1.1. NQP Preceptorship Framework

Version:	2
Status:	Final Draft
Title of originator/author:	Learning and Development Manager/ Preceptorship and NQP Lead
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Developed/revised by group/committee and Date:	Policy Review Alignment Group on 21/06/2024
Approved by group/committee and Date:	Policy Review Alignment Group on 21/06/2024
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.

Contents

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.

1.3 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.

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 should be consulted for further guidance.

2. Scope

2.1. This policy applies to all Newly Qualified Paramedics joining the Trust. The following persons are involved in NQP preceptorship, and therefore must read this policy: NQPs, 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 NQP preceptorship, with escalation to the Assistant Director of Education Transformation if required.

4.2. Governance is provided by Policy Review Alignment Group.

5. NQP preceptorship and consolidation of learning

5.1. Preceptorship is a structured period of transition for a preceptee 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. The key aim is to provide a planned and stable start to those beginning in their newly qualified role. During this time, the preceptee 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.

5.2. The Preceptorship Policy defines the expectations of preceptee and preceptor.

5.3. The journey to NQP is accessible through a variety of routes. SWASFT recognises that whether an NQP has come through a paramedic degree apprenticeship or direct entry university route, the experience as a preceptee should be equitable. Therefore, the following table demonstrates the timeline for the mandatory NQP preceptorship, beginning when the clinician has registered, has had an induction course and begins their preceptorship.

Timeline	**Milestone**	**Support**

First 0-2 months	Preceptorship start	Induction/Preparing for practice course. At this point a nominated principal preceptor will be identified.
	First 7 shifts	With a named preceptor, completed in line with the skill mix for preceptorship document found here.
	7th	Progress check with nominated preceptor
	Next 7 shifts	With a named preceptor, completed in line with the skill mix for preceptorship document found here
	14th shift	Progress check with nominated preceptor
	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 ELs (Education Leads) if any extra support needed.
	Month 2	Education recall day
	Month 3	Named Preceptor shift and Education recall day
	Month 4	Education recall day
	Month 5	Education recall day
	Month 6	Named Preceptor 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 if required in county and Subject to changes to the Road Traffic Act	Eligibility to complete this once Preceptorship has been signed off. Does not form part of preceptorship.

5.4. There may be times when an NQP registers at short notice, for example if they have been working as an ECA since qualifying or if they have qualified via the apprenticeship route. In these cases, the NQP will need to attend an induction course and start their preceptorship before commencing work as an NQP. This means they may be required to practice using the pre-registration scope of practice for up to 6 weeks, so their preceptorship can be planned.

5.5. 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.

5.6. 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.

5.7. Post induction course the first 14 shifts are completed in line with the skill mix for preceptorship document found here. In the middle of these shifts will be a progress check.

5.8. Any overtime within the first 14 shifts will not be permitted unless working alongside a band 6 clinician. These would be in addition to the first 14 shifts, not in place of.

5.9. 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 hour's compliance, which will be managed via your rolling relief and as per the Trust Relief and Working Hours Policy. Effort must be made by LPL&D teams to consider the impact of shorter shifts and a variety of patterns on the NQPs rolling relief and unsocial hours payments.

5.10. At the end of the 14 shifts there should be another progress check in which the NQP feels safe and is deemed safe by the preceptor to practise autonomously and will begin lead clinician shifts from this point.

5.11. If further shifts are required a SMART action plan must be written by the LP L&D, with an Education Lead taking ultimate responsibility, 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 a Learning and Development Support Form.

5.12. If following further support, the NQP is failing to meet the expected standard the Performance and Development policy found here will need to be consulted.

6. NQP Education recall days and preceptorship shifts at months 3 and 6

6.1. Once working as the lead clinician the NQP will have one recall day per month for the next 5 months. The monthly recall days will be planned by ROC.

6.2. Recall days will be classroom-based days that support continued learning throughout the preceptorship. Recall days will be facilitated by an EL, where possible in partnership with LP L&Ds.

6.3. 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. Wellbeing activities are also encouraged. These are protected days and should not be cancelled for operational pressures. Education Leads are responsible for sending out joining instructions to attendees 1-2 weeks in advance, including asking for suggestions from preceptees regarding topics they would like covered. Honest suggestions are best achieved by utilising an anonymous form.

6.4. Recall days are planned by ROC when they receive the preceptorship shift plans. Recall days are mandatory and the NQP will need to 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 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. If an NQP is on a rota line, they may need to be abstracted from their planned shift to attend a recall day.

6.5. 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 regarding short notice shift changes, mutual shifts swaps, or shorter training days when planned within 30 miles of base station.

6.6. In addition, preceptees will have two more preceptorship shifts at months 3 and 6. These should be completed by their named preceptor, an LP L&D. If an LP L&D is unavailable, a band 6 clinician (or above) can be used but they must be familiarised with the function of the shift and the appropriate documentation to be completed. This information should be provided by the LP L&D who organises the shift to ensure the preceptorship shift is valuable for the preceptee. If the band 6 clinician conducting this shift has concerns

which cannot be resolved during the shift, they must indicate this on the documentation and contact the LP L&D team.

7. Preceptorship completion

7.1. The end of the preceptorship will occur at month 6, when the NQP meets with their team OO. The preceptor will need to be invited. If the nominated preceptor is unable to attend this meeting, then a handover of information must occur prior to the meeting.

7.2. The OO should plan 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 EL to this meeting and inform the NQP of their intention to do so within five working days. The Performance Development policy should be consulted.

7.3. Anticipated concerns about sign-off should not be new information to the preceptee. Ideally concerns should be identified by shift 7 and documented in a personal development plan written by both the preceptor and preceptee. This should be in collaboration with the named OO and LP L&D, with EL oversight, identifying specific areas of development. If at shift 14 these targets have not been met, a formal action plan will need to be written and a review undertaken by the operational management team and education team, in partnership with the preceptor. Extension of preceptorship is possible and will depend on the type of concern (see Appendix D). If following further support, the NQP is still unable to make progress the Performance and Development policy should be consulted. Further guidance can be found in Appendix D, although this is guidance only and cases will be considered on an individual basis.

7.4. End of preceptorship completion 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. The end of preceptorship also 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 Learning and Development Support Form can be submitted at any time throughout their career. The Team OO must check that all elements of the preceptorship have been achieved before signing off the end of preceptorship. If there are missing elements, the preceptorship lead should be contacted to discuss collaborative solutions.

8. Preceptorship shift planning

8.1. The initial 14 shifts will be planned by the LP L&D team in accordance with the skill mix for preceptorship document found here. The effective planning of this will enable these shifts to conclude within a month.

8.2. It is recognised that there may be capacity challenges within the LP L&D teams and therefore there may be other clinicians nominated as the named preceptor. These clinicians will be band 6 or above and have the relevant mentoring qualification.

8.3. It is imperative that the LP L&D teams retain ownership for this process and ensure the shifts are booked in with a minimum of 8 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 team should email the preceptee directly with the name of their preceptor and details about their preceptorship shifts. A planning proforma should be used, found in appendix C.

8.4. If the initial 14 shifts cannot be completed within a month with a single preceptor, a second preceptor may need to facilitate this. This is particularly important for preceptors who work part time and should be agreed in advance. Good communication and a handover between preceptors will be required to ensure optimal support for the preceptee.

8.5. LP L&Ds should utilise a shift planning proforma (appendix C) to plan themselves on the preceptorship shift provisions in each county. Shifts planned should be a mixture of earlies, nights, lates and weekends 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 L&D. Again, consideration must be given to the impact of unsocial hours payments and rolling relief during preceptorship to prevent the preceptee finishing preceptorship in a disadvantaged position financially or in terms of time owed.

8.6. 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 EL should support this function.

8.7. LP L&Ds 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. When possible, this time should be used to facilitate protected time with the preceptee or used to develop preceptor's development.

8.8. Preceptorships should not be carried out by preceptors who have a close personal relationship with the preceptee. Similarly, a preceptor should not provide preceptorship for someone who has previously been their student, except when this was on an ad-hoc basis. Neither of these relationships achieve equal balance of power or good quality preceptorship.

9. Deployment, sickness and absence

9.1. During the initial 14 shifts the preceptee NQP can only work with a band 6 clinician and **must not** be asked to solo respond. NQP preceptees must not book on until an appropriate crew member has been identified. This includes not booking on if requested to travel to an alternative location to meet the crew member.

9.2. 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 area. Should this not be available on the day please refer to the mix matrix. skills

9.3. In cases of preceptee short term sickness the Return-to-Work process with an OO will pick up the preceptorship journey point to ensure this is completed to a satisfactory level. This will apply to both long- and short-term sickness.

9.4. In cases of preceptee absence during the first 14 shifts, the preceptee will need to recoup these lost shifts to ensure they have received the 14 shifts working with a preceptor, they may even be required to restart their preceptorship. This will need OO oversight working in close liaison with the LP L&D team.

9.5. Every effort should be made by the preceptee to not utilise annual leave during the initial 14 preceptorship shifts. It may be possible to plan the 14 shifts around the annual leave, but this will be considered on an individual basis.

10. Pay

10.1. Band 5 pay commences when the NQP is registered, and employed as a paramedic as per contractual agreements. Band 6 uplift remains unchanged at the two-year milestone. In the situation where a paramedic starts in role without paramedic registration, they will be employed at band 3 and work to the pre-registration paramedic scope of practice until they have received an

induction course, registered, and started their preceptorship. This will most likely apply to apprentice paramedics or those that have chosen to delay registration and work as an ECA. Graduate paramedics are required to provide proof of HCPC registration when booking onto an induction course, so this circumstance is less likely in this cohort.

11. Mentoring

11.1. A preceptee must not, under any circumstances, act as a practice educator (mentor) during preceptorship.

11.2. Preceptors are appropriately qualified and experienced indi viduals, in this case paramedics or nurses. Preceptorship should be focused on the preceptee, providing this can be achieved a preceptor may also have a student or another preceptee allocated to them during preceptorship shifts. A key responsibility of a preceptor is to ensure that preceptees are being coached and supported to work independently and that they are aware of the wider clinical support available to them to ensure shared decision making as they go forward in their newly qualified roles.

12. ROC responsibilities

12.1. ROC require the preceptorship planning proforma from the LP L&Ds with a minimum of 8 weeks' notice to assist their planning. In cases where a named band 6 clinician is being utilised, ROC should be passed this information by the LP L&D team with more than six weeks' notice so that the preceptee can be planned on their line.

12.2. On receipt of the preceptorship planning proforma ROC will work with the LP L&D 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 NQP recall days to ensure these are shown as an abstraction from a working day.

12.3. If ROC have any concerns about the shift planning, they will forward to the OO to review with the LP L&D.

12.4. 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.

12.5. ROC are not to book auto-allocated annual leave for the preceptee during their first 14 shifts. All efforts should be made to prevent auto-allocated leave disrupting preceptorship shifts or recall days. If an NQP has requested

annual leave within their first 14 shifts, they will need to be asked to liaise with their LP L&D team prior to approval.

13. Documentation

13.1. For each progress check the preceptee and preceptor are responsible for ensuring the documentation is completed.

13.2. 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. This will be completed within the shift where the preceptor is a band 6 Paramedic/Ambulance Nurse in line with unavailability SOP. This is actioned through a conversation with the Operations Delivery Centre requesting an extended wrap-up with the code 'SM' (10 minutes) which can be rolled on. The alternative would be to complete at the end of the shift or down time should this be preferred.

13.3. The documentation can 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.

13.4. Progress check documentation should be filled out by both the preceptee and preceptor during the 7th 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.

13.5. At the 7th 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 (or above) clinician.

13.6. Month 3 and 6 preceptorship 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 preceptor 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.

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 the initial 14 shifts 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.

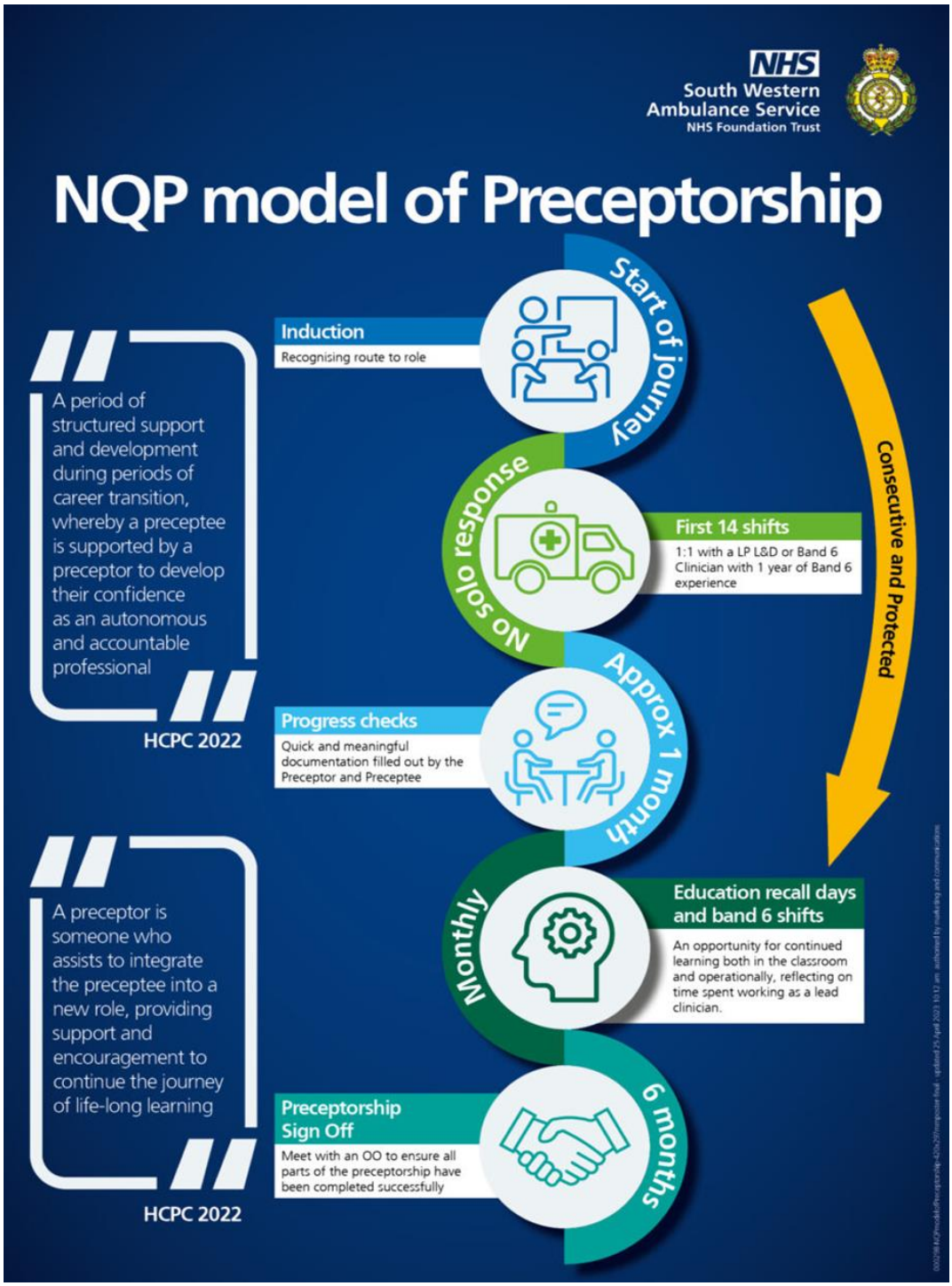
15.2. Recall day attendance and feedback is also monitored and reported monthly to the Assistant Director of Education Transformation.

16. Associated Documents

16.1. Preceptorship Policy, Early careers: Preceptorship and Beyond | NHS England, Equality Diversity and Inclusion Policy.

Appendix A

Appendix A- NQP Preceptorship – please note 2:1 preceptee: preceptor is also supported.



South Western Ambulance Service NHS Foundation Trust

Appendix B

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

One Team Compassionate Innovative

Appendix C

Preceptorship planning proforma

Induction Course

Clinical, Operational and Preceptorship Shifts

County Business Manager	Contact Telephone Number	Locality
Named preceptor	**Contact email address**	**Base location**

Preceptee name	Locality	Contact Telephone Number

Session	Date	Time	Location	Contact
Classroom Induction		0800-1700 (8.5hrs)	Training venue	Education lead running induction
Classroom Induction		0800-1730 (9hrs)		Education lead running induction
Classroom Induction		0800-1730 (9hrs)		
Classroom Induction		0800-1630 (8hrs)		
Classroom Induction		Classroom Induction		
Observational Shift 11 hours between the two days		11 hrs		
Observational Shift 11 hours between the two days		11 hrs		

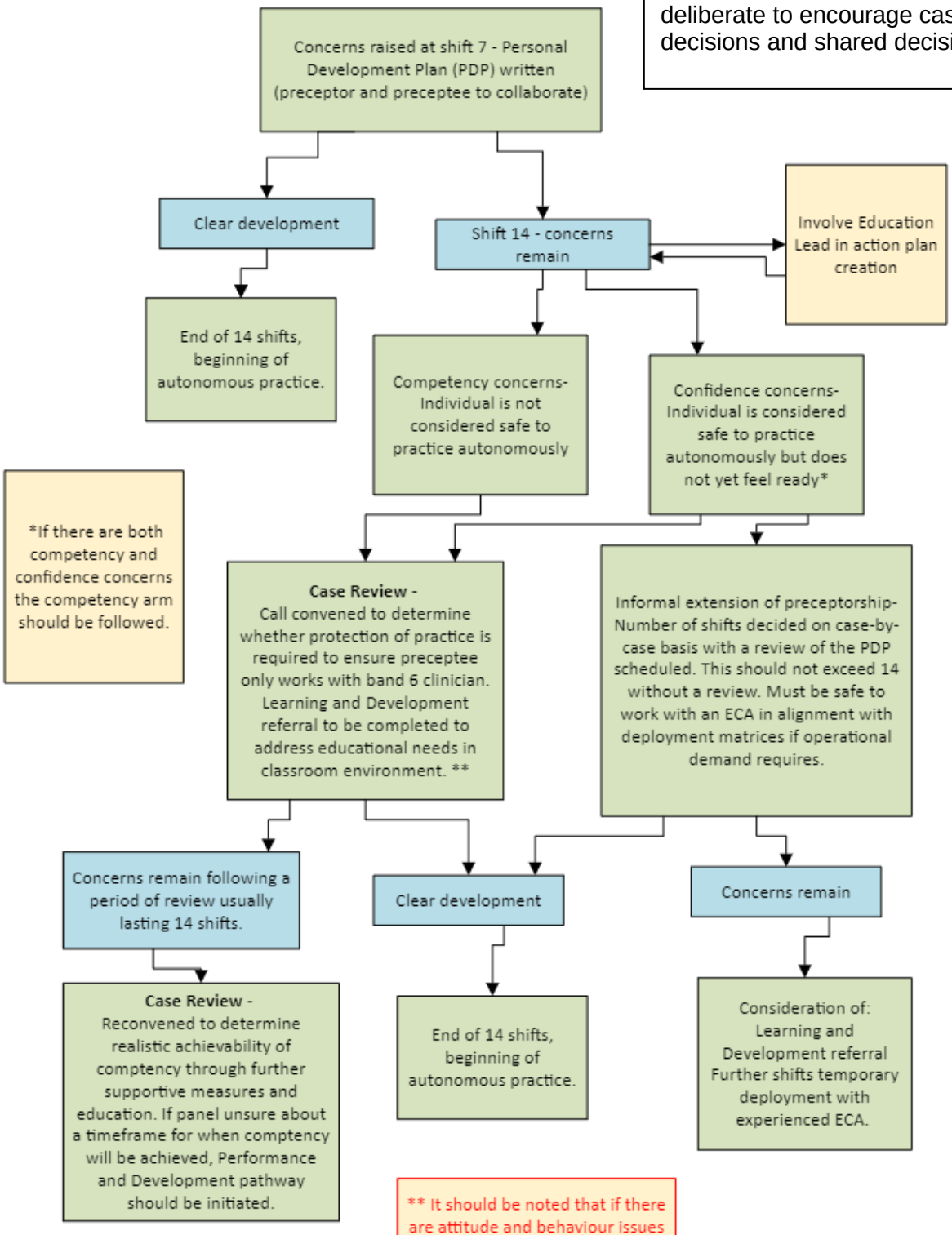
Classroom Induction		Classroom Induction		
Classroom Induction		Classroom Induction		
Station Induction (as required)				County business manager (CBM)
Preceptorship Shift 1 (Progress check)			Station	(Named preceptor)
Preceptorship Shift 2			Station	
Preceptorship Shift 3				
Preceptorship Shift 4				
Preceptorship Shift 5				
Preceptorship Shift 6				
Preceptorship shift 7 (Progress check)				(Named preceptor)
Preceptorship Shift 8				
Preceptorship Shift 9				
Preceptorship Shift 10				
Preceptorship Shift 11				
Preceptorship Shift 12				
Preceptorship Shift 13				
Preceptorship shift 14 (Progress check)				(Named preceptor)
Recall day 1	Month 2			
Recall day 2	Month 3			
Preceptorship shift (Progress check)	Month 3			(Named preceptor)
Recall day 3	Month 4			
Recall day 4	Month 5			
Recall day 5	Month 6			

Preceptorship shift (Final progress check)	Month 6			(Named preceptor)
6 month meeting with Ops Officer	Month 6			Team OO

Appendix D

Extension to preceptorship flowchart

This flowchart aims to inform decision-making about extensions to NQP preceptorship. It is recognised that the advice may be inexplicit, but this is deliberate to encourage case-by-case decisions and shared decision-making.



** It should be noted that if there are attitude and behaviour issues identified within preceptorship these should be dealt with under the appropriate policy such as dignity at work, probationary processes, performance and development of disciplinary. This process can be undertaken alongside a preceptorship pathway.

Version Control Sheet

Version	Date	Author	Summary of Changes
1	April 2023	Learning and Development Manager	New Policy
2	June 2024	Preceptorship and NQP Lead	Whole document adapted to contemporary branding. Therefore, section numbers have changed. Section 1.4. added to provide information on escalation pathways and ways for preceptee to raise concerns. Section 5.3. Timeline table updated to include revised skills mix matrix (to include 2:1 preceptee: preceptor shift pairings as 'green'). **Significant:** Removal of monthly band 6 shifts, instead replaced with a shift with named LPL&D/ Team Educator preceptor at month 3 and month 6. Based on feedback from NQPs in preceptorship survey and on recall days, as well as ROC feedback. Section 5.4. Addition of clarity around when uplift to band 5 occurs for all NQPs, including apprentice paramedics. Clarity around when pre-registration scope of practice is to be used and that this equates to band 3 pay. Section 5.6. Addition of requirement to inform preceptee of named preceptor during induction course. Section 5.9. Addition of ensuring preceptorship shifts do not negatively impact on rolling relief/ unsocial hours payments. Section 5.10. Wording changed to reflect comfort and safety of preceptee. Section 5.11. Clarity added regarding responsibility of action plan is that of Band 7 Education Lead. Section 6. Section title change due to removal of monthly band 6 shifts.

			Section 6.3. Additional guidance around joining instructions for Education Leads RE recall days. Section 6.6. Removal of band 6 monthly shifts, instead replacing with shifts at month 3 and 6 with LP L&D. Guidance provided about if no LP L&D available to ensure this is still a valuable contact shift. Section 7.1. Addition to require LP L&D preceptor to be invited to end of preceptorship review. Section 7.3. Clarity provided regarding inability to complete end of preceptorship proceedings. Section 7.4. Clarification regarding end of preceptorship completion and request to collaborate with preceptorship lead. Section 8.3. Change from 6 weeks' notice to 8 weeks. Addition of planning proforma. Section 8.5. Addition of weekends and comment on rolling relief/ unsocial hours payment for section 2 colleagues. Section 8.7. Addition of protected preceptee/ preceptor time or preceptor development if possible in admin time. Section 8.8. Addition of stipulations regarding close personal or professional relationships. Section 9.3. Clarity in who is responsible for recognising preceptorship requires replanning due to sickness (Operations Officer completing operational Return to Work). Section 10.1. Guidance provided on when an individual can be uplifted to band 5, with particular mention of apprentice paramedics (as graduate paramedics are required to prove registration when planned onto induction courses). Pre-registration paramedic scope of practice added for ease of access. Addition instructing HR to not process change forms without proof of registration.

			Section 11. Stipulate that there may more than one preceptee or alternative learner on the vehicle if operational demand requires, and that good quality preceptorship can still be delivered in these cases. Section 12. Changed from 6 weeks to 8 weeks. Section 12.2. Removal of monthly band 6 shifts. Section 12.5. Addition requesting ROC do not book auto-allocated AL during first 14 shifts. Section 13.2. Addition of operations delivery centre comms for documentation completion. Section 13.4. Change of wording from 'action plan' to 'personal development plan'. Section 13.5. Confirmation of progress check at shift 7 and clarification that shift pairing can be band 6 or above for overtime prior to shift 14 progress check.