

Joint preceptorship webinar: pre-event questions

28 September 12-1pm

General questions:

- **The true definition of preceptorship and the guidelines around progression.**
A preceptorship is a structured period of supported transition which enables clinicians to develop confidence and competence in their new role as autonomous practitioners. Preceptorships are recommended for speech and language therapists entering the profession, returning to the profession after a significant break or in cases where they are undertaking a significant change in their clinical and professional role or scope of practice (including international recruits).
- **Where and when are preceptorship programs available?**
Preceptorship programmes should be available from employing organisations. The Principles and Framework from HCPC and NHSE highly recommend organisations and systems review their ability to provide preceptorship support to their AHPs to ensure access to support.(AW)
- **How available will service be to all?**
Depends if your organisation has set up preceptorships - but Preceptorships are recommended for speech and language therapists regardless of the nature or region of employment.
- **Any frameworks available for setting up preceptorship programmes in an independent practice?**
No - but the HCPC principles apply across all services, whatever the setting.
- **What SLT band 5 / newly registered/ international would like to see in the preceptorship program?**
Extensive consultation exercise by HEE and HCPC on principles.
Students and NQPs involved in the development of RCSLT guidance.
- **Are there any disadvantages of not providing the preceptorship to NQP?**
Preceptorship provides support - to help people with transition. The benefits of preceptorship have been consistently documented across the literature. Health Education England (2022) highlight the key benefits as:
increased job satisfaction
enhanced confidence

improved recruitment and retention
feeling valued
enhanced future careers aspirations.

How the RCSLT Newly qualified practitioner competencies work with the preceptorship principles:

- **How are RCSLT integrating preceptorship with the NQP competencies?**
- **How will preceptorship and NQP competencies work alongside one another?**

The RCSLT guidance on preceptorships covers the HCPC guidance which is multiprofessional. There is specific guidance for speech and language therapists in the section titled 'Frameworks and Principles of preceptorships'. This highlights that preceptors and employers should refer to the RCSLT's resources available to support practitioners new to roles, including the guidance for NQPs. This guidance also recommends preceptors linking with wider clinical networks including the clinical excellence networks hosted by the RCSLT (CS)

- **Do you have any recommendations of how best to combine your NQP goals framework with a trust Preceptorship programme?**

The RCSLT guidelines suggests that preceptors link with others in leadership roles (such as managers or clinical supervisors) to coordinate the development of NQP goals specific to SLT with the wider learning goals of a preceptorship programme. Often these are softer and multiprofessional learning objectives and sit well within the context of the 4 pillars of practice (eg leadership, professional skills, quality improvement etc). (CS)

- ***Can anyone offer any advice on how best to align local trust preceptorship with NQP competencies - see above***
- **Will this replace newly qualified comps?**

The Preceptorship and NQP competencies will run alongside each other as they are different things. The competencies are based on speech and language therapy - giving the foundation for people to practice after graduation. The preceptorship principles are more general. They are there to ensure staff are supported across periods of transition. They may be done across the MDT. They may be done at any point of transition - not just student to practising.

Using preceptorship principles for later career changes:

- **I'm interested in preceptorships from Band 6 to 7 where a SLT needs to develop into a specialism.**

- **Is this open to any SLT moving into a new clinical area? I am new to adult voice therapy having been a paediatric SLT?**

Do we have any examples of where this is working?

Preceptorship is about transitional support to increase confidence as an autonomous practitioner - this will not be relevant to a change in role (banding) within an organisation, or change to a different clinical area in same organisation but may be relevant where there is a change in work setting such as independent to NHS, NHS to social care, secondary care to primary care. (AW)

How it relates to wider AHP or system work?

- **How to integrate SLT specific preceptorship needs/guidelines with the wider work being done for AHPs?**

NQP competencies still need to be completed. Preceptorship is different and involves the MDT. (VH).

The SALT NQP competencies are separate but run alongside preceptorship (AW)

- **Would like to know if changes to AHP preceptorship will impact SLTs?**

Yes, the principles of preceptorship from HCPC and NHSE will affect speech and language therapy - as you will have seen today. Encouraging services to create preceptorship programmes - as a means of supporting staff through transition periods. (VH)

Practical considerations:

- **What do you think is the role of a mentor during preceptorship?**

According to RCSLT guidance: It is recommended that Speech and language therapists undertaking a preceptorship should have access to mentoring support from a qualified speech and language therapist. This may be within the preceptor role or complimentary to (but linked with) the preceptorship programme. Where there are no speech and language therapists available within an organisation, a suitable external mentor should be sought. (VH)

- **Advice how to add Preceptorship to busy newly qualified period already completing dysphagia and RCSLT competencies?**

Access to an organisational preceptorship programme will support the NQP as they transition into their role. This can be achieved through job planning, work allocation and the provision of protected time for NQPs as will be highly recommended by the HCPC and NHSE publications.(AW)

- **Do you have tips should preceptorship be done with more than 2 preceptees to 1 preceptor?** - not aware of any guidance on ratios, as with any other supervision, the key consideration is, is the quality of the mentorship likely to be compromised. Different preceptors will have differing levels of capacity depending on their role. The guidance does state that preceptors (and preceptees) should be allocated time for their role. **(CS)**

- **When would you consider introducing the preceptee to clinical supervision outside of the preceptorship?**

Clinical Supervision is separate to preceptorship. There are instances where the same individual may be a supervisor and a preceptor but these are distinctly different roles - there will be role descriptors provided by NHSE. (AW)

- **How do you ensure the preceptorship principles extend beyond the face to face delivery into the clinical settings?**

- **Has the Enhance programme been considered for AHPs, and will elements of generalism be embedded in the preceptorship?**

This is currently being explored as part of the foundation support element of the NHSE programme (AW)

- **Do you know of any community paediatric speech and language therapy services planning to implemented preceptorships yet?**

It's early days and we want to encourage more. Lewisham and Greenwich NHS Trust. (Vicky to put out query) (VH)

Worcester CYP - not sure if community (Vicky seeking clarification)

Solent NHS Trust is a large community and mental health Trust which hosts community speech and language therapy services - the Trust runs a multiprofessional preceptorship

programme which the speech and language therapists have access to (there is a case study on the RCSLT website from one of our SLTs who undertook this) (CS)

- **Is the preceptorship offer similar from one NHS Trust to another for new or returning to practice SLTs?**
It will be different but should all be based on the same principles.
- **How do we address the challenge of offering 5-6 preceptorships to recruit posts but not reduce the regulatory of band 5 posts?**

Do we have any good models where this has been done?

Not relevant

How can I get an opportunity for post-doctoral studies? Or can I obtain a permit to practice a profession from your esteemed colleagues

New questions - 27 Sep

1. **Can anyone offer any advice on how best to align local trust preceptorship with NQP competencies?**

Christine and Clare?

2. **Would you only get this level of support if you are a preceptee? Or is this the expected standard for NQPs?**

I would suggest all newly qualifieds are well supported as we know this is a difficult time - a time of huge learning which is fantastic, but also need guidance and nurturing.

All NQPs would be eligible to be preceptors (AW)

3. **Do you have any useful advice as a NQT in forensics?**

4. **Would you consider preceptorship suitable for recruiting to a specialist post when there is only 1 other p/t SLT in team?**

The guidance highlights that preceptorships (which are often multiprofessional) are not designed to replace or replicate either pre-registration clinical training, or post-registration clinical training – but seek to develop a skillset that is broader than any defined clinical skillset (leadership, professional skills etc). For that reason a preceptor should seek to work with other supervisors and leaders to support a preceptee, as the ongoing clinical development of a

preceptee would sit alongside a preceptorship and would also probably continue beyond the duration of a preceptorship.

5. Are there rotational preceptorship opportunities? Is it possible to be on a part time Preceptorship or is it only full time?

Preceptorship should be able to be tailored to the individual so available to part time and full time roles (AW)

6. Will this information be disseminated to HEIs?

RCSLT will share with all members via the enewsletter when the webinar recording and FAQs are out. We will also share with HEIs via our university reps.

NHSE and HCPC are working closely with all stakeholders including HEIs.