



SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology)

Preceptorship Programme Guidance for Healthcare Science Practitioners

The Professional Body for Cardiac Scientists

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Preceptorship Programme Guidance for Healthcare Science Practitioners

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Lead or Editing Author(s)	Jakki Colwill
Lead Authors' Job titles	SCST Education Committee Member
Original author(s)	Sophie Blackman
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Brian Campbell, SCST Vice Chair
Chief Cardiac Physiologist, Belfast City Hospital

Su Baxter, SCST President
Head of Cardiology, Good Hope Hospital, Heart of England Foundation Trust

Catherine Ross, SCST Chair
Chief Cardiac Physiologist, Craigavon Area Hospital

David Richley, Education Committee Chair, SCST Council member
Cardiac Physiology Lecturer Practitioner
Northern England Strategic Clinical Networks, NHS England

Jacqui Howard, SCST Council member and Education Committee member

Jane Eldridge, SCST Standards Chair and Education Committee member
Lead Cardiac Physiologist, Papworth Hospital NHS Foundation Trust

Emma Rees, SCST Council member and Education Committee member
Clinical Scientist and Senior Lecturer (Cardiology). Swansea University

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1.0 Change History

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1.0	12.11.2014	Sophie Blackman	Development of new process	Yes: SCST Education Committee and SCST Council
1.1	31.03.2015	Sophie Blackman	Amendments after draft review	Yes: SCST Education Committee and SCST Council
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1.4	15.04.2020	Jakki Colwill	Review	Yes SCST Education Committee

2.0 Introduction

The requirement for a national preceptorship programme is detailed in the 'Preceptorship Programme Framework'. The purpose of this document is to highlight the key aspects of the preceptorship programme most relevant to Healthcare Science Practitioners (HSPs). This document will be of interest to qualified HSPs to provide a structure to preceptorship, which can aid the management and completion of the programme.

3.0 Purpose

This document describes the key elements of good preceptorship, and provides guidance to ensure that preceptorship meets the needs of newly registered HSPs whilst supporting the delivery of high-quality care. Through this document the HSP can ensure they receive preceptorship of an equitable standard. This document should be used in conjunction with the 'Preceptorship Programme Framework'.

4.0 The Healthcare Science Practitioner

The HSP will begin the preceptorship programme to help transition from a newly qualified HSP to an independent and confident healthcare professional. With the support from a work-based preceptor the HSP will be able to develop their clinical skills, knowledge and values in the workplace whilst enhancing their critical thinking and decision making skills in the development of their role.

Through the preceptorship programme the HSP will be able to take responsibility for their individual learning and development, allowing a self-directed approach and the start of the life-long learning process fundamental to healthcare science. The HSP will have the opportunity to learn more about their profession, including its values and expectations, whilst developing specific competencies required for their role.

From the moment they graduate the HSP is autonomous and accountable. To this end they are responsible for the clinical work they undertake, and are responsible for ensuring they work within the remit of their role and competence.

4.1 Benefits of preceptorship to the HSP

Professional socialisation into working environment
Develops understanding of how to apply theory in practice
Develops understanding of commitment to working within profession
Develops personal responsibility for maintaining up-to-date knowledge
Learns importance of quality in patient care
Receives support in learning about processes that ensure quality
Develops personal and professional confidence
Feels valued and respected by employer and colleagues
Appreciates the employer is investing in their professional development
Feels invested in as a professional
Increased job satisfaction leading to improved patient/service user satisfaction
Feels committed to the organisation's corporate strategy and objectives

Provides formal documentation of development and ongoing learning

Appreciates that the preceptorship scheme is standardised and fair

Enhances specific skills, values and behaviours necessary for HSPs role

4.2 HSP Responsibilities

The HSP is expected to participate fully in the preceptorship programme and:

- demonstrate adherence to codes of professional practice
- take ownership of the preceptorship process and be proactive in completion of the objectives
- liaise with their manager to ensure that working arrangements facilitate the HCP to meet their preceptor regularly to review progress and identify development needs
- attend and actively engage in agreed meetings
- reflect on his/her progress at review meetings with the preceptor, including discussing any concerns about progress through the preceptorship process
- maintain and update all relevant documentation including preceptorship portfolio
- ensure that relevant preceptorship process documents are forwarded to preceptor and that a copy is retained for personal records
- escalate areas of concern about the process with preceptor or manager

5.0 Preceptor Responsibilities

To facilitate the preceptorship process by:

- demonstrating an adherence to codes of professional practice
- providing an overview of the preceptorship process and documentation
- monitoring and provide feedback to support the HSP in the completion of their preceptorship portfolio

- Supporting learning and development in line with requirements of the role using the development of an action plan to meet learning needs, including teaching/coaching/experiential learning sessions
- Using models of reflection to promote self-development
- At specific review points during the preceptorship period, reflect with the HSP on their progress, noting any concerns and provide feedback to the line manager
- Acting as a role model for the HSP
- Completing the preceptorship process documentation as required

6.0 Managers Responsibilities

- Arrange preceptorship for HSPs requiring it
- Nominate the appropriate preceptor to lead in the preceptorship process
- Advise other relevant individuals of the HSP and the assigned preceptor
- Ensure that the HSP receives relevant induction training, including statutory and mandatory training within appropriate timescales
- Provide appropriate support to enable the preceptorship processes
- Facilitate and maximise learning opportunities as required
- Act as a role model
- Obtain feedback at regular intervals from preceptor and HSP and measure progress against planned objectives
- Manage any underperformance through application of the organisation's relevant human resource policies and procedures
- Hold a local register of preceptors
- Review and assess the implementation of the preceptorship programme at regular intervals to ensure compliance
- Audit preceptorship programme with aim of identifying areas of improvement, and to ensure an equitable preceptorship is being delivered

7.0 Employers Responsibilities

- Ensure the preceptorship programme is available for HSPs working within their institution, in line with national recommendation from the Society for Cardiological Science and Technology
- Provide equal access and opportunity for HSPs to undertake the preceptorship programme
- Provide an environment in which preceptorship can be undertaken without prejudice
- Support managers and leaders in cardiac physiology service to deliver preceptorship programme
- Encourage audit of preceptorship programme

8.0 Preceptorship Programme Restrictions

The Preceptorship Programme is **not**:

- A process to compensate for a shortfall in pre-registration education
- A substitute for organisational performance management processes
- A replacement for managing fitness to practice
- A period in which the HSP is not accountable or responsible for his/her actions or omissions
- A replacement for mandatory training
- A replacement for induction
- A means of 'qualification' for non PTP graduates

The purpose of induction is to provide all employees with a good understanding of how the organisation works, including its principles, values and objectives. Its function is also to ensure that all employees have the knowledge, skills and attitudes necessary to perform their role in a safe, person-centred working environment. This programme does not replace formal academic processes necessary for the enhancement of academic knowledge and clinical skill required for investigations and therapy outside of the PTP curriculum.

It is acknowledged that the value of induction, including orientation, is further enhanced for the HSP during the preceptorship period and these two programmes can run in parallel where necessary.

The HSP is not expected to carry out duties that are not described within their job description, nor learn complex or advanced cardiac investigations that are at the level of the Scientist Training Programme (STP) graduate.

9.0 Implementation of the Preceptorship Programme

An agreement must be made between the preceptor and manager that the HSP will be supported throughout the preceptorship process and that the preceptor will take on the responsibility of guiding the HSP through the programme. The Preceptorship Programme Agreement, found in the 'Preceptorship Application Form', along with full payment, must be completed, signed and submitted to SCST when the programme is initiated.

It is the responsibility of the preceptor to make initial contact with their allocated HSP to discuss the preceptorship programme. Throughout the programme, the HSP must take the initiative with collecting evidence, and it is the preceptor's responsibility to facilitate this. Ownership of the preceptorship programme, and its completion, lies with the HSP.

10.0 Preceptorship Programme Agreement

In order to formalise the preceptorship process, the Preceptorship Programme Agreement and Application Form needs to be completed with each HSP. This will enable the employer, preceptor and HSP to understand their individual roles in the preceptorship process and will provide a formal record to assist with auditing and evaluating the programme. The Preceptorship Programme Agreement can be found in the Preceptorship Application Form.

11.0 Review Process

From the initial meeting between the preceptor and the HSP, a structured review process is imperative to ensure that the preceptorship programme is managed within a time frame that honours the HSPs capability and objectives for professional development.

Each review must be appropriately documented and evidence of these reviews is to be submitted to the SCST within the HSPs Preceptorship Evidence Record. Each review is intended to give the HSP the opportunity to discuss their duties and management of the preceptorship. This time can be used to set dates for OCEs, CbDs, other experiential learning or professional developmental activities. Documented feedback and scoring should also be provided to the HSP during these reviews.

Feedback should be delivered on the following factors:

Factor	Examples
Behaviours and Attitude	<ul style="list-style-type: none"> • Timekeeping • Cross disciplinary relationships • Peer to peer relationships • Professional ethics • Management of portfolio • Attendance of meetings • Helping others • Team work
Communication	<ul style="list-style-type: none"> • Face-to-face verbal communication • Trans-telephonic verbal communication • Non-verbal communication

	<ul style="list-style-type: none"> • Written communication <p>With patients, carers, medical professionals, other service users</p>
Health and Safety	<ul style="list-style-type: none"> • Uniform policy compliance • Health and Safety policy compliance • Hand washing and infection control compliance • Keeps working environment ordered • Takes measures to improve patient safety
Clinical Practice	<ul style="list-style-type: none"> • Quality of clinical practice as benchmarked against national standards • Utilise the PTP Training Guide¹ to ensure clinical work meets remit of role
Patient Experience	<ul style="list-style-type: none"> • Direct feedback from patients at time of interaction • Correspondence from patients • Observation of interaction with patients
Professionalism	<ul style="list-style-type: none"> • Linking all factors together to deliver a professional level of care • Holistic assessment of HSP

Throughout all interactions and reviews with the HSP these factors must be observed, considered and challenged. At each review meeting, documentation must be completed and the content must be agreed between the preceptor and HSP. When completing the review paperwork the preceptor is expected to provide feedback to the HSP on the factors outlined above. Providing a score on these factors helps to summarise the feedback in a quantifiable way.

The HSP has already passed their PTP programme and become a registered healthcare science practitioner. As such it is not the duty of the preceptorship programme to pass or fail HSPs. All interactions should provide constructive feedback with the aim of applying for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology) when satisfactory scores are consistently obtained at review meetings.

SCORE	LEVEL OF COMPETENCE	DESCRIPTION
1	Well below Expectations	Well below expectations for stage of training. Failure to meet the basic criteria required for this role. Requires supervision to undertake tasks. Considerations to be made for performance management if consistently performing at this level.
2	Below Expectations	Below expectations for stage of training. Requires significant attention and improvement. Examples should be provided to the HSP. An agreed action plan for how improvements can be made must be made with deadlines.
3	Borderline Expectations	Borderline for stage of training. Improvements to be made. These should be outlined to the HSP with examples and guidance. Intensify observations and feedback.
4	Meets Expectations	Meets expectations for stage of training. Demonstrating competence that meets expectation, however some improvements could be made. These should be outlined to the HSP with guidance. Continue with observations and feedback. Consider application to SCST for Certificate of Proficiency in Healthcare Science (Cardiac Physiology) when consistently scoring 4 and above in all areas.
5	Above Expectations	Above expectations for stage of training. Consistently exceeds criteria. Continue with observations and feedback.
6	Well above Expectations	Well above expectations for stage of training. Consistently exceed criteria expected of an autonomous healthcare professional.

For each section a score of 1 to 6 is to be given. However, the professionalism score should be an average of the scores of the other factors. Please note that in the description column, reference to the 'stage of training' intimates continuing professional development within the HSP role, in addition to training provided as part of the academic process.

12.0 Preceptorship Portfolio

The HSP is requested to collect a portfolio over the course of the preceptorship programme which demonstrates the breadth and range of clinical work to which the HSP has been exposed. The portfolio does not need to be submitted to the Society as standard, but is a record of all activity which can be requested by SCST to support a candidate's application for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology).

The preceptor will introduce the HSP to the preceptorship portfolio documentation, which will be used to help the HSP gather evidence to record learning and development and reflect on practice. The preceptor is also responsible for encouraging completion of the portfolio, although the HSP is expected to take ownership of the impetus for completing their own portfolio and for the robust keeping of records that will be used as evidence. It is the responsibility of the HSP to keep their own portfolio up-to-date and to meet the agreed objectives in a timely manner.

All evidence must be anonymised in accordance with the Data Protection Act 1998², and compliance is expected to be monitored by the preceptor and managed in accordance with organisation protocol. Any evidence submitted with identifiable data will not be assessed and will be destroyed in line with SCST policy.

The preceptorship portfolio is a guided process for collecting data that supports the preceptorship programme. As such, it should be presented in a professional manner that is suitable for review by the preceptor, employer and when requested, by the SCST Board of Assessors, as evidence that supports an application for the SCST Certificate in Proficiency in Healthcare Science (Cardiac Physiology).

13.0 Preceptorship Portfolio Structure

The structure of the preceptorship portfolio is designed to enable the HSP to reflect on their practice, develop their critical analysis through case studies and case-based discussion, and to receive regular feedback on their clinical practice, progress and achievements through observed clinical events.

Throughout the academic process the HSPs will have become familiar with critical reflection, case based discussions, observed clinical events and collecting supporting evidence for the PTP portfolio. There is no restriction on the number of these activities that can be carried out during the preceptorship programme. These activities are to be used by the HSP to establish their own confidence to work autonomously and by the preceptor to ensure that the HSP is working in a holistic, safe, professional and clinically proficient manner that does not require any lasting formal supervision.

The portfolio is designed to build the HSPs knowledge and confidence over the preceptorship period and to collect evidence that supports the successful transition from novice graduate to proficient HSP.

The structure of the preceptorship portfolio is designed to enable the HSP to reflect on their practice, develop their critical analysis through case studies and case based discussion, and to receive regular feedback on their clinical practice, progress and achievements through observed clinical events.

To evaluate and enhance the knowledge, behaviours and attitude, clinical practice and reflective skills of the qualified HSP, it is encouraged that observations and evaluations take place at every interaction between the HSP and preceptor, or from interactions observed by other subject matter experts.

The process of preceptorship aims to create all-round proficiency in the workplace and therefore there are no limits to the number or type of activities the HSP can complete and record as evidence within their portfolio. As such, the preceptorship is not designed as a tick-box exercise or a means of completing a prescribed number of activities in order to obtain proficiency.

The Evidence Matrix in Appendix 4 can help the preceptor and HSP to identify types of pathophysiologies that the HSP has been exposed to in their clinical practice. This can help to highlight gaps in training or knowledge. Additional efforts or alternative means of evaluation could therefore be used to develop understanding of these pathophysiologies.

This evidence portfolio should support the proposal made by the HSP, preceptor and manager to the Society that the HSP is ready to apply for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology) for the responsibilities expected of them in an autonomous HSP role.

Final submission of the Preceptorship Evidence Record should provide examples from across a broad range of patient types and pathologies across the specific investigations HSPs receive training in as part of their academic process, which demonstrate the all-round knowledge, critical thinking and analytical skills required of an autonomous HSP.

14.0 HSPs Guide to Reflective Practice

Critical reflection: Reflective practice is a life-long technique used by healthcare professionals used to support learning from experiences gained in the workplace. Reflection should help the HSP to understand and learn from work based situations and experiences, bridging the gap between theory and practice. In a continuation from their training the HSP is encouraged to regularly reflect on their progress and performance, developing the skills in self-assessment and action planning.

HSPs should be encouraged to think about what they are doing as they do it (Reflection in Action) and retrospectively to reflect on practice (Reflection on Action). The reflective HSP should describe and analyse experiences, considering how the situation might have been handled differently and what other knowledge would have been helpful.

15.0 HSPs Guide to Observed Clinical Events

Observed Clinical Event (OCE): Clinical encounters with patients are observed by the preceptor, or another subject matter expert (SME), to provide real-time appraisal of the HSP's clinical practice, patient interaction and their holistic approach to the clinical environment. OCEs will also scrutinise interaction with colleagues with respect to an aspect of patient care.

The preceptor or SME observes a clinical activity and facilitates HSP-centred feedback either during or immediately following the observation. The HSP generates an action plan based on the feedback and agrees this with the preceptor.

The preceptor or SME, must complete the paperwork at the time of the OCE and discuss the scoring and feedback with the HSP as soon as the OCE is completed. Feedback must be constructive and HSP focussed.

A 'subject matter expert' would be another qualified cardiac physiologist, cardiac healthcare scientist or healthcare science practitioner who is deemed an appropriate expert in a specific clinical area; whom the preceptor can instruct to complete some OCEs on their behalf. Receiving feedback from SMEs helps the Preceptor to get an understanding of the HSPs work through the eyes of other staff, but also removes some of the time burden that would be created if the Preceptor needed to be present at every OCE. The use of SMEs allows the preceptorship programme to be a more fluid and organic process. Preceptors would be expected to give guidance to the SMEs on how to evaluate the HSP and the SME would need brief the Preceptor of their evaluation after the OCE.

16.0 HSPs Guide to Case Based Discussions

Case Based Discussion (CbD): A clinical case is used as the basis for a discussion to assess the HSPs application of knowledge and understanding of an aspect of an activity they have been part of, e.g. professional practice, communication, leadership, science, the role of healthcare science in patient care. Based around a

theme; the preceptor should plan these case-based discussions in advance or topic that is relevant to the HSPs planned activities. Additionally the topic or theme of a CbD may arise from an OCE or activity that the preceptor identifies as relevant from the activities the HSP has undertaken, and could be discussed to enhance the planned CbD.

The preceptor must make notes at the time of the CbD and discuss the feedback with the HSP as soon as the CbD is completed. Feedback must be constructive and HSP focussed.

17.0 Supporting Evidence:

Evidence for the preceptorship portfolio is not restricted to just the forms of evidence described above. The portfolio is a record of the professional development of the HSP, and as such should be reflective of the professional practice of the individual.

The HSP is advised to make a record of all experiential learning and development activities within the portfolio to use as evidence of all-round proficiency in the HSP role, as would all healthcare professionals within their CPD folder.

The following types of supporting evidence could also be considered for collection, however, this list is not exhaustive, and other appropriate evidence could be collected:

TYPE	EVIDENCE
<ul style="list-style-type: none"> • Reading 	A written account of what had been learnt from reading books and/or clinical papers relevant to role.
<ul style="list-style-type: none"> • Private Study 	Private study that supports professional development, such as essays on a particular investigation or condition.
<ul style="list-style-type: none"> • E-Learning 	Using online resources to expand knowledge. The sites used would need to be declared and

	a report provided of how this enhanced your all-round proficiency.
<ul style="list-style-type: none"> • Audit and research 	Involvement in research and audit within the department. This would require completion and analysis of findings to be made available as evidence.
<ul style="list-style-type: none"> • Risk assessments 	Involvement in risk assessment within the department. Evidence in form of risk assessment documentation.
<ul style="list-style-type: none"> • Incident reporting and investigation 	Evidence that the healthcare science HSP has been involved in reporting clinical incidents and involvement in investigation where relevant. Report provided as evidence.
<ul style="list-style-type: none"> • Developing action plans 	Ownership of developing plans for the HSPs own professional development. Documented for evidence.
<ul style="list-style-type: none"> • Proposing strategies for improvement 	Involvement in the service assessment and strategy planning. Examples of proposals and implementation to be provided.
<ul style="list-style-type: none"> • Updating skills 	Assessment in the workplace on clinical skills. Documented and submitted as evidence.
<ul style="list-style-type: none"> • Q&A 	Q&A session with your preceptor, in which the HSPs answers are documented and display a good comprehension of the topic.
<ul style="list-style-type: none"> • Reports of attending meetings 	MDT or clinical governance meetings. The HSP would need to type up an account of this meeting.
<ul style="list-style-type: none"> • Team meetings 	Cardiac Science related meetings within your department. The HSP would need to type up an account of this meeting.
<ul style="list-style-type: none"> • Teaching and presenting 	The preparation of information and the presentation of this. Perhaps delivered at a

	team meeting, or in a role play scenario.
<ul style="list-style-type: none"> Shadowing 	Shadowing other clinical staff (multidisciplinary) undertaking consultations, procedures, investigations and patient care that enhance the role of the HSP. A written account from the HSP of this event.
<ul style="list-style-type: none"> Clinical skill development sessions 	In-house training or courses on clinical skills. An account of this should be provided with certification if an external course.
<ul style="list-style-type: none"> Role play 	Role play with preceptor that allows the HSP to act out scenarios that show an all-round proficiency in their role. This may include the management of a patient in an emergency situation, or how they manage conflict etc. This role play should be documented with accounts from all participants.
<ul style="list-style-type: none"> Discussions and debates 	Involvement in discussion and debate. Documentation of attendance, topic and outcome to be provided in a written report.
<ul style="list-style-type: none"> Peer review 	360 degree feedback from multidisciplinary team.
<ul style="list-style-type: none"> Requesting feedback 	Demonstration of where the healthcare science HSP has requested feedback from colleagues on specific issues or cases.
<ul style="list-style-type: none"> Listening to other people's views 	Showing that the HSP listens to the voices of patients, carers, other service users and medical professionals. This may link with proposing strategies for improvement. Report writing of discussions and listening.
<ul style="list-style-type: none"> Preceptorship Review Meetings 	All preceptorship review meetings to be documented and submitted as evidence.

Key:

<p>Independent activities.</p> <p>Should be document by HSP and reviewed and countersigned by preceptor</p>
<p>Activities with others.</p> <p>Should be documented by HSP and countersigned by the preceptor and/or others involved.</p>
<p>Preceptorship Review Meetings.</p> <p>Monthly meeting between preceptor and HSP</p>

18.0 Evidence Submission

The collection of high quality portfolio evidence may take place up to a maximum of 2 years post-qualification. The HSPs full evidence portfolio is **not** submitted to the Society for evaluation. The portfolio must be retained by the HSP as a CPD folder, and only submitted when requested by the SCST Board of Assessors to support an application for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology).

When the HSP, preceptor and manager mutually agree that the HSP is ready to apply for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology) the HSP is required to submit a Preceptorship Evidence Record (PER) (Appendix 1) to the Society. This submission of evidence can take place from 6 months post- qualification anywhere up to the 2 year post-qualification date.

The PER is a demonstration of the HSPs most proficient work accomplished during the preceptorship programme, and must contain the following:

CARDIAC PHYSIOLOGY DISCIPLINE	EVIDENCE TYPE
Resting 12-lead ECG	1 x OCE 1 x CbD 1 x Critical Reflection
Resting and Ambulatory BP	1 x OCE

	1 x CbD 1 x Critical Reflection
Ambulatory ECG	1 x OCE 1 x CbD 1 x Critical Reflection
Provocative ECG	1 x OCE 1 x CbD 1 x Critical Reflection
Diagnostic Cardiac Catheterisation	1 x OCE 1 x CbD 1 x Critical Reflection
Pacing Implantation	1 x OCE 1 x CbD 1 x Critical Reflection
Supporting Evidence	10 pieces (see examples in section 17.0)
Review Meeting Documentation	Copies of documentation from all review meetings between HSP and preceptor throughout preceptorship period
Agreement of Proficiency Form	Appendix 4 in the 'Preceptorship Programme Framework'

19.0 The Preceptorship Evidence Record (PER) (Appendix 1)

The PER is the record of evidence that will be submitted electronically to the Society for evaluation. The data must be complete, professional, anonymised and relevant.

From all the investigations the HSP completes over the tenure of their preceptorship period it should be the OCEs, CbDs and critical reflections that most clearly demonstrate the HSPs capabilities as an autonomous practitioner, which should be submitted to SCST for evaluation. The PER will be used by the SCST to support the HSPs application for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology).

Within each clinical discipline the OCE, CbD and critical reflections demonstrate an enhancement in the HSPs skills across critical thinking, multidisciplinary communication, enhancing patient care and diagnostic clinical evaluation.

An additional 10 pieces of supporting evidence must be submitted which should be from a range of activities and demonstrate a mixture of independent activities and activities with others. Examples of these can be found in section 17.0 of this document.

All Preceptorship Review Meetings must be documented and submitted with the PER. The PER checklist must be completed and submitted to SCST to demonstrate that all evidence has been checked and correctly submitted for evaluation. The PER checklist can be found in Appendix 2 electronically.

20.0 Rules for Evidence

- Critical Reflections should be typed up by the HSP and be sent to the preceptor to review and provide feedback. Both parts should be submitted in the evidence portfolio.
- For each OCE submitted in the portfolio a complete OCE Evaluation Chart and a copy of the clinical data and report will need to be provided (minus any patient identifiable information).
- Notes taken during the case based discussions will need to be typed and submitted with the evidence portfolio.
- All documents must be signed by the HSP and countersigned by the preceptor.

21.0 Standards for Preceptorship

The Society recognises that it is important to adopt a clear standard for preceptorship. This will ensure that the benefits identified can be most effectively delivered for all newly registered HSPs, regardless of their work environment or the design of preceptorship arrangements. Details of the standards of preceptorship can be requested from your manager or preceptor.

22.0 Plagiarism / Falsification of Documentation

Attempts to defraud the SCST through plagiarism, falsification of documentation or other means are not compliant with the expected values of SCST and the profession. Any attempt to do so by any party will result in escalation to the regulatory bodies RCCP, AHCS and HCPC. Notification will be made to your employer, and the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology) will be withdrawn by SCST Council. Furthermore, preceptors or institutions that collude with this type of activity will have preceptorship rights withdrawn by the Society which could impact future recruitment of PTP students and HSPs.

23.0 Appeals and Extensions

Should the HSP believe they have grounds to appeal to the SCST regarding the outcome of their application for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology), the Preceptorship Appeals Process should be followed.

Extensions beyond the 2-year deadline for completion of the preceptorship programme, on grounds of exceptional circumstances, can be made in accordance with the published criteria outlined in the Preceptorship Extension information.

Appeals and Extension information can be found online at www.scst.org.uk.

24.0 Associated Documents

Other documents relevant to the Preceptorship Programme include:

- SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology) Preceptorship Programme Framework
- Preceptorship Programme Guidance for Healthcare Science Practitioners
- Preceptorship Programme Appeals Process
- Application for Preceptorship Programme Extension
- Appendix Document

Preceptorship Programme Flowchart

Qualified Healthcare Science Practitioner commences role and is allocated a named preceptor

HSP and preceptor meet as soon as it practicable to set objectives, identify learning needs and to commence the preceptorship programme.

Complete Preceptorship Programme Agreement and Application Form with full payment to be sent to SCST for audit

Monthly Review Meetings

- Document objectives
- Provide feedback
- Confirm next review date

Complete the Review Meeting Form * at each review

Declaration to Submit Preceptorship Evidence Record made to SCST *

Final Review Meeting

PER completed and PER Submission Checklist completed *

Agreement of Proficiency completed *

Submission of completed PER to SCST for evaluation

* Forms available online at www.scst.org.uk or in the Appendix Document

25.0 References

1. https://www.networks.nhs.uk/nhs-networks/msc-framework-curricula/documents/PTP%20BSc%20CVRS%20LG_Final%20Version%203.0%20for%202013%2014.pdf
 2. <http://www.legislation.gov.uk/ukpga/1998/29/contents>
-