



# Preceptorship Policy

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## Content

ACRONYM REFERENCE TABLE	4
KEY TERMINOLOGY	5
PREFACE	6
1. Purpose	6
2. What is Preceptorship?	7
3. HCPC Preceptorship Principles and SWASfT	7
4. Preceptorship Toolkit	14
5. Feeling Safe and Healthy at work	15
6. Quality Assurance	15
7. Compliance	15
8. Review and Monitoring	16
REFERENCES	17
EQUALITY IMPACT STATEMENT	18
VERSION CONTROL SHEET	21

## Our Trust Values

Our Trust Policies provide guidelines and set expectations which enable us to hold each other to account in respect of the behaviours that prevail in our organisation. We are each responsible for our actions and behaviours and upholding the highest standards of conduct required to provide the best patient care possible and to create the best conditions in which to undertake our work.

Each policy commences with a reminder of our behaviour principals that describe how you, your colleagues and managers should interact, support and work with each other in the important work that we do.



<p><b>One Team</b></p>	<p>We are one team, working together in new ways and without unnecessary hierarchy.</p> <p>We trust each other to be ambassadors for our service, working with professionalism and integrity, striving for equal participation from all, with patients as our focus.</p> <p>The ways in which we work, our systems and processes, by design, enable connection and partnership working.</p>
<p><b>Compassionate</b></p>	<p>We treat patients and colleagues as we wish to be treated; with kindness, empathy and understanding.</p> <p>We look after ourselves, care for each other, and speak up about poor behaviour or practice.</p> <p>We create a safe environment for all by being self-aware, reflective, and accountable for our own actions.</p>
<p><b>Innovative</b></p>	<p>We listen and learn, striving to continually improve and develop.</p> <p>We celebrate the contribution of everyone.</p> <p>With energy and determination, we will transform our ambitions into reality by supporting innovation.</p> <p>We see our successes as the achievement of high performance, measured through our efforts, our behaviours, and outcomes.</p>

## Acronym Reference Table

<b>Acronym</b>	<b>Description</b>
CPD	Continual Professional Development
CUREE	Centre for the Use of Research and Evidence in Education
ECA	Emergency Care Assistant
EMD	Emergency Medical Dispatcher
FAQ	Frequently Asked Question
HCPC	Health and Care Professions Council
NQP	New Qualified Paramedic
PRAG	Policy Review and Alignment Group
SWASfT	South Western Ambulance Service NHS Foundation Trust

## Key Terminology

**Preceptorship** - A period of structured support and development during periods of career transition, during which a preceptee is supported by a preceptor to develop their confidence as an autonomous and accountable professional.

Preceptorship should welcome and integrate the preceptee into a new role and encourage a culture in which individuals are supported to continue their journey of career-long learning and development.

**Preceptee** - An individual who receives support and guidance.

**Preceptor** – An experienced practitioner or professional with the desired skills, knowledge, attributes, attitude and behaviours to act as a positive role model in the practice environment.

A preceptor gives support and guidance, models professional behaviours, and provides opportunities for consolidation of learning during a period of career transition.

**Periods of career transition** - A term to apply broadly. For example, preceptorship may apply to individuals who are newly qualified, returning to practice, internationally educated professionals practising in the UK for the first time or those changing to a significantly different role or work environment.

*“A period of career transition can cause a sense of instability which can be challenging for individuals and organisations and preceptorship can be an effective way of supporting individuals during such times.”* (Health & Care Professions Council 2023)

**Supervision** – *“A process of professional learning and development that enables individuals to reflect on and develop their knowledge, skills, and competence, through agreed and regular support with another professional.”* (HCPC 2023)

**Coaching** – *“A structured, sustained process for enabling the development of a specific aspect of professional learner’s practice.”* (CUREE 2005)

## Preface

South Western Ambulance Service NHS Foundation Trust (SWASfT) is committed to supporting, developing and guiding our people, at every level across the organisation, to be their best and reach their fullest potential, through integration of a system wide approach to preceptorship.

### 1. Purpose

- 1.1 The Trust has a responsibility for creating a working environment in which our people can thrive in their role, develop through their careers, and be supported in their lifelong learning journey.
- 1.2 A preceptorship methodology, as prescribed in this policy, sets out to build confidence and autonomy in those experiencing a significant career transition.
- 1.3 In our Trust Strategy 2023-28, preceptorship has a prominent place and a key role in supporting our people and creating conditions for them to thrive. In embedding preceptorship as an organisation, we aim to set our people up for success when joining us and encourage continuous learning and development throughout their careers.
- 1.4 The below documents are reference materials for the development of Preceptorship nationally, giving justification for the implementation and an overarching aim of building positive workforce cultures, securing workforce retention and supporting future workforce planning.

[Reducing Pre-registration Attrition and Improving Retention \(RePAIR\)](#)  
[NHS People Promise](#)  
[The NHS Long Term](#)  
[The future of NHS human resources and organisational development](#)

## 2. What is Preceptorship?

- 2.1 Preceptorship is described as **a period of structured support and development during periods of career transition**, during which a preceptee is supported by a preceptor to develop their confidence as an autonomous and accountable professional.” (HCPC 2023)
- 2.2 The Department of Health (2010) recognises Preceptorship as “a period of structured transition for the newly registered practitioner during which the preceptee will be supported by a preceptor, **to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning.**”
- 2.3 Although the reference to preceptorship is primarily linked to clinical professions, the premise is **a transferable model that can be applied to a range of circumstances, including those entering a significantly different role or working environment.**
- 2.4 Emerging theories support the role of the **preceptor as an effective change champion**. A preceptor is seen to have the right skills, knowledge, experience, and professional characteristics to successfully act as a change agent. Role modelling is an important preceptor skill and one which is recognised to have a powerful, positive impact on influencing behaviours, crucial in developing positive organisational cultures. (Sherrod *et al* 2020)

## 3. HCPC Preceptorship Principles and SWASfT

The HCPC guiding principles for preceptorship have been developed in conjunction with NHS England (formally Health Education England), and set against the Trusts Strategic Purpose, Vision, Values and Objectives for application.

These principles aim to support the development and delivery of consistently high-quality preceptorship provision to nurture and develop our people.

**The principles are set across 5 key areas:**

1. **Organisational culture**
2. **Quality and oversight of preceptorship**
3. **Preceptee empowerment**
4. **Preceptor role**
5. **Delivering preceptorship programmes**

### 3.1 Principle 1: Organisational culture

Preceptorship helps to establish an organisational culture in which our people are supported to achieve their potential whilst working collectively to deliver safe and effective patient care.

#### **Trust Commitment**

- Ensure preceptorship is accessible to all our people during a significant career transition.
- Embed a system wide approach to Preceptorship, enabling preceptee engagement and access at every level across the organisation.
- Comply with equality legislation and take account of national and local equality, diversity and inclusion policies.
- To support preceptors, allowing time for professional learning and development.
- To offer opportunities for preceptees to develop confidence and discuss their future career.
- Prioritise preceptee and preceptor health and wellbeing.
- To promote a culture of learning, self-reflection and safe practice.
- To prioritise the preceptorship strategy in all strategic decisions.



## 3.2 Principle 2: Quality and oversight of preceptorship

Preceptorship is an important investment, accessible to all our people during a significant career transition. A quality preceptorship programme demonstrates the value of our people's health, wellbeing and confidence.

- 3.2.1 Lead Business Manager, or equivalent, of the recruiting department will be responsible for ensuring names of new employees (to role or organisation) are sent to relevant line manager to arrange preceptorship. In the case of significant team or departmental change the relevant line manager will seek support and establish a preceptorship programme for those navigating the period of career transition.
- 3.2.2 Preceptorship, for those entering as new employee, is intended to proceed a standardised, robust corporate and/ or workplace induction, and is considered a process of continued learning. Any time gap between the two should be kept to a minimum to promote consolidation of learning.
- 3.2.3 The application of preceptorship to support team or departmental change will need a customised approach complimented by a good communications strategy to facilitate a smooth transition. The need to move away from core criteria and standards will be tolerated in this situation due to the complexities and variances involved in such events.
- 3.2.4 Feedback should be gathered at key points throughout the preceptorship programme, and at an agreed date post preceptorship, to support proactive feedback loops that enable learning from experience to improve.
- 3.2.5 Preceptorship working groups will be created for specified roles (NQP, ECA, EMD, etc) to regularly monitor, review and evaluate framework content and delivery; as well as ensure wider system challenges are mitigated as issues arise.

### 3.3 Principle 3: Preceptorship empowerment

#### Preceptorship will:

- ✓ Be tailored to the individual preceptee, their role and their work environment.
- ✓ Be a bespoke programme of support and learning, reflecting individual needs.
- ✓ Allow preceptee influence on the duration and content of their preceptorship in partnership with key contributors (preceptor, organisation, wider professional networks).
- ✓ Ensure an identified preceptor and preceptee will work together to influence and customise the duration and content of the preceptorship.
- ✓ Ensure progress checks are supportive and bespoke to individual learning needs.
- ✓ Recognise the importance of continuing professional development, and nurturing lifelong learning, ensuring the individual is provided with the relevant resources.

#### Preceptorship will not:

- X Retest competence, but instead empower the preceptee to reflect on what they bring to their role and identify support needed to develop their professional confidence.
- X Replace appraisals, induction or mandatory training.

### 3.4 Principle 4: Preceptor role

The preceptor role is a fundamental part of effective preceptorship.

<b>Preceptor Role</b>
Preceptors should be appropriately identified and have the required training, time and support to understand and perform their role. <b>Preceptors do not need to be from the same profession as preceptees.</b>
Will not be a relative to the preceptee, and should not be a close friend, to avoid conflict of interest and bias.
To be provided regular feedback on all aspects of their preceptorship delivery and afforded an opportunity to share effective practice and learning.
To have an established avenue of feedback to ensure the process is effective and that they have all the relevant materials to facilitate preceptorship.

#### **Preceptor Commitment**

- To understand the Trust Preceptorship Strategy and relevant preceptorship framework.
- To understand scope of role and responsibilities of a preceptor.
- To appreciate the role of a preceptor as one that is investing in our future workforce, as well as a personal and professional opportunity.
- To act as a role model and be supportive, constructive and compassionate in their approach.
- To act as professional peer, coach and advocate, signposting to relevant resources, support and development opportunities.
- To act as a practice educator, using practice-based learning to guide and support the preceptee.
- To champion shared learning approaches and multi-professional working.
- To support workplace socialisation and integration and, building local and external professional networks.
- To uphold the Trust's vision, values and behaviours as a named Preceptor, acting as a role model for professional practice.
- To nurture a supportive practice environment for feedback, review and reflection.

## **Preceptee Commitment**

- To understand and demonstrate the organisation's values and behaviours, adhering to code of professional practice, as appropriate.
- To actively participate in preceptorship and commit to attending any additional training days provided.
- To be honest about learning needs and work collaboratively with preceptor to achieve learning objectives.
- To take ownership of professional development and reflective practice.
- To raise concerns or issues.

### **3.5 Principle 5: Delivering preceptorship programmes**

#### **Preceptorship programmes will:**

- ✓ Reflect the differences in route to role and be flexible in the needs of the preceptee following a framework to ensure standardisation of experience and opportunity.
- ✓ Deliver on agreed themes whilst also have flexibility to be tailored to the individual's needs.
- ✓ Follow a framework that ensures an equity of experience across the organisation and is not open to interpretation to the detriment of the preceptor or preceptee.
- ✓ Have awareness of, and align with, other profession-specific and workforce development programmes.
- ✓ Set specific minimum timeframes that align with other professional programs, with the ability to be extended on a case-by-case basis.
- ✓ Include facilitated learning opportunities that are learner-led, flexible, and incorporate wellness initiatives and reflective practice.
- ✓ Include, as an expectation, Clinical Supervision.

## Preceptorship programme core criteria and standards

Criteria	Standard
Intended recipients	Accessible to all our people identified as entering a significant career transition.
Length of Preceptorship Programme	6 months
Supervised Period	14 Shifts/ 150 hours
Review Requirements	Monthly progress check.
Preceptee Development	Monthly opportunity for facilitated learning, such as Education Recall Day, Clinical Supervision session, etc.
Preceptor Role Requirements	<ul style="list-style-type: none"> <li>▪ Dependent on role.</li> <li>▪ Qualification minimum - Practice education, Mentorship or Coaching.</li> <li>▪ Clinical role – Band 6 with minimum one years' experience in role.</li> <li>▪ Non-clinical role - Minimum one years' experience in role.</li> </ul>
Preceptor Development	<ul style="list-style-type: none"> <li>▪ Protected hours for role development.</li> <li>▪ Preceptor development package.</li> </ul>
Quality Assurance	<ul style="list-style-type: none"> <li>▪ Process evaluation and feedback will be reported on bi-annually.</li> <li>▪ Preceptee experience feedback during progress checks and 6 months post preceptorship.</li> <li>▪ Preceptor feedback during progress checks.</li> <li>▪ Annual Trust-wide Preceptorship Survey and Townhall event.</li> </ul>
Compliance	<ul style="list-style-type: none"> <li>▪ HCPC Preceptorship Principles (2023)</li> <li>▪ SWASfT Preceptorship Policy</li> <li>▪ Trust Strategy 2023-28, Objective 1: Our Patients and Objective 2: Our People.</li> </ul>

## 4. Preceptorship Toolkit

- 4.1 A preceptorship Model, Framework and FAQ sheet has been developed for the NQP role and can be found [here](#).

Models, frameworks and FAQs for other key roles within the organisation, such as EMD and ECA, are currently still under development. Additionally, guidance documents for creating a model, framework and FAQs in other roles (patient facing and non-patient facing) will be made available soon.

- 4.2 Preceptor resources can be found on the SWASfT CPD internet page.

- 4.3 The following Trust documents are relevant to this policy.

- People Strategy
- [Learning and Development Policy](#)
- [Performance and Development Policy](#)
- [Clinical Supervision Policy](#)

- 4.4 The following guidance applies to all.

- [HCPC Consultation on principles for preceptorship – consultation analysis and decisions February 2023](#)
- [Practice Education](#)

- 4.5 The following guidance applies to our frontline employees.

- Preceptorship and Newly Qualified Paramedic Consolidation of Practice
- [Training Needs Analysis Self-Assessment – Front Line Operational Staff](#)
- [Relief and Working Hours Policy](#)

## 5. Feeling Safe and Healthy at Work

The Trust is committed to supporting your wellbeing and ensuring you feel safe and healthy at all times throughout your preceptorship.

We promote a culture where all staff support each other, and take responsibility for their own health and wellbeing, whilst we provide opportunities to our people to be healthy and thrive in work and outside of work.

The links provided below will give you information to support your health and wellbeing and to ensure you stay safe and well:

- [Sexual Safety Charter](#)
- [Freedom to Speak Up: Raising Concerns Policy](#)
- [Staying Well Service \(and making a referral\)](#)
- [Peer Support Guardians](#)

## 6. Quality Assurance

- 5.1 Process evaluation and feedback will be reported on bi-annually to ensure institutional learning. Reports should be fed back to the People Directorate for organisational oversight, and to ensure a consistent and equitable preceptorship experience.
- 5.2 Preceptorship working groups will be created and will annually review framework content, processes of delivery and preceptorship experience.
- 5.3 Trust-wide annual Preceptorship Survey – Aimed at understanding the experiences of those directly affected (preceptees) and indirectly affected (Preceptors, preceptorship support, Line Managers, etc) by preceptorship.

## 7. Compliance

- 6.1 Preceptorship programmes will embed HCPC Preceptorship Principles (2023) and comply to the Trust's Preceptorship Strategy and Preceptorship Policy.
- 6.2 This framework has been designed with the relevant national policies to ensure consistent offering of preceptorship across the UK. This is further detailed in the Trust Strategy 2023-28.

## **8. Review and Monitoring**

- 7.2 This and future versions will be signed-off by the Policy Review and Alignment Group (PRAG).
- 7.3 The Preceptorship Policy will be reviewed annually, due to the rapidly evolving nature of the ambulance sector and paramedic profession, to ensure it remains fit for purpose.
- 7.4 The effectiveness of this policy will be reviewed three months before the review date. Recommendations will be recorded and shared via the recognised policy approvals process in time for the policy review date.



## References

Centre for the Use of Research and Evidence in Education (CUREE) (2005) *National Framework for Mentoring and Coaching*, CUREE: Cumbria.

Department of Health (2010) *Preceptorship framework for newly qualified nurses, midwives and allied health professionals*. [Online], Available at: <https://www.cddft.nhs.uk/media/238368/preceptorship%20framework.pdf>, (Accessed on 16 April 2023).

Health and Care Professions Council (HCPC) (2023) Consultation on principles for preceptorship - consultation analysis and decisions, Health and Care Professions Council: London.

Sherrod, D., Holland C. and Battle, L.H. (2020) Nurse preceptors: A valuable resource for adapting staff to change, *Nursing Management*, Vol. 51 , Issue 3, pp. 50-53.

<b>Equality Impact Assessment</b>			
Title	Preceptorship Policy		
Date Completed	29/06/2023		
<p>The Preceptorship Policy should be read and reviewed in conjunction with South Western Ambulance Service NHS Foundation Trust's Equality and Diversity policy.</p> <p>In applying this policy/change programme, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, those with carer responsibilities or any other personal characteristic.</p> <p>Promoting diversity embodies the principles of fair treatment for all and will, as a result, improve the retention of staff. SWASFT values the diversity of its workforce and aims to ensure that all staff understand this commitment and adhere to the required standards.</p>			
<b>Protected Group</b>	<b>Does any aspect of this policy that disproportionately impact on the below groups?</b>  <b>Please confirm either yes/no</b>	<b>Are these impacts negative, neutral or positive?</b>	<b>Are further actions required to address any negative impacts or enhance positive ones?</b>  <b>Please confirm either yes/no</b>
Age	No	n/a	No
Disability	No	n/a	No
Gender Reassignment	No	n/a	No
Marriage and civil partnership	No	n/a	No
Pregnancy and maternity	No	n/a	No
Race and ethnicity	No	n/a	No
Religion or belief	No	n/a	No

Sex	No	n/a	No
Sexual orientation	No	n/a	No
<p><b>What involvement and consultation has been done in relation to this policy/change programme?</b></p> <p><b>Has this policy /change programme considered who needs to be involved in the widest sense – up, down and across? Who might it impact, directly or indirectly?</b></p> <p><b>What are the results?</b></p>			
<p>Operations Directorate – Operations, EOC          People Directorate – Senior leadership team, Learning &amp; Development          Health and Care Professions Council (HCPC) (2023) Consultation on principles for preceptorship          Reducing Pre-registration Attrition and Improving Retention (RePAIR) – National Report</p>			
<p><b>What are the wider implications, how will others be educated on this policy/change programme so all colleagues are supported?</b></p> <p><b>How can we create a framework of understanding and support around those directly impacted?</b></p>			
<p>Communication cascade following PRAG – Bulletin and management communications.          Organisational support and guidance for Preceptorship – Learning and Development</p>			
<p><b>How will we measure the implementation of this policy/change programme, what will be our measure for success?</b></p> <p><b>What are the results?</b></p>			
<p>Targeted surveys          Staff Survey results          Staff Feedback through Townhall events          Staff Retention figures</p>			
<p><b>Summarise whether the proposed policy, will have a disproportionate impact on any of the protected groups above?</b></p> <p><b>If so, an action plan should be completed</b></p>			
<p>No</p>			

	Activity	Who	When	Deliverables
1				
2				
3				
4				
<b>Sign Off</b>				
Executive Director / Deputy Director Associate Director / Head of Service:			Date Approved	

## Version Control Sheet

Version	Date	Author	Summary of Changes