).

Start

1-5 month

6 - 12 months

12 months

Assign Preceptor / supervisor

Ensure Job Description in

Governance Matrix

Organise Stat man Training

Ensure indemnity insurance in place

Provide protected time to complete program

Ensure Job Description & job plan are up to date

Set meeting dates and attend monthly meetings

Complete learning contract

Identify learning activities

Complete ACP competency framework

6 monthly reviews

Review learning activities.

Plan work-based activities

Plan next 6-month meetings

Document evidence

**Complete Job plan for next 12 months**

Supervisor

Organisation

Advanced Practitioner

Final sign off

Complete annual appraisal

Review job plan for next 12 months

Review Job plan

Update job description where appropriate

Meet with both AP and Preceptor to review last 12 months



Applying the four 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.

“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 you have the freedom and authority to act autonomously and independently you are an accountable practitioner; therefore, you must work within the boundaries of your profession
* You are innovative and highly skilled at assessing and managing risk
* You accept the responsibility for decisions made and actions taken
* You are very experienced and highly educated experts
* You are holistic practitioners, you 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**

The clinical pillar relates to the knowledge, skills, and behaviours and nursing proficiencies needed to ensure that high quality care is provided which is safe, effective and person-centred. This includes:

* 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**

The education pillar relates to the knowledge, skills, and behaviours and nursing proficiencies needed to enable reflective practice, on-going self-development and effective learning in the workplace. This includes:

* 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**

The leadership pillar includes the knowledge, skills, and behaviours and nursing proficiencies needed to work effectively in a team, lead in the manner appropriate to their level within the career framework and fulfil management responsibilities. This includes:

* 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**

The research pillar relates to the knowledge, skills, and behaviours and nursing proficiencies needed to lead and deliver research, as well as source and use high-quality evidence to inform practice, education activities and improve services. This includes:

* 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

**END DOCUMENT – add preceptorship resources**

Continuing Professional Development

ADD link to CfAP CPD document

<https://advanced-practice.hee.nhs.uk/resources/cpd/>

Personal and professional development helps manage learning and growth throughout the career of any Healthcare Professional. It allows clinicians to extend their skills and take on new responsibilities, whilst ensuring the safety and effective management of patients. It is also a requirement to complete CPD to maintain a professional registration. The CPD requirement varies depending upon the registration requirements. 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 ([Home - BNSSG Training Hub](https://www.bnssgtraininghub.com/)

**Professional Activities**

These can be as big or as small as the AP wants. Activities can range for being involved in a professional body, presentation at conferences, delivering training within the APs 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 of the AP. 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 help the AP to keep up to date with guidelines, but also expand their own knowledge and passion in an area they have an interest in. 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 the APs job plan, and 5-year plan. This should also include the number of hours protected CPD, any training funds, and learning contracts. In order to prevent any confusion, it is 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 done 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 as a nurse it 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. An example of this can be found (ADD LINK)

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

Action learning sets are 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 Action Learning Set can vary depending upon the needs of those involved, but they normally last between two and three hours.

Despite this difference they can still play an important role in preceptorship as they can complement it, by providing an opportunity for individuals to work together to resolve issues they have within the workplace and provide an 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.

**E-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 method of recording your CPD is not important, the important thing is that you complete regular CPD. The BNSSG Training Hub has created a Excel Spreadsheet as an example of what can be included and this can be found….. (ADD LINK)

**Helpful Resources**

[Advancing practice: Signpost for Continuing Professional Development](https://www.hee.nhs.uk/sites/default/files/documents/Signposting%20for%20CPD.pdf)

[The Nursing and Midwifery Council CPD](https://www.nmc.org.uk/revalidation/requirements/cpd/)

[HCPC CPD standards](https://www.hcpc-uk.org/standards/standards-of-continuing-professional-development/)

[ActionLearning.pdf](https://workforceskills.nhs.uk/wp-content/uploads/2023/06/CapitalNurse-Early-Careers-Framework-Preceptorship-and-Beyond-Action-Learning.pdf)

Supervision for Advanced Practitioners

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 transition can be characterised by 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.

**Benefits of supervision**

Supervision is essential to ensure both professional and patient safety and 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. The Centre for Advancing Practice have developed guidance for clinicians and supervisors (<https://advanced-practice.hee.nhs.uk/> )

**Supports 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 you 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**

**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 your skills, 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. 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 supervision 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/)

**Overcoming barriers to supervision**

There has been a lot of research surrounding the barriers to supervision and how to overcome these barriers. The main barriers include protected time and space to deliver the supervision, ensuring the right culture, having skilled supervisors, lack of understanding of what supervision should looks like, as well as the benefits of supervision.

Below is a table of common barriers and suggestions on how to overcome these barriers.

|  |  |
| --- | --- |
| **Barriers** | **Ways to overcome barriers**  |
| Patient facing tasks take priority  | Ensure supervision form part of the workforce planHave a formal supervision policy and embed it into workplace culture  |
| Limited resources  | Embed links between supervision and patient safety where workforce initiatives seek to develop advanced clinical practice consider apprenticeship routeEnsure the workforce planning has taken account of employer responsibilities Monitoring processes in place to ensure supervision training and development is undertaken and updatedAgree supervision: clinician ratio Ring-fence additional resources which may be offered develop a plan around the use of these funds to provide funding to support for supervision Reviewing existing supervisor development and training to adapt or augment to include multi- professional supervision and on advanced clinical practiceEstablish networks, learning sets, peer support for supervisors providing supervision in the multi-professional advanced clinical practice context |
| AP role not established within the practice  | Establish an AP lead within the organisation with agree scope of this lead role in terms of strategy including workforce development, governance and supervision  |
| Varied enthusiasm across the practice | Improve awareness of supervision within the organisation Encourage small scale quality improvement projects and/or audits to evaluate impact or potential impact of advanced clinical practice Develop local advanced clinical practice ‘special interest group’ / forums/ journal clubs (actual or virtual) |
| Concerns about accountability in multi-professional supervision | Provide comprehensive training/development opportunities and updates for those delivering supervision across professions in the context of advanced clinical practice.Include training which includes awareness of variations in scope of practice for different registered profession |
| Personality clashes | Agreeing at the outset of supervision how conflicts will be resolvedRegular evaluation of supervision effectiveness and satisfaction, buddy systems, clinical meetings.  |

**Planning for 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 (eg 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 (ATTACH LINK)

**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.

There are a wide range of other supervision models. Further information can be found

[Clinical placement supervision models](https://www.nhsemployers.org/articles/clinical-placement-supervision-models)

[Support and Supervision in Advanced Practice | Turas | Learn](https://learn.nes.nhs.scot/71680)

**Helpful resources**

[HCPC Approaches to supervision](https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/approaching-supervision/)

[HEE supervision](https://advanced-practice.hee.nhs.uk/our-work/supervision/)

[AP Minimum standards for supervision](https://heeoe.hee.nhs.uk/sites/default/files/advanced_practice_workplace_supervision-_minimum_standards_for_supervision.pdf)

**Supporting the student in difficulty (KM Please)**

Clinicians may encounter problems during their time studying with us and members of staff may be called on to provide some help.

[**https://advanced-practice.hee.nhs.uk/wp-content/uploads/sites/28/2024/08/NHS-England-SW-Advanced-Practice-Faculty-Handbook-2024-25-July-2024-update.pdf**](https://advanced-practice.hee.nhs.uk/wp-content/uploads/sites/28/2024/08/NHS-England-SW-Advanced-Practice-Faculty-Handbook-2024-25-July-2024-update.pdf)

KM TO ADD LINKS

CfAP

Bradford

**Work-based assessments**

These provide an opportunity to reflect upon a clinician's progress as well as

Providing an opportunity to identify any individual learning needs. Work-based assessments aren’t 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 please see [Portfolio and Assessment Materials for ACP Working in General Practice](https://www.skillsforhealth.org.uk/resources/core-capabilities-framework-for-advanced-clinical-practice-nurses-working-in-general-practice-primary-care/)

[Workplace Supervision for Advanced Clinical Practice (hee.nhs.uk)](https://advanced-practice.hee.nhs.uk/workplace-supervision-for-advanced-clinical-practice-supporting-videos/)

**Peer Supervision 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 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. An exampled can be found …. (ADD LINK)

**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. An example can be found…….( add link)

**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. (ASK LILY TO LINK TO HER WORK)

**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 (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 theirs 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 their 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 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 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)

documents the main skills which an AP can complete to reflect their own scope of practice and identify any skills gaps. When completing by all clinicians within an organisation a skill matrix can allow the organization to document their individual competencies. 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 is able do and focus on areas of improvement. Please see (ADD LINK) for a copy of a suggested skill matrix.

Human Resources

**Job description**

Whilst there is no legal requirement for employers to provide a job description, it is good practice A good job description should clearly articulates the requirements and competence for the role as well as any essential qualifications and/or experience required to be employed in the role, along with listing the main tasks and responsibilities of the AP, where the role of an AP fits within the organisation and outline the day-to-day responsibilities of the AP, this can include both clinical and non-clinical aspects [NHS Advanced Clinical Practitioners Job Description](https://www.nhsprofessionals.nhs.uk/campaigns/gp-bank/advanced-clinical-practitioners#:~:text=Primary%20Responsibilities%3A,and%20psychological%20perspective%2C%20and%20plan)

A suggested job description for the role of an AP can be found……. (Insert link)

Job descriptions should be thorough, clear, and concise and include:

* A brief introduction to the company and its mission statement
* An overview of the job responsibilities
* The necessary skills, competence levels, knowledge, and qualifications relevant candidates should have
* Working conditions and location, including whether the role is clinic based, remote, or hybrid
* Environmental factors or strenuous components of the job
* The Type of contract; full-time, part-time, or bank contract
* Salary & benefits

**Job Plans**

Job plans form part of your contract of employment, it should sit alongside the job description and is equally as important as a job description. A job plan is a personalised document detailing an individual’s duties, responsibilities, accountabilities and objectives. By documenting professional activity in job plans, organisations can gain a better understanding of the workforce capacity and match it to patients’ needs, as well as allowing the AP to have a deeper understanding of the expectation of their roles and responsibilities. The job plan also provides an opportunity for APs, supervisors, and organisation to agree the proportion of each role that will be attributed to clinical care and other specified supporting clinical activities.

The job plan sits alongside the Knowledge and Skills Framework (KSF) development review process and may be undertaken at the same time. Advanced Practitioners should take cognisance of the guidance from the Health Education England Multi-Professional Framework for Advanced Practice.

The process enables the line manager and staff member to:

* Identify what has affected the Job plan
* Agree what changes to duties may be needed
* Agree a plan for achieving service objectives
* Review personal development needs

A job plan should include;

* The objectives to be achieved by the AP and support needed by the employer
* What key roles and responsibilities
* Any flexible working agreements
* Description of additional responsibilities, e.g. infection control lead, AP lead, clinical supervisor, KPIs
* A list of SMART objectives / outcomes
* A timetable of activities
* A list of supporting resources necessary to achieve objectives
* Any special agreements or arrangements regarding the operation or interpretation of the job plan
* Any protected time for supervision, and training

**How to complete a job plan?**

There is no absolute right way or wrong way to complete a job plan, however there should be sufficient detail within the plan so that the practitioner and line manager can agree that the practitioner’s duties, responsibilities and objectives are clear, and can be met within the coming year. A copy of a job plan can be found (ADD LINK)

[An overview of job planning (bma.org.uk)](https://www.bma.org.uk/pay-and-contracts/job-planning/job-planning-process/an-overview-of-job-planning)

[Multi-professional Framework for AP England.pdf (hee.nhs.uk)](https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf)

[consultant job planning-best-practice guidance.pdf (england.nhs.uk)](https://www.england.nhs.uk/wp-content/uploads/2022/05/consultant-job-planning-best-practice-guidance.pdf)

**Personal Development Plan**

A Personal Development Plan is different to a job plan. Rather than listing to roles of the AP a PDP is an individual plan is a systematic way of identifying and addressing the educational and professional development needs of the AP. The PDS should identify goals for the forthcoming year and methods for achieving these goals.

**What makes a good PDP?**

* time and thought
* one that identifies individual learning needs - what you want to develop for either your current role or for a future one
* is achievable and realistic

**Key questions / considerations.**

* what do I want/need to learn?
* what will I do to achieve it?
* what resources and/or support will I need?
* how will I know I have been successful? What are my learning outcomes?
* what are my target dates for completion and review?

Well written PDP’s will help to achieve the AP’s potential and should be reviewed annually as part of the appraisal process. A copy of a PDP can be found (ADD LINK)

What a day should look like?

No matter your role within your practice, being a safe practitioner is the most important aspect of any clinical role. One way to improve patient safety is by ensuring clinicians have an appropriate clinic. Workload will depend on the unique circumstances of each organisation and each individual clinician, as well as the complexity of care being provided. However, it is important to achieve a balance that meets the needs of the organisation to meet demand for appointments, whilst ensure that the AP is not only acting within the scope of practice, but also has enough time to ensure patient safety.

In 2024 the BMA released guidance for GPs surrounding the appointment length and the number of appointments GPs should see in a day. The recommended appointment length is 15 minutes, with no more than 25 contacts a day. The appointment length allows time for patient assessment, note taking and housekeeping between appointments. It is also important that during a clinic there is also additional time set out for regular breaks, administration time, and supervision time.

There may be occasions when longer appointments may be needed this including:

* Complex patients including mental health patients
* More than one condition
* Annual reviews
* Home visits
* Procedures including smears, wound dressings
* Need for interpreters
* Report writing, referrals

When building a clinic, it is also essential to take into other activities included in the working day such as coffee breaks, lunch breaks, daily meetings and agreed supervision time. Clinic expectations can form part of a job plan discussion, to ensure that both the clinician and the practice are aware of their roles and responsibilities.



\*\*This is an example of a clinic for a working day from 8am – 16:30pm.

**Indemnity insurance**

Indemnity insurance is an essential part of AP practice. The purpose of indemnity insurance is to provide legal cover to protect the clinician. It is essential that the insurance reflects the role of an AP, and where appropriate included non-medical prescribing.

The insurance should cover you against the financial consequences of a claim against you for clinical negligence. This is something that each practice should provide their employers, however it is responsibility of the AP to ensure this is in place and provide any information required.

All APs must have adequate medical indemnity. The NHS operate the [Clinical Negligence Scheme for General Practice (CNSGP)](https://resolution.nhs.uk/services/claims-management/clinical-schemes/general-practice-indemnity/clinical-negligence-scheme-for-general-practice/).  This is a state indemnity scheme for general practice in England. It covers clinical negligence liabilities in general practice relating to incidents on or after 1 April 2019.

All providers of NHS primary medical services are covered under the CNSGP. The scheme extends to all GPs and others working for general practice who carry out activities delivering primary medical services. It is important to remember that the scheme does not cover services provided outside of the NHS (For example private event cover)

**Appraisal**

Although there is no legal requirement for an annual appraisal, it provides an opportunity to discuss any achievements, challenges and expectations that may have occurred in the last 12 months. Appraisals also provide an opportunity to raise any issues outside l that might impact performance, such as staffing levels or system failures.

During an appraisal the following areas should be considered

* Review the previous 12 months
* Give and receive feedback
* Agree key targets, objectives and personal development needs for the next year
* Discuss health and wellbeing
* Provide an opportunity for thanks for dedication and effort
* The job description & job plan (where there are major changes it may be necessary to contact HR to complete documentation).

Prior to the meeting it is essential to collate information to be used within the appraisal. This may include;

* A copy of the previous appraisal form,
* A copy of the current appraisal paperwork that has been completed by the AP prior to the meeting
* Any records highlighting the AP performance, including supervision feedback, work-based assessments
* Other relevant documentation, such preceptorship paperwork / meeting records
* Comments from service users and any self-assessment forms, if appropriate
* Training records, including mandatory training
* Continuous professional development (CPD) evidence
* The individual’s personal file (for notes on the employee and any disciplinary issues)

There are a number of responsibilities for everyone involved in the appraisal and these can be seen below

|  |  |
| --- | --- |
| Organisation / line manager responsibilities | AP responsibilities |
| Listen and acknowledge views and agree and set the objectives, the expected outcomes and any support or training.Reflect and analyse any issues raised. If a serious one-off incident has occurred, a separate formal meeting should be arranged under the capability and performance policy.Acknowledge, recognise, and encourage any achievement in the last 12 months & review the previous years targetsAgree and action plan for the next 12months and plan any future meetings Keep a record and provide a copy of the paperwork to the AP Should not discuss any disciplinary concerns during the meeting Any performance or capability concerns that arise out of performance review meeting should be addressed under the relevant policies and procedures.Check in afterward to ensure this was a useful conversationRespect confidentiality (except in circumstances where there is a concern for patient safety) and provide a safe space to discuss any concerns.  | Consider objectives for the next 12 months including a job plan, action plan and future training requirementReflect and analyse any issues raised. If a serious one-off incident has occurred, a separate formal meeting should be arranged under the capability and performance policy.Complete appraisal paperwork prior to the meeting. Taking into account the following points; Last 12 months performanceAny challenges during the last 12 months Development needs for the next 12 months Be able to articulated how you feel about the role, your personal objectives and aspirations? |

A suggested appraisal document taking into account the 4 pillars of practice can be found……. (insert link)

**It is important to remember that the preceptorship programme should not replace the appraisal, or revalidation / renewal and it is to be used alongside this.**

**CQC (Care Quality Commission)**

There are a number of areas that the CQC will consider during the inspection including how organisations make sure that APs have the knowledge, skills and experience needed to deliver effective care and support to patients.

It is therefore essential organisations are to evidence:

* the underpinning training the advanced level nurse has carried out
* how they support their continuing professional development
* how they assure themselves of the nurse’s capability to practise at an advanced level.
* Training records and proof of qualifications
* Provides effective supervision and training

CQC guidance states that:

Training, learning and development needs of individual staff members must be carried out at the start of employment and reviewed at appropriate intervals during employment. Staff must be supported to undertake training, learning and development to enable them to fulfil the requirements of their role

And

Staff should receive appropriate ongoing or periodic supervision in their role to make sure competence is maintained.

By completing the key documents relating to Advanced Practice it can evidence governance and development of staff. Further information surrounding CQCC requirements can be found [Advanced Nurse Practitioners Care Quality Commission (cqc.org.uk)](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-66-advanced-nurse-practitioners-anps-primary-care)

Wellbeing in the workplace

At the time of writing this, there are over 1.5 million people working within the NHS, and with an overall sickness absence rate across England in January 2024 of 5.5% (NHS digital 2024). The most common reason for absence being anxiety, stress and mental health issues. For this reason, staff wellbeing should be an important consideration for any organisation. Ensuring Health and wellbeing in staff does not have a one size fits all solution, and burnout is becoming an increasing common problem. Those experiencing burnout are often unable to face the demands of their role which often results in reduced productivity, performance, and increased resignations. It can also have a detrimental effect on staff wellbeing and is linked to higher levels of relationship breakdown and suicide. Having a positive emotional and mental health enables employees to reach their full potential, cope with the stresses of daily life, work productively and make meaningful contributions at work.

The NHS as an employer must become better at supporting staff with mental ill health. There are key things an organisationscan do to help this including

* Recognising mental health in the workforce
* Supporting those with mental ill health
* Raising awareness and promoting a culture of openness,

As an employee there are also things you can do to help improve your own mental health including

* Being self-aware of your own limits, identify the triggers
* Be aware of burnout, and know how to prevent it
* Know who to ask for help if you are struggling, as an organisation we should ensure that employees have a safe working environment.

There are a number of initiatives within NHS to improve wellbeing of employees, including the NHSE Wellbeing Framework. The Wellbeing Framework is made up of 4 documents and includes a diagnostic tool that provides an easy way to assess the organisation against each of the seven elements of NHS health and wellbeing model. As well as providing evidence and rational for change, critical questions and consideration. It is important to remember that health and wellbeing does not have a ‘one size fits all solution’ and it is is essential to tailor any changes to the needs of the individual organisation.

**Burnout**

Burnout is one small aspect of staff wellbeing in the workplace, but has a huge impact on everyone, and is one of the most challenge areas to identify and manage. Burnout is a state of physical and emotional exhaustion. It can occur when you experience long-term stress in your job, or when you have worked in a physically or emotionally draining role for a long time. The [NHS Staff Survey 2022 results](https://www.nhsstaffsurveys.com/results/national-results/) indicate that Burnout is more prevalent amongst staff in certain occupations, with staff in clinical roles being 50% more likely to experience it.

**Effects of Burnout**

There is strong [evidence](https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-14-325) that burnout has an adverse effect for the clinician, the organisation as well as the patient. The effects include;

* Feeling fatigued and unable to face the demands of their job, or able to make a meaningful contribution to their role.
* Burnout reduces productivity and performance – it has been linked to [higher rates of prescribing](http://www.mayoclinicproceedings.org/article/S0025-6196%2816%2930625-5/pdf) and ordering of unnecessary diagnostic tests, clinical errors
* Staff disengage – high levels of burnout are linked to more staff leaving their job, or [walking away](https://www.ncbi.nlm.nih.gov/pubmed/27882573) from their profession due to the pressures at work.
* Burnout is also detrimental to staff wellbeing and linked to higher levels of [relationship breakdown and suicide](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5628039/).

**Signs of Burnout**

|  |  |  |
| --- | --- | --- |
| **Emotional symptoms*** Emotions feel blunted
* Helplessness / hopelessness
* Becoming tearful
* Irritable
* Numbness
* Feeling unfulfilled
* Feeling unappreciated
 | **Behavioural symptoms*** Disengagement
* Social withdrawal
* Loss of commitment
* Uncharacteristic mistakes
* Lack of holiday planning
* Being inconsistent with work
 | **Physical symptoms*** Muscle pains
* Headaches
* Tiredness / lethargy
* Sleeping problems
* Memory problems
* Lack of concentration
* Weight gain / loss
 |

There are a number of things that both organisations and employees can do to prevent burnout.

**Employees**

* Maintain boundaries and know your limits
* Self care and maintain a good work life balance
* Take breaks including annual leave,
* Do not check your work emails at home
* Minimise stress and be aware of stress triggers
* Healthy habits including being physically active, sleep routine, reduce alcohol consumption and healthy eating

**Organisations**

* Ensure optimum staffing levels where possible and build organisation resilience
* Shift towards a culture of prevention and early intervention
* Regularly measure the wellbeing of staff and demonstrate that the organisation is trying to reduce burnout
* Overcome the stigma of mental health conversations at work.
* Recognise pressures of maintaining a ‘hero identity’.
* Upskill staff to understand burnout symptoms, and ensure that staff know how and where to turn to for support
* Harness the power of leadership by upskilling managers to support staff effectively and encouraging compassionate leadership.
* Align values and strengthen the culture within the organisation

**Health and wellbeing champions**

One way to help improve wellbeing in the organisation is though the introduction of a Health and wellbeing champion. These are individuals who work at all levels of the NHS, from all demographics and roles, who will promote, identify and signpost their colleagues to local and national health and wellbeing support offers. A health and wellbeing champion role is not intended to be a full time, new or paid role within an organisation. It is intended to be filled by colleagues within an organisation or team, who have a particular interest in health and wellbeing and who are keen to support the wellbeing of their colleagues.

**5 steps for employees to improve mental wellbeing**

**Connect with other people**

Good relationships are important for your mental wellbeing.

 They can:

* help to build a sense of belonging and self-worth
* gives an opportunity to share positive experiences
* provide emotional support and allow you to support others

**Be Physically active**

Being active is not only great for physical health and fitness. Evidence shows it can also improve mental wellbeing by:

* raising self-esteem
* helping to set goals or challenges and achieve them
* causing chemical changes in the brain which can help to positively change mood

**Learn new skills**

Research shows that learning new skills can also improve mental wellbeing by:

* boosting self-confidence and raising self-esteem
* helping to build a sense of purpose
* helping to connect with other

**Give to others**

Research suggests that acts of giving, and kindness can help improve mental wellbeing by:

* creating positive feelings and a sense of reward
* giving a feeling of purpose and self-worth
* helping connect with other people

**Pay attention to the present moment**

Paying more attention to the present moment can improve mental wellbeing. This includes thoughts and feelings, the body and the surrounding world. This is often referred to as “Mindfulness". Mindfulness can help you enjoy life more and understand yourself better. It can positively change the way you feel about life and how you approach challenges.

**5 tips for employers to improve wellbeing**

Identify how your current wellbeing offer meets your staff needs

Formulate a plan to bridge gaps in staff needs

Get your board on board

Implement the new plan and engage staff within the organisation

Evaluate the impact and make further improvements.

**Resources**

[Supporting the wellbeing needs of NHS staff | NHS Employers](https://www.nhsemployers.org/articles/supporting-wellbeing-needs-nhs-staff)

[NHS England » Health and wellbeing programmes](https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/)

[Health and wellbeing | NHS Employers](https://www.nhsemployers.org/health-and-wellbeing)

[NHS England » NHS health and wellbeing framework](https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/nhs-health-and-wellbeing-framework/)

[Wellbeing support for primary care staff](https://teamnet.clarity.co.uk/Topics/Public/20bb5f29-b586-4c63-aa4f-adce009710c4)

[Beating burnout in the NHS](https://www.nhsemployers.org/articles/beating-burnout-nhs)

[The King's Fund Tackling burnout](https://www.kingsfund.org.uk/events/tackling-clinical-burnout)

[Allied Health Professions Fitness For Work Report - RCOT](https://www.rcot.co.uk/practice-resources/standards-and-ethics/ahp-health-and-work-report)

[NHS England » Health and wellbeing champions](https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/health-and-wellbeing-champions/)

Safe learning environment within primary care

It is essential that employers create a safe learning environment to ensure employers to help provide a supportive environment that enables people to develop into a well-rounded professional with the right skills and knowledge to provide safe and compassionate care for patients. The NHS Safe Learning Environment Charter supports the development of positive safety cultures and continuous learning across the NHS ([Safe Learning Environment Charter](https://www.england.nhs.uk/mat-transformation/safe-learning-environment-charter/)). There is a lot of research that documents what makes a safe and effective learning environment. The Institute of Health Visitors have created a governance matrix for employers to consider the learning environment ([Enabling a good learning environment](https://mcusercontent.com/6d0ffa0c0970ad395fc6324ad/files/b87864e1-e956-248b-f378-85cfb788b17c/Maturity_Matrix_for_Enabling_a_Good_Learning_Environment_Landscape_FINAL_26.06.24.pdf)) This is similar to the Governance Maturity Matrix for AP, and provides suggestions on how to employers can create a safe learning environment. They have split it into 7 areas and these include;

Leadership for excellence

Be part of a positive learning culture by demonstrating professional, effective, and compassionate leadership in teaching, supervision and assessment. There are a number of ways to achieve this, firstly by acknowledging the individual needs and wellbeing of all colleagues.

Effective Communication

Providing clear, welcoming communication to introduce staff expectations, this can be linked to everyday expectations such as hours, and dress code, but can also be extended to the expectations for supervision. Provide access to different modes of communication. It is essential to remember this is not a one size fits all, and reasonable adjustment should be considered.

Enable learning through supportive supervision teaching and progress monitoring

Allocate learners to named supervisors with current knowledge and skills in the area being supervised. Foster a positive learning environment by protecting time for supervision including the preceptorship programme. It is also essential to consider the different learning preferences and offer flexible approaches for the individual. It is also essential to provide protected time for constructive feedback to aid development and identify any support pathways that may need to be put into place.

Interprofessional collaboration and learning

Collaborative learning across professional groups, settings and institutions is essential. Use systems, processes and personnel to coordinate opportunities for learning and assessment in an informal and formal environment.

Equality and anti-discriminatory practice

Respect individuals, acknowledging their intersectionality and right for equality. Enable safe situations and provide support to use Freedom to Speak Out mechanisms. Be culturally aware and evidence the use of inclusive learning approaches.

Safety and continuous improvement

Prioritise health and safety, with a focus on continuous improvement addressing leadership, communication and innovation in practice learning.

Quality improvement and innovation informed by evidence

Actively engage with research to evaluate and to inform best practice to improve patient safety, high quality teaching and learning to ensure evidenced based practice.

By making focusing on these main areas, it can help improve the culture within the organisation and create a safe environment for learning that meets the needs of the organisation.

**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/>)

 Governance Maturity Matrix

When hosting an AP within organisation it is a requirement to complete the HEE Governance Maturity Matrix. It allows organisations to self-assess the progress on the governance surrounding Advance Practice across all the different domains. This not only includes the 4 pillars but also governance, business cases, training, and supervision.

This should be completed on an annual basis and updated. The BNSSG Training Hub have completed a guidance document on how to complete the governance maturity matrix and this can be found...... ADD LINK to tabs

The maturity matrix should be completed as a joint project by the practice management team, as well as the lead AP / AP team.

[Governance Maturity Matrix for Advanced Practice (hee.nhs.uk)](https://advanced-practice.hee.nhs.uk/news-and-events/governance-of-advanced-practice-in-health-and-care-provider-organisations/)

Appendices

&

Helpful documents

\*move to END OF PRECEPTOR DOCUMENT

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 |
| 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 should continue to work at level 7, working within the 4 pillars of Advanced Practice
* Observing and adhering to organisation values.
* Work towards my Key Performance Indicators that have been set out by my employer
* Complete CPD, identify and develop a specialist interest within my scope of practice
* 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.
 |
| **Name:** | **Signature:** |
| **Work area:** | **Date:** |

|  |
| --- |
| Preceptor |
| I understand that my responsibilities as a preceptor include:* Provide support and guidance to the newly qualified AP
* Acting as a role model and professional friend.
* Facilitating introductions and promoting good working relationships.
* Participating in all preceptorship activities including attending required training and facilitating and documenting regular scheduled meetings.
* 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
* Provide at least 1 hour a week (or 4 hours a month) supervision for my preceptee.
 |
| **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.* |

Preceptorship Initial meeting

|  |
| --- |
| **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))

END OF ADDITIONS TO PRECEPTOR DOCUMENT

Clinical Based discussion / Observation

|  |
| --- |
| **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. |

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  |  |

Intention to prescribe

This agreement must be updated at least on an **annual** basis as part of the PDR/appraisal process or when the prescriber’s scope of practice changes.

|  |  |
| --- | --- |
| **Name of clinician** |  |
| **Professional Reg number:** |  |
| **Job Title:** |  |
| **Team / Area of Work:** |  |
| **Work Telephone No:** |  |
| **E-mail Address:** |  |
| **Date prescribing qualification registered:** |  |
| **Additional training completed**  |  |
| **Frequency of prescribing:** |  |
| **Clinical area of Prescribing Practice e.g. COPD, Asthma, Diabetes** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition prescribing for and/or types of medicines to be prescribed:** | **Evidence of competence to prescribe in this area:** | **Recent CPD supporting prescribing in this area:****(include dates)** | **Please state guidelines or attach protocols worked to** |
|      |   |   |   |
|      |   |   |   |
|       |   |   |   |

Job Plan

|  |  |
| --- | --- |
| Role:  |  |
| Specialty: |  |
| **Practice Manager:**  |  |
| Line manager |  |
| **Educational Supervisor:**  |  |
| **Start Date** |  |
| **Review date**  |  |

**Job content**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Day | **Hours** | **Location/ Site**  | **Type of work (Clinical, SPA or Integrated)** | **Estimated no. of patients reviewed (if appropriate)** |
| Monday |  |  |  |  |
| **Tuesday** |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| **Additional agreed activity to be worked flexibly** |

**Key objectives**

|  |
| --- |
| **Clinical & Non clinical**  |

**Key responsibilities within role**

|  |
| --- |
| For example triaging, patient clinics, home visits, additional responsibilities.**See full job description for full list of responsibilities**  |

**CPD requirement**

|  |
| --- |
| Courses would like to complete (including apprenticeship) funding and learning contract agreements.  |

**Supervision requirements**

Including the amount of protected time & frequency, Supervisors name

**Additional responsibilities and/or external duties (eg infection control, leadership roles)**

|  |
| --- |
| Specify how any responsibilities or duties not scheduled within the normal timetable will be dealt with |

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **Signature** | **Date** |
| **Employee** |  |  |  |
| **Practice Manage** |  |  |  |
| **Educational Supervisor** |  |  |  |

Advance Practice Learning directory

**LINK TO TH Training Matrix for clinical staff for specific guidance on stat/man training in Primary Care.**

**Disclaimer**: Please note that we have made suggestions as to where to obtain training, other training providers are available and individual practices may choose to source training from alternative providers. Some training for example Fire Safety will require an element of F2F training in addition to eLearning to ensure that staff are orientated with local fire policies & procedures.

**CQC Compliance:** All providers are required, under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to meet Regulation 18 in relation to staffing. This requires providers to have ‘enough suitably qualified, competent, skilled, and experienced staff to meet the needs of the people always using the service. The Care Quality Commission (CQC) regulates health and social care providers, including general practice, through monitoring and inspection. They also offer advice and guidance on requirements. <https://www.cqc.org.uk/guidance-providers/gps>

Practices must demonstrate how they have assured the competence of staff employed in clinical practice, including Advance Practitioners, Pharmacists, Nurses, Paramedics, Physiotherapists, and Physician Associates. Practices must also demonstrate to CQC that “staff have the skills, knowledge and experience to deliver effective care and treatment” (CQC Key Line of Enquiry (KLOE) E3).

Evidence for this may include HR & recruitment records; induction plans & records; training and development plans & records; arrangements for protected learning time; access to regular one-on-ones and appraisals for all staff; and provision for appropriate continuing professional development (CPD), coaching or mentoring. Clinicians must make effective arrangements for clinical supervision and support to meet the requirements of professional revalidation.

The table below there are a vast number of CPD courses available for APs, It is essential to remember that these are only a few of the courses available that can be completed. Some of these are free courses, there are also a number of these courses that are funded. The courses have been spilt into the 4 pillars of Advance Practice, but many will fulfil multiple pillars.

|  |
| --- |
| **Clinical Pillar**  |
| **Training** | **Who** | **How often** | **Where to obtain training** | **Mandatory / Recommended / optional**  |
| Asthma (Paediatric) | Registered HCP undertaking Asthma reviews | 1-2 yearly (dependent on experience) | [eLearning for Health](https://www.e-lfh.org.uk/programmes/children-and-young-peoples-asthma/) | **optional** |
| Asthma update | Those with specialist interest | 1-2 yearly (dependent on experience) | **TBC** Alternatively, you may wish to attend updates run by alternative providers such as pharmaceutical reps. | **Optional**  |
| Contraception | AP undertaking reviews  | Annually | [eLearning for Health](https://www.e-lfh.org.uk/programmes/sexual-and-reproductive-healthcare) | **Optional**  |
| COPD (Chronic Obstructive Pulmonary Disease) update | AP undertaking COPD reviews | 1-2 yearly (dependent on experience) | Alternatively, you may wish to attend updates run by alternative providers such as pharmaceutical reps. | **Optional**  |
| Covid -19 Vaccination | Those vaccinating staff / patients  | Initial training and updates as required or annually | <https://www.e-lfh.org.uk/programmes/covid-19-vaccination/>  | **Mandatory:** [UK Health Security Agency](https://www.gov.uk/government/publications/covid-19-vaccinator-training-recommendations/training-recommendations-for-covid-19-vaccinators) |
| Dementia awareness | All APs | Initial training and updates as required | <https://portal.e-lfh.org.uk/Component/Details/563711>  <https://skillsforhealth.org.uk/info-hub/dementia-2015-updated-2018/>  | **Recommended**  |
| Diabetes update | Those with specialist interest | 1-2 yearly (dependent on experience) | Alternatively, you may wish to attend updates run by alternative providers such as pharmaceutical reps. | **Optional**  |
| Flu, Shingles & Pneumonia Immunisation | Those vaccinating staff or patients | Yearly | [Flu eLearning](https://www.e-lfh.org.uk/programmes/flu-immunisation/) for Health[Shingles eLearning](http://portal.e-lfh.org.uk/Component/Details/513888) for Health[Pneumonia eLearning](http://portal.e-lfh.org.uk/Component/Details/513876) for Health  | **Mandatory:** [Immunisation Training Standards for Healthcare Practitioners](https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners) |
| Intermit Examination training  |  All APs |  As required | [BNSSG Training Hub](https://www.bnssgtraininghub.com/) |  **Recommended**  |
| IRMER (The Ionising Radiation (Medical Exposure) Regulations 2017) | All staff who request Radiological Imaging need to attend IRMER training prior to requesting  | Refresher every 3 years | Initial training is via face-to-face teaching, but if you require an update, an option is to complete ALL the [eLearning for Health Training](https://www.e-lfh.org.uk/programmes/ionising-radiation-medical-exposure-regulations/)   | **Recommended** [The Ionising Radiation (Medical Exposure) Regulations 2017](https://www.legislation.gov.uk/uksi/2017/1322/contents/made)[The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2018](http://www.legislation.gov.uk/uksi/2018/121/contents/made) |
| NHS Health Checks | All staff whose role involves undertaking NHS Health Checks | Annually | [eLearning for Health](https://portal.e-lfh.org.uk/Component/Details/424507)[Bristol & North Somerset Training](https://smarthealthsolutions.co.uk/bristol-and-north-somerset-training/)[South Gloucestershire training](https://learning.southglos.gov.uk/cpd/portal.asp?ccid=12)  | **Recommended**: [NHS England](https://www.healthcheck.nhs.uk/commissioners-and-providers/training/)  |
| Non-Medical Prescribing update | All NMP |  Annually | [Royal Pharmaceutical Society Prescribing Framework](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf)  | **Mandatory**  |
| Patient Safety | All clinical staff to complete L1 & L2 | TBC | <https://portal.e-lfh.org.uk/Component/Details/732520>  | **Recommended** |
| Completing RESPECT form | All APs | As required | [NHSE elfh Hub (e-lfh.org.uk)](https://portal.e-lfh.org.uk/Component/Details/791141)  | **Recommended**  |
| Menopause  | Those with special interest | Initial and then annual updates  | [BMS (British Menopause Society) Principles and Practice of Menopause Care - British Menopause Society (thebms.org.uk)](https://thebms.org.uk/education/principles-practice-of-menopause-care/) | **Optional**  |

|  |
| --- |
| **Leadership Pillar**  |
| **Training** | **Who** | **How often** | **Where to obtain training** | **Mandatory / Recommended** |
| Multidisciplinary supervision course  | Supervisors |  TBC |  <https://swpca.org.uk/supervision> | Recommended  |
| Train the Trainer  | Trainers  |  As required  |  [Train the Trainer | NHS Professionals](https://www.nhsprofessionals.nhs.uk/partners/academy-courses/education-and-training-courses/train-the-trainer) |  Optional  |
| Leadership  | AP | AS required  | [leadership-development.pdf (england.nhs.uk)](https://www.england.nhs.uk/wp-content/uploads/2018/03/leadership-development.pdf) [Professional development - Courses and applying | UWE Bristol](https://www.uwe.ac.uk/courses/professional-development)[Continuing Professional Development (CPD) | Faculty of Health and Life Sciences | University of Exeter](https://www.exeter.ac.uk/faculties/hls/studying/cpd/) | Mandatory  |
| Change within the NHS  | AP |  | [change-model-guide-v5.pdf (england.nhs.uk)](https://www.england.nhs.uk/wp-content/uploads/2018/04/change-model-guide-v5.pdf) | Optional  |

|  |
| --- |
| **Education Pillar**  |
| **Training** | **Who** | **How Often**  | **Where to obtain training** | **Mandatory / Recommended** |
| NHSE education and training in healthcare |  AP | As required | [Improving safety through education and training.pdf (hee.nhs.uk)](https://www.hee.nhs.uk/sites/default/files/documents/Improving%20safety%20through%20education%20and%20training.pdf) |  Recommended  |
| Practice Educator and Assessor Preparation | AP | AS required  | eLearning for health  | Optional  |
| Supporting students in practice  | Supervisors  | as required  | [Professional development UWE Bristol](https://www.uwe.ac.uk/courses/professional-development)[Continuing Professional Development (CPD) | University of Exeter](https://www.exeter.ac.uk/faculties/hls/studying/cpd/)[Professional development (CPD) - University of Plymouth](https://www.plymouth.ac.uk/study/cpd)[Continuing professional development - University of Gloucestershire (glos.ac.uk)](https://www.glos.ac.uk/study/continuing-professional-development/) | Recommended  |
| Multidisciplinary supervisors course  | Supervisors |  | [BNSSG Training Hub](https://www.bnssgtraininghub.com/) | Recommended  |
| Personalied care  |  |  | [Accredited Training Menu (personalisedcareinstitute.org.uk)](https://www.personalisedcareinstitute.org.uk/accredited-training/) |  |

|  |
| --- |
| **Research Pillar**  |
| **Training** | **Who** | **How often** | **Where to obtain training** | **Mandatory / Recommended**  |
| Academy of research |  |  | [**https://www.academy.solent.nhs.uk/**](https://www.academy.solent.nhs.uk/) | Recommended  |
| How to write an article |  |  | [Evidence and practice author guidelines for writing 'how to' articles | RCNi](https://rcni.com/publish-with-rcni/author-guide-downloads/evidence-and-practice-author-guidelines-for-writing-how-to-articles-195436)  |  |
| Getting started on quality improvement projects |  |  | [How to get started in quality improvement | The BMJ](https://www.bmj.com/content/364/bmj.k5437) |  |
| Clinical audit |  |  | <https://www.england.nhs.uk/clinaudit/>  |  |
| How to get started on quality improvement  |  |  | [How to get started in quality improvement | The BMJ](https://www.bmj.com/content/364/bmj.k5437) |  |

Appraisal document

**Annual Review of Clinical Practice (ARCP) and Stay Conversation**

This document supports the governance requirements for BNSSG (Bristol, North Somerset, and South Gloucestershire) Primary Care Advanced Practitioners as identified within the Multi-Professional Framework for Advanced Clinical Practice21 (HEE 2017). The annual review is in place to ensure that the APs clinical abilities and full potential is being reached.

**The Advanced Practitioner should complete as much of the document as possible prior to review and provide evidence to their supervisor 2 weeks prior to the meeting. The Advanced Practitioner should bring their portfolio of competence to the review.**

|  |  |
| --- | --- |
| AP Name:  | Period covered by this review: |
| Practice: | PCN: |
| APs clinical area of practice  |
| Annual review development plan: (has the ACP (Advanced Clinical Practice) achieved and evidenced the objectives set out in their development plan identified in their last annual review) |
| **Review of the last year**  |
| Achievements and challenges: |
|  | YES | NO | N/A | Comment |
| Portfolio | Evidence of a continued live portfolio of evidence?  |  |  |  |  |
| Appraisal | Evidence of individual practice appraisal within previous 12 months including evidence of current professional registration. |  |  |  |  |
| Significant incidents or complaints  | Has the AP declared any complaints or involvement in significant events?Restrictions on practice? |  |  |  | Have these been resolved? /Further support required? |
| Compliments (patients and relatives) | Has the AP received any compliments? |  |  |  |  |
| Multi-Source feedback  | Evidence of an MSF has been completed with 12 or more responses in this revalidation cycle (minimum of 3 years)  |  |  |  |  |
| Job description and job plan review | Discuss and amend if required. Consider pay review with renumeration according to any alterations. |  |  |  |  |
| Statutory & Mandatory Training | Evidence of being up to date and to link with the BNSSG skills passporting matrix |  |  |  |  |
| Clinical Pillar |
|  | YES | N/A | NO | COMMENTS |
| Work-based assessments  | Has the AP provided a minimum of 8 work-based assessments and evidence of self -reflection based upon WBAs from the past 12 months  |  |  |  |  |
| Review of procedural skills: | DOPs (1 every year for each specialty specific procedure developed beyond generic) identified by consultant lead and accrediting body  |  |  |  |  |
| Clinical ethics and value-based practice | Considering the ethical dimensions of every skill healthcare and encounter  |  |  |  |  |
| General practice consultation  | Developing consultation skills typically associated with good AP / patient communication including shared decision making with patients.  |  |  |  |  |
| Health promotion | Communicating the risk effectively to the patient and them family.  |  |  |  |  |
| Genetic within primary care | Symptoms and signs of genetic conditions  |  |  |  |  |
| **Prescribing**  |
| Review of non-medical prescribing agreement | Is there an up-to-date AP prescribing agreement and scope of practice document in place? |  |  |  |  |
| Evidence of ongoing CPD related to NMP  | The AP can provide evidence of CPD hours which relate to the RCP NMP framework. |  |  |  |  |
| Non-medical Prescribing Audit  | Complete annual audit of prescribing habits |  |  |  |  |
| **Leadership and management** |
|  |  | YES | N/A | NO | COMMENTS |
| Evidence of management and leadership activity  | Has the AP undertaken any specific managemant/leadership activities e.g. rota, apprasials, policy, guidelines etc |  |  |  |  |
| Evidence of CPD related to management and leadership activity and associated learning | Has the AP developed any specific management or leadership skills during this period |  |  |  |  |
| Patient safety Involvement in investigating clinical incidents or complaints | Communicating openly, listening and taking patients concerns seriously, and telling patient fully, honestly and compassionately about incidents when they occur |  |  |  |  |
| Promoting equity and valuing diversity | Effectively challenging behaviuour thatinfringes the rights of others and addressing discrimintion, opression and harrassment against one self and others |  |  |  |  |
| Management in primary care | Primary care management interviewing and staff appraisal skills  |  |  |  |  |
| Information management of technology | Using the practice clinical system  |  |  |  |  |
|  |  |  |  |  |  |
| **Research and innovation**  |
|  |  | YES | N/A | NO | COMMENTS |
| QUIP and audit  | Has the AP participated in audit/QUIP in this period  |  |  |  | Has the audit led to a change in practice? Has the audit cycle been completed? ￼ |
| Quality improvement/innovation activity  | Has The AP been involved in any additional quality improvement innovation activity e.g. development of pathways, protocols etc.  |  |  |  |  |
| Research activity  | AP should provide evidence of any research activity this year e.g. publications, presentations, recruitment etc |  |  |  |  |
| Evidence of CPD related to research and innovation and associated learning | Has the AP undertaken any specific CPD related to research and innovation  |  |  |  |  |
| Facilitating education  |
|  |  | YES | N/A | NO | COMMENTS |
| Facilitating education delivery  | Has the AP facilitated, supported any education activity |  |  |  |  |
| Feedback on education  | Evidence that the AP has received feedback on the education they have facilitated  |  |  |  |  |
| Evidence of CPD related to education and associated learning  | Has the AP undertaken any specific CPD related to education |  |  |  |  |
| Supervision & Mentoring  | Carry out an educational needs analysis and designing an education programme appropiate to the learner (Center of Advancing practice) |  |  |  |  |
| Educational and development requirement needs for next 12 months List the educational and development needs for the next 12 months for the AP across the pillars of AP |
| **Clinical practice:**Please use this space to record ideas for this year’s personal development plan:Objectives:How these will be achieved and evidenced: |
| **Leadership and management:**Please use this space to record ideas for this year’s personal development plan:Objectives:How these will be achieved and evidenced: |
| **Research and innovation:** Please use this space to record ideas for this year’s personal development plan:Objectives:How these will be achieved and evidenced: |
| **Facilitating education:** Please use this space to record ideas for this year’s personal development plan:Objectives:How these will be achieved and evidenced: |

**Stay conversation**

Guidance Notes

Current research from the Devon ICS (Integrated Care System) retention project has shown that there are four factors which help to retain staff. These are:

* Feeling valued and recognised
* Having a supportive manager
* Career and development opportunities
* Work life balance/flexible working opportunities.

A stay conversation provides an opportunity to explore these factors with your team on an individual basis and take any action you agree. It is not part of a staff appraisal but can contribute to it if the individual wishes.

This template gives you a format to have that check in with members of your team on a regular basis. The questions are intended as a guide to get the conversation going.

The conversation is informal and uses a coaching approach; asking great questions, really listening to the responses, and exploring together how you take forward any steps that come out of the discussions you have. The main questions are in white font on blue at the start of each section and the questions underneath are designed as prompts, should you need them.

The setting needs to be relaxed and informal, so a venue away from the workplace is important, where you can talk and listen freely and without interruption.

The conversation is confidential, in line with the principles of a coaching conversation. There is no formal record kept. What is important is the quality and outcome of the conversation itself.

We recommend that you have this stay conversation with each of your team at least every six months and more frequently if you feel it is important. There is no set amount of time the conversation should last. It could be 15 or 50 minutes, and it will depend entirely on how much you must talk about

|  |
| --- |
| Section 1: Before starting work each day, what things do you look forward to? |
| Response: |
| Probe Questions | Response |
| What do you like most about working here? |  |
| What parts/things do you find challenging? |  |
| What do you like least ab[Section 1: Before starting work each day, what things do you look forward to? 58](#_Toc1864545031)[Response: 58](#_Toc1392582196)out working here? |  |
| Section 2: What are you learning here (in your role)? |
| Response: |
| Probe Questions | Response |
| Is there anything else you would like to be learning here but are not? |  |
| How do you learn best? By doing? By observing? By attending training? |  |
| Do you feel like you can advance your career here if you want to? |  |
| Section 3: Why do you stay here? |
| Response: |
| Suggested Probing Questions | Response |
| Is that the only reason? Or are those all your reasons? |  |
| How much does the type of work you do impact your decision to stay? |  |
| How much do you stay because you like working with our Patients? Or your Team? |  |
| What do you like least about working here? |  |
| Section 4: Have you thought about leaving? What prompted it? |
| Response: |
| Suggested Probing Questions  | Response |
| Does this issue/matter still concern you? |  |
| On a scale from 1 - 10 with 10 being “I’m staying for the foreseeable future” and 1 being, “I’m leaving ASAP,” how would you rate your intention to leave? |  |
| What is the single most meaningful action I could take to address this issue?  |  |
| How could I help you make changes in your role that would improve your experience of it? |  |
| Section 5: What can I do to make your experience at work better for you? |
| Response: |
| Suggested Probing Questions | Response |
| What should I do more of? Less of? What do I do that frustrates you? | More:Less:Frustrations: |
| Is there anything that strikes you as particularly unfair or unreasonable? |  |
| Do you feel like your concerns are listened to when you have them? |  |
| Is there anything outside work which is having an impact for you?  |  |

**Line Manager (print) and signature:**

**AP name (print) and signature:**

**Date: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**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.

**Helpful Links**

[workload-control-general-practice-mar2018-1.pdf (bma.org.uk)](https://www.bma.org.uk/media/1145/workload-control-general-practice-mar2018-1.pdf)

[Profession and Service Specific Digital Capabilities Frameworks | Digital Transformation (hee.nhs.uk)](https://digital-transformation.hee.nhs.uk/building-a-digital-workforce/digital-literacy/digital-capabilities-frameworks)

[Safe working in general practice (bma.org.uk)](https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice)

**Action learning sets**

[Action learning sets (hee.nhs.uk)](https://library.hee.nhs.uk/knowledge-mobilisation/knowledge-mobilisation-toolkit/action-learning-sets)

[NHS Elect - Action learning](https://www.nhselect.nhs.uk/Consultancy/Building-an-effective-workforce/Action-learning)

[als-guidance-doherty-associates.pdf (hee.nhs.uk)](https://library.hee.nhs.uk/binaries/content/assets/lks/mobilising-knowledge/mobilising-knowledge-toolkit/als-guidance-doherty-associates.pdf)

[Action learning sets | Knowledge and Library Services (hee.nhs.uk)](https://library.hee.nhs.uk/knowledge-mobilisation/knowledge-mobilisation-toolkit/action-learning-sets)

[km-framework-postcards-als-2019.pdf (hee.nhs.uk)](https://library.hee.nhs.uk/binaries/content/assets/lks/mobilising-knowledge/non-accessible/km-framework-postcards-als-2019.pdf)

[learning-handbook-action-learning-sets.pdf (england.nhs.uk)](https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2015/08/learning-handbook-action-learning-sets.pdf)

**Appraisals**

[**Microsoft Word - Appraisals and KDF made simple - a practical guide \_FINAL FULL GUIDE\_.docx (nhsemployers.org)**](https://www.nhsemployers.org/system/files/2021-07/Appraisals-and-KSF-made-simple.pdf)

[**Appraisals and performance reviews: a checklist to help you prepare | Royal College of Nursing (rcn.org.uk)**](https://www.rcn.org.uk/Get-Help/RCN-advice/appraisals-and-performance-reviews-checklist)

[**Appraisal guidance (uhb.nhs.uk)**](https://www.education.uhb.nhs.uk/career-development/appraisals/appraisal-guidance.htm)

**CPD**

[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)

[BNSSG Training Hub](https://www.bnssgtraininghub.com/)

[Course finder | Health Careers](https://www.healthcareers.nhs.uk/career-planning/course-finder)

[elearning for healthcare (e-lfh.org.uk)](https://www.e-lfh.org.uk/)

[Professional short courses - Find a course | UWE Bristol](https://www.uwe.ac.uk/courses/find-a-course/professional-short-courses)

[Professional development (CPD) - University of Plymouth](https://www.plymouth.ac.uk/study/cpd)

[Continuing Professional Development (CPD) | Faculty of Health and Life Sciences | University of Exeter](https://www.exeter.ac.uk/faculties/hls/studying/cpd/)

[Professional courses - University of Gloucestershire (glos.ac.uk)](https://www.glos.ac.uk/study/professional-courses/)

**E portfolios**

[Developing your portfolio | Health Careers](https://www.healthcareers.nhs.uk/career-planning/career-planning/developing-your-health-career/developing-your-portfolio)

[NHS ePortfolios](https://www.nhseportfolios.org/Anon/Login)

[PebblePad - The Learning Journey Platform](https://pebblepad.com/)

[Appraisal Toolkit, AKT, RCA, Education, Trainee Portfolio - FourteenFish](https://www.fourteenfish.com/)

**Indemnity insurance**

[**General Practice Indemnity scheme scope (resolution.nhs.uk)**](https://resolution.nhs.uk/wp-content/uploads/2023/04/20230313-GPI-scheme-scope-document.pdf)

**Job Planning**

[**aps-job-planning-best-practice-guide-2019.pdf (england.nhs.uk)**](https://www.england.nhs.uk/wp-content/uploads/2021/05/aps-job-planning-best-practice-guide-2019.pdf)

[**NHS England » Allied health professionals job planning: a best practice guide**](https://www.england.nhs.uk/ahp/allied-health-professionals-job-planning-a-best-practice-guide/)

[**An overview of job planning (bma.org.uk)**](https://www.bma.org.uk/pay-and-contracts/job-planning/job-planning-process/an-overview-of-job-planning)

Professional Councils, Unions and NHSE accreditation

[**The Nursing & Midwifery Council - The Nursing and Midwifery Council**](https://www.nmc.org.uk/)

[**The Health and Care Professions Council (HCPC) |**](https://www.hcpc-uk.org/)

[**General Pharmaceutical Council**](https://www.pharmacyregulation.org/)

[**Royal Pharmaceutical Society | RPS**](https://www.rpharms.com/)

[**RCN - Home | Royal College of Nursing**](https://www.rcn.org.uk/)

**Preceptorship Support**

[NHS England » Supervision guidance for primary care network multidisciplinary teams](https://www.england.nhs.uk/long-read/supervision-guidance-for-primary-care-network-multidisciplinary-teams/)

[Minimum standards for supervision - Advanced Practice (hee.nhs.uk)](https://advanced-practice.hee.nhs.uk/our-work/supervision/minimum-standards-for-supervision/)

[NHS England » Supervision guidance for primary care network multidisciplinary teams](https://www.england.nhs.uk/long-read/supervision-guidance-for-primary-care-network-multidisciplinary-teams/)

[Advanced practice standards | Royal College of Nursing (rcn.org.uk)](https://www.rcn.org.uk/Professional-Development/Advanced-Practice-Standards)

[Allied Health Professions (AHP) Preceptorship Standards and Framework (hee.nhs.uk)](https://www.hee.nhs.uk/sites/default/files/NHSE%20AHP%20Preceptroship%20standards%20and%20Framework.pdf)

[hcpc-principles-for-preceptorship.pdf (hcpc-uk.org)](https://www.hcpc-uk.org/globalassets/resources/information/preceptorship/hcpc-principles-for-preceptorship.pdf)

**Safe Learning Charter**

[**NHS England » Educator Workforce Strategy**](https://www.england.nhs.uk/long-read/educator-workforce-strategy/)

[**Guide to Practice-Based Learning**](https://www.hee.nhs.uk/sites/default/files/documents/Guide%20to%20Practice-Based%20Learning%20%28PBL%29%20for%20Neurodivergent%20Students.pdf)

[**NHS Safe Learning Environment Charter**](https://www.england.nhs.uk/mat-transformation/safe-learning-environment-charter/)

**Supervision**

[Supervisor-readiness-checklist.pdf (hee.nhs.uk)](https://advanced-practice.hee.nhs.uk/wp-content/uploads/sites/28/2022/11/Supervisor-readiness-checklist.pdf)

[Guidance-and-resources-for-clinical-supervisors-feb-22.pdf (resolution.nhs.uk)](https://resolution.nhs.uk/wp-content/uploads/2020/06/Guidance-and-resources-for-clinical-supervisors-feb-22.pdf)

**Wellbeing recourses**

[Beating burnout in the NHS | NHS Employers](https://www.nhsemployers.org/articles/beating-burnout-nhs)

[resource3\_howtopromotewellbeingfinal.pdf (mind.org.uk)](https://www.mind.org.uk/media-a/4662/resource3_howtopromotewellbeingfinal.pdf)

[Top tips for looking after you mental health at work | Mind - Mind](https://www.mind.org.uk/workplace/mental-health-at-work/tips-for-employees/)

[NHS-health-and-wellbeing-framework-strategic-overview.pdf (england.nhs.uk)](https://www.england.nhs.uk/wp-content/uploads/2021/11/NHS-health-and-wellbeing-framework-strategic-overview.pdf)

[NHS England » Staff mental health and wellbeing hubs](https://www.england.nhs.uk/supporting-our-nhs-people/support-now/staff-mental-health-and-wellbeing-hubs/)

**Workforce Planning**

[NHS Long Term Plan](https://www.longtermplan.nhs.uk/)

[NHS England » Support available for our NHS people](https://www.england.nhs.uk/supporting-our-nhs-people/support-now/)

[multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf (hee.nhs.uk)](https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf)

[Multi-professional framework for advanced practice in England (2017) - Advanced Practice (hee.nhs.uk)](https://advanced-practice.hee.nhs.uk/multi-professional-framework-for-advanced-practice/)

[NHSE AHP Preceptroship standards and Framework.pdf (hee.nhs.uk)](https://www.hee.nhs.uk/sites/default/files/NHSE%20AHP%20Preceptroship%20standards%20and%20Framework.pdf)

Registration requirements

[The Health and Care Professions Council (HCPC) | (hcpc-uk.org)](https://www.hcpc-uk.org/)

[Advanced practice standards | Royal College of Nursing (rcn.org.uk)](https://www.rcn.org.uk/Professional-Development/Advanced-Practice-Standards)

[Principles of preceptorship - The Nursing and Midwifery Council (nmc.org.uk)](https://www.nmc.org.uk/standards/guidance/preceptorship/)

