

1.1. ECA Preceptorship Framework

Version:	1
Status:	Final
Title of originator/author:	Preceptorship and NQP Lead
Name of responsible director:	Assistant Director of Education Transformation
Developed/revised by group/committee and Date:	Pending Policy Review Alignment Group Autumn 2024
Approved by group/committee and Date:	
Effective date of issue: (1 month after approval date)	July 2024
Next annual review date:	July 2025



Trust Policy Foreword

SWASFT has a number of specific corporate responsibilities relating to patient and staff safety and wellbeing which should be included within all Trust policy and strategy, as a foreword inside the front cover:

Code of Conduct and Conflict of Interest Policy - The Trust Code of Conduct for Staff and its Conflict of Interest and Anti-Bribery policies set out the expectations of the Trust in respect of staff behaviour. SWASFT employees are expected to observe the principles of the Code of Conduct and these policies by declaring any gifts received or potential conflicts of interest in a timely manner, and upholding the Trust zero-tolerance to bribery.

Compassion in Practice – SWASFT will promote the values and behaviours within the Compassion in Practice model which provide an easily understood way to explain our role as professionals and care staff and to hold ourselves to account for the care and services that we provide. These values and behaviours reflect the Trust's commitment to developing an outstanding service through the conduct and actions of all staff. SWASFT will encourage staff to demonstrate how they apply the core competencies of Care, Compassion, Competence, Communication, Courage, and Commitment to ensure our patients experience compassionate care.

Duty of Candour – SWASFT will, as far as is reasonably practicable, apply the statutory Duty of Candour to all reported incidents where the Trust believes it has caused moderate or severe harm or death to a patient. This entails providing the affected patient or next of kin (within strict timescales) with: all information known to date; an apology; an explanation about any investigation; written follow-up; reasonable support; and the outcome fed back in person (unless they do not want it). The only exception is where making contact could have a negative impact upon the next of kin. SWASFT employees are expected to support this process by highlighting (early) any incident where they believe harm may have been caused.

Equality Act 2010 and the Public Sector Equality Duty - SWASFT will act in accordance with the Equality Act 2010, which bans unfair treatment and helps achieve equal opportunities in the workplace. The Equality Duty has three aims, requiring public bodies to have due regard to: eliminating unlawful discrimination, harassment, victimization and any other conduct prohibited by the Act; advancing equality of opportunity between people who share a protected characteristic and people who do not share it; and fostering good relations between people who share a protected characteristic and people who do not share it. SWASFT employees are expected to observe Trust policy and the maintenance of a fair and equitable workplace.

Fit and Proper Persons – SWASFT has a statutory duty not to appoint a person or allow a person to continue to be an executive director or equivalent or a non-executive director under given circumstances. They must be: of good character; have the necessary qualifications, skills and experience; able to perform the work they are employed for (with reasonable adjustments); able to provide information required under Schedule 3 (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The definition of good character is not the test of having no criminal convictions but instead rests upon judgement as to whether the person's character is such that they can be relied upon to do the right thing under all circumstances. This implies discretion for boards in reaching a decision and allows that people can change over time.

Health and Safety - SWASFT will, so far as is reasonably practicable, act in accordance with the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and associated legislation and approved codes of practice. It will provide and maintain, so far as is reasonable, a working environment for employees which is safe, without risks to health, with adequate facilities and arrangements for health at work. SWASFT employees are expected to observe Trust policy and support the maintenance of a safe and healthy workplace.

Information Governance - SWASFT recognises that its records and information must be managed, handled and protected in accordance with the requirements of the Data Protection Act 2018, General Data Protection Regulation (GDPR) and other legislation, not only to serve its business needs, but also to support the provision of highest quality patient care and ensure individual's rights in respect of their personal data are observed. SWASFT employees are expected to respect their contact with personal or sensitive information and protect it in line with Trust policy.

NHS Constitution - SWASFT will adhere to the principles within the NHS Constitution including: the rights to which patients, public and staff are entitled; the pledges which the NHS is committed to uphold; and the duties which public, patients and staff owe to one another to ensure the NHS operates fairly and effectively. SWASFT employees are expected to uphold the duties set out in the Constitution.

Risk Management - SWASFT will maintain good risk management arrangements by all managers and staff by encouraging the active identification of risks, and eliminating those risks or reducing them to the lowest level that is reasonably practicable through appropriate control mechanisms. This is to ensure harm, damage and potential losses are avoided or minimized, and the continuing provision of high quality services to patients, stakeholders,



employees and the public. SWASFT employees are expected to support the identification of risk by reporting adverse incidents or near misses through the Trust web-based incident reporting system.

ICLM TRIAL ONLY



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Preface



South Western Ambulance Service NHS Foundation Trust is committed to providing a framework for preceptorship that can be applied to all new Emergency Care Assistants (ECAs) entering the organisation or transitioning from another role within the organisation.

1. Purpose

- 1.1 The purpose of this document is to provide a “how to” guide for delivering ECA preceptorship within SWASFT.
- 1.2 The Trust has a responsibility for creating an environment for which individuals can thrive and be supported in their lifelong learning journey to ultimately feel confident in autonomous practice.
- 1.3 This framework sets out how the objectives in the Trust Strategy are to be applied to provide a package of support for newly qualified ECAs. How the Preceptorship principles link to our Trust strategy can be found [here](#). The ECA role is rewarding but challenging. Therefore, the Trust is committed to supporting those new to role to ensure that ECAs achievement longevity and enjoyment in role.
- 1.4 This document also aims to empower the preceptee to know what support they are entitled to when transitioning in role. Should a preceptee need to escalate concerns, the local LP L&D team are to be contacted in the first instance. Alternatively, the local Operations Officers or Education Leads can be contacted by searching for ‘Operations Officers’ or ‘Education’ in the email address list. The [Freedom to speak up policy](#) can be consulted for further guidance.

2. Scope

- 2.1. This policy applies to all Emergency Care Assistants joining the Trust. The following persons are involved in ECA preceptorship, and therefore must read this policy: ECAs, Education Leads (ELs), Lead Paramedics- Learning and Development (LP L&Ds), Operations Officers (OOs), Learning and Development Managers (LDMs), County Business Managers (CBMs).

3. Definitions

- 3.1 The [Preceptorship](#) Policy defines the expectations of preceptee and preceptor.
- 3.2. Table of acronyms:

Acronym	Description
CPD	Continuing Professional Development
ECA	Emergency Care Assistant



EMD	Emergency Medical Dispatcher
FAQ	Frequently Asked Question
HCPC	Health and Care Professions Council
NQP	Newly Qualified Paramedic
PRAG	Policy Review and Alignment Group
SWASfT	South Western Ambulance Service NHS Foundation Trust

4. Duties, Responsibilities and Reporting

- 4.1. The Preceptorship Lead is responsible for maintaining oversight of ECA preceptorship, with escalation to the Assistant Director of Education Transformation if required.
- 4.2. Governance is provided by Policy Review Alignment Group.

5. ECA preceptorship structure

Preceptorship is a structured period of transition for newly qualified ECAs to support and develop their confidence as they start in role. The [preceptorship strategy](#) provides guidance as to why preceptorship is important and additional information about how to best facilitate this.

- 5.1. Preceptee ECAs are ECAs that have been qualified and started working operationally for less than 6 months. Transition to 'ECA' will occur at the preceptorship sign-off.
- 5.2. Following a successful recruitment process, ECAs complete a 5 week clinical course and 4 week driving course. However, the course structure is subject to change and the chronology is sometimes flexible.

Timeline	Milestone	Support
During ECA course	Placement shifts: 1 x AVP and 1 x DCA as a 3 rd person	To be placed with an appropriate ECA to facilitate preceptorship
1 week annual leave		Time for decompression and rest following intensive training. This may differ if a colleague is already employed by the Trust e.g. as an EMD with pre-existing leave.



1 st week in operations (Placement week)	Station induction 2 x DCA shifts EOC placement	Delivered by Lead ECAs (where these exist), or County Business Managers and/ or LP L&Ds/ Ops/ OOs where they do not. As a 3 rd person, with ECA buddy EOC colleagues to facilitate system-wide insight into dispatch protocols, deployment decisions etc.
Month 2	Team Educator (ICLM) or LP L&D (no ICLM) preceptorship shift	Preferably 1:1, but can be as 3-person crew if there are capacity challenges.
Month 3	Classroom day – preceptorship recall day	Education Practitioner-led day to refresh skills, have clinical supervision, opportunity to debrief, teaching activities.
Months 4-5	ECA buddy preceptorship shift – preferably with same ECA buddy from 1 st week/ placement. 3 rd person.	Role-to-role coaching and progress check
Month 6	OO preceptorship shift	ICLM: Team OO to work with ECA 1:1 or as a 3-person crew. Look to review and sign-off preceptorship. No ICLM: LP L&D team to conduct shift at 6 months and Team OO to complete probationary documentation.

Summary of support package

5.3. ROC the local CBM and AVP seniors plan the DCA and AVP placement shifts during ECA course in collaboration, and communicate this with Learning and Development administration teams. ECA buddies should be identified by local operational teams and names provided to ECA course lead; these should be utilised for placement shifts where possible. The responsibility for planning the rest of the preceptorship will sit with the team Operations Officer in liaison with the Team Educator.

5.4. During the ECA course, ECA students will have their placement shifts split between AVP and an ambulance shift. A placement total of 22 hours is built into the ECA course, so this would typically consist of a shift in each setting.



ECA students would then return to complete the rest of the clinical course. After qualifying, preceptee ECAs' first week in operations will consist of a station induction, an EOC placement and two shifts with an ECA buddy as part of a 3-person crew. Following this, preceptee ECAs will then be crewed in accordance with the [skills mix matrix](#) commence working as part of crew. In month 2, preceptee ECAs will have a preceptorship shift with their Team Educator. At 3 months, preceptee ECAs will be recalled back into the classroom and have an ECA-specific education support day with an Education Practitioner, or Education Lead. This day will provide an opportunity to debrief, have clinical supervision and practice skills, as well as teaching activities led by the Education Team. In month 4-5, preceptee ECAs will work with their ECA buddy again for continuity and a progress check. In month 6, preceptee ECAs will work with their Team OO on an ambulance. At this point, the ECA preceptee and OO can work through the preceptorship sign-off progress check or extend preceptorship if required.

- 5.5. Preceptee ECAs can book overtime after the first week in operations (placement week). This needs to be booked in accordance with the preceptee ECA skills matrix, including on-the-day shift pairings.
- 5.6. The first progress check will occur during the first week in operations, when the preceptee ECA works with their ECA buddy. This progress check will detail the confidence of the preceptee ECA, with a view to track this throughout the preceptorship. A second progress check will occur with the Team Educator in month 2, a third at the month 3 classroom day, a fourth at the month 4-5 ECA buddy preceptorship shift and a final progress check will be completed with the Team OO at month 6. The main aim of the progress checks will be to track confidence and comfort in role, and to identify any requirements for additional support.
- 5.7. If a preceptor (Team Educator, Team OO, Team Education Lead) or ECA buddy identifies that the preceptee ECA is unable to fulfil their scope of practice, then this must be raised with the Team OO, Team Educator and Team Education Lead to consider implementing a personal development plan. Similarly, if a preceptee ECA expresses concerns about their confidence and competence, this is to be raised to the Team OO and Team Educator so a personal development plan can be considered.
- 5.8. If following further support, the preceptee is failing to meet the expected standard, the performance and development policy should be consulted, this can be found [here](#). This needs to be managed by the Team OO and Team Education Lead. ECA buddies and Team Educators should primarily be providing support, rather than assessment.



6. Further Education

- 6.1. At month 3, preceptee ECAs will be recalled back to the classroom for an education support day provided by an Education Practitioner where possible. Preceptorship support for ECAs is mostly achieved in practice, but an opportunity to practice skills, participate in clinical supervision and wellbeing activities is a valuable inclusion. As with any member of operational staff, should support beyond the standard preceptorship required, a Learning and Development referral can be made via the Team OO and Team Education Lead.

7. Preceptorship completion

- 7.1. The end of preceptorship will be at 6 months, when the preceptorship shift with the Team OO happens. The Team OO will be responsible for signing off ECA preceptorship. However, an extension to the preceptorship may be required if the preceptee ECA is being supported by a personal development plan.
- 7.2. Anticipated concerns about preceptorship completion should not be new information to the preceptee. Any action plan required should be written as a personal development plan and followed up as soon as possible. Decision to not sign-off completion of preceptorship must only occur if the ECA is unable to fulfil their scope of practice. Preceptorship is not to be used as a management tool if there are concerns about conduct and behaviour. This would instead be managed in accordance with the Performance and Development policy.
- 7.3. End of preceptorship sign-off should not be seen as a pass-fail activity and should instead be a summary meeting to ensure all aspects of the preceptorship have been completed. In addition, this gives the preceptee an opportunity to reflect on this period of support. It is also an opportunity to be reminded that the support does not stop here, and a Learning and Development Support Form can be completed at any time throughout their career. The Team OO is responsible for ensuring all elements of the preceptorship have been achieved before completing preceptorship.

8. Preceptorship shift planning

- 8.1. The Team OO will be responsible for planning ECA preceptorship, in liaison with ROC, the Team Education Lead and Team Educator. For the placement shifts during the ECA course, the Team OO will need to liaise with the Education Lead/ Education Practitioner running that ECA course. A collaborative approach is crucial.



9. Deployment, sickness and absence

- 9.1. If the preceptee ECA is absent from work during the first week of operational duties and therefore does not attend station induction or the observation shifts with an ECA buddy, then these should be rearranged on or prior to the ECA's return to work by the Team OO. An ECA is not to be deployed as part of a two-person crew without having completed these elements of preceptorship. This may mean that on-the-day staffing is adapted to provide this support. If other elements of preceptorship are not achieved due to preceptee absence, these must also be rearranged by the Team OO. This should be achieved prior to preceptorship completion. If preceptorship completion is hindered by absence from work, Team OOs and Team Education Leads must escalate to the preceptorship lead for their collaboration in decision-making.
- 9.2. The deployment matrix for preceptee ECAs can be found [here](#). Preceptee ECAs are not to be deployed solo or paired with another preceptee ECA. They are also not to be paired with a Newly Qualified Paramedic (NQP) within the NQP's initial 14 shifts. These stipulations apply to both advance and on-the-day planning. The individual that has made on-the-day changes is responsible for informing ROC so this can be updated on GRS for data and monitoring purposes.
- 9.3. Collaboration between operations, ROC and Learning and Development is key to ensuring annual leave does not disrupt ECA preceptorship.
- 9.4. A preceptee ECA is not to be deployed on the Mental Health Response Vehicle or GP support car, where these exist.

10. Pay

- 10.1. Preceptee ECAs will commence band 3 employment when they start their ECA course. There is no uplift in pay associated with completion of preceptorship, this is a support period. When planning preceptorship activities, the impact of unsocial hours payments must be considered in balance with benefits of support shifts during unsocial hours.

11. Mentoring

- 11.1. A preceptee ECA will not be required to mentor. However, if there is a learner on the preceptee's vehicle then preceptee ECAs are encouraged to make welcome, interact with and share knowledge and experience with



them. Preceptee ECAs are not expected to be ECA buddies to other preceptees.

12. ROC responsibilities

12.1. ROC are required to action the planning undertaken by the Team OO, Team Education Lead and Team Educators. ROC are also required to raise any concerns with this planning should they notice any discrepancies. All efforts should be made to balance support and learning benefits with the impact of unsocial hours payments for the preceptee ECA.

13. Documentation

13.1. Progress checks will be completed at each preceptorship activity. These are designed so they can be achieved during the preceptorship shift/ classroom day rather than outside of working hours for both preceptee and preceptor. In addition, the first part of the ECA Care Certificate documentation should be completed on the Team Educator/ LP L&D shift at month 2 as per the existing process and the rest on the end-of-preceptorship shift with the Team OO at month 6.

13.2. Documentation is to be completed collaboratively, and nothing documented should be a surprise to either preceptee or preceptor. Progress checks can be accessed on the SWAST CPD website: [Preceptorship \(ECA\) Home page - SWAST CPD](#). The delivery operations centre should be contacted to request time to complete this documentation during your shift, if there is not time available whilst queueing or travelling.

13.3. Team OOs should ensure all documentation is complete prior to signing off completion of preceptorship. The documentation is automatically emailed to the preceptee's OO once the preceptee has submitted the relevant forms on SWAST CPD. The end of preceptorship and probation documentation should both be completed.

14. Training Requirements

14.1. No additional training requirements are created by this policy, as all roles involved already have the relevant training and qualifications.

15. Monitoring

15.1. Compliance with appropriate shift pairings for ECAs is reported monthly to county Head of Operations colleagues and County Business Managers. It is



also reported to the Board of Executives when required or requested.

15.2. Recall day attendance and feedback is also monitored and reported monthly to the Assistant Director of Education Transformation.

16. Associated Documents

16.1. Preceptorship Policy, [Early careers: Preceptorship and Beyond | NHS England, Equality Diversity and Inclusion Policy.](#)



Appendix A

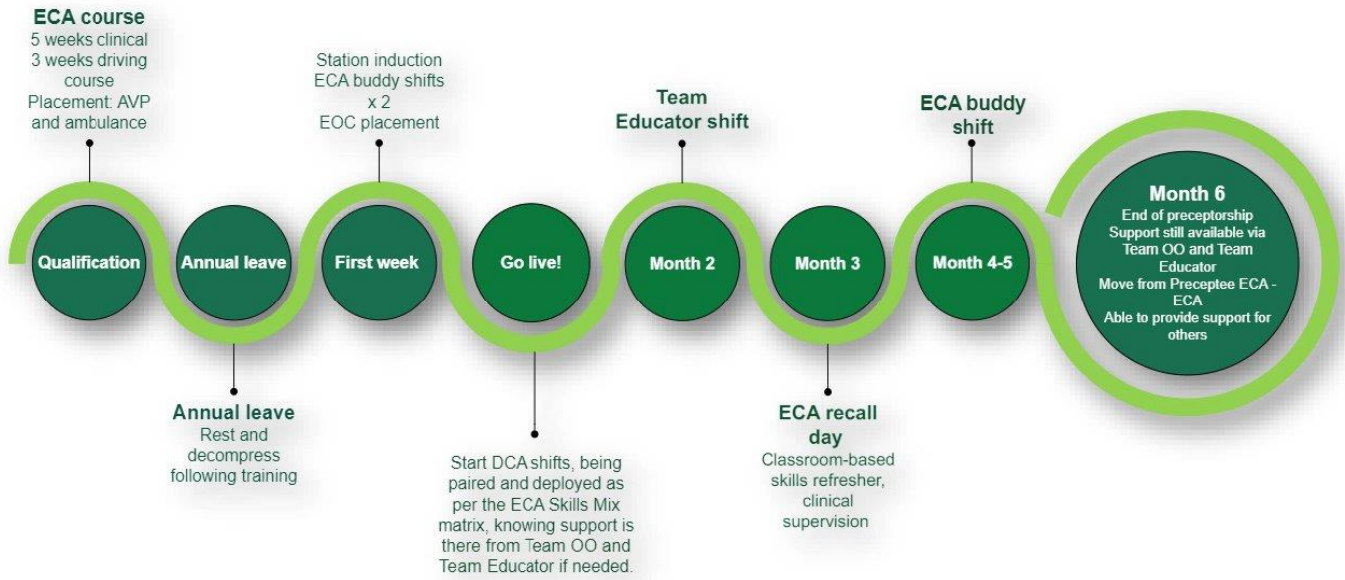
Personal development plan

Staff member:		Role:		LDO/Manager:		
Aim:						
Current position	Target position	Action required	Person Responsible	Success/measurable criteria	Time span for achievement:	Achieved Date & LDO's Signature

Appendix B



ECA Preceptorship overview





Appendix C

Preceptee ECA skills mix matrix

Skill mix for Preceptee ECAs*

Hierarchy for shift planning purposes	First 6 months	
Band 6 clinician/Technician/Ambulance Practitioner		Acceptable and preferred
NQP 2 (12-24 months)		
NQP 1 (6-12 months)		
Apprenticeship paramedic		
ECA post-6 months		
NQP preceptee post- first 14 shifts and pre-6 months		To be avoided but acceptable only if green options not available.
Student paramedic with bank ECA contract		
Preceptee ECA		ROC will not pre plan this skill mix combination. On-day planning will be managed by Duty OOs. Red skill mix is not allowed to be created preplanned or on-day.
NQP Preceptees in their first 14 shifts		
Solo-responding		
Mental Health Response Vehicle		

OVERARCHING AIMS

During first 6 months there must be no solo-responding by preceptee ECAs and no double-preceptee ECA pairings. This applies to advance and on-the-day planning.

Whilst the aim is for preceptee ECAs to work at their own base station, as per the Relief Working hours policy it may be necessary to work at another station, to ensure the correct skill mix is maintained. This will be within the usual guidance set out by the Relief Policy. They are not to book onto a vehicle until appropriately crewed according to the skill matrix.

*Preceptee ECA = ECA within first 6 months of starting frontline ops duties, not including driving or ECA course.

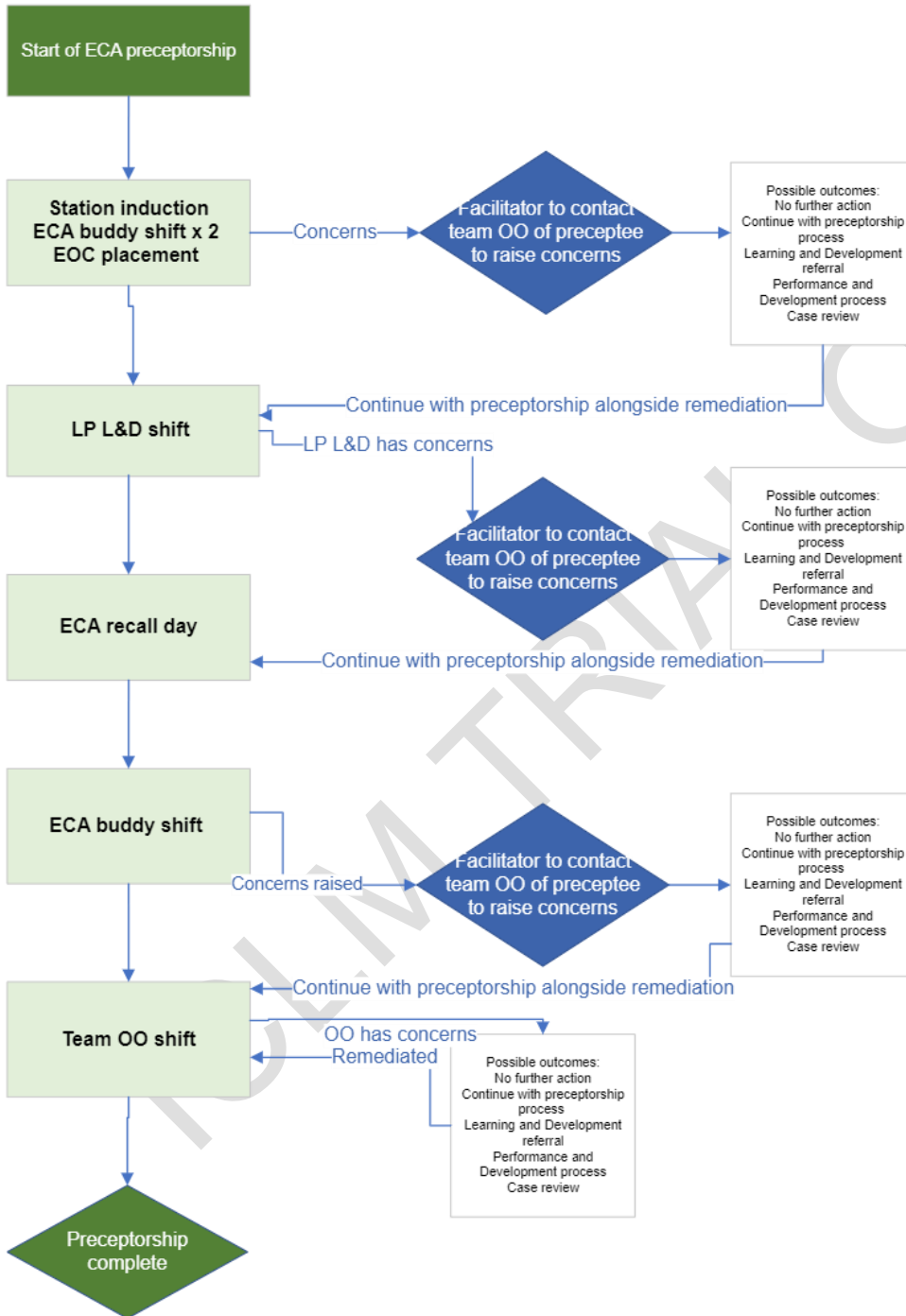
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Appendix D

Concerns identified flow chart





Version control sheet

Version	Date	Author	Summary of Changes
1	June 2024	Preceptorship and NQP Lead	New Policy
2	August 2024	Preceptorship and NQP Lead	Watermark and header added to clarify what is ICLM trial only

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