



HR POLICIES & PROCEDURES (HR/C21)

PROBATIONARY POLICY & PROCEDURAL GUIDANCE

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EQUALITY IMPACT ASSESSMENT

1. INTRODUCTION & BACKGROUND

- 1.1. All new staff appointed to posts within South Central Ambulance Service NHS Foundation Trust ('the Trust'), and staff promoted to new posts within the Trust, undertake a probationary period of a minimum three months' duration. This is to allow both the Trust and the employee time to assess suitability for the role in practice.
- 1.2. This Procedure is designed to provide a framework for managing staff in probationary periods and thus to enable the Trust to support them as much as possible in reaching the required competence for the role.
- 1.3. The principles of the Trust's Capability Policy, Discipline and Conduct Policy, Dignity at Work and Managing Sickness Absence Policy apply to all employees. However, this Probationary Policy and Procedure will override the relevant elements of those policies during pre-appointment training and/or probationary periods.

2. PURPOSE

- 2.1. To clarify the procedure that will apply to new members of staff during their pre-appointment training and/or probationary period.
- 2.2. To outline the framework for managing individuals in the event that s/he does not reach the required standard within the designated time frame, despite the efforts of the Trust and individual. The Procedure allows for either party to terminate the contract of employment without full use of the Trust's Capability or Disciplinary procedures
- 2.3. To outline the framework for managing staff during their pre-appointment training programme, ie those training programmes required in order to undertake the role and thus fulfil the requirements of the employment contract.

3. SCOPE

- 3.1. This Procedure applies to all staff within their probationary period, during the initial months of a new role within the Trust.
- 3.2. The Procedure outlined in Appendix 1 will apply to staff during periods of pre-appointment training, whose normal probationary period will start when they have completed their initial training.
- 3.3. The procedure outlined at Appendix 3 will apply to newly-qualified clinical staff (ie Student Paramedics) appointed to Band 5 whom will undergo a 12-month period of preceptorship following completion of their training.

4. EQUALITY STATEMENT

- 4.1. The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post.
- 4.2. By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence
- 4.3. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law, length of service, whether

full or part-time or employed under a permanent or a fixed-term contract or any other irrelevant factor.

- 4.4. Where there are barriers to understanding; e.g. an employee has difficulty in reading or writing or where English is not their first language additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the Human Resource Team.

5. PROBATIONARY PERIODS OF NOTICE

- 5.1. The length of probationary period within the Trust will be a minimum of three months. The exact length of the probationary period will be confirmed in the individual's Conditional Offer Letter and Contract of Employment.
- 5.2. During the Probationary Period, either the Trust or employee will be required to give one week's notice if they wish to terminate the contract.

6. MANAGING STAFF DURING PROBATIONARY PERIODS

- 6.1. Line managers must closely monitor and support employees during probationary periods. This will enable managers to identify any initial problems and facilitate as much support as possible for staff in fulfilling the requirements and competencies of their role.
- 6.2. Managers should be monitoring progress against agreed performance objectives drawn from the job description and against the core competencies of the role and/or KSF where applicable.
- 6.3. During probationary periods, the onus is on the Line Manager to ensure that the individual undertakes an induction course, is introduced to the main responsibilities of their post, the performance standards expected of them, and the context of their work. Managers must ensure that staff have completed the following periods of training, ideally within 6 weeks of commencement in their post:
- Corporate Induction
 - Local/Departmental induction
 - Other relevant statutory/mandatory training
- 6.4. Please see the Corporate and Local Induction Policy for further information on the recommended content of local induction.
- 6.5. Any outstanding recruitment checks or Occupational Health requirements must also be satisfactorily completed as outlined in the Pre-Employment Checks Policy.
- 6.6. Managers will meet with employees regularly during the probationary period, at least at the end of each four-week period. The purpose of these meetings is to monitor progress, identify any concerns or issues, and identify relevant support mechanisms which should be put into place. Meetings will be recorded, along with a record of any supportive action taken (a template is available at Appendix 2 of this policy).
- 6.7. If any problems or issues are identified, or if the employee is not meeting the expected standards required of them by the Trust, managers should meet with the employee more regularly. The purpose of these meetings is to identify and put into place any training or support to support the employee in reaching the expected standards. Assistance may be sought from the HR Team as required. At this stage employees should be given the opportunity for either trade union or work companion to be present at additional formal meetings.
- 6.8. The form at Appendix 2 should be used to record probationary review meetings, along

with details of any supportive action taken. An agreed copy of this will be retained on the individual's file in the HR Team and a copy provided to the individual.

- 6.9. The Managing Sickness Absence Policy applies to staff during their probationary period. However, during the probation period the standards of attendance as outlined within the sickness policy may be amended (eg pro-rata) to reflect the shorter time period.

7. COMPLETION OF PROBATIONARY PERIOD

- 7.1. It is envisaged that in most circumstances, individuals will be able to reach the required standards, with appropriate guidance and support, during their probationary period. Unless the employee is informed otherwise within the probationary period, they will be deemed to have reached the required standard for the role and will progress onto their substantive contract with no further action required.

- 7.2. In some cases, it is recognised that despite the efforts of both the Trust and the individual, the employee will not be suitable for the role for which they were employed. In this case, the Trust may consider two options during the probationary period, as outlined below.

- 7.3. In considering whether an employee can meet the requirements and suitability for the role, the following may be considered. Please note this list is not exhaustive.

- Attendance & Timekeeping
- Conduct & Behaviour
- Capability
- Capability
- Commitment
- Organisational Values

- 8.4 The outcome of pre-employment checks will also be considered prior to confirming completion of a probationary period.

8. DISMISSAL DURING, OR EXTENSION OF, PROBATIONARY PERIOD

- 8.1. Where the manager feels that, even with support in place, the employee cannot meet the standards required for the role, or cannot pass any element of mandatory training, the employee's continued employment will be duly considered. This means that the decision to terminate the contract of employment during the probationary period can be made at any time in these circumstances.

- 8.2. The formal hearing will take place at which the appropriate Line Manager or Education Manager (with the authority to dismiss) and HR Representative will comprise the panel.

- 8.3. The employee should usually be given 5 calendar days notice of the formal hearing.

- 8.4. The manager responsible for managing the probationary period/training programme will present his/her account of the employee's progress during their probationary period/training programme to the hearing panel.

- 8.5. To support their case, the manager will collate the probation review meeting notes, action plans, training records, attendance records, pre-employment checks and any other information relevant to the case.

- 8.6. The relevant concerns will be outlined, and the staff member will have the opportunity to respond to those concerns before a decision is made.

- 8.7. Individuals will be given the opportunity to be represented by a staff side

representative or work companion at the hearing. Individuals will be responsible for arranging this representation, and the Trust encourages staff to exercise this right.

- 8.8. As an alternative to dismissal, the panel may give due consideration as to whether the individual may be redeployed into an alternative role, particularly where they have previous employment history with the Trust. Redeployment should not be considered as an automatic right by the employee and will be subject to the availability of a suitable vacancy and taking into account the reasons the employee failed their probationary period and their transferable skills/qualifications.
- 8.9. Where redeployment or downgrading is decided upon, there will be no protection of pay or benefits and the employee will be employed on the terms and conditions that attach to the post, following their contractual statutory notice period. If there are exceptional circumstances (for example, the action is being taken in accordance with the Equality Act 2010 (EA)), these will be taken into account.
- 8.10. It may be considered appropriate to notify a relevant statutory professional body that action is being taken against an employee. In the majority of cases, this will only apply in cases of serious/gross misconduct or incompetence. If so, the HR Representative to the panel will ensure that the relevant professional body is consulted and/or notified as appropriate and in accordance with the professional body's code of ethics/conduct. The employee will be informed of this and any subsequent action.
- 8.11. The outcome of the meeting will be confirmed to the employee in writing within 5 working days.
- 8.12. In exceptional circumstances, the Trust may wish to consider extending the probationary period. This will be appropriate where concerns have been identified but these appear to be resolved, and a further period of probation seems appropriate to ensure that this is the case. It may also be appropriate where through the probationer's sickness or other authorised absence, it has not been possible to fully assess performance.
- 8.13. This further period of probation will be outlined in writing to the employee within 5 working days. The following will also be confirmed in writing;
 - The length of the extension
 - The reasons for the extension
 - Any assistance or training that will be given during the extension period
 - The performance standards expected; the way performance will be monitored, and the potential outcomes of a failure to meet expectations following the extension.
- 8.14. Probationary periods should not normally be extended for more than one month. Further monitoring should take place as outlined above at section 6, and the principles of this Procedure will continue to apply during any further period of probation.

9. APPEALS

- 9.1. Employees wishing to appeal against a decision to extend their probationary period should give notice of appeal.
- 9.2. Appeals should be lodged, in writing to the named HR representative within 5 days of receipt of the decision. The notice of appeal should clearly outline the grounds for appeal and include any additional supporting information the employee wishes to be considered.
- 9.3. Employees appealing against a decision to redeploy or dismiss have a single right of appeal to the Executive Director for that directorate or to an Appeals Committee of the

Trust if the manager conducting the disciplinary hearing was an Executive Director of the Trust.

9.4. Appeals should be lodged, in writing to the Assistant Director of HR (Operations) within 10 days of receipt of the redeployment/dismissal letter. The notice of appeal should clearly outline the grounds for appeal and include any additional supporting information the employee wishes to be considered.

9.5. The appeal panel will be made up as detailed in the Best Practice Guide to Formal Hearings and Appeals.

10.3 Appeal hearings will usually take place within 2 weeks of receipt of the appeal.

10. MONITORING AND REVIEW

10.1. This policy will be reviewed on a regular basis – usually every two years. In the case of legislative change and/or change to NHS procedural guidance, it will happen sooner.

10.2. The Assistant Director of HR (Operations) will review the effectiveness of this policy annually and provide a report to the Trust Board and Joint Staff Consultative Committee.

11. RELATED POLICIES

11.1. Please read this Procedure in conjunction with:

- NHS National Terms and Conditions of Service Handbook
- Capability Policy
- Disciplinary Policy and Procedure
- Managing Sickness Absence Policy
- Pre-employment Checks Policy
- Corporate and Local Induction Policy
- Preceptorship Framework (see Appendix 3)

Capability Procedure for Staff in Training

1. Although the formal probationary period would not apply until they are qualified and in post, this procedure will also apply to staff who are required to successfully complete a training programme as part of their terms and conditions of employment and as outlined in their offer of employment. Such appointments are conditional upon the successful completion of the educational element.
2. Staff undertaking education will be subject to regular reviews (tutorials) as part of their programme of study with the Trust, and any concerns in relation to meeting required standards will be identified, and documented, as part of this process as soon as possible.
3. Where there are concerns as to whether the employee will be able to reach the required standard to achieve a pass in any particular module, appropriate support will be offered by the Education team to assist the employee prior to them sitting a formal examination or assessment. Concerns discussed and support offered should be documented by the Education Manager / Course Director
4. Employees will be given a maximum of two attempts to pass any element of the course. Consideration will be given as to whether a second attempt at the module or element is reasonable, taking into account the previous attempt and the likelihood of improvement with appropriate support as follows:
 - a) where the employee has narrowly missed the pass mark required and set by the awarding body, another attempt will be granted;
 - b) where the employee has unexpectedly failed an examination or assessment, having previously demonstrated consistent competence during tutorials and tuition (e.g. where an employee demonstrates clear extenuation through personal circumstances), another attempt may be granted;
 - c) where the employee has failed the module or/element by a large margin (the % of which will vary depending on the course type and pass mark set by the regulating body) and/or has been involved in previous review meetings as per paragraph 3 or re-sits in other modules/elements, it will be considered (in usual circumstances) inappropriate for a second attempt to be granted.

This decision will be taken by the relevant Education Manager / Course Director in conjunction with the Senior Education Manager responsible for the programme, the regulating/awarding body (where required) and an HR representative using the guidelines above.

5. In the case of driver training, where the individual is not considered by the educator (and after an independent assessment by another educator) to be capable of meeting the required standard within a maximum of 5 days' additional tuition, the employee will be considered to have failed the course.
6. In the case of driver training, where the individual has been granted a second attempt, they will be granted an additional tailored session of up to 5 days which will take place as soon as possible and within 4 weeks. Whilst this additional session is arranged, employees, where possible, will be temporarily redeployed to alternative duties within the Trust. During this time they will remain on their contracted salary which will continue to be paid by the original employing

Department. This redeployment may involve working from an alternative base for a period of time. Should the training not take place within 4 weeks, the Education Department will pay the employee's salary until such time as the course is arranged and the payment will be cross-charged.

7. Where an individual fails a module for a second time, or where a second attempt is considered inappropriate in accordance with paragraph 4, a formal meeting must be held as outlined in the Probationary procedure. This may be held in place of a regular tutorial meeting and will be chaired by the Education Manager supported by an HR Advisor. Employees will, however, be given reasonable notice of the nature and purpose of the meeting. Individuals will have the opportunity to be represented by a staff side representative or work companion. The staff member will be responsible for arranging this representation.
8. There may be other circumstances (in addition to failure of formal examinations or assessments) when it will be appropriate to formally review an employee's performance whilst in training. For example:
 - a) Serious or repeated performance concerns identified through formal supervision during an employee's period of workplace orientation and probation, where informal support as outlined in the Probationary procedure have proved unsuccessful;
 - b) Serious or repeated conduct concerns as detailed at 6.3 in the Probationary procedure either during tuition or during workplace orientation and probation.

The above list is not exhaustive

9. At the formal review meeting, all details relevant to the individual circumstances should be considered and made available for discussion, for example: the individual's training portfolio, assessment/examination marks, audit results, supervision assessments, records of review/tutorial meetings.
10. Options appropriate to the circumstances should be considered at the review meeting. These may include a variation to training, permanent redeployment or dismissal from the post, if it is considered appropriate and reasonable in all the circumstances (and, where relevant, taking into account the guidelines at paragraph 4).
11. Staff undertaking education will be entitled to appeal against a decision to redeploy or dismiss as outlined at Section 9 of this Procedure. The Appeal will be heard by a Senior Education Manager and an HR Advisor; both must be previously unconnected with the case. The employee will have the right to be accompanied at the appeal by their trade union representative or a work companion.

PROBATIONARY PERIOD REVIEW MEETING

Name of Employee:	Post Title:
Area:	Station/Department:
Start Date in Post:	Date of meeting:
Satisfactory progress to date?	Yes / No
Areas for Review: <i>This may include attendance, time-keeping, conduct, capability, commitment and feedback from colleagues or patients.</i>	
Improvement Required: <i>Please detail expected standards and any improvement required.</i>	
Training and Development/Support: <i>Please note any training, development or support needs identified and actions put into place.</i>	
Monitoring: <i>Please detail how progress will be monitored.</i>	
Signed (Manager undertaking review):	
Signed (Employee):	

Where issues have been raised which could have implications for continuation of the employee's contract, advice should be sought from the relevant HR Representative.

A copy of this form should be returned to the HR team for retention on the employee's personal file.

PRECEPTORSHIP FRAMEWORK

South Central Ambulance Service NHS Foundation Trust Framework and Practical Guide to the implementation of Preceptorship

1. Aim
 - 1.1 This document aims to provide a framework for Preceptorship that is practical and relevant to employees, managers, team leaders and clinical mentors. It is also a guide and resource for those within the Trust who have responsibility for managing employees through the scheme. This document is written in accordance with the principles of the Department of Health's (DOH) "Preceptorship Framework for Nursing".
2. Definition and Purpose of Preceptorship
 - 2.1 Agenda for Change describes Preceptorship as a process whereby new entrants to Band 5 (ie, mostly newly-qualified paramedics).
 - 2.2 The purpose of Preceptorship is to enhance the competence and confidence of paramedics as autonomous professionals. Preceptorship will enable them to apply knowledge, skills and competences acquired as students, laying a solid foundation for life-long learning. Care Quality Commission registration requirements for providers require that providers take all reasonable steps to ensure that workers are appropriately supported, thereby enabling workers to deliver care and treatment to service users safely and to an appropriate standard (including appropriate training, professional development, supervision and appraisal).
 - 2.3 Preceptorship should be seen as a transition phase for paramedics continuing their professional development, building their confidence and further developing competence to practice. It should not be considered as a way to meet any shortfall in pre-registration education. Nor is it a substitute for effective performance management.
3. Responsibilities and Guidelines for Management of Preceptorship
 - 3.1 Employees (Preceptees): From the moment they are registered, paramedics (or other staff subject to Preceptorship) are autonomous, accountable practitioners with a responsibility for their own professional development and meeting the standards outlined in their job description, person specification and the Health & Care Professionals Council (HCPC) or equivalent professional body's code of conduct. Preceptees must attend agreed meetings and participate in the Preceptorship process.
 - 3.2 Clinical Mentors (Preceptors): Clinical Mentors (CMs) play a key role during the Preceptorship period. They undertake regular shifts with newly-qualified paramedics and act as 'preceptors'. During these sessions, CMs will discuss individual practice and provide constructive feedback. They will share their individual knowledge and experience and will act as a role model to the employee. They will also notify the employee's line manager/ supervisor at an early stage of any concerns over standards of practice or requirements for further/extra support. If deemed necessary, it may be appropriate to notify the Higher Education (HE) team/named Educator.
 - 3.3 Managers and Team Leaders: Managers have a responsibility to provide leadership and support to newly-qualified paramedics and should oversee the

Preceptorship process in conjunction with the HE Team, ensuring that Clinical Supervision and an appropriate preceptor are arranged.

They should participate in regular one-to-one meetings and the appraisal process, setting clear objectives for their staff members, with a review after 6 months – referred to as a 'Preceptorship appraisal'. This appraisal will be informed by evidence from the Clinical Supervision process along with other relevant evidence including Patient Report Forms and the individual's Continuing Professional Development portfolio.

Managers have a responsibility for discussing with the staff member, at an early stage, any concerns over standards of practice or identified requirements for further/extra support, particularly where this may have the potential to affect pay progression.

3.4 Education Teams: Education teams will work with Managers/Clinical Mentors to ensure that the Preceptorship framework is implemented. Ensure that Clinical Mentors receive appropriate training to undertake their role effectively.

3.5 HR Teams: HR teams will provide professional advice and guidance on pay progression, the appraisal process and performance management.

4. Management of Preceptorship

4.1 Should staff require Preceptorship, this should be flagged to the relevant line manager on their appointment (by Recruitment) or on qualification (by Education), as applicable. The manager should then ensure that regular Clinical Supervision meetings are arranged in accordance with section 3.2 and that the predicted date for completion of the Preceptorship period is duly noted along with the 6-month review point (at which point a Preceptorship appraisal should take place). A programme for newly-qualified Paramedics is detailed at Appendix D. Sufficient Clinical Mentorship capacity will be identified by the Learning Environment Leads in relation to all Learner Supervision needs.

4.2 All newly-qualified registered Paramedics or Ambulance Nurses will undertake a 6-month period of Preceptorship in their new role.

4.3 The Preceptee will record their development in a professional portfolio which will serve the dual purpose of providing evidence for the review meetings and Preceptorship appraisal.

4.4 The Preceptorship framework for Paramedics is published at Appendix A and is based on the HCPC and a guide for Clinical Mentors/Preceptors is at Appendix B.

4.5 It may be appropriate to use Preceptorship for other workers such as support and clerical staff. Each Directorate will need to decide if they have any 'first professional roles' in which Preceptorship may be applicable and will need to decide which staff will participate and develop an appropriate framework and documentation.

4.6 At the end of the Preceptorship period the Preceptee will progress to the normal appraisal/development review cycle and will continue with formal clinical supervision, as applicable to their role.

5. Review and monitoring arrangements

- 5.1 Monitoring of the effectiveness of this procedure will take place on a regular basis and will take account of completed 'Preceptorship' appraisals, sickness absence during the Preceptorship period, Clinical incidents during the Preceptorship period, retention rates and time invested in Preceptorship.

Appendix A to Preceptorship Framework

Preceptorship Framework for Paramedics

	Application/Core Skills	Examples of Evidence
Communications	<p>Maintaining confidentiality;</p> <p>Understanding the importance of gaining informed consent;</p> <p>Working in conjunction with other professionals, support staff, service users, and their relatives and carers;</p> <p>Communicating information, advice, instruction and professional opinion clearly to colleagues, service users, their relatives and carers;</p> <p>Selecting and using appropriate assessment techniques;</p> <p>Providing service users with the information necessary to enable them to make informed decisions;</p> <p>Modifying means of communication to take account of factors such as age, nationality, physical ability, learning ability, anxiety and stress (using appropriate forms of verbal and non verbal communication).</p>	<p>Clinical Supervision records and Patient Report forms (PRFs)</p>
Personal and People Development	<p>Contributing effectively to work undertaken as part of a multi-disciplinary team;</p> <p>Drawing on appropriate knowledge and skills to make professional judgements;</p> <p>Auditing, reflecting on and reviewing practice – critical evaluation;</p> <p>Knowing and understanding the key concepts of the bodies of knowledge relevant to practice e.g. principles of paramedic, behavioural, clinical and biological science;</p>	<p>Clinical Supervision records</p> <p>PRFs</p> <p>Reflective Practice statements</p> <p>Continuing Professional Development (CPD) folders or logs</p>

Appendix A to Preceptorship Framework

	Application/Core Skills	Examples of Evidence
	<p>Maintaining own CPD portfolio in accordance with HPD registration requirements;</p> <p>Actively participating in Preceptorship/clinical supervision programme.</p>	<p>One-to-one meeting records and appraisal documentation</p>
Health, Safety and Security	<p>Practising within the legal and ethical Boundaries of their Profession;</p> <p>Understanding the need to and establishing and maintaining a safe practice environment;</p> <p>Conducting appropriate diagnostic/monitoring procedures, treatment, therapy or other actions safely and skilfully;</p> <p>Applying appropriate moving and handling techniques;</p> <p>Using appropriate personal protective equipment.</p>	<p>Clinical Supervision Records and PRFs</p> <p>Records of mandatory (and non-mandatory) training</p> <p>Copies of completed Incident Report forms, where applicable (IR1s)</p>
Service Improvement	<p>Understanding the need to act in the best interests of service users;</p> <p>Knowledge of how professional principles are expressed and translated into action through a number of different approaches to practice;</p> <p>Monitoring effectiveness of own working practice.</p>	<p>CPD folder or log</p> <p>Reflective practice statements</p>
Quality	<p>Being able to practise as an autonomous professional, exercising own professional judgement;</p> <p>Maintaining fitness to practice in accordance with HPC guidelines;</p> <p>Exercising a professional duty of care;</p>	<p>PRFs</p> <p>Clinical Supervision records</p> <p>HPC registration status</p>

Appendix A to Preceptorship Framework

	Application/Core Skills	Examples of Evidence
	<p>Maintaining records appropriately, ensuring that data collection complies with organisational standards, policies and service needs, maintaining an effective audit trail;</p> <p>Acting consistently with legislation, Trust policies and procedures.</p>	
Equality and Diversity (E&D)	<p>Being able to practise in a non-discriminatory manner;</p> <p>Understanding of current legislation with regard to equality and diversity;</p> <p>Understanding the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors;</p> <p>Understanding the need to demonstrate sensitivity to the factors which shape lifestyle that may impact on the individual's health and affect the interaction between patient and paramedic.</p>	<p>PRFs – including completion of E&D data</p> <p>Clinical Supervision records</p> <p>CPD folder or log</p> <p>Reflective Practice statements</p>

Best Practice Guide to Preceptorship and Clinical Supervision for Paramedics

1. Overview of the Preceptorship role

- 1.1 Preceptorship, as defined by the Nursing and Midwifery Council (NMC) (2006) is about *“providing support and guidance enabling ‘new registrants’ to make the transition from student to accountable practitioner.”* Preceptorship promotes the HPC’s stance on autonomous practice.
- 1.2 The preceptor’s role is one of support, facilitation and motivation. Preceptorship should assist with developing confidence and socialisation into the working environment. The skills required to be an effective preceptor are detailed in the diagram below:



2. Commencement of the Preceptorship programme

- 2.1 An initial meeting should be held between the Preceptee and preceptor to outline the expectations and agree an individual action plan prior to the commencement of the Preceptorship period taking full account of the analysis and identification of strengths and learning and development needs of the Preceptee.
- 2.2 Regular meetings should then be set up between the preceptor and Preceptee to review progress. The meetings should include joint working between the preceptor and Preceptee, observed practice, constructive feedback and shared reflection. Recording of learning and development should be undertaken.

Appendix B to Preceptorship Framework

3. Preceptorship Appraisals

- 3.1 It is the Line Manager's responsibility to ensure that the 6-month and 12-month Preceptorship appraisals are arranged but Clinical Mentors/Preceptors must also feed into this process.
- 3.2 Any concerns about the Preceptee's development, progress or competence should be discussed during the regular review meetings and not postponed until the Preceptorship appraisal; the Preceptor/Clinical Mentor should also make the Preceptee's Line Manager and named educator aware of any concerns.
- 3.3 It is the Preceptor's responsibility to ensure that any continuation of Preceptorship (and deferral of pay progression) is substantiated by a clear report outlining additional needs and further education or support. This will be in discussion with the clinical education department and the employee's line manager. Capability and performance concerns should also be addressed through the Capability Policy and/or Probationary Policy and advice sought from the HR team.

Appendix C to Preceptorship Framework

Preceptorship Process for Newly-qualified Band 5 Entrant

Step	Newly-qualified Band 5 Entrant
1	Trust Corporate Induction and Period of Mandatory Training and graduate programme as detailed in Appendix D.
2	Line Manager and Learning Environment Leads nominate appropriate preceptor/clinical supervisor.
3	Preceptor and Preceptee agree individual action plan and Preceptorship commences.
4	<p>Monthly reviews.</p> <ul style="list-style-type: none"> • Action plans are developed as appropriate. • HE team and HR advice sought as necessary and appropriate policies referred to. • Educator shifts at weeks 8 and 16: the aim of the latter is to judge the graduate fit to proceed to working with unqualified members of staff in conjunction with CS.
5	<p>Six-month review (Preceptorship appraisal) takes place with Line Manager with preceptor/clinical mentor and HE team feeding into this process.</p> <p>If performance is deemed unsatisfactory and this has not been identified at an earlier point, Pay Progression, Capability and Probation Policies should be referred to, the pay increment may be delayed and HR Advice sought.</p>
6	Preceptorship and regular reviews continue.
7	<p>Twelve-month review (appraisal) takes place with Line Manager with preceptor/clinical mentor feeding into this process.</p> <ul style="list-style-type: none"> • If satisfactory annual increment will take place automatically in accordance with Agenda for Change and the Trust's Pay Progression policy; • If not satisfactory, Pay Progression, Capability and Probation Policies should be referred to and HR Advice sought.
8	New objectives and development plan agreed for next twelve month period. Employee is subject to usual programme of Clinical Supervision as applicable to the post.

Appendix C to Preceptorship Framework

Graduate Programme for Newly-qualified Paramedics eligible for Preceptorship in accordance with section 2.1 of the Preceptorship framework

6-month support programme (120 days) prior to “Preceptorship appraisal”:

Education Component

Week 1

Corporate Induction2 days (15 hours)

Statutory / Mandatory Training:

Conflict Management / Moving & Handling.....3 days (22.5 hours)

Week 2

Clinical Development Course5 days (37.5 hours)

Week 3

Clinical Development Course 2 (*as required*)5 days (37.5 hours)

Week 4

Clinical Supervision shift (*as third Crew Member*)3 days (22.5 hours)

Action learning set 1 day (7.5hrs)

CPD 1 day (7.5 hrs)

Week 5

SCAS familiarisation: equipment, procedures, drugs.....5 days (37.5 hours)

If candidates have not undertaken the IHCD Advanced Driving, it will be undertaken at this point. Staff can be appointed without this course if they pass the initial driving assessment.

Operational Component (Minimum 120 days)

Week 6 and 7

Work with named Clinical Mentor (third manning, 2 Preceptees with one CM if required) for 8 shifts initially front loaded. The remaining 7 CM-supervised shifts should take place before week 24 ensuring there are 15 CM shifts in total.

The remaining CM-supervised shifts should take place at approximately 2 per month during the remaining Preceptorship period

Weeks 8-24

Work with any staff member as part of the crew on Double-Manned Ambulance (DMA). Preceptees will not be permitted to be rostered onto a Rapid Response Vehicle during the first six months. On rare occasions (last minute sickness, Major Incident, etc), it is possible to dispatch a single-crewed Preceptee on an Ambulance to make an initial assessment and start primary treatment. Back Up response must be sent as required.

Study day with HE team..... 2 days (15 hours) around week 8 and week 16

Work with Clinical Educator / HEI Educator..... 2 days (16 hours), 1 at week 8 and 16 at around week 16 point

Appendix C to Preceptorship Framework

If deemed unsuitable to progress at this stage, an action plan should be developed and provision made for the individual to remain with qualified crew mates until the action plan is reviewed.

Preceptorship appraisal of candidate. At 6 month point

Confirmation of successful completion of probationary period in accordance with the Trust's Probationary policy (once ratified).

** Assessment of current progress with named CM and/or HE mentor, whether the candidate is suitable to progress to unsupervised practice (weeks 5 to 24)*

During the second six months of the Preceptorship period, the candidate will be assigned a named mentor and will participate in self-directed study and Continuous Professional Development.

Equality Impact Assessment Form Section One – Screening

Name of Policy: **Probationary Policy**

Officer completing assessment: **Judy Macdonald**

Telephone: **01869 365055**

1. What is the main purpose of the strategy, function or policy?
To clarify the use of probationary periods and the activities that should take place during that time (eg, target-setting and regular reviews).
2. List the main activities of the function or policy
What is to be considered and what achieved during the probation period How it is to be managed Capability procedure for trainee staff; Preceptorship
3. Who will be the main beneficiaries of the strategy/function/policy?
Managers of newly-recruited/qualified staff Newly-recruited/qualified staff
1. Use the table overleaf to indicate the following:- a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them? b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?

		Positive Impact	Negative Impact	Reasons
GENDER	Women	Yes	N/A	Work-life balance – especially ref care of children and elderly relatives. Chance to assess a role before committing
	Men	N/A	N/A	
RACE	Asian or Asian British People	N/A	Yes	Language difficulties
	Black or Black British People	N/A	Yes	Language difficulties
	Chinese people and other people	N/A	Yes	Language difficulties
	People of Mixed Race	N/A	Yes	Language difficulties
	White (inc Irish) people	N/A	N/A	Language difficulties
	Disabled People	N/A	Yes	Possible learning difficulties
	Lesbians, gay men and bisexuals	N/A	N/A	
	Transgender	N/A	N/A	
AGE	Older People (60+)	N/A	N/A	
	Younger People (17 to 25) and children	N/A	N/A	
	Faith Groups	N/A	N/A	
	Equal Opportunities and/or improved relations	N/A	N/A	Yes – ensuring that a fair and consistent process is followed for all Trust staff.

Notes for above table:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	X
Intended	<input type="checkbox"/>	X
Level of Impact	High	Low
	<input type="checkbox"/>	X
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
Clear, simple language used. Line managers support and guide their staff to understand what has been written in the policy and the impact/effect it would have on them.		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
By using clear and simple language.		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How?		
N/A		

Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.

Signed:

Name: **Judy Macdonald (Corporate HR Adviser)**

Date:

Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy:

Officer completing assessment: **Judy Macdonald**

Telephone: **01869 365055**

Part A

- Looking back at section one of the EqIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender

Race

Disability

Sexuality/Transgender

Age

Faith

- Summarise the likely negative impacts:-

..... Difficulties with understanding relating to language problems and/or learning disabilities

..... No perceived issues relating to other groups; actively addresses some

.....

.....

- Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	

Equality Target Groups	Summary of consultation planned or taken place
Disability	
Sexuality/Transsexuality	
Older People	
Younger People	
Faith	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	
Sexuality/Transsexuality	

Equality Target Groups	Title/type of/details of research/report
Older People	
Younger People	
Faith	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

.....

No

Part B

Complete this section when consultation and research has been carried out

- 7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.
- 7b. As a result of this assessment and available evidence, is it important that the Trust commissions specific research on this issue or carries out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

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8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes

No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

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Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:

Name:

Date:

