



Preceptorship Policy

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The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of age, disability, gender reassignment, race, religion/belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity. The Trust will not tolerate unlawful discrimination based on, spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity for and fostering good relations between, people from different groups and people with protected characteristics.

This policy applies to all employees (whether permanent, fixed term or temporary) working at all levels and grades for the Trust, including senior managers, directors, non-executive directors, and on secondment, honorary contracts, and volunteers. All Trust policies can be provided in alternative formats if required.

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East of England Ambulance Service Trust recognises its obligation of supporting the requirements of the Modern Slavery Act 2015 and any future legislations. A prime objective of the Trust is to eradicate modern slavery and human trafficking and recognises the significant part it must play in both combatting it and supporting victims. The Trust is also committed to ensuring that its supply chains and business activities are free from any ethical and labour standards abuse.

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1. Introduction

This document outlines the Preceptorship Policy and Procedure for The East of England Ambulance Service NHS Trust (EEAST). EEAST is committed to providing policies designed to give staff a clear and consistent framework, through which they are supported to carry safe and effective clinical care.

EEAST is committed to providing all staff new to an autonomous clinical role, a structured preceptorship programme. The preceptorship period supports the transition into autonomous practice, embedding a solid foundation for lifelong learning. Preceptorship should be considered as a transitional phase for all participants and as a continuation of professional development. It is a supportive framework designed to build confidence and further develop competence to practice and consolidate pre-qualification education.

2. Purpose

2.1 Preceptorship provides a structured process for the development of staff beginning roles that require a significant level of knowledge and skill, with some degree of autonomy. Preceptorship is defined as:

'A period of structured transition for the newly registered practitioner during which he or she 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' (DoH, 2010).

2.2 It is a tool to address some of the developmental challenges facing newly qualified staff and to improve their transitional experience.

2.3 Preceptorship will refine the skills, values, and behaviours of a preceptee and continue the journey of lifelong learning.

2.4 This policy and procedure provides a structure that ensures a consistent and equitable approach for all preceptees across EEAST.

2.5 Preceptorship reflects national professional frameworks, with the added employment requirements of EEAST.

2.6 This policy applies to all newly qualified paramedics, newly qualified technicians (including FREUC 5 and AAP qualifications), return to practice paramedics, and nurses who are new or unfamiliar with working in the urgent, unscheduled, or emergency care setting.

- 2.7** As per the 2018 pay arrangements, as detailed in the NHS terms and conditions (amendment number 45), pay progression and uplift is dependent on compliance with Annex 23 of those conditions . There is no acceleration of pay associated specifically with preceptorship. Newly qualified paramedics may apply for a substantive band 6 contract after successful completion of their programmes and all of its requirements.

3. Roles and Responsibilities

3.1 Director of Strategy, Culture & Education

Has overall responsibility for ensuring that all appropriate staff have undertaken a formal preceptorship period as part of their introduction to the organisation.

3.2 Clinical Lead for Education and Clinical Practice

Has the responsibility for ensuring there are available resources including time and availability of preceptors for the implementation of this policy. This includes the monitoring of the effectiveness of the preceptorship programme and the enforcement of this policy.

3.3 Head of Sector Operations

Has the responsibility for ensuring that all staff within their sectors comply with the policy. They must ensure all staff are supported and released to attend required statutory/ mandatory training as part of their preceptorship period.

They will work with the Sector Clinical Practice Specialists where issues relating to non-compliance with the policy occur.

3.4 Clinical Supervisors/ Mentoring Support and Training Team

Key point of contact for all preceptors and preceptees. Working in partnership with clinical teams, providing support and advice required for the preceptorship programme outcomes ensuring success in becoming fully functioning competent practitioners.

This is achieved by:

- 3.4.1** Ensuring that preceptorship remains a positive and supportive experience, sharing best practice within and outside of the organisation.
- 3.4.2** Oversee the support programme for preceptees, act as an advocate and role model.

- 3.4.3** Ensuring that there are relevant support mechanisms/resources in place to support the preceptee and preceptor. This includes preceptorship paperwork, training and preceptor programmes and access to IT resources etc.
- 3.4.4** Keeping contemporaneous records of the preceptees progress.
- 3.4.5** Supporting and verifying the quality and consistency of evidence provided within the preceptorship competency pack on completion of an individual's preceptorship programme.
- 3.4.6** Submitting evidence of completion and updating details on preceptorship database.

3.5 Leading Operations Manager/ Assistant General Manager

Direct line management, performance monitoring and capability management remains the responsibility of employing sectors and departments. They will provide support and guidance as required and in conjunction with Leading Operations Manager/ Assistant General Manager and Clinical Practice Specialists.

Leading Operations Manager/ Assistant General Manager will:

- 3.5.1** Ensure all preceptees are allocated a named preceptor who has the appropriate skills (considering the clinical supervisor as an option).
- 3.5.2** Allocate an associate preceptor where possible and appropriate.
- 3.5.3** Contact the preceptee before their start date to welcome them to the team and provide relevant information regarding the clinical area.
- 3.5.4** Ensure duty rosters are completed which maximise preceptee and preceptor contact time including review meetings.
- 3.5.5** Ensure all preceptee reviews are conducted at 6, 12, 18 and 24month points in line with appraisal guidelines. This will ensure that the preceptee receives regular support and feedback.
- 3.5.6** Ensure that the preceptorship documentation is completed, and a statement of completion is placed in the preceptees personal file.
- 3.5.7** Ensure the preceptee completes the relevant competency documentation and assessments associated with the programme, undertaking the final assessment of competency.

- 3.5.8** If it becomes apparent that an individual does not engage or their performance is considered to be below the required standard, take action as per the Trust’s capability procedures.

3.6 Preceptor

The preceptor is a paramedic or senior technician who is of the same clinical grade or above of the preceptee. They should be an individual who has been identified as able to support a preceptee through the programme.

The preceptor will:

- 3.6.1** Be a substantive team member with at least 24 months post-qualification experience.
- 3.6.2** Be entirely familiar with the clinical area and the team in which they work.
- 3.6.3** Be a role model demonstrating high standards of clinical and professional practice for the patients and colleagues.
- 3.6.4** Identify potential learning opportunities for the preceptee, linked to the competency assessment framework.
- 3.6.5** Integrate EEAST standards, competencies, objectives, and values into practice, and contribute to an environment which facilitates learning for the preceptee.
- 3.6.6** Provide honest and objective feedback on those aspects of performance that are a cause for concern and assist the preceptee to develop an action plan to remedy these in collaboration.

3.7 Preceptee

The preceptee is a paramedic, technician (or equivalent) or nurse who has entered into a period of preceptorship, typically of 12 months. Thereafter they will continue to consolidate as a newly qualified technician/paramedic/nurse as per their respective consolidation programmes. For the purpose of this policy, the programme for preceptorship and newly qualified consolidation is the same and limitations on practice remain the same across preceptorship and consolidation.

They will need to demonstrate consolidation of their own clinical competency by completing the preceptorship programme.

The preceptee has a responsibility to:

- 3.7.1** Adhere to the professional codes of conduct of any regulating bodies, which can include:
- 3.7.1.1** HCPC code of conduct performance & ethics
 - 3.7.1.2** HCPC standards of proficiency for paramedics
 - 3.7.1.3** Code of conduct for non-registered healthcare workers (as per the scope of practice policy)
- 3.7.2** Adhere to all EEAST values and incorporate these into both their care and interaction with colleagues.
- 3.7.3** Identify any of their individual learning needs applicable to own development and seek support to ensure that these needs are met.
- 3.7.4** Reflect on their practice and experience and evidence this.
- 3.7.5** Demonstrate adherence to the contract of preceptorship.
- 3.7.6** Be available and engage with regular reviews with their preceptor to address any concerns, and where these have not occurred, actively schedule these with your preceptor.
- 3.7.7** Fully complete the preceptorship programme competency document.
- 3.7.8** Where the preceptee is a paramedic, to complete the programme in 24 months for those preceptees working full time (30+ hrs a week). Preceptees working part time will require a longer equivalent consolidation phase, but this must not be disproportionately long.

3.8 Human Resources Team

The Human Resources department will provide advice on the implementation of this and the interaction with other policy to ensure that it is applied consistently across the Trust.

3.9 Clinical Practice Specialists:

The Clinical Practice Specialist is a system educational specialist who work across EEAST clinical sectors, integrated care systems and primary care networks.

The Clinical Practice Specialist has responsibilities to:

- 3.9.1** Support the Leading Operations Managers/ Assistant General Managers and Clinical Supervisors to ensure that preceptees and preceptors are fully supported in the working environment.

- 3.9.2** Support the Leading Operations Managers/ Assistant General Managers and Clinical Supervisors to ensure that the preceptors have the relevant knowledge and resources to support the preceptee.
- 3.9.3** Support the preceptees and preceptors in the clinical area where required.

4. Definitions and Abbreviations

Term	Definition
The Trust (EEAST)	East of England Ambulance Service
Newly Qualified Paramedics (NQP)	A person who has successfully completed a period of paramedic training /diploma/degree course in a higher education institution (HEI) or alternative routes and is entered onto the HCPC register as a newly qualified registrant (during preceptorship and consolidation).
Newly Qualified Technicians (NQT)	A person who has successfully completed a period of technician training – Level 4 course and is starting their practice as a newly qualified non-registered healthcare worker.
Ambulance Nurse (preceptee)	An ambulance nurse who has completed their transition training with EEAST to work in pre-hospital care, in their consolidation phase of practice

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Term	Definition
Return to practice paramedics	<p>A return to practice course is designed to enable qualified paramedics, who have not practiced in over 2 years, to demonstrate both clinical and academic competence to re-register with the HCPC and to return to practice with confidence and competent skills and knowledge.</p> <p>Following successful completion and entry onto the HCPC register the paramedic will begin their preceptorship on substantive employment at the Trust.</p>
Preceptorship	<p>A period of structured transition for the preceptee during which time they will be supported by a named preceptor. They will develop their confidence as an autonomous professional, refine and improve knowledge, skills, values and behaviours and to continue on their journey of lifelong learning.</p>
Preceptor/ associate preceptor	<p>A practitioner with a minimum of 24 months clinical experience in the same area of practice as the preceptee. The preceptor must have the necessary knowledge and skills to help build confidence, be sensitive to the needs of the preceptee, possess the ability to teach, assess and appraise competency and at all times act as an exemplary role model. The preceptor will be identified as suitable to undertake the role by their line manager.</p>

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Term	Definition
Preceptee	<p>A newly registered practitioner/ qualified practitioner, paramedic returning to practice after a career break/ international practitioner registering with a UK regulatory body/ individual changing their area of work or field of practice/ a qualified practitioner who has not worked in a pre-hospital setting for a long period of time.</p> <p>A newly qualified non-registered health care worker (technician or equivalent)/ qualified non-registered health care worker returning to practice after a career break.</p>
Clinical Supervisor	<p>A senior registered paramedic or senior emergency medical technician who facilitates and supports the development of the preceptee in the clinical area and learning environment. The clinical supervisor will spend time working clinically alongside preceptees as a means of additional support and supervision throughout their preceptorship.</p> <p>The clinical supervisor additionally maintains records of progress throughout the programme to its completion and intervenes and supports where issues arise.</p>
Clinical Practice Specialist	<p>A senior registered paramedic/nurse who is responsible for strategic oversight of the preceptorship. Assisting the clinical supervisor as available to do so and providing senior support.</p>
Practice Educator (PEd)	<p>A registered paramedic or qualified technician who can provide clinical/practical support to the preceptee and preceptor in the clinical area, following the completion of a practice educator workshop.</p>

5.0 Induction for Preceptees

- 5.1 An organisational induction programme ensures that new staff to the organisation are provided with information about the organisation, how it works and their role within it. The induction will also include any statutory, mandatory, and essential training needs for the Trust.
- 5.2 Paramedic graduates will undertake a two-week organisational induction at the start of their employment (this employment may be as a non-registered healthcare worker in the first instance, until their HCPC registration is completed). Within this programme, one day will be allocated to develop understanding of the NQP consolidation period, framework, and portfolio requirements.
- 5.3 For existing technician grade staff supported through the conversion programmes; they will not need to complete an organisational induction as they are not new to the organisation. Their statutory, mandatory, and essential training needs will have been completed as an existing employee and must be in-date. These staff will be provided with a one-day overview of the NQP consolidation period, framework and portfolio requirements or local familiarisation with a Clinical Practice Specialist.

6.0 Orientation for Preceptees

- 6.1 An orientation programme looks to focus on the specific of the role that an individual will be undertaking, this applies to both new and existing staff.
- 6.2 Frontloaded and support hours are specific per preceptorship programme and must be supported as part of operational deployment.

7.0 Newly Qualified Paramedics (NQP)

- 7.1 Preceptorship is a structured period of transition and clinical consolidation for the NQP when they start employment and takes place during the 24-month consolidation of learning period.
- 7.2 During this time, the NQP will be supported by a band 6 paramedic/nurse preceptor to develop their confidence as an independent registered healthcare professional, and to consolidate their skills, values, and behaviours.

- 7.3** NQP's will be on a programme of consolidation of learning and will enter a consolidation of learning period which would normally last for a 24 month period ([Paramedic consolidation of learning | NHS Employers](#)).
- 7.4** Completion of the programme will be conditional upon individuals completing the portfolio and demonstrating they have the requisite knowledge, skills and competencies for their role, relating to the procedures that apply to them within their role.
- 7.5** Preceptorship is not a reassessment of paramedic skills; this has already occurred within the higher education setting prior to registration with the HCPC. Preceptorship is a 'support in transition' as a new registrant into the workplace.
- 7.6** NQPs will complete an initial 37.5 hours of supervised practice before a review. These hours need to be completed within the first 14 working days of registration. At the review, a decision will be made whether the individual is authorised for autonomous practice, or whether further supervised practice is required.
- 7.7** This decision (7.6) will be made jointly by the new employee, preceptor and their line manager on an individual basis. The line manager will be responsible for approving this decision.
- 7.8** NQPs will receive a further 112.5 hours minimum over a three-month period.
- 7.9** Once the period of full supervised practice has been completed and the NQP has been authorised for autonomous practice, quarterly reviews as part of a clinical supervised shift will commence up to the 24-month point.
- 7.10** Completion of the preceptorship is mandatory, and the responsibility is that of the NQP to ensure that all shifts are arranged. The clinical supervised shifts must be signed off by the supervisor.
- 7.11** NQPs must hold a professional conversation via clinical advice line for patients within the high-risk groups, as per the safe discharge and non-conveyance policy.
- 7.12** The NQP will attend a Practice Educator course between months 9-12 and provide formalised mentoring to junior clinical staff.
- 7.13** In demonstratable and justifiable circumstances, the NQP will have the opportunity to apply for fast track between 12-24 months, in line with national guidance.
- 7.14** Fast track may only be applied for once, this process will be screened and undertaken by the Clinical Practice Specialist team.

- 7.15** Where a fast-track assessment is undertaken, i.e. before the full 24-month period, the candidate must demonstrate 'exceptional / outstanding' as their overall grading to successfully complete their fast track.
- 7.16** During a preceptorship phase an individual may not be considered for clinical secondments or development opportunities, including clinical leadership positions (as per section 7.14.1 of the Learning & Development Policy).
- 7.17** Where an NQP is not able to complete their consolidation in clinical practice (e.g., alternative working duties, sickness, maternity or moving to a non-patient facing role, this list is not exhaustive), their programme will be paused, where this period is greater than 4-weeks.
- 7.18** All NQPs are required to complete their NQP preceptor programme (including all assessments), irrespective of previous pay band accelerations.
- 7.19** NQP's portfolios may be requested for auditing and evidence purpose.

8.0 Newly Qualified Technicians

- 8.1** Preceptorship is a structured period of consolidation for the NQT when they start their practice as a qualified technician. Qualifying courses include Associate Ambulance Practitioner and other level 4 courses. The period of consolidation will last 24 months.
- 8.2** During this time, the preceptee will be supported by a preceptor outside of the newly qualified phase of practice. They will be supported to develop their confidence as a skilled non-registered healthcare worker, and to refine their skills, values, and behaviours in line with EEASTs policies, protocols, and procedures.
- 8.3** NQTs will practice to a reduced scope of practice during their consolidation, they will be required to follow the guidance in the safe discharge and non-conveyance policy.
- 8.4** They will be required to keep a portfolio demonstrating continual update and professional development, as per appendix 1. NQT's will follow the portfolio requirements to level 4 standard.

- 8.5** NQTs will receive quarterly supervised shifts where they will be required to provide evidence of their portfolio and engage in a preceptorship meeting documenting progress.
- 8.6** NQTs must hold a professional conversation via clinical advice line for patients within the high-risk groups, as per the safe discharge and non-conveyance policy.
- 8.7** The NQT will attend a Practice Educator course between months 9-12 (or as part of induction) and provide formalised mentoring to junior clinical staff.
- 8.8** NQT portfolios may be requested for auditing and evidence purposes.

9.0 Nurse Preceptorships / Consolidation

- 9.1** Preceptorship / consolidation is a structured period of transition for the ambulance nurse following completion of EEAST's nurse transition to practice programme and takes place during a six-month consolidation of practice period.
- 9.2** During this time, they will be supported by a paramedic/nurse who has completed their preceptorship to develop their confidence as a registered healthcare professional within the pre-hospital environment, and to refine their skills, values and behaviours in line with EEASTs policies, protocols and procedures.
- 9.3** This consolidation period enables time to consistently apply academic knowledge, skills, and placement experience into confident prehospital practice.
- 9.4** Completion of the programme will be conditional upon individuals completing their portfolio of evidence and demonstrating they have the requisite knowledge, skills/competencies for their role relating to the procedures that apply to them within this role. This consolidation period will be in addition to the ambulance nurse's revalidation requirements; however, all elements of the preceptorship will support in providing the evidence for revalidation as per the NMC code.
- 9.5** Preceptorship is not a reassessment of an ambulance nurse's professional standards and skills; this has already occurred within the higher education setting prior to registration with the NMC.

- 9.6** Preceptorship will identify areas of professional development, either through self-analysis by the ambulance nurse or by a recognised member of the preceptorship process and provide the necessary support to assure competence and confidence.
- 9.7** Following one month in practice (not including supernumerary induction shifts), an ambulance nurse will receive an initial review and supervised clinical shift with a member of the Mentor Support and Training Team, or another nominated assessor, as approved by the sector Clinical Practice Specialist.
- 9.8** This initial review and clinical supervised shift will ensure education and training programme completion and finalise handover to operational preceptorship staff. This review will also ensure, with the outcome of the clinical shift, that the ambulance nurse is supported, feels confident and is competent to be working independently.
- 9.9** Ambulance nurses will receive a three-month midpoint supervised clinical shift with a suitably qualified paramedic/nurse outside of their preceptorship period. This will serve as a review to ensure completion of the 150 supervised hours and preceptee progress.
- 9.10** Ambulance nurses will receive a six-month final supervised clinical shift with either an Education and Training Officer or Clinical Practice Supervisor (or other approved assessor) to ensure completion of the preceptorship programme and provide competence sign off.
- 9.11** Ambulance nurses will also receive a final review at the six-month point, which serves the purpose of reviewing submitted progress evidence as outlined in the ambulance nurse preceptorship document. This document also includes subsequent actions should a preceptee not successfully pass a supervised clinical shift or submit adequate evidence to complete the preceptorship programme.
- 9.12** Once the preceptorship has been completed and the ambulance nurse has been authorised for independent practice, biannual reviews as part of the EEAST clinical supervision process will apply.
- 9.13** Completion of the preceptorship is mandatory, with the onus on the ambulance nurse to ensure that all shifts are arranged. The clinical supervised shifts must be signed off by their supervisor.
- 9.14** Ambulance nurses must hold a professional conversation via clinical advice line for patients within the high-risk groups, as per the safe

discharge and non-conveyance policy. They should follow the same guidance as NQP's whilst in their preceptorship phase.

- 9.15** The ambulance nurse will attend a Practice Educator course as part of their transition to practice programme and will be expected to provide formalised mentoring to clinical colleagues on completion of their preceptorship.
- 9.16** There is no option for a nurse to apply for a fast track through this programme unless substantial experience of comparable substantive practice within an NHS ambulance trust exists. This will require approval from the Head of Clinical and Professional Practice / Clinical Lead for Education and Clinical Practice.
- 9.17** Ambulance nurses are unable to accept a senior or alternative role without completing the pathway or must complete the pathway alongside the new role. If this is not possible, the preceptorship will be paused until all conditions can be met.
- 9.18** Ambulance nurse portfolios may be requested for auditing and evidence purpose.

10.0 Duration of Preceptorships & Consolidation

10.1 The consolidation of learning should normally take no longer than 24 months, where the preceptee has adequate access to clinical practice to enable their consolidation of practice.

For the purpose of NQT & NQP preceptorship, working above 30 hours a week or higher will be considered equivalent to adequate exposure to clinical practice. For those undertaking less clinical exposure, the consolidation period will be proportional.

Working Hours	Preceptorship / Consolidation Period
>30hrs/ week	24 months
20-30hrs a week	30 months
<20 hours a week	36 months

10.2 Eligibility for FastTrack

The majority of preceptors are expected to complete their full programme, and eligibility for FastTrack will be on an exception-based approach, in justifiable and exceptional circumstances.

As per section 3.8 of the national NQP framework, some NQPs will have existing skills, experience and education allowing them to access an accelerated pathway.

Eligibility for FastTrack can include (exceptional reasons):

- 10.2.1 Experience as a registered healthcare professional (of another profession to that of the preceptee) that has demonstratable professional experience as a registrant working outside of any other preceptorship programme.
- 10.2.2 Skills related to working in a mentorship, leadership, or supervisory role across the full breadth of undergraduate and apprenticeship learners (FHEQ levels 3, 4, 5 and 6) for a sustained period (> 2 years).
- 10.2.3 Educated to FHEQ level 7 or 8 in a relevant clinical or professional discipline.

It will not include:

- 10.2.4 Acceleration due to progression or career delays.
- 10.2.5 Clinical experience from working as a non-registered healthcare worker.

10.3 FastTrack for NQP may be considered at:

Working Hours	FT 12 months	FT 18 months	FT 24 months
>30hrs/ week	12 months	18 months	24 months
20-30hrs/ week	18 months	24 months	30 months
<20 hours/ week	24 months	30 months	36 months

- 10.4** Where a preceptee takes a period of extended absence from work during the preceptorship period, including but not limited to, maternity, adoption, parental, employment break or long-term sickness, which does not allow the preceptorship period to take place in the normal timeframe, their preceptorship period will be paused until their return to a patient facing operational role, when it will be reinstated and extended proportionately.
- 10.5** A break of over 18 months will require a full restart of the preceptorship programme.
- 10.6** Where an employee takes a secondment for a period away from their preceptee role, they will have their preceptorship programme paused until they return to their preceptee role where it will be reinstated and extended proportionately (in line with the learning and development policy).

11.0 Review Process – Clinical Supervision Shifts

- 11.1** There are formal review processes throughout the 24-month CoL period, taking place every six months (or more regularly) as part of the wider clinical supervision process in the form of clinical supervision shifts.
- 11.2** Those that can undertake a clinical supervision shift are detailed in the EEAST clinical supervision policy.
- 11.3** The allocated clinical supervisor will act as a preceptor to the preceptee unless otherwise allocated.
- 11.4** At each review, the clinical supervisor is required to complete the review proforma which can contribute to the overall consolidation competency assessment.
- 11.5** Any elements of capability to perform their role should be identified early, and the sector clinical practice specialist notified within 7 days after the clinical supervision shift of any such concerns.
- 11.6** Development objectives can be set at a clinical supervision shift (or a post-supervision meeting), which will need to be met as part of the professional consolidation period. Failure to meet these will be considered as not completing the preceptorship and consolidation programme

11.7 The 24-month clinical supervision shift should be completed within the last month of the preceptorship phase. The principles of Clinical Ride Outs (as defined in the Academic Regulations Policy) can be applied to the final clinical supervision shift.

12.0 Direct Evidence (Portfolio)

12.1 The expectation is on the preceptee to develop a portfolio of evidence to demonstrate their consolidation of learning, as well as satisfying the requirements of any professional / regulatory body.

12.2 The consolidation of learning portfolio is the sole responsibility of the preceptee and must be available at review meetings.

12.3 Formal assessment of the portfolio is applicable to registered healthcare professionals (summative assessment) and can be reviewed formatively for newly qualified technicians, where requested.

13.0 Extending the Consolidation of Learning Programme (NQPs)

13.1 If by the end review, the NQP has still not produced an acceptable standard and range of evidence against the portfolio requirements this should trigger a further review under the capability policy.

13.2 The preceptees consolidation of learning period will be extended and they will remain on their current pay band.

13.3 Review periods will continue every three months until either the NQP completes the portfolio requirements, or the final stages of the capability policy are triggered.

Appendix A: NQP Preceptorship Objectives Matrix (This will be used to demonstrate consolidation outcomes)

Key: CSS = Clinical Supervision Shift / DE = Direct Evidence

Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
				0-6	6-12	12-18	18-24
A.1	Patient advocacy and experience						
		a. Demonstrate the ability to communicate effectively and appropriately with patients and carers.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		b. Evidence understanding of informed patient consent.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		c. Demonstrate understanding of the need to encourage and facilitate patient involvement in management, planning and control of their own health and illness.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		d. Capture patient conceptions, concerns, and expectations, recording these where appropriate to patient care.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
A.2	Confidence in examination and clinical						
		Evidence the ability to use the examination techniques learned to confidently elicit a patient history appropriate to the clinical situation.	Clinical Supervised Shift	CSS	CSS	CSS	CSS

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
		These may include, presenting complaint, history of presenting illness, past medical history					
		a. Identify relevant psychological and social factors to understand current problems.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		b. Evidence the ability to perform a physical examination according to the medical model	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		c. Evidence the ability to perform a comprehensive mental state examination and risk assessment.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		d. Evidence the ability to Interpret and weigh the findings from the consultation (Subjective and objective) in order to determine the need for further investigations and/or appropriate direction of patient management. No deviation from guidelines without discussion with a senior clinician. [As per patient management. No deviation from guidelines without discussion with a senior clinician. [As per local Trust protocol]	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		e. Evidence the ability to formulate and implement a management plan in collaboration with the patient, carers and other healthcare professionals. Ensure the input of a senior	Clinical Supervised Shift	CSS	CSS	CSS	CSS

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
		clinician is secured prior to any deviation from guidelines <i>[As per local Trust protocol]</i>					
		f. Evidence the ability to provide adequate information (as agreed with a senior clinician if appropriate) to patients and carers to enable them to recognise and act upon deterioration or unanticipated response to treatment	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		g. Demonstrate the ability to monitor and follow up changes in patient condition in response to treatment, recognising indicators of patient response.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		h. Demonstrate the use of clinical judgment to select most likely diagnosis in relation to evidence gathered, seeking senior advice to inform diagnosis or when treatment is outside of guidance and protocols.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		i. Recognise when data is incomplete and work safely to minimise risk where such limitations are encountered.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		j. Recognise when a clinical situation is beyond scope of practice and seek appropriate support.	Documented evidence - Portfolio	DE	CSS		

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
				CSS	CSS	CSS	CSS
		k. Demonstrate safe practice with regards to drug administration, intervention, management, storage and documentation.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		l. Demonstrate familiarity with pharmacodynamics and pharmacodynamics of Trust formulary.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
A.3	Risk Management						
		Recognise potential clinical risk situations and take appropriate action, including seeking advice from a senior clinician in order to mitigate risk.	Documented evidence - Portfolio		DE		DE
		Recognise risks to self, colleagues, patients and others and take appropriate action to minimise/eliminate them.	Documented evidence - Portfolio		DE		DE
		Demonstrate compliance with clinical governance processes.	Documented evidence - Portfolio		DE		DE
B.1	Professional behaviours	B1.1 Promote and protect the interests of service users and carers:					
		a) Exhibits dignity and respect to service users.	Clinical Supervised Shift	CSS	CSS	CSS	CSS

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
				CSS	CSS	CSS	CSS
		b) Demonstrate understanding of capacity and consent, evidencing how these are established in practice.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		c) Demonstrate understanding of discrimination in its various forms and how it can be challenged	E-Learning			E-L	
		d) Demonstrate an ability to maintain appropriate boundaries.	Documented Evidence - Portfolio		DE		
		e) Consistently behave with integrity and sensitivity and in line with Trust and professional (HCPC) values.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		f) Behave as an ambassador for the Trust, acting professionally and behaving considerately towards other professionals, patients and carers. Act as a positive role model.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		B1.1 Communicate appropriately and effectively:					
		a. Demonstrate appropriate and effective communication with colleagues, service users and carers.	Clinical Supervised Shift	CSS	CSS	CSS	CSS

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
		b. Able to evidence partnership working with colleagues individually and as part of a team.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		c. Demonstrate understanding of the need for responsible use of social media and networking media.	IG E-Learn	E-L			IG
		B1.2 Report concerns about safety.					
		a. Understand the systems available to report concerns about the safety or wellbeing of service users.	Safeguarding E-Learn & CSS	E-L	CSS	E-L	
		b. Demonstrate understanding of how to follow up concerns and if necessary, escalate them appropriately.	Safeguarding E-Learn & CSS	E-L	CSS	E-L	
B.2	Equality and Diversity	B2.1 Principles of equality and diversity					
a. Recognise the importance of everyone's rights, in accordance with legislation, policy and procedures		E- Learning	E-L				
b. Be aware of own behaviour, unconscious bias, and its effects on others		E- Learning	E-L				
c. Demonstrate understanding of the need for responsible use of social media and networking media.		E- Learning	E-L				

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
		d. Demonstrate an understanding in practice of diversity issues and their impact on patient care, including issues such as:	E- Learning / Documented Evidence - portfolio	E-L			DE
		o Cultural issues;					
		o Barriers to communication and associated ethical issues;					
		o Impact of protected characteristics e.g.;					
		age, disability, transgender, sexuality;					
		<ul style="list-style-type: none"> Health inequalities 					
B.3	Work within the limits of own scope of practice.	B3.1 Working within limits					
		a. Demonstrate understanding of own knowledge and skills and limits of own scope of practice.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		b. Demonstrate understanding of how to seek advice appropriately when at the limits of scope of practice	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		c. Provide evidence of maintenance and continued development of knowledge and skills.	CPD- Submissions	CPD	CPD	CPD	CPD

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
		d. Demonstrate the ability to work within limitations of professional competence and scope of professional practice.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		B3.2 Delegate appropriately.					
		a. Evidence the ability to delegate tasks appropriately to colleagues, with the ability to identify the appropriate knowledge, skills and experience needed to undertake these safely and effectively.	Learner Feedback				LF
		b. Evidence the ability to understand issues arising from supervision of others.	Mentorship Course			Ment . Crse	
		c. Demonstrate effective and appropriate supervision of others.	Mentorship Course			Ment . Crse	
		B3.3 Manage Risk					
		a. Demonstrate awareness of risk and the ability to identify and minimise it.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		b. Take responsibility for managing own health, seeking help and support where necessary.	Documented Evidence - Portfolio (500 word submission on the			DE	

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
			importance of managing own resilience and fitness to practice)				
B.4	Professional Standards	B4.1 Be open when things go wrong.					
		a. Act in an open and honest manner when something has gone wrong with the care or treatment provided.	Documented Evidence-Portfolio 500 word submission		DE		
		b. Understand how best to supports service users or carers who wish to raise concerns about their care or treatment in a helpful, open and honest manner	duty of candour, incident reporting and responding to complaints		DE		
		B4.2 Be honest and trustworthy.					
		a. Personal and professional behaviour must justify the public’s trust and confidence in individual and profession.	Appraisal		AP		AP
		b. Must demonstrate understanding of the need to fulfil information requirements in regard to conduct and competence.	Appraisal		AP		AP

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
		B4.3 Maintain work records					
		a. Evidence the ability to keep full, clear and accurate records	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		b. Evidence the ability to keep records secure and prevent inappropriate access.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		B4.4 Ethical and Legal Issues.					
		a. Identify and address ethical and legal issues that may impact on the patient and their care. Such issues will include:					
		o Ensuring patients’ rights are upheld and protected	Documented Evidence Portfolio - 200 word submission			DE	
		o Maintaining confidentiality	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		o Obtaining informed consent	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		o. Providing appropriate care and advocacy for vulnerable persons	Documented Evidence Portfolio - 200 word submission			DE	

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
		o Response to complaints.	See B4.1		DE		
		b. Ensure that practice takes place within an ethical framework of:	Clinical Supervised Shift				
		o Accepting that the patient has control		CSS	CSS	CSS	CSS
		o Striving to achieve the best outcome					
		o Seek to do least harm					
		o. Make decisions that can be judged as fair to all those involved.					
C.1	Maintaining Knowledge Base	1.0 Standards of CPD.					
		a. Provide a continuous, up-to-date and accurate record of CPD activities.	Review at each milestone review and submitted to online portfolio monthly	DE	DE	DE	DE
		b. Demonstrate understanding that CPD activities are a mixture of learning activities relevant to current or future practice.	Reflective work on CPD undertaken over				DE

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
		c. Evidence that the CPD undertaken has contributed to the quality of their practice and service delivery.	CoL period (max 1000 words)				
		d. Evidence how CPD undertaken can benefit the service user. Demonstrate the ability to critically evaluate and reflect on own practice, in order to					
		e. Demonstrate the ability to apply knowledge, evidence, guidelines and audit to benefit patient care and improve professional practice.					
		f. Maintain a personal CPD portfolio	Review at each milestone review and Compassionate Conversations	DE	DE	DE	DE
		g. Upon request, present a written profile or portfolio (own work, contemporary and supported by evidence) which demonstrates how CPS standards are being met.					
D.1	Personal leadership.	a. Evidence how personal leadership and judgment can be used to make informed decisions and meet the standards required for consolidation of learning programme and paramedic status, demonstrating how others are involved in own learning	200 word Submission		DE		

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
		b. Evidence the ability to reflect on own clinical practice and behaviour	500 word Submission & SWOT Analysis	SW OT		DE	
		c. Demonstrate understanding of how to provide constructive feedback as well as be open to receiving such feedback from others	Mentorship Course		Book after 9 months		
		d. Demonstrate a constructive relationship with mentors and others engaged in own learning.		CSS	CSS	CSS	CSS
		e. Understand how raise concerns in an appropriate manner during the programme	Appraisal		AP		AP
		f. Be an effective role model and ambassador for the Trust	Appraisal		AP		AP
		g. Take ownership of own personal journey through the consolidation programme.	Initial Review and Final Review	IR			FR
D.2	Team Working						
		a. As a new health professional, demonstrate the ability to work appropriately with others and in partnership with service users, professionals, support staff and others.	Clinical Supervised Shift	CSS	CSS	CSS	CSS

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
		b. Demonstrate the ability to work collaboratively as part of a team as well as an independent practitioner.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		c. Evidence being able to work in a multi-disciplinary team	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		d. Share learning of skills, knowledge and experience where appropriate.	Inherent in role (working with AEMT etc)	Automatically assigned			
E.1	Developing Others						
<p>a. Understanding the role and responsibility of mentoring and of being a mentor by:</p> <p>From commencement of the consolidation period:</p> <ul style="list-style-type: none"> o at 0-12 months observing mentoring in the workplace. (No formal requirement to mentor or learn to mentor). o at 9 months. Can begin an appropriate Practice Educator (mentorship) training programme. o 12- 18 months begin to deliver mentoring skills. Mentor (P.Ed) undergraduate students. 		Engage in Mentorship Course (from 9 months)		mentoring and providing feedback			

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones		
		o At 24 months, mentor anyone up to own level. Begin acting as a Preceptor (working with NQPs)				
		b. Facilitate problem solving, give constructive feedback, provide peer support, demonstrate coaching skills, and commence observed feedback. Provide a reflective case study including feedback from the learner recognising own limitations and those of others	Reflective Submission (to include testimony from learner) 18-24 Months			
F.1	Self Awareness					
		a. Evidence awareness of and engage with Trust wellbeing services and advice where appropriate.	Documented Evidence portfolio		DE	DE
		b. Be able to maintain fitness to practice: o Understand the need to maintain high standards of personal and professional conduct. o Understand the need to maintain personal health o Adopt strategies for physical and psychological self-care, critical self- awareness and maintain a safe working environment.	Submission from B3.3 500 word.			DE

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
		o Recognise the need to engage in incident debriefing to learn lessons, reflect and address future patient management and safety					
		c. Understand that you must not do anything or allow someone else to do anything that you have good reason to believe will put the health and safety of a service in danger. This includes your own actions and those of others.	Initial review meeting and Final review meetings	IR			FR
		d. Understand the need to limit work or stop practicing where own performance or judgment is affected by adverse health or wellbeing.	Submission from B3.3 500 word.			DE	
G.1	Receiving feedback and reflecting						
		a. Effectively demonstrate insight into own professional and clinical practice by using reflective models to enable evidence of reflection on: <ul style="list-style-type: none"> o Incidents encountered during shift. o Any adverse incidents, complaints or grievances. o Following a specific event or experience. o Thoughts, opinions and feedback from others 	Clinical Supervised Shift & Reflective submission from 1 Supervised Shift	CSS	CSS	CSS	CSS

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
		b. Avoid becoming defensive, honing the ability to receive constructive feedback which may or may not be negative, using the reflective practice and insight gained to further develop clinical practice: <ul style="list-style-type: none"> o Actively seek feedback from peers, mentors and patients. o Evidence of how a change has been made as a result of feedback. 	Reflective submission on where feedback has affected practice				DE
G.2	Shared Values						
		a. Demonstrate compassion, caring and communication.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		b. Demonstrate empathy, dignity and respect, intelligent kindness, integrity and sensitivity.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		c. Recognise the different values and beliefs and the ability to adapt personal behaviours and approach accordingly.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
d. Demonstrate awareness of own behaviour and its effect on others	Clinical Supervised Shift	CSS	CSS	CSS	CSS		

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Identifier	Objective	Sub-Objective	Type of Evidence	Milestones			
		e. Involve the patients in decisions made about them.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		f. Be accountable for own actions and accept responsibility.	Clinical Supervised Shift	CSS	CSS	CSS	CSS
		g. Demonstrate understanding and practice of the Trust’s Duty of Candour	Document evidence portfolio - Written submission	DE			DE

Appendix B: NQP Pathway

External Entrant



1) Application for role via Trac jobs

2) Completes recruitment phase.

3) Completes a graduate training course at EEAST training centre (inc corporate induction & NQP/NQT/Nurse presentation).

Internal Entrant



4) Local Induction at base station

5) Intial Preceptorship Meeting

6) Supernumery Induction Shifts

10) FastTrack Appliation options for those with outstanding / exceptional practice competency

11) 24 month portfolio review and consolidation interview (pass / fail)

12) If Pass, end of precetorship programme.

7) 37.5hrs of supernumary shifts

8) 112.5 minimum supervised practice hours within 6 months.

9) Action Plans & Clinical Variation Panels to be included in portfolio

Appendix C: NQP Milestones

By 6 months	By 12 months	by 18 months	by 24 months
<ul style="list-style-type: none"> - Be compliant with statutory training - Initial Preceptorship Meeting - 3 CPD reflections for portfolio - 1 x Case Reflection for portfolio 1 x written pieces of evidence (200-300 words). - Clinical Case Log - Airway Log - Supervised hours complete 	<ul style="list-style-type: none"> - Be compliant with statutory training - Second Preceptorship Meeting - 6 CPD reflections for portfolio - 2 x Case Reflection for portfolio - 2 x written pieces of evidence (200-300 words). - Clinical Case Log - Airway Log - Line manager appraisal - Practice Educator Course - Clinical Supervision shift completed 	<ul style="list-style-type: none"> - Be compliant with statutory training - Third Preceptorship Meeting - 9 CPD reflections for portfolio - 3 x Case Reflection for portfolio - 3 x written pieces of evidence (200-300 words). - Clinical Case Log - Airway Log - Supervising non-registrants - Clinical Supervision shift completed - Refelctions of mentoring 	<ul style="list-style-type: none"> - Be compliant with statutory training - Final Preceptorship Meeting - 12 CPD reflections for portfolio - 4 x Case Reflection for portfolio - 4 x written pieces of evidence (200-300 words). - Clinical Case Log - Airway Log - Supervising non-registrants - Clinical Supervision shift completed - Portfolio submitted - Consolidation interview passed

Appendix D: Preceptorship Rubrics

	Exceptional	Good	Adequate	Below Standard	Inadequate
Portfolio	Exceptional quality and quantity of evidence submitted for the consolidation of learning portfolio, also demonstrating relevance, reflection and development	Good quality of evidence submitted for the consolidation of learning portfolio. Demonstration of reflection as well as development within evidence provided.	Evidence submitted is adequate, however lacks depth and quantity. Consolidation of learning portfolio is complete, however there is significant room for improvement.	Evidence submitted for the consolidation of learning portfolio is weak or inconsistent. There is not enough content, or content provided is not to a high enough standard and lacks depth required.	Failing to engage with the consolidation of learning portfolio, incomplete or gaps within the evidence or no portfolio submitted.
Prior Mentoring and Support Experience	Evidence of substantial (>2 years) professional mentorship with recognised mentoring qualification in a	No prior mentoring and support experience at a professional level, however can evidence previous mentoring.	No prior mentoring and support experience. Demonstrable consistent mentoring	No prior mentoring and support experience. Limited mentoring since qualification.	No prior mentoring and support experience. No mentoring since qualification.

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	Exceptional	Good	Adequate	Below Standard	Inadequate
	previous professional healthcare role.	Consistent mentoring experience demonstrated since qualification.	experience since qualification.		
Clinical Knowledge	Exceptional clinical knowledge demonstrated throughout consolidation process, with evidence of self assessment, personal knowledge development through identifying knowledge gaps.	Good clinical knowledge demonstrated throughout consolidation process, with evidence of self assessment, identification of knowledge gaps and development towards improving clinical knowledge.	Demonstration of clinical knowledge is of an expected level. Gaps in knowledge are present and have been identified, however knowledge development is lacking.	Limited demonstration of clinical knowledge, gaps in knowledge evident with little demonstration of knowledge development.	Poor demonstration of clinical knowledge or clear gaps in knowledge to an expected level.
Professional Behaviours and	Embodiment of professionalism and Trust values	Good professionalism demonstrated	Adequate demonstration of professional	Limited demonstration of professional	Poor understanding and lack of

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	Exceptional	Good	Adequate	Below Standard	Inadequate
Attributes (Inc. Trust Values)	throughout employment with EEAST, as well as exceptional demonstration of professionalism throughout consolidation process.	throughout time with EEAST, with awareness and demonstration of good behaviours, attributes and Trust values.	behaviours, attributes and Trust values to an expected level.	behaviours, attributes and Trust values within NQP phase and application.	demonstration of professional behaviours, attributes and Trust values within NQP phase and application.
Professional Development (Inc. further academic study)	Evidence of achieved or on-going postgraduate study (to at least PGCert) in a relevant field of study that contributes to the consolidation and clinical development of the individual.	Evidence of achieved or on-going academic study (to at least level 6) in a modular format, in a relevant field of study. Good CPD portfolio with evidence of reflective practice and consolidation.	Adequate and demonstrable CPD activity, showing elements of professional development and engagement. Some evidence of reflective practice.	Limited evidence of professional development, showing minimum CPD requirements with little to no reflective practice.	No evidence of professional development. Limited CPD evidence with little to no reflective practice.

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	Exceptional	Good	Adequate	Below Standard	Inadequate
Interview	Exceptional responses to questions, with appropriate discourse and challenge. Communication skills are of a very high standard and exceptional professionalism shown throughout.	Good engagement with interview, demonstrating confidence and competence. Communication skills are demonstrated effectively, allowing for appropriate discourse.	Engagement with interview is of an expected standard, however lacks depth within responses. Confidence and awareness could be stronger.	Limited engagement, lack of confidence and/ or awareness demonstrated in answers. Lack of depth shown within responses.	Lack of engagement, little to no discourse evidencing knowledge, awareness or ability to answer interview questions.

Appendix E: NQP/ NQT/ Nurse Consolidation Assessment Clinical Supervision Shift Document

NQP Name			Date	
Assessor 1			Grade	
Assessor 2			Grade	
IQA			Date	
Outcome	PASS / FAIL			

Description	Area		Fail (0)		Borderline (4)		Clear Pass (5)		Outstanding (7)	
Effective Communication	A1/B1.2/G2	Demonstrate compassionate, effective, and caring communication with patients, colleagues, other professionals, and carers.								
Improving Patient Care	A1c/A1d	By undertaking a comprehensive mental state examination demonstrate the ability to assess capacity and seek to gain informed consent								
	G2	Demonstrate understanding of the need to encourage and facilitate patient involvement in management, planning and control of their own health and illness.								
Confidence in Patient Examination &	A2/B2/B3	Capture patient conceptions, concerns, and expectations, recording these where appropriate to patient care.								

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Description	Area		Fail (0)		Borderline (4)		Clear Pass (5)		Outstanding (7)	
Decision Making		Using examination, history taking (according to the medical model) combined with clinical judgement seek to form a likely diagnosis								
		Explore relevant psycho/social issues they impact or inform patient care								
		Demonstrate the ability to formulate and implement a management plan in collaboration with the patient, carers, and other healthcare professionals.								
		Demonstrate the ability to Interpret and weigh the findings from the consultation (Subjective and objective) in order to determine the need for further investigations and/or appropriate direction of patient management								
		Discuss the need for senior clinical support before deviating from guidelines or protocols								
		Respond appropriately to changes in the patient's condition								
Using Information	A2 / B4	Understand systems available and reporting safety and wellbeing concerns for service users and how to escalate appropriately								

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Description	Area		Fail (0)		Borderline (4)		Clear Pass (5)		Outstanding (7)	
		Demonstrate awareness of risk and the ability to identify and minimise it.								
Behaving with Integrity	Ba / B4 / G2	Whilst maintaining appropriate confidentiality, provide adequate information to patients and carers to enable them to recognise and act upon deterioration or unanticipated response to treatment								
		Recognise when data is incomplete and work safely to minimise risk where such limitations are encountered.								
		Recognise the different values and beliefs and by adapting personal behaviours ensure that they exhibit dignity and respect to all service users								
		Demonstrate empathy, dignity and respect, intelligent kindness, integrity, and sensitivity in line with Trust and professional (HCPC) values.								
Working Together	B1 / D1 / D2	Acts as an ambassador for the Trust and a positive role model the NQP behaves with considerably towards other professionals, patients and carers.								
		Ensuring patients' rights are upheld and protected								

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Description	Area		Fail (0)		Borderline (4)		Clear Pass (5)		Outstanding (7)	
		Demonstrate awareness of own behaviour and its effect on others								
Self-Awareness	B3 / G2	As a new health professional, demonstrate the ability to work appropriately with others and in partnership with colleagues, service users, professionals, support staff and others.								
		Demonstrate being able to work in a multi-disciplinary team								
Appropriate Delegation of Tasks		Demonstrate understanding of own knowledge and skills and limits of own scope of practice.								
Section Scores		Demonstrate the ability to work within limitations of professional competence and scope of professional practice and be accountable for own actions and accept responsibility.	Max score = 0	0	Max score 4 x 22 = 88		Max Score 5 x 22 = 110		Max Score 7 x 22 = 154	
Total Scores		By demonstrating effective and appropriate supervision of others, evidence the ability to delegate tasks appropriately, with the ability to identify the appropriate knowledge, skills and experience needed to undertake these safely and effectively.								

COMMENTS

Principal Assessors Signature:

ASSESSOR FEEDBACK

Principal Assessors Signature:

ACTION PLAN (SMART Plan)

Principal Assessors Signature:

Appendix F: NQP/NQT Portfolio: Clinical Evidence

- Reflections must use a recognised reflective model.
- Written documentation must be a minimum of 500 words.
- CPD must have written documentation, compliant to the HCPC standards ‘what you have learnt, how it benefits you, how it benefits the service user’.

COL Number	Descriptor	Evidence	NQP Time Frame
A2	Recognise when a clinical situation is beyond scope of practice and seek appropriate support.	Reflection	0-6
A3	Recognise potential clinical risk situations and take appropriate action, including seeking advice from a senior clinician in order to mitigate risk.	Reflection	6-12 & 18-24
	Recognise risks to self, colleagues, patients, and others and take appropriate action to minimise/eliminate them.	Reflection	6-12 & 18-24
	Demonstrate compliance with clinical governance processes.	Reflection	6-12 & 18-24
B1	Demonstrate an ability to maintain appropriate boundaries.	Reflection or feedback/ written account	6-12

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COL Number	Descriptor	Evidence	NQP Time Frame
B2	Demonstrate an understanding in practice of diversity issues and their impact on patient care, including issues such as: <ul style="list-style-type: none"> o Cultural issues. o Barriers to communication and associated ethical issues; o Impact of protected characteristics e.g., age, disability, transgender, sexuality; o Health inequalities 	Reflection or written account	18-24
B3	b. Take responsibility for managing own health, seeking help and support where necessary.	Reflection/ written account/ evidence of seeking support	12-18
B4	a. Act in an open and honest manner when something has gone wrong with the care or treatment provided.	Reflection/ written account.	6-12
	b. Understand how best to supports service users or carers who wish to raise concerns about their care or treatment in a helpful, open and honest manner. <ul style="list-style-type: none"> o Ensuring patients’ rights are upheld and protected. o Response to complaints. 		12-18
C1	a. Provide a continuous, up-to-date and accurate record of CPD activities. (24 pieces of evidence)	CPD (podcast, webinars, courses, articles, peer discussion, YouTube).	0-24

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COL Number	Descriptor	Evidence	NQP Time Frame
	<p>b. Demonstrate understanding that CPD activities are a mixture of learning activities relevant to current or future practice.</p> <p>c. Evidence that the CPD undertaken has contributed to the quality of their practice and service delivery.</p> <p>d. Evidence how CPD undertaken can benefit the service user. Demonstrate the ability to critically evaluate and reflect on own practice, in order to:</p> <p>e. Demonstrate the ability to apply knowledge, evidence, guidelines and audit to benefit patient care and improve professional practice.</p> <p>f. Maintain a personal CPD portfolio</p>	Reflection	18-24
	g. Upon request, present a written profile or portfolio (own work, contemporary and supported by evidence) which demonstrates how CPS standards are being met.	Reviewed in meeting and compassionate conversations.	0-24
D1	a. Evidence how personal leadership and judgment can be used to make informed decisions and meet the standards required for consolidation of learning programme and paramedic status, demonstrating how others are involved in own learning.	Reflection/ written account.	6-12

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COL Number	Descriptor	Evidence	NQP Time Frame
	b. Evidence the ability to reflect on own clinical practice and behaviour	SWOT & reflections	12-18
E1	b. Facilitate problem solving, give constructive feedback, provide peer support, demonstrate coaching skills, and commence observed feedback. Provide a reflective case study including feedback from the learner recognising own limitations and those of others.	Reflection and learner feedback	18-24
F1	a. Evidence awareness of and engage with Trust wellbeing services and advice where appropriate.	Documented evidence, written account	6-12 & 18-24
	b. Be able to maintain fitness to practice: <ul style="list-style-type: none"> o Understand the need to maintain high standards of personal and professional conduct. O Understand the need to maintain personal health O Adopt strategies for physical and psychological self-care, critical self- awareness and maintain a safe working environment. O Recognise the need to engage in incident debriefing to learn lessons, reflect and address future patient management and safety 	Reflection / written evidence.	12-18

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COL Number	Descriptor	Evidence	NQP Time Frame
	d. Understand the need to limit work or stop practicing where own performance or judgment is affected by adverse health or wellbeing.	Reflection	12-18
G1	a. Effectively demonstrate insight into own professional and clinical practice by using reflective models to enable evidence of reflection on: <ul style="list-style-type: none"> o Incidents encountered during shift. o Any adverse incidents, complaints or grievances. o Following a specific event or experience. o Thoughts, opinions and feedback from others 	Reflections	12-18
	b. Avoid becoming defensive, honing the ability to receive constructive feedback which may or may not be negative, using the reflective practice and insight gained to further develop clinical practice: <ul style="list-style-type: none"> o Actively seek feedback from peers, mentors and patients. o Evidence of how a change has been made as a result of feedback. 	Reflection/debrief/feedback	18-24
G2	g. Demonstrate understanding and practice of the Trust's Duty of Candour	Reflection/ CPF	0-6 & 18-24
		Total pieces	

Appendix G: NQP/NQT/ Portfolio: Learning Evidence

Col Number	Descriptor	Evidence
B1	Demonstrate understanding of discrimination in its various forms and how it can be challenged	E- Learning (safeguarding, information governance)
	Demonstrate understanding of the need for responsible use of social media and networking media.	
	Understand the systems available to report concerns about the safety or wellbeing of service users.	
	Demonstrate understanding of how to follow up concerns and if necessary escalate them appropriately.	
B2	Recognise the importance of everyone’s rights, in accordance with legislation, policy and procedures.	E-Learning
	Be aware of own behaviour, unconscious bias and its effects on others.	
	Demonstrate understanding of the need for responsible use of social media and networking media.	

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Col Number	Descriptor	Evidence
	Demonstrate an understanding in practice of diversity issues and their impact on patient care, including issues such as: <ul style="list-style-type: none"> o Cultural issues; o Barriers to communication and associated ethical issues; o Impact of protected characteristics e.g; age, disability, transgender, sexuality; o Health inequalities 	
B3	Evidence the ability to understand issues arising from supervision of others.	Practice Educator Course
	Demonstrate effective and appropriate supervision of others.	
	Evidence the ability to delegate tasks appropriately to colleagues, with the ability to identify the appropriate knowledge, skills and experience needed to undertake these safely and effectively.	Learner Feedback
	Personal and professional behaviour must justify the public's trust and confidence in individual and profession.	Appraisal
	Must demonstrate understanding of the need to fulfil information requirements in regards to conduct and competence.	
D1	Evidence the ability to reflect on own clinical practice and behaviour	SWOT analysis

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Col Number	Descriptor	Evidence
	Demonstrate understanding of how to provide constructive feedback as well as be open to receiving such feedback from others	Practice Educator Course
	Understand how raise concerns in an appropriate manner during the programme	Appraisal
	Be an effective role model and ambassador for the Trust	Appraisal
	Take ownership of own personal journey through the consolidation programme.	Initial and Final review meeting
E1	Understanding the role and responsibility of mentoring and of being a mentor by: From commencement of the consolidation period: o At 0-12 months observing mentoring in the workplace. (No formal requirement to mentor or learn to mentor). o At 9 months. Can begin an appropriate Practice Educator (mentorship) training programme. o 12- 18 months begin to deliver mentoring skills. Mentor (P.Ed) undergraduate students. o At 24 months, mentor anyone up to own level. Begin acting as a Preceptor (working with NQPs)	Practice Educator Course and mentoring Junior Clinicians

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Col Number	Descriptor	Evidence
F1	Understand that you must not do anything or allow someone else to do anything that you have good reason to believe will put the health and safety of a service in danger. This includes your own actions and those of others.	Initial and Final Review



Appendix H: Initial Review Meeting

Name:			
Payroll:			
Job Title:			
		Reviewed By:	Signature:
SWOT Analysis			
Initial review meeting/ SWOT:			
Action Plan/ Feed Forward:			
NQP		Preceptor/ Manager	
Name:		Name:	
Signature:		Signature:	

Name:			
Payroll:			
Job Title:			
		Reviewed By:	Signature:



Appendix I: Monthly Review Meetings

Evidenced and completed elements of the consolidation period framework:		
Completed 150 hours with Band 6 Paramedic:		
6/12/18 Months review meeting:		
Action Plan/ Feed Forward:		
NQP Name: Signature:	Preceptor/ Manager Name: Signature:	



Appendix J: NQP 2-year Consolidation Period Document

Application for completion of NQP 2-year consolidation period

Name:	
County:	
Base Station:	
Staff/payroll number:	
Contact email:	

HCPC registration	Qualification	Qualifying Institution

Part 1: Candidate Declaration: – <i>Please consider and respond to each of the questions below</i>	
Please provide details of prior experience of mentoring in a clinical setting and include confirmation of P.Ed course completion.	
Have you completed your NQP portfolio and has this been reviewed and includes a final progression interview?	
Please confirm that all relevant statutory and mandatory training is up to date.	



Part 1: Candidate Declaration: – <i>Please consider and respond to each of the questions below</i>	
Do you have any further comments regarding this application?	
Print Name: Signature :..... —	

Please send this form along with a copy of the 20 questions self-assessment review and manager reference to:

NQP@eastamb.nhs.uk



Part 2: Line Manager Reference – <i>Please consider and respond to each of the questions below</i>	
Can you confirm that the candidate meets the requirements of the NQP review process and has been complaint against the consolidation process including: - regular review and progression meetings? - A completed NQP portfolio matching evidence against the	
The candidate is up to date with all relevant statutory and mandatory training as required by Trust policy.	
Does the candidate have any formal disciplinary, absence or performance management action against the candidate or are there any actions pending?	
Do you have any further comments regarding this application?	
<p>Print Name:.....</p> <p>Signature.....</p> <p>Date.....</p>	

Please send this form along with a copy of the Band 6 progression review interview to:

NQP@eastamb.nhs.uk



Appendix K: NQP Fast Track Application

Application for consideration to Fast Track NQP consolidation period

Name:	
County:	
Base Station:	
Staff number:	
Contact email:	

HCPC registration	Qualification	Qualifying Institution

Part 1: Candidate Declaration:- <i>Please consider and respond to each of the questions below</i>	
Please provide details of prior experience of mentoring in a clinical setting	
Please provide evidence that you are aware and have followed national and local trust policy and the Standard Operating Procedures relevant to the NQP role	
Please confirm that all relevant statutory and mandatory training is up to date.	



Part 1: Candidate Declaration:- *Please consider and respond to each of the questions below*

Do you have any further comments regarding this application?

Print Name:.....

Signature :.....

Date :.....



Part 2: Line Manager Reference – <i>Please consider and respond to each of the questions below</i>	
The candidate meets the requirements of the NQP review	
The candidate is up to date with all relevant statutory and mandatory training as required by Trust policy.	
Does the candidate have any formal disciplinary, absence or performance management action against the candidate or are there any actions pending	
Do you have any further comments regarding this application?	
Print Name: Signature : Date :	



Part 3: Candidate Self-Assessment:– *Please provide appropriate evidence against each question - Maximum of 250 words per question*

	Section of portfolio		
1	A1	Can you evidence the benefits necessity of patients being able to have an independent representative and the need for patient advocacy?	YES / NO
2	A2	Can you evidence the ability to take a history and examine in a systematic way, with examples of how this informs the management plan?	YES / NO



Part 3: Candidate Self-Assessment:- <i>Please provide appropriate evidence against each question - Maximum of 250 words per question</i>			
3	A2	Can you evidence your clinical decision making and provide a rationale for management of patients?	YES / NO
4	A3	Can you evidence your approach to risk management and how this informs the trusts approach to generic risk and audit?	YES / NO



Part 3: Candidate Self-Assessment:- <i>Please provide appropriate evidence against each question - Maximum of 250 words per question</i>			
5	B1	Can you evidence how you demonstrate clear communication skills including verbal and non-verbal showing understanding and empathy in a professional manner?	YES / NO
6	B1.2	Can you demonstrate how you keep up to date with and informed about Trust policy and procedures?	YES / NO



Part 3: Candidate Self-Assessment:- <i>Please provide appropriate evidence against each question - Maximum of 250 words per question</i>			
7	B2	Can you evidence the principles of equality and diversity and how these effect patient centred care and organisational culture?	YES / NO
8	B3.1	Can you demonstrate how you work to your professional scope of practice and how this changes over time?	YES / NO



Part 3: Candidate Self-Assessment:- <i>Please provide appropriate evidence against each question - Maximum of 250 words per question</i>			
9	B3.2	Can you evidence how to supervise others and delegate tasks appropriately?	YES / NO
10	B3.3	Can you evidence an awareness of risk and the responsibility to manage and seek support where required	YES / NO



Part 3: Candidate Self-Assessment:- <i>Please provide appropriate evidence against each question - Maximum of 250 words per question</i>			
11	B4.1	Can you demonstrate an open and honest manner during all incidents including adverse, with the ability to learn from and prevent reoccurrence?	YES / NO
12	B4.2	Can you demonstrate behaviour that justifies the public's trust and confidence in the profession and the individual?	YES / NO



Part 3: Candidate Self-Assessment:- <i>Please provide appropriate evidence against each question - Maximum of 250 words per question</i>			
13	B4.3	Can you evidence, clear accurate and secure work records?	YES / NO
14	B4.4	Can you evidence the ability to identify ethical and legal issues that may occur during your practice and work within a strong ethical framework?	YES / NO



Part 3: Candidate Self-Assessment:- <i>Please provide appropriate evidence against each question - Maximum of 250 words per question</i>			
15	C1	Can you evidence CPD?	YES / NO
16	D1	Can you evidence leadership and judgement in making informed decisions and take ownership of own development?	YES / NO



Part 3: Candidate Self-Assessment:- *Please provide appropriate evidence against each question - Maximum of 250 words per question*

17	D2	Can you demonstrate a team working ethos?	YES / NO
18	E1	Can you evidence the support of others new to role in coaching or with mentorship?	YES / NO



Part 3: Candidate Self-Assessment:- <i>Please provide appropriate evidence against each question - Maximum of 250 words per question</i>			
19	F1	Can you demonstrate an awareness of how to manage your own fitness to practice and mechanisms available to you to support this?	YES / NO
20	G1	Can you evidence the use of reflective practice within your professional duties?	YES / NO



Part 4 - To be completed by a member of the Admin team		
Date form received		
Are all sections of the form completed	YES	NO
Actions	Forward to panel for review	Return to candidate to complete
Check completed by Name: Date:	Sent to panel Date:	

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Appendix L : NQT Milestones

By 6 months	By 12 months	by 18 months	by 24 months
<ul style="list-style-type: none">- Be compliant with statutory training- Initial Preceptorship Meeting- 3 CPD reflections for portfolio- 1 x Case Reflection for portfolio <p>1 x written pieces of evidence (200-300 words).</p> <ul style="list-style-type: none">- Clinical Case Log- Airway Log- Supervised hours complete	<ul style="list-style-type: none">- Be compliant with statutory training- Second Preceptorship Meeting- 6 CPD reflections for portfolio- 2 x Case Reflection for portfolio <p>2 x written pieces of evidence (200-300 words).</p> <ul style="list-style-type: none">- Clinical Case Log- Airway Log- Line manager appraisal- Practice Educator Course- Clinical Supervision shift completed	<ul style="list-style-type: none">- Be compliant with statutory training- Third Preceptorship Meeting- 9 CPD reflections for portfolio- 3 x Case Reflection for portfolio <p>3 x written pieces of evidence (200-300 words).</p> <ul style="list-style-type: none">- Clinical Case Log- Airway Log- Supervising non-registrants- Clinical Supervision shift completed- Reflections of mentoring	<ul style="list-style-type: none">- Be compliant with statutory training- Final Preceptorship Meeting- 12 CPD reflections for portfolio- 4 x Case Reflection for portfolio <p>4 x written pieces of evidence (200-300 words).</p> <ul style="list-style-type: none">- Clinical Case Log- Airway Log- Supervising non-registrants- Clinical Supervision shift completed

Appendix M: Nurse Preceptorship Milestones

By 6 months			
<ul style="list-style-type: none">- Be compliant with statutory training- Initial Preceptorship Meeting- 3 CPD reflections for portfolio- 1 x Case Reflection for portfolio <p>1 x written pieces of evidence (200-300 words).</p> <ul style="list-style-type: none">- Clinical Case Log- Airway Log- Supervised hours complete			

Appendix N: Ambulance Nurse Portfolio Mapping

Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
				CSS 1	CSS 2	CSS 3	R/V 6 month
A.1	Patient advocacy and experience.						
		a. Demonstrate the ability to communicate effectively and appropriately with patients and carers.	Clinical Supervised Shift				
		b. Evidence understanding of informed patient consent.	Clinical Supervised Shift				
		c. Demonstrate understanding of the need to encourage and facilitate patient involvement in management, planning and control of their own health and illness.	Clinical Supervised Shift /Reflection/Clinical Discussion				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		d. Capture patient conceptions, concerns and expectations, recording these where appropriate to patient care.	Clinical Supervised Shift				
A.2	Confidence in examination and clinical decision-making.						
		Evidence the ability to use the examination techniques learned to confidently elicit a patient history appropriate to the clinical situation. These may include, presenting complaint, history of presenting illness, past medical history	Clinical Supervised Shift				
		a. Identify relevant psychological and social factors to understand current problems.	Clinical Supervised Shift				
		b. Evidence the ability to perform a physical examination according to the medical model	Clinical Supervised Shift				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		c. Evidence the ability to perform a comprehensive mental state examination and risk assessment.	Clinical Supervised Shift				
		d. Evidence the ability to Interpret and weigh the findings from the consultation (Subjective and objective) in order to determine the need for further investigations and/or appropriate direction of patient management. No deviation from guidelines without discussion with a senior clinician. [As per patient management. No deviation from guidelines without discussion with a senior clinician. [As per local Trust protocol]	Clinical Supervised Shift				
		e. Evidence the ability to formulate and implement a management plan in collaboration with the patient, carers and other healthcare	Clinical Supervised Shift				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		professionals. Ensure the input of a senior clinician is secured prior to any deviation from guidelines <i>[As per local Trust protocol]</i>					
		f. Evidence the ability to provide adequate information (as agreed with a senior clinician if appropriate) to patients and carers to enable them to recognise and act upon deterioration or unanticipated response to treatment	Clinical Supervised Shift/Clinical Discussion				
		g. Demonstrate the ability to monitor and follow up changes in patient condition in response to treatment, recognising indicators of patient response.	Clinical Supervised Shift/Clinical Discussion				
		h. Demonstrate the use of clinical judgment to select most likely diagnosis in relation to evidence gathered, seeking senior advice to inform	Clinical Supervised Shift				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		diagnosis or when treatment is outside of guidance and protocols.					
		i. Recognise when data is incomplete and work safely to minimise risk where such limitations are encountered.	Clinical Supervised Shift				
		j. Recognise when a clinical situation is beyond scope of practice and seek appropriate support.	Clinical Supervised Shift/Clinical Discussion				
		k. Demonstrate safe practice with regards to drug administration, intervention, management, storage and documentation.	Clinical Supervised Shift/Clinical Discussion				
		l. Demonstrate familiarity with pharmacodynamics and pharmacodynamics of Trust formulary.	Clinical Supervised Shift/Clinical Discussion				
A.3	Risk Management						
		Recognise potential clinical risk situations and take appropriate action, including	Clinical Supervised Shift/Reflection				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		seeking advice from a senior clinician in order to mitigate risk.					
		Recognise risks to self, colleagues, patients and others and take appropriate action to minimise/eliminate them.	Clinical Supervised Shift/Clinical Discussion				
		Demonstrate compliance with clinical governance processes.	Clinical Supervised Shift/Clinical Discussion				
B.1	Professional behaviours	B1.1 Promote and protect the interests of service users and carers:		CSS 1	CSS 2	CSS 3	R/V
		a) Exhibits dignity and respect to service users.	Clinical Supervised Shift /Clinical Discussion/Reflection				
		b) Demonstrate understanding of capacity and consent, evidencing how these are established in practice.	Clinical Supervised Shift/Clinical Discussion				
		c) Demonstrate understanding of	E-Learning/Feedback				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		discrimination in its various forms and how it can be challenged					
		d) Demonstrate an ability to maintain appropriate boundaries.	Documented Evidence - Portfolio				
		e) Consistently behave with integrity and sensitivity and in line with Trust and professional (HCPC) values.	Clinical Supervised Shift/Feedback				
		f) Behave as an ambassador for the Trust, acting professionally and behaving considerately towards other professionals, patients and carers. Act as a positive role model.	Clinical Supervised Shift				
		B1.1 Communicate appropriately and effectively:					
		a. Demonstrate appropriate and effective communication with colleagues, service users and carers.	Clinical Supervised Shift				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		b. Able to evidence partnership working with colleagues individually and as part of a team.	Clinical Supervised Shift				
		c. Demonstrate understanding of the need for responsible use of social media and networking media.	IG E-Learn				
		B1.2 Report concerns about safety.					
		a. Understand the systems available to report concerns about the safety or wellbeing of service users.	Safeguarding E-Learn/Clinical Supervised Shift/Clinical Discussion				
		b. Demonstrate understanding of how to follow up concerns and if necessary escalate them appropriately.	Safeguarding E-Learn/Clinical Supervised Shift/Clinical Discussion				
B.2	Equality and Diversity	B2.1 Principles of equality and diversity					
		a. Recognise the importance of everyone's rights, in accordance with legislation, policy and procedures	E- Learning/Reflection				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		b. Be aware of own behaviour, unconscious bias and its effects on others	E-Learning/Reflection/Clinical Discussion				
		c. Demonstrate understanding of the need for responsible use of social media and networking media.	E- Learning/Reflection				
		d. Demonstrate an understanding in practice of diversity issues and their impact on patient care, including issues such as:	E- Learning /Clinical Discussion/Reflection				
		o Cultural issues;					
		o Barriers to communication and associated ethical issues;					
		o Impact of protected characteristics e.g.;					
		age, disability, transgender, sexuality;					
o Health inequalities							
B.3		B3.1 Working within limits					

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
	Work within the limits of own scope of practice.	a. Demonstrate understanding of own knowledge and skills and limits of own scope of practice.	Clinical Supervised Shift				
		b. Demonstrate understanding of how to seek advice appropriately when at the limits of scope of practice	Clinical Supervised Shift				
		c. Provide evidence of maintenance and continued development of knowledge and skills.	CPD Log				
		d. Demonstrate the ability to work within limitations of professional competence and scope of professional practice.	Clinical Supervised Shift				
		B3.2 Delegate appropriately.					
		a. Evidence the ability to delegate tasks appropriately to colleagues, with the ability to identify the appropriate knowledge, skills and experience needed to	Clinical Supervised Ride with lower grade clinician/Feedback				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		undertake these safely and effectively.					
		b. Evidence the ability to understand issues arising from supervision of others.	Feedback/Reflection				
		c. Demonstrate effective and appropriate supervision of others.	Clinical Supervised Shift with lower grade clinician/Feedback				
		B3.3 Manage Risk					
		a. Demonstrate awareness of risk and the ability to identify and minimise it.	Clinical Supervised Shift				
		b. Take responsibility for managing own health, seeking help and support where necessary.	NMC Revalidation				
B.4	Professional Standards	B4.1 Be open when things go wrong.					
		a. Act in an open and honest manner when something has gone wrong with the care or treatment provided.	Reflection				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		b. Understand how best to supports service users or carers who wish to raise concerns about their care or treatment in a helpful, open and honest manner	Clinical Supervised Shift/Clinical Discussion				
		B4.2 Be honest and trustworthy.					
		a. Personal and professional behaviour must justify the public's trust and confidence in individual and profession.	Sign off preceptorship review				
		b. Must demonstrate understanding of the need to fulfil information requirements in regards to conduct and competence.	Sign off preceptorship review				
		B4.3 Maintain work records					
		a. Evidence the ability to keep full, clear and accurate records	Clinical Supervised Shift				
		b. Evidence the ability to keep records secure and prevent inappropriate access.	Clinical Supervised Shift/Clinical Discussion				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		B4.4 Ethical and Legal Issues.					
		a. Identify and address ethical and legal issues that may impact on the patient and their care. Such issues will include:	Clinical Supervised Shift/Clinical Discussion				
		o Ensuring patients' rights are upheld and protected					
		o Maintaining confidentiality					
		o Obtaining informed consent					
		o. Providing appropriate care and advocacy for vulnerable persons					
		o Response to complaints.	See B4.1				
		b. Ensure that practice takes place within an ethical framework of:	Clinical Supervised Shift				
		o Accepting that the patient has control					
		o Striving to achieve the best outcome					
o Seek to do least harm							

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		o. Make decisions that can be judged as fair to all those involved.					
C.1	Maintaining Knowledge Base	1.0 Standards of CPD.		CSS 1	CSS 2	CSS 3	R/V
		a. Provide a continuous, up-to-date and accurate record of CPD activities.	CPD Log - review over every milestone				
		b. Demonstrate understanding that CPD activities are a mixture of learning activities relevant to current or future practice.	CPD Log				
		c. Evidence that the CPD undertaken has contributed to the quality of their practice and service delivery.					
		d. Evidence how CPD undertaken can benefit the service user. Demonstrate the ability to critically evaluate and reflect on own practice.					

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		e. Demonstrate the ability to apply knowledge, evidence, guidelines, and audit to benefit patient care and improve professional practice.	Clinical Discussion/Reflection				
		f. Maintain a personal CPD portfolio	CPD Log submission				
		g. Upon request, present a written profile or portfolio (own work, contemporary and supported by evidence) which demonstrates how CPD standards are being met.	CPD Reflection as per NCM Revalidation				
D.1	Personal leadership.			CSS 1	CSS 2	CSS 3	R/V
		a. Evidence how personal leadership and judgment can be used to make informed decisions and meet the standards required for consolidation of learning programme and paramedic status, demonstrating how others are involved in own learning	Reflection/Clinical Discussion				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
D.2		b. Evidence the ability to reflect on own clinical practice and behaviour	Reflection				
		c. Demonstrate understanding of how to provide constructive feedback as well as be open to receiving such feedback from others	Reflection/Feedback				
		d. Demonstrate a constructive relationship with mentors and others engaged in own learning.	Reflection/Feedback				
		e. Understand how raise concerns in an appropriate manner during the programme	Clinical Supervised Shift/Clinical Discussion/Sign off preceptorship review				
		f. Be an effective role model and ambassador for the Trust	Clinical Supervised Shift/Clinical Discussion/Sign off preceptorship review				
		g. Take ownership of own personal journey through the consolidation programme.	Sign off preceptorship review				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
	Team Working	a. As a health professional in a new environment, demonstrate the ability to work appropriately with others and in partnership with service users, professionals, support staff and others.	Clinical Supervised Shift				
		b. Demonstrate the ability to work collaboratively as part of a team as well as an independent practitioner.	Clinical Supervised Shift				
		c. Evidence being able to work in a multi-disciplinary team	Clinical Supervised Shift				
		d. Share learning of skills, knowledge and experience where appropriate.	Clinical Supervised Shift with lower grade clinician/Feedback				
E.1	Developing Others			CSS 1	CSS 2	CSS 3	R/V
		a. Understanding the role and responsibility of mentoring and of being a mentor by delivering mentoring	Clinical Supervised Shift with lower grade clinician/Feedback				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		skills. Mentor (Ped) undergraduate students.					
		b. Facilitate problem solving, give constructive feedback, provide peer support, demonstrate coaching skills, and commence observed feedback. Provide a reflective case study including feedback from the learner recognising own limitations and those of others	Clinical Supervised Shift with lower grade clinician/Feedback/Reflection				
F.1	Self Awareness			CSS 1	CSS 2	CSS 3	R/V
		a. Evidence awareness of and engage with Trust wellbeing services and advice where appropriate.	Sign off preceptorship review				
		b. Be able to maintain fitness to practice: o Understand the need to maintain high standards of	NMC Revalidation/Sign off preceptorship review				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		personal and professional conduct. o Understand the need to maintain personal health o Adopt strategies for physical and psychological self-care, critical self- awareness and maintain a safe working environment. o Recognise the need to engage in incident debriefing to learn lessons, reflect and address future patient management and safety					
		c. Understand that you must not do anything or allow someone else to do anything that you have good reason to believe will put the health and safety of a service in danger. This includes your own actions and those of others.	NMC Revalidation/Sign off preceptorship review				
		d. Understand the need to limit work or stop practicing where own performance or	NMC Revalidation/Sign off preceptorship review/RTW if applicable				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		judgment is affected by adverse health or wellbeing.					
G.1	Receiving feedback and reflecting			CSS 1	CSS 2	CSS 3	R/V
		a. Effectively demonstrate insight into own professional and clinical practice by using reflective models to enable evidence of reflection on: <ul style="list-style-type: none"> o Incidents encountered during shift. o Any adverse incidents, complaints, or grievances. Following a specific event or experience. o Thoughts, opinions and feedback from others 	Clinical Supervised Shift & Reflective submission from 1 Shift				
		b. Avoid becoming defensive, honing the ability to receive constructive feedback which may or may not be negative, using the reflective practice and insight gained to further	Clinical Discussion post Shift with lower clinical grade/Reflective submission on where feedback has affected practice				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		develop clinical practice: o Actively seek feedback from peers, mentors and patients. o Evidence of how a change has been made as a result of feedback.					
G.2	Shared Values						
		a. Demonstrate compassion, caring and communication.	Clinical Supervised Shift				
		b. Demonstrate empathy, dignity and respect, intelligent kindness, integrity and sensitivity.	Clinical Supervised Shift/Reflection/Feedback				
		c. Recognise the different values and beliefs and the ability to adapt personal behaviours and approach accordingly.	Clinical Supervised Shift /Reflection				
		d. Demonstrate awareness of own behaviour and its effect on others	Clinical Supervised Shift/Reflection/Sign off preceptorship review				
		e. Involve the patients in decisions made about them.	Clinical Supervised Shift				

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Identifier	Objective	Sub Objective	Suggested way of meeting	When Met			
		f. Be accountable for own actions and accept responsibility.	Clinical Supervised Shift/Clinical Discussion				
		g. Demonstrate understanding and practice of the Trust's Duty of Candour	Clinical Supervised Shift/Clinical Discussion/Reflection				

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Appendix O - Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
					<p>The lead or committee is expected to read and interrogate any report to identify deficiencies in the system and act upon them</p>	<p>Required actions will be identified and completed in a specified timeframe.</p>	<p>Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</p>

Appendix P - Equality Impact Assessment

EIA Cover Sheet		
Name of process/policy	Preceptorship Policy	
Is the process new or existing? If existing, state policy reference number	V1.7	
Person responsible for process/policy		
Directorate and department/section		
Name of assessment lead or EIA assessment team members		
Has consultation taken place? Was consultation internal or external? (please state below): internal .		
The assessment is being made on:	Guidelines	
	Written policy involving staff and patients	x
	Strategy	
	Changes in practice	x
	Department changes	x
	Project plan	
	Action plan	
	Other (please state) Training programme.	

Equality Analysis

What is the aim of the policy/procedure/practice/event?

To ensure quality of preceptorship and a trust wide procedure for clinical staff in the preceptorship phase of their pathway.

Who does the policy/procedure/practice/event impact on?

Race Religion/belief Marriage/Civil Partnership
Gender Disability Sexual orientation
Age Gender re-assignment Pregnancy/maternity

Who is responsible for monitoring the policy/procedure/practice/event?

What information is currently available on the impact of this policy/procedure/practice/event?

Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? Yes/No

No

Equality Analysis

Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples:

- | | | | |
|--|---|--|--|
| Race <input type="checkbox"/> | Religion/belief <input type="checkbox"/> | Marriage/Civil Partnership <input type="checkbox"/> | |
| Gender <input type="checkbox"/> | Disability | Sexual orientation <input type="checkbox"/> | |

- | | | | |
|-------------------------------------|-----------------------------|---|--|
| Age <input type="checkbox"/> | Gender re-assignment | Pregnancy/maternity <input type="checkbox"/> | |
|-------------------------------------|-----------------------------|---|--|

Please provide evidence:

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples:

- | | | | |
|--|---|--|--|
| Race <input type="checkbox"/> | Religion/belief <input type="checkbox"/> | Marriage/Civil Partnership <input type="checkbox"/> | |
| Gender <input type="checkbox"/> | Disability | Sexual orientation <input type="checkbox"/> | |
| Age <input type="checkbox"/> | Gender re-assignment | Pregnancy/maternity <input type="checkbox"/> | |

Please provide evidence: No identified concerns

Equality Analysis

Action Plan/Plans - SMART

Specific

Measurable

Achievable

Relevant

Time Limited

Evaluation Monitoring Plan/how will this be monitored?

Who: Clinical Lead for Education & Clinical Practice

How: Via thematic analysis, case variance and audit

By:

Reported to: