



# **SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology)**

## **Preceptorship Programme Guidance for Preceptors, Managers and Employers**

The Professional Body for Cardiac Scientists

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## Preceptorship Guidance for Preceptors and Employers

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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

Version	Date	Author	Reason	Ratification Required
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
1.2	09.04.2015	Brian Campbell	Edited	No
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## 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 preceptors, managers and employers.

## 3.0 Purpose

This document describes the key elements of good preceptorship, and suggests outcome measures to ensure that preceptorship meets individual HSPs needs and supports the delivery of high-quality care.

The purpose of this document is to outline the preceptorship programme to preceptors, managers and employers and should be used in conjunction with the 'Preceptorship Programme Framework' and 'Preceptorship Programme Guidance for Healthcare Science Practitioners' documents.

This document should be used to ensure a fair and auditable process of preceptorship has been used. Through this document, preceptors, managers and employers can ensure they provide preceptorship of an equitable standard.

#### 4.0 Qualities and Criteria of Preceptors

To ensure appropriate standards of quality there are certain attributes expected by the Society for the healthcare professionals undertaking the preceptor role.

The preceptor must be an RCCP / AHCS / HCPC registered cardiac physiologist, cardiac scientist or cardiac healthcare practitioner who has been given formal responsibility to support a newly qualified HSP through preceptorship by their employer

The preceptor must have attended and successfully completed an SCST Preceptorship Programme Workshop

The preceptor needs to hold a current, up-to-date CPD folder which meets the standards expected from RCCP / AHCS / HCPC

The preceptor must be competent, confident and motivated in their own role and in the role of preceptor

The preceptor needs to act as a professional role model and as such must be a member of SCST

The preceptor needs to be able to recognise cultural and individual diversity needs

The preceptor should demonstrate patience and the ability to guide the HSP through complex activities and tasks

The preceptor role requires effective communication, interpersonal, reflective, critical thinking and decision-making skills

The preceptor will need effective leadership skills, assertiveness and flexible as regards to change

The preceptor should be able to demonstrate effective clinical, teaching and facilitation skills and delivery of evidence-based practice

Managers are encouraged to use the Preceptor Skills Checklist in Appendix 5 to determine the appropriate selection of preceptors within their organisation.



## 5.0 The Preceptor

Preceptors will be directly responsible for facilitating the preceptorship programme. They will ensure that a personalised programme is developed through mutual agreement with the HSP. The preceptor will act as a conduit to formalise and demonstrate the requirement for continued professional development. They will act as an exemplary role model, demonstrate best practice to the HSP and provide mentorship.

A preceptor has responsibility in sharing their knowledge and experience to support the HSP in achieving their potential. They will be responsible for discussing individual practice and providing feedback.

A preceptor will have insight and empathy with the HSP during the transition phase and promote a good professional relationship that helps the HSP to accomplish their objectives.

### 5.1 Benefits of preceptorship to the Preceptor

Develops appraisal, supervision, mentorship and supportive skills
Enhances feeling of value to the organisation, patients, and the HSP
Promotes quality in patient care
Identifies commitment to the profession and employer
Supports own life-long learning
Develops own personal and professional confidence
Feels valued and respected by manager, employer and colleagues
Appreciates an investment in their professional development
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
Enhances future career aspirations

## 5.2 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 his/her 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 The Manager and Employer

The HSPs manager and employer have responsibility for the delivery of high-quality and efficient healthcare and as such are instrumental in developing a culture where preceptorship is a recognised part of the HSPs learning and development.

By following a structured preceptorship programme for all HSPs, the manager and employer demonstrate that a fair and standardised process is in place for the development of these essential healthcare professionals. It shows a commitment and investment by the employer to the HSP as well as a commitment to the preceptors and profession.

The preceptorship programme can be quality assured and can be used to demonstrate a process for enhancing quality within this staff group. Documentation of the preceptorship programme can be used as evidence for IQIPS departmental

accreditation. For the manager and employer this programme promotes and encourages an open, honest and transparent culture among staff.

## 6.1 Benefits of preceptorship to the Manager and Employer

Enhanced quality of patient care
Enhanced patient and service user experience
Reduced risk of errors and complaints
Enhanced job satisfaction leading to reduced sickness and absence
Enhanced recruitment and retention
Formalised documentation process for departmental accreditation
Helps to recognise HSPs with skills for development
Identifies where additional support is required
Helps staff to progress at a rate appropriate to their ability
Recognises talent in HSPs
Assists in appraisal and promotion processes
Demonstrates organisations commitment to learning and development
Enhances culture of quality care

### 6.1.1 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 aligned 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

### 6.1.2 Employers Responsibilities

- Ensure the preceptorship programme is available for HSPs working within the institution, in line with national recommendation by 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 within cardiac physiology services to deliver preceptorship programme
- Encourage audit of preceptorship programme

### 7.0 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 preceptee is not accountable or responsible for his/her actions or omissions

- a replacement for mandatory training
- a replacement for induction

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.

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 when 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.

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.

## **8.0 Implementation of the Preceptorship Programme**

A mutual agreement must be made between the manager and preceptor that the manager will support the preceptor throughout the preceptorship process and that the preceptor has agreed to take on the responsibility of guiding the HSP.

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. The preceptor needs to provide professional support to the HSP throughout the preceptorship programme and is expected to lead by example.

## 9.0 Review Process

From the initial meeting between the preceptor and the HSP a structured review process is imperative to ensuring that the preceptorship programme is managed within a time frame that honours the HSPs 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 (Appendix 1).

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, case based discussions or other 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
<b>Behaviours and Attitude</b>	<ul style="list-style-type: none"> <li>• <b>Timekeeping</b></li> <li>• <b>Cross disciplinary relationships</b></li> <li>• <b>Peer to peer relationships</b></li> <li>• <b>Professional ethics</b></li> <li>• <b>Management of portfolio</b></li> <li>• <b>Attendance of meetings</b></li> <li>• <b>Helping others</b></li> <li>• <b>Team work</b></li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• <b>Face-to-face verbal communication</b></li> <li>• <b>Trans-telephonic verbal communication</b></li> <li>• <b>Non-verbal communication</b></li> <li>• <b>Written communication</b></li> </ul> <p>With patients, carers, medical professionals other service users</p>
<b>Health and Safety</b>	<ul style="list-style-type: none"> <li>• <b>Uniform policy compliance</b></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Health and Safety policy compliance</b></li> <li>• <b>Hand washing and infection control compliance</b></li> <li>• <b>Keeps working environment ordered</b></li> <li>• <b>Takes measures to improve patient safety</b></li> </ul>
<b>Clinical Practice</b>	<ul style="list-style-type: none"> <li>• <b>Quality of clinical practice as benchmarked against national standards</b></li> <li>• <b>Utilise the PTP Training Guide<sup>1</sup> to ensure clinical work meets remit of role</b></li> </ul>
<b>Patient Experience</b>	<ul style="list-style-type: none"> <li>• <b>Direct feedback from patients at time of interaction</b></li> <li>• <b>Correspondence from patients</b></li> <li>• <b>Observation of interaction with patients</b></li> </ul>
<b>Professionalism</b>	<ul style="list-style-type: none"> <li>• <b>Linking all factors together to deliver a professional level of care</b></li> <li>• <b>Holistic assessment of healthcare practitioner</b></li> </ul>

Throughout all interactions and reviews with the HSP these factors must be observed, considered and challenged. The SCST Preceptorship Programme Workshop helps to identify how these factors should be recognised and evaluated and as such each preceptor must attend and complete this course to optimise management of HSPs.

At each review meeting, documentation must be completed and the content must be agreed between the preceptor and HSP. Review Meeting Documentation forms can be found in Appendix 6 or online at [www.scst.org.uk](http://www.scst.org.uk).

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.

<sup>7</sup>Example of scoring is provided in Appendix 7.

SCORE	LEVEL OF COMPETENCE	DESCRIPTION
1	<b>Well below Expectations</b>	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	<b>Below Expectations</b>	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	<b>Borderline Expectations</b>	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	<b>Meets Expectations</b>	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	<b>Above Expectations</b>	Above expectations for stage of training. Consistently exceeds criteria. Continue with observations and feedback.
6	<b>Well above Expectations</b>	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, as professionalism is a score that links each other factor together this 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.

**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 Certificate of Proficiency in Healthcare Science (Cardiac Physiology Appendix 3) through the SCST when good and exemplary scores are consistently obtained at review meetings.**

### **10.0 Preceptorship Programme Agreement**

In order to formalise the preceptorship process, a Preceptorship Programme Agreement and Application Form with full payment, needs to be completed with each HSP. This will enable the manager, 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 process.

The SCST Preceptorship Programme Agreement can be found within the Preceptorship Application Form at [www.scst.org.uk](http://www.scst.org.uk)

**A signed copy of the Preceptorship Programme Agreement and Application Form must be sent to the SCST in order for initiation of the preceptorship programme to be recorded. These data will be audited by the Society.**

### **11.0 Preceptorship Portfolio**

The preceptor will introduce the HSP to the 'Preceptorship Programme Guidance for Healthcare Science Practitioners' document and associated paperwork, which will be used to help the HSP gather evidence to record learning and development and reflect on practice.

The HSPs manager is also responsible for encouraging completion of the portfolio. The HSP is expected to take ownership for the impetus to complete 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 agreed objectives in a timely manner.

All documentation must be anonymised in accordance with the Data Protection Act 1998<sup>2</sup>, and compliance should be monitored by the preceptor and managed in accordance with organisation protocol.

Prior to submission the preceptor should hold a final review meeting with the HSP to review the Preceptorship Evidence Record for submission (Appendix 1), and the PER Submission Checklist (Appendix 2) should be checked and signed by the preceptor.

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, to support an application for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology) (Appendix 3).

## **12.0 Preceptorship Evidence**

As outlined in the 'Preceptorship Programme Framework', evidence should be collected by a number of means. This evidence should support your proposal to the Society that the HSP is, in your professional opinion, 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.

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.

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.

Throughout the academic process the HSP will have become familiar with critical reflection, case based discussions, observed clinical events and collecting supporting evidence for the PTP portfolio.

The SCST Preceptorship Programme Workshop demonstrates how evaluation of these activities is to be carried out. Although these skills may already have been garnered through the Preceptors own academic processes and training, it is mandatory for preceptors to attend the SCST Preceptorship Programme Workshop to meet with the standards of preceptorship acknowledged by the Society.

To evaluate and enhance the knowledge, behaviours and attitude, clinical practice and reflective skills of the HSP, it is encouraged that observations and evaluations take place at every interaction with the HSP.

Final submission of the Preceptorship Evidence Record (Appendix 1) should provide examples from across a broad range of patient types, pathologies and investigations which demonstrate the all-round knowledge, critical thinking and analytical skills required of an autonomous HSP.

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 healthcare practitioner can complete and record as evidence within their portfolio. As such, preceptorship is not designed as a tick-box exercise or a means of completing prescribed number of activities in order to obtain proficiency.

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

Reference should be made to the Evidence Matrix in Appendix 4 to record activities and provide overview of the PER submitted for the attainment of the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology).

### **13.0 Guidance to the Preceptor**

The HSP is offered guidance within the 'Preceptorship Programme Guidance for Healthcare Science Practitioners' document as to the categories of patients and pathophysiologies from which a range of evidence should be gathered. This is summarised in the Evidence Matrix in Appendix 8.

It is essential that all HSPs are exposed to a broad range of patient types, investigations and pathophysiologies. Whilst in some organisations there may be limitations to this, it is important that the HSPs development is not limited by operational factors.

Knowledge and clinical application for autonomous practice are required of this workforce, and it is the preceptors and managers responsibility to facilitate experience for the HSP when it cannot be provided locally.

Where there are limitations to the types of pathophysiologies to which the HSP may be exposed, it is the responsibility of the preceptor to ensure that the HSP applies evidence of indirect contact to these pathophysiologies within their portfolio. This may come in the form of protocol writing, an essay, case based discussions, literature review or observation of procedure at another centre.

### **14.0 Preceptor Guide to Reflective Practice**

**Critical reflection:** Reflective practice is a life-long technique used by medical professionals which is 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.

It is the role of the preceptor to review these critical reflections and encourage thought processes that could help enhance further interactions the HSP is involved in, as well as develop their skills in critical reflection.

## 15.0 Preceptor Guide to Observed Clinical Events

**Observed Clinical Event:** Clinical encounters with patients are observed by the preceptor or another subject matter expert (SME) to provide real-time appraisal of the HSPs 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 Preceptor Guide to Case Based Discussions

**Case Based Discussion:** 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. These case based discussions should be planned in advance by the preceptor, based around a theme 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 practitioner has undertaken, and could be discussed to enhance a 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 Evidence Submission

The collection of portfolio evidence may take place up to a maximum of 2 years post-qualification, but the successful completion of the preceptorship programme is not time-bound, and as such should not be used as a delay to the professional advancement of the HSP.

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 Preceptorship Evidence Record (Appendix 1) must be submitted to SCST for evaluation. This submission of evidence can take place from a minimum of 6 months post-qualification to anywhere up to the 2 year post-qualification date.

Due to the anticipated demand for HSPs applying to SCST for certification, and the volume of evidence that will need to be evaluated, it is necessary for the HSP to make a Declaration to Submit Preceptorship Evidence Record to SCST (Appendix 1). This is the anticipated submission date the portfolio will be completed and submitted to SCST as agreed between the HSP, preceptor and manager.

Evidence is to be submitted electronically. All evidence should be reviewed by the preceptor prior to submission, and must comply with the Preceptorship Evidence Record Checklist (Appendix 2).

The HSP, preceptor and manager must make a mutual agreement that the HSP is proficient in the workplace when making application for SCST certification. The Agreement of Proficiency form must be signed by each party and submitted with the PER.

The PER must include 1 x OCE, 1 x CbD and 1 x critical reflection for each clinical discipline included within the scope of the HSP role. These include:

- Resting 12-lead ECG
- Resting BP
- Ambulatory BP
- Ambulatory ECG
- Provocative ECG
- Pacing Implantation
- Diagnostic Cardiac Catheterisation



The OCE, CbD and critical reflections for specific clinical discipline must demonstrate skills across critical thinking, multidisciplinary communication, enhancing patient care and diagnostic clinical evaluation.

From all the investigations the HSP completes over the tenure of their preceptorship period it should be the OCE, CbD and critical reflection that most clearly demonstrates the HSPs capabilities as an autonomous HSP which should be submitted in the PER to SCST for the application of a Certificate of Proficiency in Healthcare Science (Cardiac Physiology). The evidence should demonstrate the most proficient accomplishments of the HSP.

Detailed training on the Preceptorship Evidence Record is provided at the SCST Preceptorship Programme Workshop to assist the preceptor in guiding HSPs through the PER and optimising the work-based evaluations for compliant evidence submission.

## **18.0 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](http://www.scst.org.uk).

## **19.0 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 HSPs, regardless of their work environment or the design of preceptorship arrangements.

### **SCST Preceptorship Standards**

Systems are in place to identify all staff requiring preceptorship

Systems are in place to monitor and track HSPs from their appointment through to completion of the preceptorship period

Preceptors are identified from the workforce within clinical areas and demonstrate the attributes outlined in section 5.0.

Organisations have sufficient numbers of preceptors in place to support the number of HSPs employed

Organisations demonstrate that preceptors are appropriately prepared and supported to undertake the role and that the effectiveness of the preceptor is monitored through appraisal

Organisations ensure that their preceptorship arrangements meet and satisfy professional regulatory bodies

Organisations ensure that HSPs understand the concept of preceptorship and engage fully

An evaluative framework is in place that demonstrates benefits and value for money

### **20.0 Employers Evaluation of Preceptorship**

The benefits of preceptorship should be demonstrated through objective measurement. An audit tool is available in Appendix 10. Outcome measures should be negotiated locally, e.g. through learning and development agreements. Further work is required to identify the most effective measures but the following could be considered as a start;

<b>OUTCOME MEASURE</b>	<b>RATIONALE</b>
All HSPs employed are able to access preceptorship	Equity of access meets quality and diversity agenda
Robust preceptorship is in place	Equity of access meets quality and diversity agenda
Retention rates for HSPs	Successful retention will lead to a cost reduction associated with recruitment and temporary replacement.
Time taken to progress HSPs through KSF gateways (where relevant) or other indicators of preceptorship completion	Monitor and ensure equity, non-discriminatory practice and compliance with national guidelines.
Sickness and absence levels of HSPs	Expect a lower sickness/absence rate due to improved staff satisfaction and confidence during and following preceptorship.
Numbers of clinical incidents, patient complaints, and cross disciplinary concerns reported in relation to HSP undertaking preceptorship as a percentage of their professional group	HSPs whom undergo preceptorship make fewer errors and have fewer complaints made against them.
Number of clinical incidents reported by HSPs undertaking preceptorship	Preceptorship should result in HSPs who are confident to report incidents

## **21.0 Evaluation of the Preceptor**

It is important that the preceptor is undergoing quality evaluation by their line manager to ensure the standards of preceptorship are being met. Separate to performance appraisal meetings, quarterly Preceptor Review Meetings should take

place between the manager and preceptor. This review should involve feedback from the HSPs experience of the preceptorship process.

These reviews afford opportunities to ensure that the programme is being carried out efficiently and effectively. Guidance for these reviews is provided at the SCST Preceptorship Programme Workshop.

Documentation for Preceptor Review Meetings can be found in Appendix 6.

## **22.0 Associated Documents**

Other documents relevant to the Preceptorship Programme include:

- Preceptorship Programme Framework
- Preceptorship Programme Guidance for Healthcare Science Practitioners
- Preceptorship Appeals Process
- Application for Preceptorship Extension
- Appendix

## 23.0 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](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>