



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

## **Preceptorship Programme Framework**

**The Professional Body for Cardiac Scientists**

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## Preceptorship Programme Framework

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## 1.0 Change history

Version	Date	Author	Reason	Ratification Required
1.0	12.08.2014	Sophie Blackman	Development of new process	Yes SCST Education Committee and SCST Council
1.1	01.03.2015	Sophie Blackman	Amendments from draft review	Yes SCST Education Committee and SCST Council
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## 2.0 Introduction

With recognition that the future of healthcare provision requires an independent, autonomous and innovative practitioner to meet the changing requirement of cardiac science, the Society for Cardiological Science and Technology has developed a preceptorship programme. A preceptorship programme is central to consolidating the professional qualities required of this workforce, and to enable the newly registered Healthcare Science Practitioner (HSP) to take responsibility for their own career and professional development.

This framework is a guide and resource for all organisations with responsibility for managing and developing newly qualified, registered HSPs in cardiac science.

It will also be of use to managers in providing guidance to preceptors within their institution and for preceptors in their role of supporting newly qualified HSPs through the preceptorship programme.

Links are established between the aims of preceptorship and other broader developments such as Agenda for Change (AfC)<sup>1</sup>, the Knowledge and Skills

Framework (KSF)<sup>2</sup>, the NHS Constitution<sup>3</sup>, SCST Code of Professional Conduct<sup>4</sup>, the Academy for Healthcare Science's Good Scientific Practice<sup>5</sup> and the requirements of regulatory bodies such as the RCCP<sup>6</sup> and AHCS<sup>7</sup>.

### 3.0 Purpose

The preceptorship programme is designed to guide the HSP through their first few years as an autonomous healthcare professional, and allows the HSP to apply to the Society for Cardiological Science and Technology for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology). This certificate allows managers and employers to identify HSPs who have undertaken the preceptorship programme which acts as a benchmark of quality for the profession.

This framework provides a nationally standardised structure for preceptorship. It provides a reference to enable key stakeholders to understand their role and responsibility in the delivery and undertaking of the programme.

This document details a practical and relevant framework for managers and employers to ensure equity of access to high-quality preceptorship support for all newly registered HSPs in cardiac science.

Definitions of preceptorship and the key elements of good preceptorship are included in this framework, to ensure that the preceptorship programme meets the needs of registered HSPs and supports the delivery of high-quality care.

This document should be used in conjunction with the 'Preceptorship Programme Guidance for Healthcare Science Practitioners' and the 'Preceptorship Programme Guidance for Preceptors, Managers and Employers' documents.

### 4.0 Background

In 2010 the Chief Scientific Officer, Professor Sue Hill, initiated the Modernising Scientific Careers (MSC)<sup>8</sup> project on behalf of the Department of Health to standardise the training of Healthcare Scientists across 51 different scientific disciplines.

The key changes associated with MSC were:

- The introduction of a new standardised healthcare science pathway, with roles defined along the Healthcare Science Career Framework one to nine.

- The identification of regulatory implications from Modernising Scientific Careers, proportionate to risk.
- Development of new training and education programmes, including academic and workplace-based training, with associated awards and qualifications clearly defined or arrangements for assessment of equivalence clearly set out.
- Supporting delivery through new communication strategies, further work on employment aspects, improved workforce planning, improved education, commissioning, and transparent, sustainable funding arrangements that are fit for purpose and offer value for money.

The British Cardiovascular Society (BCS), the Society for Cardiological Science and Technology (SCST), the British Society of Echocardiography (BSE) and the British Heart Rhythm Society (BFRS) collectively engaged with the MSC project and as such the MSC curricula for the Practitioner Training Programme (PTP) and Scientific Training Programme (STP) were developed with the influence of these societies.

In support of the academic and hospital-based training for PTP trainees there has been a society-wide recognition that a structured preceptorship programme for the ongoing post-qualification development of HSPs would be beneficial.

Preceptorship schemes are already well established in a range of professions. They can be found embedded in a range of existing professional, regulatory and employment guidelines such as the Nursing and Midwifery Council<sup>9</sup> and the College of Occupational Therapists<sup>10</sup>. Additionally the Society recognises that preceptorship programmes have been adopted in some Trusts, based on locally generated programmes. It is the view of the Society that a nationally standardised approach to preceptorship is necessary for equity in the workforce and the profession of Cardiac Healthcare Science.

Preceptorship is described in the Agenda for Change, and referred to in 'A High Quality Workforce – an NHS Review'<sup>11</sup> which states:

**"We will consider the benefits of preceptorship for newly qualified staff, recognising that whilst all new staff should expect proper induction and supervision at the outset of their career, allied health professionals are ready to practice from the day of registration."**

## 5.0 Definitions

- Preceptorship** is a period of structured transition for HSPs to enable them to develop confidence as an autonomous professional. Through the support of a preceptor the HSP will refine skills, values, attitudes and behaviours and to continue on a journey of lifelong learning. *Adapted from the Department of Health (DH), 2010*<sup>12</sup>
- A Preceptor** is an RCCP / AHCS / HCPC registered cardiac physiologist, cardiac healthcare science practitioner or cardiac clinical scientist who has been given formal responsibility by their manager to support a newly qualified HSP through preceptorship.
- The HSP** will be qualified, with RCCP / AHCS registration and entering the profession as a Healthcare Science Practitioner in cardiac science.

## 6.0 Role Descriptors and Benefits

The HSP, preceptor, manager and employer each holds responsibility for investment in the preceptorship programme. There are a number of benefits individual to, and shared between the parties as outlined in this section.

Quality in cardiac science services is a primary objective of the Society and is directly linked to Improving Quality in Physiological Services (IQIPS)<sup>13</sup> and the Care Quality Commission<sup>14</sup>. As such, quality in learning and development is a primary objective of the Society.

### 6.1 The Healthcare Science Practitioner

The HSP will begin the preceptorship programme to help transition from a newly qualified healthcare professional, to an independent and confident HSP.

With the support from a 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.

#### 6.1.1 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 the HSP role

### 6.1.2 HSPs 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 their 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

### 6.2 The Preceptor

Preceptors will be directly responsible for facilitating the preceptorship programme. They will ensure that a personalised programme is developed through 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 to share their knowledge and experience in order to support the HSP to achieve their potential. They will be responsible for discussing individual practice and providing feedback in a way that helps the HSP to develop confidence and clinical expertise.

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

### 6.2.1 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

### 6.2.2 Preceptors 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

### **6.3 The Manager and Employer**

The HSPs manager and employer have responsibility for the delivery of high-quality and efficient healthcare and as such is 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.

#### **6.3.1 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

### **6.3.2 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

### **6.3.3 Employers Responsibilities**

- Ensure the preceptorship programme is available for HSPs working within the Trust, 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

## 6.4 The Society's Responsibilities

The SCSTs primary objective is to ensure equity and quality in patient care across cardiac science, which is synonymous with high quality learning and development of the workforce.

The Society has a responsibility to provide guidance to all relevant parties involved in the preceptorship programme to ensure equity of access to high-quality preceptorship support for all HSPs in cardiac science. Therefore, the Society will provide training on preceptorship management to all preceptors to ensure that there is a standardised approach to the programme nationally. The Society will keep, and audit, data related to preceptor training, the allocation of preceptors to HSPs and outcome data.

The Society will consider all applications made for the SCST Certificate of Proficiency in Healthcare Science (Cardiac Physiology) as long as the necessary criteria have been met, and the correct procedure followed.

The Society will ensure that access to an appeals process will be easily accessible and available without prejudice.

### 6.4.1 Benefits to the Profession

- Enhances a culture that values quality of patient care
- Enhanced patient and service user experience
- A high standard of care and clinical provision
- Creates open and honest HSPs who act with integrity and promote the reputation of the profession
- Enhances the image of healthcare science

## 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 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.

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 if 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**

Detailed information regarding the implementation of the preceptorship programme, including standards, audit and evaluation processes can be found in the 'Preceptorship Programme Guidance for Preceptors, Managers and Employers' as published by the Society. This document should be utilised by the preceptors, managers and employers in order to establish a standardised approach to the preceptorship programme.

## 9.0 Preceptorship Programme Agreement

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

## 10.0 Preceptorship Portfolio

The HSP is requested to collect a portfolio over the course of the preceptorship programme to demonstrate 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 Board of Assessors 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 recordkeeping of their own portfolio. 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 1998<sup>15</sup>, and compliance is expected to be monitored by the HSPs manager and employer 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 Society for Cardiological Science and Technology as evidence to support an application for the SCST Certificate in Proficiency in Healthcare Science (Cardiac Physiology).

## **11.0 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.

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 new graduate to proficient practitioner.

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 are no restrictions 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.

### **11.1 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.

## **11.2 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' (SME) 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.

### **11.3 Case Based Discussion (CbD):**

A clinical case is used as the basis for a discussion to assess the HSP's 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 HSP has undertaken and can be discussed to enhance a planned CbD.

### **11.4 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 supporting evidence could also be considered for collection however, this list is not exhaustive, and other appropriate evidence could be collected:

<b>TYPE</b>	<b>EVIDENCE</b>
• Reading	A written account of what had been learnt from reading books and/or clinical papers relevant to role.
• Private Study	Private study that supports professional development, such as essays on a particular investigation or condition.
• 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"><li>• Audit and research</li></ul>	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"><li>• Risk assessments</li></ul>	Involvement in risk assessment within the department. Evidence in form of risk assessment documentation.
<ul style="list-style-type: none"><li>• Incident reporting and investigation</li></ul>	Evidence that the HSP has been involved in reporting clinical incidents and involvement in investigation where relevant. Report provided as evidence.
<ul style="list-style-type: none"><li>• Developing action plans</li></ul>	Ownership of developing plans for the HSPs own professional development. Documented for evidence.
<ul style="list-style-type: none"><li>• Proposing strategies for improvement</li></ul>	Involvement in the service assessment and strategy planning. Examples of proposals and implementation to be provided.
<ul style="list-style-type: none"><li>• Updating skills</li></ul>	Assessment in the workplace on clinical skills. Documented and submitted as evidence.
<ul style="list-style-type: none"><li>• Q&amp;A</li></ul>	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"><li>• Reports of attending meetings</li></ul>	Multi-disciplinary team (MDT) or clinical governance meetings. The HSP would need to type up the account of this meeting.
<ul style="list-style-type: none"><li>• Team meetings</li></ul>	Cardiac Science related meetings within your department. The HSP would need to type up the account of this meeting.
<ul style="list-style-type: none"><li>• Teaching and presenting</li></ul>	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"><li>• Shadowing</li></ul>	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"><li>• Clinical skill development sessions</li></ul>	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"><li>• Role play</li></ul>	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.
• Discussions and debates	Involvement in discussion and debate. Documentation of attendance, topic and outcome to be provided in a written report.
• Peer review	360 degree feedback from multidisciplinary team.
• Requesting feedback	Demonstration of where the HSP has requested feedback from colleagues on specific issues or cases.
• 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.
• Preceptorship Review Meetings	All preceptorship review meetings to be documented and submitted as evidence.

Key:

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

## 12.0 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 if 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 electronic submission of evidence can take place from 6 months post- graduation anywhere up to the 2 year post-graduation 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 11.4)
Review Meeting Documentation	Copies of documentation from all review meetings between HSP and preceptor throughout preceptorship period
Agreement of Proficiency Form	Appendix 3.

As the full evidence portfolio is not evaluated by SCST the Agreement of Proficiency (Appendix 3), is an important stage that recognises the overall preceptorship period is completed. This agreement, between the HSP, preceptor and manager, documents that all parties declare the HSP is ready to apply for the SCST Certificate of Proficiency in Healthcare Science (Clinical Physiology).

Due to the anticipated demand for HSPs applying to SCST, and the volume of evidence that will need to be evaluated, it is necessary for the HSP to make a Declaration to Submit Evidence to SCST (Appendix 1). Through this an anticipated evidence submission date that has been agreed between the HSP and preceptor, is declared.

The PER (Appendix 1) can be submitted electronically, which is preferred, or in paper format. Instruction on how the evidence should be submitted will be provided to the HSP by the SCST Board of Assessors with confirmation that the Declaration to Submit Evidence has been received. All evidence should be reviewed by the preceptor prior to submission, and must comply with the 'Preceptorship Evidence Record Checklist' as found in Appendix 2.

The HSP, preceptor and manager must make an agreement that the HSP is proficient in the workplace when making application for SCST accreditation. The Agreement of Proficiency form (Appendix 3) must be signed by each party and submitted with the evidence portfolio.

## 13.0 Equality, Diversity and Human Rights

It is critical that all newly registered HSPs have equitable access to preceptorship, as well as equal experiences and outcomes from the process. Preceptorship should be

barrier free; it is important that the transition from newly registered HSP to independent and autonomous HSP supports and promotes the individual's right to equal opportunity. Preceptorship seeks to build confidence in the delivery of the role an individual has been employed to undertake and should empower them to give safe, competent, high-quality care using the human rights principles of fairness, dignity, equality, respect and autonomy.

## **14.0 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 preceptorship programme, on grounds of exceptional circumstances, can be made in accordance with the criteria in the Preceptorship Extension information.

Appeals and Extension information can be found online at [www.scst.org.uk](http://www.scst.org.uk).

## **15.0 Associated Documents**

Other documents relevant to the Preceptorship Programme include:

- Preceptorship Programme Guidance for Preceptors, Managers and Employers
- Preceptorship Programme Guidance for Healthcare Science Practitioners
- Preceptorship Programme Appeals Process
- Appendix Document



## 16.0 References

1. <http://www.nhsemployers.org/agendaforchange>
2. <http://www.nhsemployers.org/SimplifiedKSF>
3. <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>
4. [www.scst.org.uk/resources/SCST\\_Code\\_of\\_Professional\\_Conduct.pdf](http://www.scst.org.uk/resources/SCST_Code_of_Professional_Conduct.pdf)
5. <http://www.ahcs.ac.uk/wordpress/wp-content/uploads/2013/09/AHCS-Good-Scientific-Practice.pdf>
6. <https://www.rccp.co.uk/>
7. <http://www.ahcs.ac.uk/the-register/register-standards/>
8. [www.dhsspsni.gov.uk/msc-uk-the-way-forward-26-02-10.pdf](http://www.dhsspsni.gov.uk/msc-uk-the-way-forward-26-02-10.pdf)
9. <http://www.nmc-uk.org/Nurses-and-midwives/The-code/>
10. <http://www.cot.co.uk/briefings/briefing-46-preceptorship-occupational-therapists->
11. [http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&sqi=2&ved=0CCYQFjAB&url=http%3A%2F%2Fwebarchive.nationalarchives.gov.uk%2F20130107105354%2Fhttp%3A%2Fwww.dh.gov.uk%2Fprod\\_consum\\_dh%2Fgroups%2Fdh\\_digitalassets%2F%40dh%2F%40en%2Fdocuments%2Fdigitalasset%2Fdh\\_085841.pdf&ei=j7jXVPTwLKjh7AaqlIFI&usg=AFQjCNEMaHJxdchS46HU0yfqZd6dPtG7ZQ&sig2=MmcIqrpRMoCNFMbrocdXBg](http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&sqi=2&ved=0CCYQFjAB&url=http%3A%2F%2Fwebarchive.nationalarchives.gov.uk%2F20130107105354%2Fhttp%3A%2Fwww.dh.gov.uk%2Fprod_consum_dh%2Fgroups%2Fdh_digitalassets%2F%40dh%2F%40en%2Fdocuments%2Fdigitalasset%2Fdh_085841.pdf&ei=j7jXVPTwLKjh7AaqlIFI&usg=AFQjCNEMaHJxdchS46HU0yfqZd6dPtG7ZQ&sig2=MmcIqrpRMoCNFMbrocdXBg)
12. [https://www.goshgold.org/resources/forms/Preceptorship\\_framework\\_2010.pdf](https://www.goshgold.org/resources/forms/Preceptorship_framework_2010.pdf)
13. <https://www.iqips.org.uk/>
14. <http://www.cqc.org.uk/>
15. <http://www.legislation.gov.uk/ukpga/1998/29/contents>