**BNSSG General Practice**

**Advanced Practitioner**

**Organisational 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 section of the document is aimed at organisations within the BNSSG who employed to work at an Advanced Practitioner. There are two separate documents for Preceptors and Preceptee to guide them through each step of the Preceptorship Program. All parts of the preceptorship programme can used as whole or stand-alone document.

**What is the Preceptorship Program?**

The Preceptorship Programme is a structured model of work-based learning, supervision and support to help the AP to embed themselves into their role as well as helping them to continue to develop their skills and to enable them to maintain and enhance their scope of practice regarding the 4 pillars of Advancing Practice: Education, Leadership, Research and Clinical.

At present there is no formal guideline surrounding APs (Advanced Practitioners) having a preceptorship program, and there is no funding available to support this. 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) .

**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.

**Advanced Practice Carer Development**

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

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

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(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.

**Who should complete the Preceptorship?**

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

The preceptorship plan should be made in conjunction with the preceptor and preceptee. The preceptorship 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.

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.

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 program 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, building confidence, self-identification of needs, & continued progression  Tailored support to meet individual needs.  Increased sense of belonging  Facilitates a lifelong journey of reflection & professional development  Increased professional &  team identity  Professional development  Supports continued professional development & registration requirements | Personal growth through the development of new skills  Professional development  Lifelong learning  Increased professional &  team identity  Enhances future career.  aspirations  Supports CPD & registration requirement | Development of skilled confident AP  Meeting organisational goals  Reduced employee sickness absence & improves staff retention  Enhanced staff satisfaction & morale, reduced dissatisfaction & burnout  Helps create a culture of learning and development |

Roles and Responsibilities

Prior to starting preceptorship programme, it is important to consider and agree the roles and responsibilities of everyone involved. This ensures the AP gets the most out of the programme and is a worthwhile process. It is essential to plan, co-ordinate and identify learning objectives to meet during the programme. Below is a list of some of the responsibilities for those involved in the programme and split down into the 4 pillars of practice.

**Advanced Practitioner (preceptee)**

|  |  |
| --- | --- |
| **Clinical**   * Ensure 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. |

**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. |

Top Tips to implement a Preceptorship Program

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

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 in the preceptee and preceptor toolkits.

Review Job plan.

Update job description where appropriate.

Meet with both AP and Preceptor to review last 12 months.

Final sign off

Complete annual appraisal

Review job plan for next 12 months.

Advanced Practitioner

Organisation

Supervisor

**Complete Job plan for next 12 months**

6 monthly reviews

Review learning activities.

Plan work-based activities

Plan next 6-month meetings

Document evidence

Set meeting dates and attend monthly meetings.

Complete learning contract

Identify learning activities.

Complete ACP competency framework

Ensure Job Description & job plan are up to date.

Organise Stat man Training.

Ensure indemnity insurance in place.

Provide protected time to complete program.

Assign Preceptor / supervisor.

Ensure Job Description in

Governance Matrix

Induction

SWOT analysis

Plan meetings

12 months

6 - 12 months

1-5 month

Start

**Supervision within General Practice**

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 their clinical decision, 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**

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, ensure they stay up to date and relevant to their scope of practice in order to practising safely and effectively.

**Increased quality of care**

Supervision can have a positive impact on service users by safeguarding and raising practise standards. Regular supervision can help 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 clinicians 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.

**Improves work environment and culture.**

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.

**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 plan.  Have 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 route  Ensure the workforce planning has taken account of employer responsibilities.  Monitoring processes in place to ensure supervision training and development is undertaken and updated.  Agree 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 practice  Establish 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 resolved.  Regular evaluation of supervision effectiveness and satisfaction, buddy systems, clinical meetings. |

**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.

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)

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

**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.

Advance Practice Clinics

No matter the role within the organisation, 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.

A screenshot of a computer

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\*\*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**

Annual appraisals provide 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 year’s targets.  Agree 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 conversation.  Respect 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 requirement.  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.  Complete appraisal paperwork prior to the meeting.    Review the last 12 months performance.  Review any challenges during the last 12 months.  Review any developmental needs for the next 12 months.  Be able to articulate how you feel about the role, your personal objectives, and aspirations? |

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 Preceptorship it can evidence governance and development of the APs within your organisation. 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)

**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.

Staff Wellbeing

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 organisation can 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,

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 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(16)30625-5/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**

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| --- | --- | --- |
| **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 can do to help reduce burnout, including:

* 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 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.

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.

Helpful links

[BMA New clinical roles in the NHS](https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/new-clinical-roles-in-the-nhs)

[CQC Advanced Nurse Practitioners (ANPs) in primary care](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-66-advanced-nurse-practitioners-anps-primary-care)

[Centre for Advanced Practice](https://advanced-practice.hee.nhs.uk/)

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

[Kings Fund integrating additional roles.pdf](https://assets.kingsfund.org.uk/f/256914/x/1404655eb2/integrating_additional_roles_general_practice_2022.pdf)

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

[NHSE Advanced practice](https://www.nhsemployers.org/articles/advanced-practice)

[The NHS Long Term Workforce Plan Explained | The King's Fund](https://www.kingsfund.org.uk/insight-and-analysis/long-reads/nhs-long-term-workforce-plan-explained)

[RCGP ACP Primary Care Nurse Fwk 2020.pdf](https://www.hee.nhs.uk/sites/default/files/documents/ACP%20Primary%20Care%20Nurse%20Fwk%202020.pdf)

**Frequently asked Questions**

**How often should the preceptee and preceptor meet?**

This will vary depending upon the individual needs, and the organisational needs. It is recommended that you meet once a month for at least an hour.

**Should this time be protected? or built into clinics?**

Ideally yes, this is often the best way to ensure that both the preceptees and preceptor has time to meet.

**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?**

Preceptors should be supported by their managers and peers. 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. The preceptor may choose to discuss specific issues in relation to supporting you. The BNSSG training hub can also provide support.

**Are the preceptors accountable for the preceptee clinical decisions?**

No, the preceptee is a registered clinicians therefore are accountable for their own clinical decisions.

**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; therefore, the preceptorship program may vary for each clinician.

**Is preceptorship a pass or fail exercise?**

No, it is not a pass or fail, it is aimed to support the preceptee and allow them to embed themselves into the organisation. It can be used to help plan any further development / learning needs.

