

Clinical Career Development Preceptorship Framework



A guide to developing confidence and professional skills during times of transition in your clinical career

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Introduction

The aim of this guidance document is to support pre-registered and registered podiatrists during times of transition during career development. There is a particular focus on early career development during the period of transition from student to registered professional to help newly qualified podiatrists enhance competence and build confidence in their abilities to work as a registered healthcare professional.

Preceptorship features as one element of an early clinical career framework in the Health Education England (HEE). Reducing Pre-registration Attrition and Improving Retention (RePAIR) project.

On successful completion of the preceptorship programme preceptees will:

- Consolidate their roles and responsibilities to act as an effective, safe and autonomous practitioner
- Understand how to access help and guidance to build confidence and resilience and reduce anxiety to aid further career progression
- Have developed skills to enable them to engage in continuous professional learning and refined skills, values, and behaviours to continue lifelong learning.

Preceptorship is defined and discussed. A framework specific to podiatrists is provided outlining the expectations of a preceptorship program. The preceptor is central to the success on any preceptorship programme. We have included a table detailing the roles and responsibilities of the preceptor, preceptee and HEI/Employer for successful completion and the section on preceptor training and support.

The fundamentals to be included within a preceptorship programme for podiatrists are detailed and further signposting to resources/toolkits. By following this early clinical career preceptorship guidance, podiatrists will be adhering to HCPC Standards and Royal College of Podiatry (RCPod) Standards of Practice.



This guidance is intended to be interpreted at a local level, which may mean complete adoption or the use of elements to complement existing programmes within your organisation to ensure it meets the professional needs and provides the best fit for podiatrists in practice.

Definition of Terms

We appreciate that for some preceptorship may be a new concept, while others will be familiar with the idea and may even be using an existing model. Our 2019/20 preceptorship survey of the RCPod's members indicated that people have been referring to different things under the title of preceptorship e.g. competency training, professional development, clinical supervision.

Within the context of this guidance our definitions are:

Preceptorship - a structured programme for registered practitioners new to role (newly registered practitioner/ new to role practitioner/ return to practice practitioner) accessed during periods of transition where they will be supported by a preceptor, to grow capabilities, confidence and professional skills during their early clinical career.

Early Clinical Career - The first two years of the practitioner's employment in line with the term used in the RePAIR project <https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention>

Aims of Preceptorship

- Provide an agreed national approach to improving the newly qualified podiatrist's confidence in practice strengthening the 'flaky bridge' at this pivotal transition from final year student to employed registered practitioner as recommended with the recommendations from the RePAIR project: <https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention>
- Provide a structured support framework for podiatrists during times of transition with particular reference to early career development
- Enhance clinical skills, professional behaviours and reflective autonomous practice
- Guide and support preceptors working with preceptees.

Objectives of Preceptorship

- Preceptorship enables podiatrists to develop and take account of their professional self and skills during transitional phases in their career development
- It is designed to work in conjunction with and not to replace any skill competency frameworks, induction training, clinical supervision etc. It should be seen as a separate but essential professional development programme to complement these other statutory or mandatory activities
- For newly qualified staff, it is the first step in professional working and provides a pivotal opportunity to recognise and embed professional development post registration, establishing the skills and evidence of continuous professional development within their professional portfolio, in line with the HCPC **Standards for CPD** and commitment to lifelong learning.

Preceptorship Vision Statement

Being part of a preceptorship programme will enable me to continue to grow my capabilities and confidence as a healthcare professional.

On successful completion of the preceptorship programme I will be fully aware of my roles and responsibilities to act as an effective, reflective, safe and autonomous practitioner.

I will understand how to access help and guidance to build resilience and aid career progression.

Standards of Preceptorship

1. Preceptorship should be introduced pre-registration by HEIs and embedded as part of readiness for practice/transition to becoming a registered professional.
2. The employing organisation/business has a preceptorship policy formally approved with appropriate governance and management support for its value and completion at all levels.
3. Preceptorship programmes should be available for up to two years post qualification during the early clinical career period. Details of time commitment should be clearly outlined in the programme structure.
4. Preceptorship is monitored and evaluated on a scheduled basis to ensure the programme, design, content and delivery remains relevant, accessible and tailored to the individual's requirements and job role.
5. There is a named lead for podiatry preceptorship within the organisation/business and a preceptor who is qualified or has suitable knowledge and experience who is qualified or has suitable knowledge and experience in the system.
6. There is a clear structured preceptorship programme that has been agreed by the podiatry leads and should be available for all new registered practitioners, those new to a role and those returning to practice/after a significant absence from work.
7. Preceptorship aligns with completion of clinical skills competencies and is informed by wider continuous learning and development needs outlined in an appraisal framework.
8. Preceptorship programmes can be delivered uni and multi-professionally. NB Inter-professional learning and care delivery is a core element and so an element of shared learning across professions is essential.
9. Preceptorship programmes can be delivered via a variety of modalities e.g. one to one, group, e-learning.
10. Individual and group reflection, action learning and/or discussion are included as a core learning element in the preceptorship process.

Roles and Responsibilities

Preceptor: refers to a registered practitioner who has been given a formal responsibility to support a newly registered practitioner/new to role practitioner/return to practice practitioner through a guided preceptorship programme. Normally a preceptor would have completed their own preceptorship and have had at least two year's postgraduate experience.

Preceptee: refers to a registered practitioner who is new to role (newly registered practitioner/new to role practitioner/return to practice practitioner) and engaging in a structured clinical career development programme. While engaged in preceptorship, the podiatrist will be referred to as a 'preceptee'.

Preceptor/Preceptee Relationship

The relationship between preceptor/preceptee is different to that of line management (even though they may be your line manager in a small practice). It requires mutual trust and confidentiality, enabling a safe space that is clearly understood by both parties. It is recommended that an agreement is set out in writing and signed by both parties as a reminder that they are entering into and working in a partnership. The relationship should be supportive and enabling. It is acknowledged that an individual's needs may change, and the agreement may continue until objectives are achieved or it can be discontinued if not working for either party. Under these circumstances it may be requested that the agreement be terminated without question or blame.

There may be reasons or concerns that may need to be escalated outside of this relationship. If something of a serious nature is disclosed there is the expectation of appropriate escalation that protects all parties.

The table below describes the roles and responsibilities of each party:

Preceptee	Preceptor	HEI/ Employer
Commitment to actively engage and participate in preceptorship programme with a clearly defined purpose of preceptorship that is mutually understood by preceptors and preceptees.	Designated responsibility for the development and support of a preceptee with a clearly defined purpose of preceptorship that is mutually understood by preceptors and preceptees. To assist the preceptee in learning how to grow capabilities and confidence as a healthcare professional and display these in their everyday practice and interaction with others.	To ensure systems are in place to identify all staff requiring preceptorship on employment and role transition and provide them with a designated named preceptor. To ensure systems are in place to monitor and track staff through a preceptorship programme. To hold a central register of trained preceptors.
To maintain regular contact with preceptor and agree a timeframe, frequency and duration of program.	To maintain regular contact with preceptee and agree a timeframe, frequency and duration of program.	To ensure protected time for preceptorship activities for both preceptors and preceptees.
To complete a reflective log as evidence of learning that will help inform future developmental needs and form part of their CPD portfolio.	To undertake training and education to provide them with the knowledge and skills to fulfil the role of a preceptor and be able to evidence this in their CPD portfolio.	To ensure robust training is available to support the development of preceptors. The learning from CPD portfolios are reflected in appraisal processes. They are recognised as a trained preceptor to go on a preceptor register.
To contribute to the evaluation and future development of preceptorship programmes	To contribute to the evaluation and future development of preceptorship programmes	To ensure preceptorship programmes are monitored, evaluated and reviewed.

Early Clinical Career Framework

To fully realise the value and benefits to the individual and organisation, there are a number of different aspects to be considered. Below we have detailed the fundamental components that make up the standards of preceptorship applicable to podiatrists.

1. Accountability – awareness of what you are responsible for? Knowing when you need to refer to other health care professionals? Awareness of your current and future scope of practice? Those in independent practice are aware of their rights and responsibilities as a practice owner/self - employed practitioner, including from a business perspective?
2. Communication – understanding the types of communication and language we can use with different people. Understanding what effective communication is and the barriers to that through techniques such as motivational interviewing. Understanding how to be inclusive in our communication including digital solutions to aid communication.
3. Dealing with conflict/managing difficult conversations – being able to maintain personal and professional behaviours during difficult situations i.e. patient complaint management. Appreciating techniques to deescalate conflict situations and solution approaches.
4. Emotional intelligence – understanding self and others and importance of maintaining trust and effective relationships. Emotional Intelligence includes self-regulation, empathy, motivation, social skills and self-awareness.
5. Equality Diversity and Inclusion (EDI) – understanding of EDI and awareness of conscious and unconscious bias. Use of reflective skills to hold the mirror up to personal preferences, attitudes and stereotypes, and challenge assumptions.
6. Leadership – recognising opportunities for leadership at all stages of career. Development of positive leadership behaviours.
7. Delivering safe care – understanding patient and professional health and safety

responsibilities including the importance of clear, evidence-based decision making. Awareness of high record keeping standards.
8. Taking a whole-person centred care approach – confident to apply knowledge and skills in the best interests of the individual patient e.g. safe management of medicines, legal and ethical frameworks, safeguarding.
9. Health and wellbeing - awareness of your own professional and personal self care including mental health and wellness. Know how and where to access support as needed e.g. mindfulness, different coping mechanisms, recognising signs and symptoms of stress and burnout in self and others.
10. Team working – understanding team dynamics, collaborative and interprofessional learning. Experience of working in multi professional teams and/or relationships.
11. Inter-professional learning and care delivery - appreciation of skills verses role. Understanding of wider context of healthcare promotion i.e. making every contact count. Understanding of diverse thinking in relation to cross party working and problem solving.
12. Raising concerns – know how to escalate using escalation tools e.g. SBAR, incident reporting systems, raising concerns. Awareness of feeling safe to speak up (psychological safety) and raising concerns and alarm e.g. duty of candour, safeguarding alerts raised.
13. Quality Improvement, Innovation and Research- understanding what a learning culture, is including opportunities to learn. Understanding your role and responsibilities for change. Awareness of wider stakeholders i.e. service users (experience of care agenda). Awareness of transformation e.g. digital transformation. Recognising opportunities to expand the evidence base or fill in gaps in the current research available.
14. Continuous learning and development – exploring options continuous development and access to learning opportunities within your current role.
15. Career development/progression – exploring aspirational and organisational opportunities. Awareness of career development opportunities and scope within current profession/specialism and who to seek further guidance/support from e.g. mentor, professional body, line manager.

16. Reflection – recognising the value of engaging with peers/group reflections and action learning sets. Look for opportunity to explore different approaches/styles and gain skills in giving and receiving feedback.

Resources and Toolkits

No single way of learning is better than any other. The delivery should meet the learning style of the individual. Learners are expected to utilise a mixture of tools to learning components throughout the programme.

NHS employers has issued the following advice for newly qualified staff:

<https://www.nhsemployers.org/your-workforce/plan/workforce-supply/education-and-training/preceptorships-for-newly-qualified-staff>

We recommend NHS Podiatrists contact their local learning development team for a copy of their local preceptorship policy or equivalent.

Components to continuous professional development applicable to a successful completion of the early clinical career preceptorship programme include:

- Theoretical Learning (facilitated by preceptor, self-directed or online)
- Guided reflection on practice (facilitated by learning from a more skilled practitioner e.g. preceptor and peers)
- Online resources: (e-Lfh) has produced training on preceptorship **<https://www.e-lfh.org.uk/programmes/preceptorship/>**
- The RCPod's CPD resources: Replace link with: **<https://membersarea.rcpod.org.uk/cpd2/5-standards-of-cpd>**

Preceptor Training and Support

It is essential that those who support and guide preceptees are suitably prepared, skilled, and receive the necessary support to take on the role as a designated preceptor.

The 2019/20 RCPod preceptorship survey indicated that members felt guidance outlining the education and training of preceptors was necessary to ensure the safety and quality of preceptorship delivery. The guidance below aims to provide managers and clinical practice learning partners (where applicable to multi-professional preceptorship programmes) with an outline of the skills and support needed for preceptors.

Preceptors need to have

1. An understanding of what is meant by a 'learning culture' to be able to provide a safe, supportive space for preceptors where they feel able to be open and honest to engage in activities to develop their confidence and professional skills during a time of transition.
2. Active listening skills.
3. Motivational skills.
4. Supervision skills.
5. Skills to give and receive constructive and motivational feedback.
6. An understanding of how to coach and empower others. Preceptorship programmes are most successful when preceptors are able to empower preceptees to identify for themselves what actions are needed to develop their resilience and become caring, reflective and continuous learners, capable of working in inter-professional and inter-agency teams
7. An understanding of how to evidence reflective-practice ability in the working environment and the value of doing so as part of lifelong continuous learning to guide another.
8. Skills to know where/when to appropriately support the preceptor to escalate any concerns shared.

9. Preceptor supervision where they are appropriately supported and have a safe space to share experience as a preceptor to guide their own development in this role.

Links to wider resources/guidance

- Access to the mentorship scheme. The RCPod has created a mentorship platform for members in response to requests from members. Access to the mentorship platform is available: <https://membersarea.rcpod.org.uk/membership/mentoring>
- NHS Education for Scotland Train the Trainers' Toolkit Helping Others to Facilitate Learning in the Workplace: A Practical Guide:
http://www.knowledge.scot.nhs.uk/media/6866097/trainthetrainers__final_.pdf
- NHS Leadership Academy Return to Work Mentoring Programme (available to NHS employed staff only):
<https://www.leadershipacademy.nhs.uk/programmes/return-to-work-mentoring/>
- e-Learning for Healthcare (e-LfH) has produced training on preceptorship including for preceptors. This resource started from a nursing preceptorship program and is continuously being refreshed with further resources from other professions as they become available:
<https://www.e-lfh.org.uk/programmes/preceptorship/>.

Project Governance

This preceptorship guide has been developed by the preceptorship task and finish group as part of the Royal College of Podiatry Retention Programme. The structure and quality assurance arrangements for this project include:

- A Task and Finish Preceptorship Group
- A project board.

Project Board

This project was supported by a project board that comprised of the RCPod working in partnership with HEE who are responsible for commissioning pre-registration education for England, Wales, and Northern Ireland.

Preceptorship Task and Finish Group

The task and finish group was co-chaired by the RCPod and HEE. Group membership comprised of stakeholders that included pre-registration student podiatrists, registered podiatrists (clinicians, retired clinicians, managers and leaders), clinical practice educators, wider AHPs with an interest in preceptorship models (Orthoptist, Speech and Language Therapist, Dietitian) and RePAIR fellows.

The main role of the group was to ensure that:

- The content of the product was right
- The guidance had good face validity among relevant stakeholder constituencies
- The guidance was fit for purpose and able to be implemented.

Following an initial face to face introductory group meeting, the group met virtually on a routine basis (every 4-6 weeks) over the progression of the project.

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References

Reducing Pre-registration Attrition and Improving Retention (2015) Health Education England [Link](#)

HCPC Standards for CPD [Link](#)

HCPC Standards Proficiency [Link](#)

HCPC Standards Conduct, Performance and Ethics [Link](#)

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