

# Preceptorship Framework for Assistant Practitioners



# Preceptorship Framework for Assistant Practitioners

Ward/Department	
Speciality	
Name of Assistant Practitioner	
Name of Preceptor	
Name of Manager	
Preceptorship Start Date	

# Preceptorship Framework for Assistant Practitioners

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# Preceptorship Framework for Assistant Practitioners

## Introduction

Congratulations on your success on qualifying as an Assistant Practitioner. This preceptorship framework has been developed to assist organisations in ensuring all Assistant Practitioners (APs) have a period of preceptorship following successful qualification.

The key area of support for APs will be achieving the transition from support worker to AP, where they will be required to work with a certain degree of autonomy, responsibility and manage their workload. In some cases they will also take the responsibility for leading a small team of other support workers. The AP will also have to contend with the reactions of other team members to their new role. This may need the support of other senior managers within the organisation. This document, therefore, should be used to support the AP throughout the preceptorship period, with the initial meeting providing a vital opportunity to identify the key aspects of the role within the service.

It is essential to recognise that individual APs will have achieved specific competencies on completion of their qualification, demonstrated within the APs portfolio of evidence. This framework is not intended to duplicate such competencies, but will assist in identifying further role specific competencies and/or other individual developmental needs. Once completed, the framework should form an integral part of the APs portfolio of development.

This framework may be adapted for use across all health and social care settings.

### ***What is preceptorship?***

A period of structured transition in which new staff will be supported to develop confidence, autonomy, professionalism and skills. (DH 2010)

### ***How long will my preceptorship last?***

Time period may vary from one organisation to another, however usually preceptorship will last between four and six months.

### ***Who could be my preceptor?***

A preceptor should be a practitioner/registrant with a minimum 12 months experience, be deemed occupationally competent and confident by their manager, and be willing to undertake and have the time to perform the role. A mentorship qualification or equivalent is preferable.

### ***What is competency?***

Competency comprises of the skills and knowledge, learnt through training, development and performance management. (Langdon and Whiteside 2004)

### ***What is the Knowledge and Skills Framework (KSF)?***

Knowledge and Skills Framework (KSF), describes the knowledge and skills required to perform a role, in order to deliver an effective service.

### ***What are the Core Standards for Assistant Practitioners?***

A set of standards developed by Skills for Health that covers deployment, management, recruitment, education and training, competences and development of Assistant Practitioners.

### ***What are Personal Development Plans/Reviews?***

Personal Development Plans/ Reviews, enable employees and their managers to discuss and agree clear objectives regarding learning and development, usually for the next twelve months. This should include a clear plan, outlining how goals will be achieved.

# Preceptorship Framework for Assistant Practitioners

## Pledge

### Assistant Practitioner

#### I commit to assuming my responsibilities as a preceptee, including:

- Adherence to National AP Core Standards
- Practicing in accordance with organisational policies, guidelines and protocols
- Identifying, planning and achieving my learning objectives, in partnership with my preceptor
- Taking responsibility for my own learning and development
- Reflecting on my own learning and development, recognising when I need to seek support and guidance
- Regularly seeking feedback on my performance from relevant others
- Utilising resources available to aid my professional development
- Progressively assume responsibility of patient care within my scope of practice using evidence based practice
- Engaging in timely formal assessment of performance with preceptor and ensuring this is documented
- Maintaining a portfolio of evidence with mentors

Name		Signature	
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### Preceptor

#### I commit to delivering my responsibilities as a preceptor, including:

- Understanding the National AP Core Standards
- Taking into account the preceptees prior knowledge, experience and competencies.
- Supporting the preceptee to practice in accordance with organisational policies, guidelines and protocols
- Facilitating the transition of the newly qualified Assistant Practitioner
- Identifying and planning learning objectives and key learning opportunities in partnership with the preceptee
- Committing time and providing constructive feedback to support the preceptee
- Engaging in timely formal assessment of performance with preceptee

Name		Signature	
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### Manager

#### I commit to deliver my responsibilities as a manager, including:

- Allocating an appropriate preceptor and supporting the preceptorship relationship.
- Monitoring implementation of preceptorship to ensure personal development plans are undertaken
- Ensuring all Assistant Practitioners can access appropriate training, including statutory and mandatory training
- Participating in the evaluation of the preceptee during the preceptorship period

Name		Signature	
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Please remember, if you do not understand what is expected of you, or if you have any problems/difficulties regarding your role development, you should speak to your Preceptor and/or Manager.

# Preceptorship Framework for Assistant Practitioners

## Preceptor Process

If you are employed as an AP *in a new work place*, you should undertake a local induction within the first week in post. Table 1 below outlines some key objectives which will need to be achieved. Your department may wish to add to these as per the trust local induction policy.

It is recommended that you work at least one shift per week with your preceptor in order to receive the support required during your transitional development period.

You should undertake a preliminary/initial, midway and final meeting during your preceptorship period and dates for these should be agreed and set in advance.

It is recommended that you meet at least once per month formally, to discuss and evaluate progress and to plan your learning objectives.

Induction/orientation to department (To be completed within first week)

Table 1.

Learning Outcomes	Specific Objective	Achieved (Sign & Date)
1. Awareness of the work environment and service provision	<ul style="list-style-type: none"> <li>Meet preceptor and manager</li> <li>Tour of the area and an introduction to other team members</li> <li>Be provided with an insight into basic routines</li> <li>Outline of medical staff rota's and the bleep system</li> <li>Be shown trust policies and be aware of their use and implications</li> </ul>	
2. Awareness of local policy in relation to an emergency situation	<ul style="list-style-type: none"> <li>Receive an explanation of procedures for all emergencies</li> <li>Familiarise self with emergency policies/protocols</li> <li>Familiarize self with emergency equipment by discussion/demonstration and carry out daily checks as required</li> <li>Ensure mandatory training is up to date</li> </ul>	
3. To be made aware of actions to be followed in the event of fire or suspected fire	<ul style="list-style-type: none"> <li>Discuss fire procedures (Fire Safety Policy)</li> <li>Be familiar with specific departmental fire procedures</li> <li>Be aware of the local Fire Officer and how to access</li> <li>Ensure mandatory training is up to date</li> </ul>	
AP Signature	Preceptor's Signature	Date Objective Achieved

## Preceptorship Framework for Assistant Practitioners

### Mandatory Training and Continuing Professional Development (CPD)

Date of last mandatory Training: \_\_\_\_\_

Date of next planned mandatory training: \_\_\_\_\_

**Please provide details below of study days, training sessions, or conferences that you have attended**

<b>Session Title</b>	<b>Date</b>	<b>Venue</b>	<b>Contribution to Professional Development (Outcomes of session)</b>

## Assistant Practitioner – Outline of role Initial meeting

The role of the Assistant Practitioner may be new to your area. It is therefore important that a discussion takes place with the **Assistant Practitioner, Preceptor and Manager** to determine what will be expected of this role within the service. This is an opportunity to explore the potential for the role and to clarify the key clinical competences you will be working towards. You should also identify any additional training and support you may need to develop your knowledge, skills and confidence, for example IT training, communication skills. Progress should be reviewed and documented during your meetings.

**Date:**

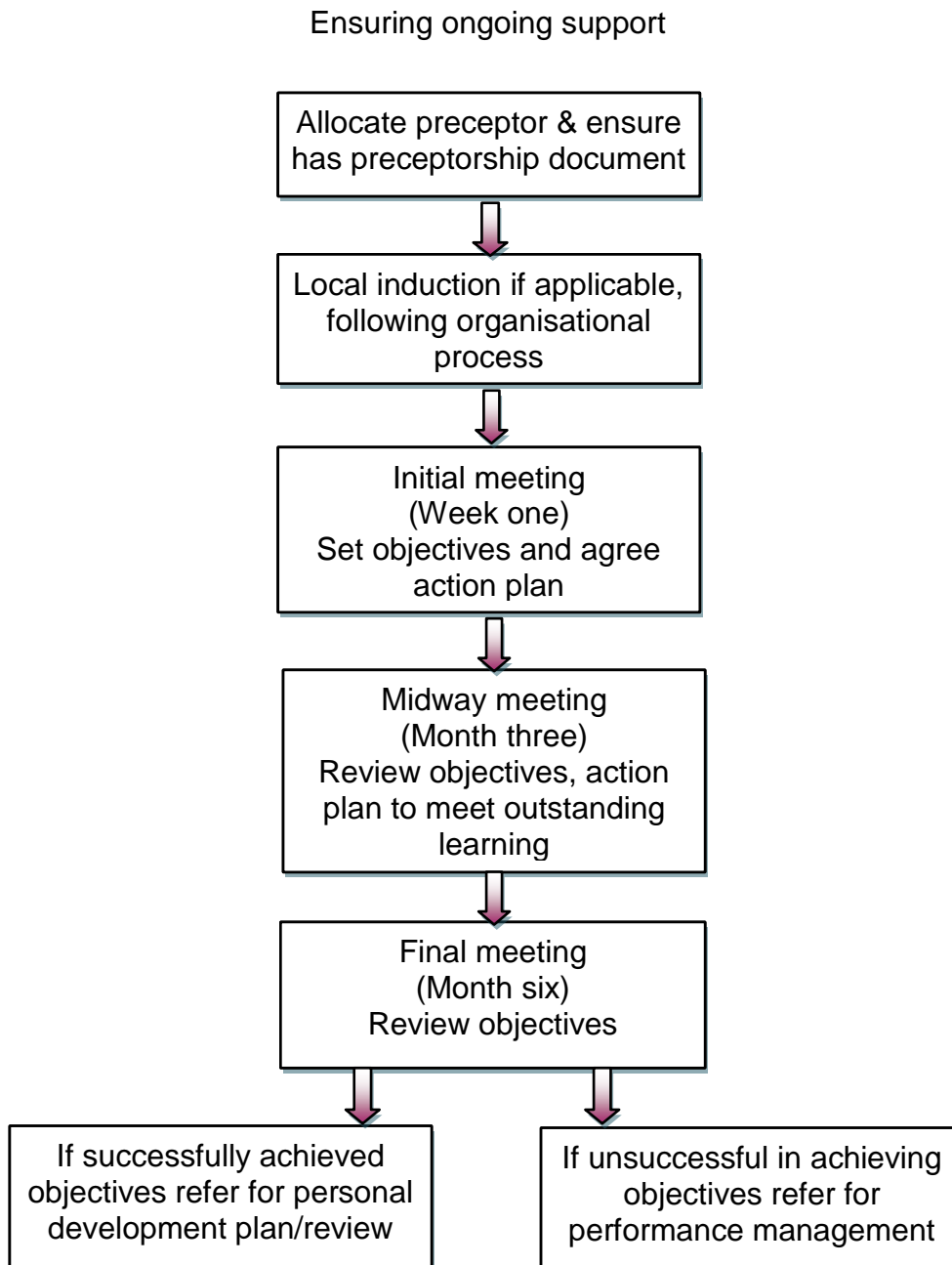
Key aspects of role	Areas for development

**Complete Initial Meeting Action Plan on page 13**

Manager signature	
AP Signature	
Preceptor Signature	



## Preceptorship Flow Chart



## Introduction to competency framework

This competency framework will:

- Be used by newly qualified Assistant Practitioners working in all areas but will be tailored to reflect the job you are performing within your organisation.
- Be used with: The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process or equivalent organisational framework, The Core Standards for Assistant Practitioners and Skills for Health National Occupational Standards (NOS)/ Workforce Competences <https://tools.skillsforhealth.org.uk/careerframework>.

### Definition of competence

Clinical competence is defined as possessing the skills and abilities required for lawful, safe and effective professional practice without direct supervision (NMC, 2008). It is important that you recognise and work within the limits of practice activities that maintain and develop your competence and performance (NMC, 2008).

However, competence is more than possessing the knowledge or psychomotor skills necessary to perform a specific task competence means the caregiver can integrate knowledge, skills and personal attributes consistently in daily practice to meet established standards of performance.

Clinical procedures must only be undertaken following appropriate training and once deemed competent following a period of supervised training. Training can be obtained from your organisation's training department or in the workplace from a competent practitioner. All training must be kept up to date by regular updates and reviewed annually during a Personal Development Review. When clinical competency has been achieved, training records should be retained in this section and form part of your professional portfolio.

For the **Core Standards for Assistant Practitioners**, see Appendix 1

## Competency Framework

As a qualified Assistant Practitioner, you are responsible for developing and maintaining the required competencies for your role. You should provide documented evidence of this within your portfolio.

**Clinical Competencies identified for role** (refer to your initial meeting, job description and person specification)

Clinical Skill	Competence Achieved (Yes/No)	Date Achieved	Evidence provided in portfolio Yes/No

## Record of preceptorship reviews

Please record the key points of your discussion with your preceptor (and manager where applicable)

Initial meeting Date: \_\_\_\_\_

Developmental needs/competencies to be achieved	Action plan	Review date	AP Signature	Preceptor Signature	Reviewed on (date)	Achieved Yes/No

**Midway Meeting Date:** \_\_\_\_\_

AP Signature \_\_\_\_\_

Preceptor's Signature \_\_\_\_\_

Comments	Action plan

## Final Meeting – End of preceptorship summary

<b>Preceptor</b>	
Signature	Date

<b>Assistant Practitioner</b> (maybe written as a reflection)	
Signature	Date

### Preceptor's Statement of Verification

I have assessed the Assistant Practitioner named below and confirm that they have achieved all of the identified clinical practice competencies. In my professional capacity I believe that the Assistant Practitioner has demonstrated the knowledge and abilities required for lawful, safe and effective professional practice under the supervision of a registered practitioner.

Preceptor Name	Signature	Date Achieved

### Assistant Practitioner - Statement of Verification

I have successfully undertaken a period of supervision and have achieved all of the identified clinical practice competencies. I understand that it is my professional responsibility to adhere to relevant polices and procedural guidelines when undertaking any skill. I am aware of my personal and professional responsibilities to ensure that I have the knowledge and abilities required for lawful, safe and effective professional practice under the supervision of a registered practitioner.

AP Name	Signature	Date Achieved

Manager's Name	Signature	Date
PDR/PDP date set:		

## References

Department of Health (DH) 2010 Preceptorship Framework for Newly Registered Nurses, Midwives and Health Professionals.

Langdon, D and Whiteside, K 2004, Brining Sense to Competency, Definition and Attainment.

Core Standards for Assistant Practitioners. Skills for Health (2009)



## Core Standards for Assistant Practitioners

### Standard 1

The role of the Assistant Practitioner should be recognised and valued in its own right.

1.1 Assistant Practitioners should be recognised by employers as valued workers who support the work of registered practitioners.

1.2 Assistant Practitioners may work under distant guidance and work as lone workers where appropriate.

1.3 Assistant Practitioners can be appropriately used in most service settings and across professional boundaries.

1.4 Assistant Practitioners should have job descriptions that reflect the scope and responsibility expected of them and the job description should be regularly reviewed.

### Standard 2

Candidates who have the capability to undertake the job should be recruited to an appropriate post of employment and training programme.

2.1 There should be a formal selection process.

2.2 Employers must be involved in the recruitment and selection process.

2.3 Education and training organisations should accept a wide diversity of entry qualifications and/or equivalent experience.

2.4 Literacy, language and numeracy skills should be in line with the functional skills identified in the Skills for Health employability matrix for Career Framework Level 4 by the time their training is completed.

2.5 Trainee Assistant Practitioners should have relevant experiences that allow them to understand the challenges of the health and/or social care in the environment in which they are to work.

### Standard 3

The education and training of Assistant Practitioners should support the development of a practice focused, competent individual.

3.1 The education of the Assistant Practitioner should be work based and employer led.

3.2 The education and training of Assistant Practitioners should be at level 5 of the Qualification and Credit Framework (QCF) which is equivalent to Intermediate Level Higher Education such as Foundation Degrees or Higher National Diplomas.

3.3 The duration of the training of Assistant Practitioners should normally be 2 years in duration.

3.4 Programme providers should consider each applicant as an individual and where possible AP(E)L should be applied.

3.5 Whilst in training, the trainees should be recognised as learners and be supported to develop their newly acquired skills as part of the care team.

## Standard 4

The Assistant Practitioner should be acting at the appropriate level on the career framework.

4.1 The job description of the Assistant Practitioner should equate to Level 4 of the Career Framework.

4.2 The following career framework indicators should be applied to Assistant Practitioners:

- Manages their role under guidance
- Makes suggestion for improvement to outcomes of their job
- Demonstrates self-directed development and practice
- Makes judgements requiring a comparison of options
- Plans straight forward tasks and work guided by standard operating procedures and protocols.

And where appropriate:

- Undertakes the ongoing supervision of the routine work of others
- Takes some responsibility for the training of others and may deliver training.

## Standard 5

The Assistant Practitioner should be competent in the following areas:

CfA 105 Store and Retrieve Information

CfA 106 Use IT to exchange information

CHS 36 Provide basic life support

GEN 12 Reflect on and evaluate your own values, priorities, interests and effectiveness

GEN 13 Synthesise new knowledge into the development of your own practice

GEN 22 Communicate effectively with individuals

GEN 23 Audit your own work practice

GEN 63 Act within the limits of your competence and authority

HSC D5 Comply with legal requirements for confidentiality

HSC 22 Support the health and safety of self and others

HSC 23 Develop your knowledge and practice

HSC 24 Ensure your actions support the care, protection and well-being of individuals

HSC 234 Ensure your actions support equality, diversity and responsibilities of others

HCS 241 Contribute to the effectiveness of teams

And where appropriate:

M&LD 5 Allocate and check work in your team

Where Assistant Practitioners have a clinical role:

AG 2 Contribute to care planning and review

CHS 118 Form a professional judgement of an individual's health condition

ENTO WRV1 Make sure your actions contribute to a positive and safe working culture

GEN 4 Prepare individuals for clinical/therapeutic activities  
GEN 5 Support individuals during and after clinical/therapeutic activities  
GEN 6 Prepare the environment for clinical/therapeutic activities  
GEN 7 Monitor and manage the environment and resources during and after clinical/therapeutic activities  
GEN 8 Assist the practitioner to implement clinical/therapeutic activities  
HSC 21 Communicate and complete records for individuals  
IPC 2 Perform hand hygiene to prevent the spread of infection

## Standard 6

The Assistant Practitioner should be enabled to develop within their role and progression routes should be available.

6.1 Continuing Professional Development should be available for Assistant Practitioners to develop within their role.

6.2 Employers should recognise transferable skills and competences.

6.3 Wherever possible, education providers and employers should work together to ensure smooth access onto practitioner level programmes.

6.4 Employers should ensure that available promotion opportunities, where appropriate, are open to Assistant Practitioners within their organisations.