South Western Ambulance Service NHS Foundation Trust

NQP framework

Version 1

Final

Learning and Development DIRECTORATE

Review Date: April 2024

WORKING WONDERS Guidance.

South Western Ambulance Service NHS Foundation Trust

Contents

WORKING WONDERS Guidance.

Preface

South Western Ambulance Service NHS Foundation Trust is committed to providing a framework for preceptorship that can be applied to all new NQPs (Newly Qualified Paramedics) to the organisation.

1. Purpose

1.1 The purpose of this document is to provide a “how to” guide for delivering NQP 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.

2. Aims

2.1 This framework sets out how the HCPC principles of Preceptorship are to be applied to provide a package of support for all NQPs in their first six months of registered practice. How the Preceptorship principles link to our strategy can be found here: Preceptorship policy.

3. NQP preceptorship and consolidation of learning.

3.1 Preceptorship is a structured period of transition for a NQP to support and develop their confidence as an autonomous and accountable professional. This period starts when they start employment as a Paramedic and takes place during the first six months of the two-year consolidation of learning period. Key is to provide a planned and stable start to those beginning in their newly qualified role. During this time, the NQP will be supported by a Band 6 paramedic/nurse to develop their confidence as an independent health care professional, and to refine their skills, values and behaviours. The preceptorship policy provides guidance as to why preceptorship is important and additional information about how to best facilitate this. Preceptorship does not replace the NQP journey but forms part of it.

3.2 The journey to NQP is accessible through a variety of routes and SWASFT recognise that whether an NQP has come through a paramedic degree apprenticeship or direct entry university route the experience as an NQP should be equitable. Therefore, the following table demonstrates the timeline for the mandatory NQP support package from the date of registered practice commencing.

Timeline	Milestone	Support
First 0-2 months	Preceptorship start	Induction/Preparing for practice course
	First 7 shifts	1:1 with a named preceptor
	7th or 8th shift	Progress check
	Next 7 shifts	1:1 with a named preceptor
	14th shift	Progress check
	15th shift-	Start of lead clinician shifts
Next 2-6 months	Normal working pattern	NQP able to self-refer to LP L&D (Lead Paramedic in Learning and Development) or LDOs (Learning and Development officer) if any extra support needed.
	Month 2	Band 6 shift and Education recall day
	Month 3	Band 6 shift and Education recall day
	Month 4	Band 6 shift and Education recall day
	Month 5	Band 6 shift and Education recall day
	Month 6	Band 6 shift and Education recall day
6-month mark	Sign off	Operations Officer (OO) to meet with NQP to mark the end of the preceptorship period.
	RRV familiarisation	Eligibility to complete this once Preceptorship has been signed off.

*Summary of support package

3.3 HR services will populate induction courses which will be sent to the county business manager (CBM). It is essential this is then forwarded to the appropriate LP L&D teams for planning preceptorship. Apprenticeship Paramedics will attend a preparing for practice course to support their transition to autonomous practice. Once registration has been applied for, the individual should inform their CBM so that preceptorship can be planned in to follow the offer of an NQP contract and position.

3.4 The Preceptorship framework for NQPs can be found in Appendix A. The length and content of the induction course is adapted to recognise the different routes to registration. During this course the NQP should be made aware of their named Preceptor, and can view the shifts that have been planned via GRS.

3.5 Post induction course the first 14 shifts are 1:1 with a named Preceptor. In the middle of these shifts will be a progress check. Although the aim is to achieve 150 hours, shift number is a much simpler way to track this and will assist with the planning process.

3.5 After 7 shifts the NQP will have a progress check with their preceptor. At this point it will be agreed whether the NQP is safe to complete overtime. If this is indicated on the progress check documentation, an email will generate to ROC informing them of this. The NQP is then free to volunteer for overtime prior to the 14 shifts being completed. Overtime must be volunteered for on an

ECA line and must be completed with a band 6 Paramedic. If an appropriate skill mix cannot be achieved on the day this may lead to the overtime being cancelled. In this instance an OO should be contacted for a case-by-case decision.

3.6 14 shifts may fall slightly below the contracted hours expected in that month; all operational colleagues working shifts may experience some fluctuation in their contractual hours compliance, which will be managed via your rolling relief and as per the Trust Relief and Working Hours Policy.

3.7 At the end of the 14 shifts there should be another progress check in which the NQP is deemed safe to practise autonomously and will begin lead clinician shifts after this.

3.8 If further shifts are required a SMART action plan must be written by the LP L&D team alongside the NQP. The additional time should be flexible and cater to the individual needs of the NQP. At any point the NQP can self-refer for individual support via the L&D referral form.

3.9 If following further support the NQP is failing to meet the expected standard the Performance and Development policy found here should be consulted.

4. NQP Education recall days and Band 6 shifts.

4.1 Once working as the lead clinician the NQP will have one recall day and at least one opportunity for a Band 6 shift a month for the next five months. These will be planned by ROC as the recall days must be an abstraction from an appropriate shift and not planned on a rest day.

4.2 Recall days will be classroom-based days that support continued learning throughout the preceptorship. There will be five days, one per week per county. Recall days will be facilitated by an LDO in partnership where possible, with LP L&D Paramedics.

4.3 The content of recall days will depend on the learning needs of the NQPs but will have a structure of clinical supervision and clinical skills. These are protected days and should not be cancelled for operational pressures.

4.4 Recall days are planned by ROC when they receive the preceptorship shift plans. Recall days are mandatory and the NQP should attend all days for which they are planned. If attendance is challenged because of pre-planned annual leave, absence, flexible working or protected rest days, the NQP will need to flag this to ROC in order to book on another suitable date. This will be subject to capacity on the next available date and may cause a delay to the completion of the preceptorship package.

4.5 Recall days are 7.5 hours in length. As they are an abstraction from a working shift this may cause an imbalance in rolling relief hours. As per the relief and

working hours policy: there will be no entitlement to protect or credit hours for employees when working shorter shifts either in regard to short notice shift changes, mutual shifts swaps, or shorter training days when planned within 30 miles of base station.

4.6 Band 6 shifts are an opportunity for the NQP to work with a Band 6 clinician to consolidate their learning from being the lead clinician. If the band 6 Paramedic/nurse conducting this shift has concerns which cannot be resolved during the shift, they must indicate this on the documentation, and this will be dealt with by the LP L&D team.

5. Preceptorship sign off

5.1 The end of the preceptorship should occur around the six-month mark, at which point a meeting with the named OO and NQP will occur.

5.2 The OO should plan ahead of this meeting to ensure all documentation is in the NQPs P-file and the preceptorship has progressed as planned. If there are any anticipated concerns with an end of preceptorship sign off, the OO should invite an LDO to this meeting and inform the NQP of their intention to do so within five working days. The Performance Development policy should be consulted.

5.3 Anticipated concerns about sign-off should not be new information to the NQP. Any action plan required should be written and followed up within the 14 shifts at the start of the preceptorship. Concerns raised after this period should be supported by the LP L&D team and escalated to LDOs where appropriate. If following further support the NQP is still unable to make progress the Performance and Development policy should be consulted.

5.4 End of preceptorship sign off should not be seen as a pass-fail aspect and should instead be a summary meeting to ensure all aspects of the preceptorship have been completed and gives the NQP 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 L&D referral can be put in at any time throughout their career.

6. Preceptorship shift planning

6.1 The initial 14 shifts will be planned by the LP L&D team. In the first instance this should be 1:1 shifts with an LP L&D paramedic who can self-roster and follow a stable rota pattern which would enable these shifts to conclude within a month.

6.2 It is recognised that there may be capacity challenges within the LP L&D teams and therefore there may be other preceptorship clinicians nominated as the named preceptor. These clinicians should have at least 1 year of Band 6 experience and have the relevant mentoring qualification. The named clinician

should be rostered onto a line with a vacant position next to them to achieve this stability the NQP needs for these 14 shifts. It may be a locally agreed plan that this process is facilitated at certain main stations within the county and the NQP will be expected to travel to these stations for their first 14 shifts. Expenses policy will apply to journeys over the specified time.

6.3 It's imperative that the LP L&D teams retain ownership for this process and ensure the shifts are booked in with a minimum of 6 weeks' notice. They have the autonomy to liaise directly with ROC to plan these in. When planning preceptorship, consideration should be taken for the NQP's base station. CBMs should work in partnership with the LP L&Ds to ensure this is considered. The LP L&D paramedic should email the NQP directly with the name of their Preceptor.

6.4 If the 14 shifts are unable to be completed within a month with a single preceptor there should be consideration of a second preceptor to facilitate this. This is particularly important for Preceptors who work part time and should be agreed in advance.

6.5 LP L&D Paramedics should utilise a shift planning proforma to plan themselves on the preceptorship shift provisions in each county. Shifts planned should be a mixture of earlies, nights and lates unless a prior flexible working agreement is in place. If ROC receive a shift plan that seems unreasonable, they will forward this to the named OO for review with the LP.

6.6 The culture of team working within the LP L&D team should be promoted and facilitation of regular team meetings by the OO and local LDO should support this function.

6.7 LP L&D Paramedics should be allocated a minimum of ten hours a month for preceptorship administration. Although shown as a block hours on GRS, this time is unlikely to be taken in a single day and should remain flexible across the month.

6.8 Once a month band 6 shifts should be planned by ROC but will need to be tracked by the LP L&D team and the NQP. The aim of these shifts is to provide one per month with an even spread to allow for the NQP to have the opportunity to reflect on their experience as the lead clinician. It is important that the NQP flags to ROC in advance when these are due, as ROC will be unable to track this for every NQP. There is a reminder to book the first couple during the 14th shift progress check.

7 Deployment, sickness and absence.

7.1 During the initial 14 shifts the NQP can only work with a Band 6 Paramedic or Ambulance nurse and **will not** be solo responding in any capacity. There should be an identifying marker on GRS to ensure this does not happen.

7.2 In cases of Preceptor short term sickness or absence the LP L&D team or OO will reallocate the Preceptee to another appropriate Preceptor within the county. There should be consideration of reallocating to alternative duties such as spending the shift with a HALO or Operational Officer. If this is not possible the preceptee should work as a third person with a Band 6 clinician crew as an interim solution. This shift will still count towards 14, however this **temporary** solution should be completed as a **last resort**.

7.3 In cases of Preceptee short term sickness the Preceptor should make themselves known to EOC/OO as per the normal deployment process. In cases of absence less than seven consecutive days, it will not always be possible to extend the preceptorship with the same preceptor to reflect the time lost. Where possible the LP L&D team should aim to plan the NQP with other Band 6's to ensure 14 shifts are completed prior to the NQP being the lead clinician. This should be considered on an individual basis and may mean a disruption to the consecutive element of the first 14 shifts.

7.4 In cases of absence that extends more than seven consecutive working days during the first month the NQP will need to restart their 1:1 shifts. If this absence is non sequential, consideration for additional 1:1 shifts should be taken where possible as above.

7.5 Every effort should be made by the NQP to not utilise AL during the Preceptorship shifts. It may be possible to plan the 14 shifts around the AL but this will be considered on an individual basis.

8 Pay.

8.1 Band 5 pay commences when the NQP is both registered and employed as a Paramedic as per contractual agreements. This uplift is not directly linked to the preceptorship period. Band 6 uplift remains unchanged at the two-year milestone.

9 Mentoring.

9.1 An NQP must not, under any circumstances, act as a practice educator (mentor) during preceptorship.

10 ROC responsibilities.

10.1 It is the expectation of ROC that they will receive the Preceptorship planning proforma from the LP L&Ds with a minimum of six weeks' notice to assist their planning. In cases where a named Band 6 is being utilised, ROC should be passed this information by the LP L&D Team with more than six weeks' notice so that the NQP can be planned on their line.

10.2 On receipt of the Preceptorship planning proforma ROC will work with the LP to ensure this shows on GRS as expected and meets all working time directive stipulations in the relief and working hours policy. ROC will also be responsible for planning the monthly Band 6 shifts as well as NQP recall days to ensure these are shown as an abstraction from a working day.

10.3 If ROC have any concerns about the shift planning, they will forward to the OO to review with the LP.

10.4 ROC will work with the OO team to deal with short term absence and where possible limit the impact this will have on the NQP's development. NQPs will have an identifying marker on GRS to ensure solo responding does not occur during the first 14 shifts of protected time.

11. Documentation.

11.1 For each progress check the Preceptee and Preceptor are responsible for ensuring the documentation is completed.

11.2 It is accepted that time constraints and operational demand play a large part in the standard of this documentation. This has been taken into consideration when designing the required fields and should not take either the Preceptor or Preceptee very long to complete.

11.3 The documentation can all be found online here. SWAST CPD provides an interim platform for the progress checks and the band 6 shift records. It replaces the preceptorship booklet. It does not replace the existing L&D referral forms or action plans (Appendix B), although they are linked to the website should they be required.

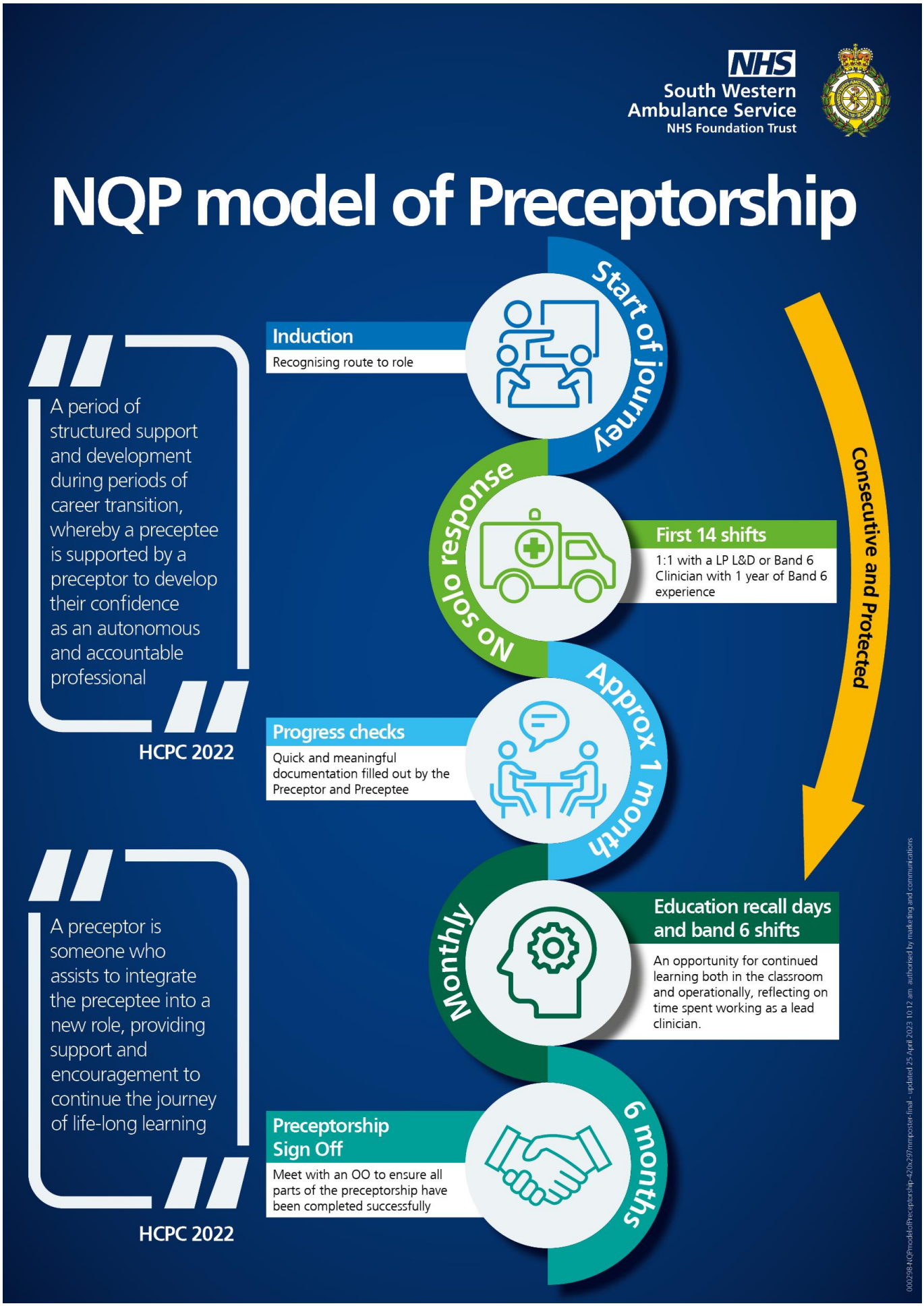
11.4 Progress check documentation should be filled out by both the Preceptee and Preceptor during the 7th or 8th shift and at the 14th shift. Due to the online nature this can be done remotely but should not contain any content not already discussed. If an action plan is required, this should be created separately with SMART targets. If not already involved the LP L&D team should be informed to allow an in-depth review of the individualised action plan.

11.5 At the 7th or 8th shift a mid-point progress check should take place whereby the Preceptor confirms if the Preceptee can undertake overtime on an ECA line working with a Band 6.

11.5 Progress checks are also an opportunity for the preceptee to provide feedback for the preceptor. Similarly this feedback should not be new information but reflect the conversations that have already taken place. This process will be overseen by the LP L&D team and the Operational Officers.

11.6 Band 6 shifts are recorded on SWAST CPD via an electronic form that documents the shift was completed and the preceptee met expectation in a

‘yes’ or ‘no’ format. If ‘no’ is selected the form will prompt the Band 6 Paramedic to flag their concerns to the LP L&D team. These forms will be kept in their P file and accessed by the LP L&D team if required to inform further support. This will be facilitated by the CBM.


NHS
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NQP model of Preceptorship
Start of journey
Induction
Recognising route to role
No solo response
First 14 shifts
1:1 with a LP L&D or Band 6 Clinician with 1 year of Band 6 experience
Approx 1 month
Progress checks
Quick and meaningful documentation filled out by the Preceptor and Preceptee
Monthly
Education recall days and band 6 shifts
An opportunity for continued learning both in the classroom and operationally, reflecting on time spent working as a lead clinician.
6 months
Preceptorship Sign Off
Meet with an OO to ensure all parts of the preceptorship have been completed successfully
Consecutive and Protected
A period of structured support and development during periods of career transition, whereby a preceptee is supported by a preceptor to develop their confidence as an autonomous and accountable professional
HCPC 2022
A preceptor is someone who assists to integrate the preceptee into a new role, providing support and encouragement to continue the journey of life-long learning
HCPC 2022
000298-NQPmodelofPreceptorship-420x297mmposter-final - updated 25 April 2023 10 12 am authorised by marketing and communications

Appendix B-Action 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

12. Version control sheet.

Version	Date	Author	Summary of changes