



University of HUDDERSFIELD

University of Huddersfield Repository

Flynn, Jonathan and Jones, Janice

An evaluation of a 6-month preceptorship scheme between the University of Huddersfield and Kirklees Primary Care Trust

Original Citation

Flynn, Jonathan and Jones, Janice (2009) An evaluation of a 6-month preceptorship scheme between the University of Huddersfield and Kirklees Primary Care Trust. Project Report. University of Huddersfield, Huddersfield, UK. (Unpublished)

This version is available at <http://eprints.hud.ac.uk/5895/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>



University of
HUDDERSFIELD

An evaluation of a 6-month preceptorship
scheme between the University of Huddersfield
and Kirklees Primary Care Trust

Final report to the Yorkshire and Humber
Strategic Health Authority

Report prepared by;
Jonathan Flynn & Janice Jones
University of Huddersfield

July 2009

Contents

Acknowledgements.....	ii
1. Summaries.....	1
a. general	
b. preceptee	
c. mentor	
2. Introduction & background	2
3. Structure of this report	4
4. Overview of preceptee's	5
5. Overview of preceptee training	6
6. Overview of method used for evaluation	7
7. Findings.....	8
8. Limitations	17
a. Preceptee's	
b. Mentor's	
9. Conclusions & recommendations	18
Appendix	21

Acknowledgements

The following people have been involved with the preceptorship scheme and are acknowledged for their contributions:

Planning & co-ordination

Sara Eastburn – University of Huddersfield

Peter Horner – Kirklees Primary Care Trust

Andrea Thornton – Kirklees Primary Care Trust

Participation

The preceptee's – Kirklees Primary Care Trust

The Mentor's – Kirklees Primary Care Trust

Delivery of teaching material

Jackie Malone – University of Huddersfield

Liz Whitaker – University of Huddersfield

Sue Spence – University of Huddersfield

1. Summaries

a) General Summary

This report was funded by the Yorkshire & Humber Strategic Health Authority and is an evaluation of a 6-month preceptorship scheme involving a collaboration between the University of Huddersfield & Kirklees Primary Care Trust. The report presents findings from both the preceptee's and mentor's involved in this scheme. It presents the findings, limitations and conclusions of the scheme.

b) Preceptee Summary

The preceptorship scheme was particularly beneficial to the band 5's who had been out of employment for a significant period of time. The facilitated preceptorship sessions had provided the band 5's with opportunities to develop a peer support network, enhance their knowledge base to apply to clinical work and develop their portfolios in line with the Knowledge & Skills Framework (KSF).

The community settings where the bands 5's were placed provided challenging environments. They had the opportunity to develop skills and knowledge outside the boundaries of secondary care settings. However they concluded their preference was to work initially post qualification in secondary care settings; where they perceived greater professional security was provided alongside the opportunity to develop essential core skills and a wider knowledge base for future practice.

c) Mentor Summary

The mentors identified the preceptorship scheme as a positive initiative but it was not without its challenges. The term 'preceptorship' was not a familiar phrase for several mentors and the expectations of the scheme were not entirely clear to all mentors. The speed in which the scheme was implemented threw up its own challenges, however the mentors were able to absorb this and largely take it in their stride.

It was identified that some areas were more difficult than others for band 5's to work within and left them potentially at more risk. To facilitate the presence of band 5's within the community the mentors advised that specific formal training for both mentors and preceptee's would be needed. To ensure the right skill mix and aid selection and retention, the mentors thought that a cross-rotational system sampling equally from secondary and primary care would be extremely beneficial. All mentors were in agreement that the preceptorship had certainly improved the confidence of the preceptee's. Finally a number of concerns ranging from restructuring of banding levels, fears around quality and delivery of care and the burden that additional training may bring were raised.

2. Introduction & background

The terminology around preceptorship generates several meanings within the literature, to some it means a period of induction, to others a period of practical experience, supervised by an expert or specialist in a particular field. It has existed in the nursing and medical professions for some time and is synonymous with developing newly qualified members of staff. Over recent years it has developed within the Allied Health Professions (AHP's) and particularly the professions of Occupational Therapy (OT) and Speech & Language Therapy (SALT) who have championed this approach and embraced its potential. In essence it is used as a means of nurturing newly qualified professionals so they are best equipped to deal with the rigours of professional life therefore acting as a transitional period from newly qualified staff to consolidate knowledge over a period of 6 to 12 months.

The geographical shift in healthcare provision from acute (secondary) to community (primary) care has essentially created new challenges for all working within healthcare provision. Health care planners, service managers and all staff delivering therapy are all faced with translating Lord Darzi's high quality care for all - NHS next stage review into a format that will allow implementation of the recommendations.

Darzi (2008) states that:

“over a quarter of a million nurses, midwives, health visitors, allied health professionals, pharmacists and others work in the community health services. They have a crucial role to play in providing some of the most personalised care, particularly for children and families, for older people and those with complex care needs, and in promoting health and reducing health inequalities”

Traditionally AHP's have had a strong presence in secondary care with well-established support mechanisms to help newly qualified staff make the transition to that of an effective practitioner. Within community settings the presence of newly qualified band 5 practitioners is arguably less augmented (Morley 2006a). This is largely due to working practices, with the majority of this work being absorbed by experienced AHP's banded at 6's and 7's. They are strong arguments for this arrangement of staff but given the likely increase in work attributable to the shift in health care delivery there is a need to look at how band 5's can be incorporated into community service delivery.

Another driving force behind the reassignment of band 5's is the ever growing problem of job shortages, with the 'demand-supply' relationship teetering in the short term with an over supply of new graduates (Bosanquet et al. 2006), to add focus it is worth analysing the scale at a local level. Foley (2007) in a workforce and development non-graduate recruitment report, estimated figures of approximately 2,700 AHP student graduates across the Yorkshire and Humber region in the academic year of 2007/08. Perceived difficulties and a reluctance

to change associated with placing these graduates in a community position may only serve to compound the labour market further.

Although this has affected all AHP graduates it has been a particular problem with new physiotherapy graduates (Grey 2006) with many finding it difficult to secure their first position. The Chartered Society of Physiotherapy (CSP) reports that 42% of the 2007 graduates and 19% of the 2006 graduates have still not found their first physiotherapy post (Limb 2008). This improved slightly in 2008 when the CSP reported improvements in the employment situation stating that 51% of the 2007 graduates had found permanent work in the health service by June 2008. Their data also found that when recruiting, NHS employers were giving preference to 2006 graduates who were still looking for their first post, thus trying to deal with the backlog of qualified physiotherapists.

At a University level we are committed to 'inspiring tomorrow's professionals' and recognise the value of working with local trusts. We also recognise that in training future AHP's we have a role in facilitating effective support mechanisms in collaboration with our clinical partners. To that end a 6-month preceptorship scheme was undertaken between the University of Huddersfield and Kirklees Primary Care Trust. The aim of which was to investigate whether newly qualified band 5 AHP's with appropriate support could work within a community setting.

3. Structure of this report

The background to this report has been described on the previous pages. The remainder of the report has been broken down into the following:

Overview of preceptee's

Overview of preceptorship training given

Overview of methodology used to evaluate the preceptorship programme

The findings – a) preceptee's

b) mentors

Limitations

Conclusions & recommendations

4. Overview of preceptee's

All the band 5 AHP's participating in the Preceptorship scheme had not previously worked in the NHS. Prior to securing employment within the preceptorship scheme some preceptees had been in alternative employment for up to 2 ½ years. Additionally some had spent a year travelling or joined the scheme directly from university. The preceptees pre registration educational background was from a variety of Universities across the United Kingdom.

The group consisted of –

7 Physiotherapists

1 Occupational Therapist (OT)

1 Speech and language therapist (SALT)

They were predominantly placed in community settings including intermediate care, rapid response and community rehabilitation. There were two preceptees who were based on in patient wards in acute settings.

5. Overview of preceptee training

A programme of training sessions were provided for the preceptees to attend and facilitated by Jonathan Flynn (Physiotherapy) and Janice Jones (Occupational Therapy), Senior Lecturers from the University of Huddersfield. This programme was supported by colleagues from the university with expertise in relevant areas.

The aims of the sessions were to provide the preceptees with an opportunity to enhance their knowledge and apply this to their practice. Additionally they were given opportunities to link their experiences from practice to the KSF in reflective entries for their portfolio. These sessions were delivered in a generic format aiming to be accessible to all professions.

An introductory session outlining preceptorship and portfolio development was attended by the preceptees and their mentors. The preceptees were provided with guidance to complete their portfolios in line with the Health Professions Council (HPC). Additionally a structure was provided to gather evidence for the KSF six month tracking evaluation leading to the foundation gateway.

At the end of the introductory session a plenary was held involving discussion with the preceptees, mentors, co ordinator and university facilitators to determine the perceived training needs of the preceptees. A broad list of themes was generated from which the following six month programme was devised. The sessions were held monthly during the afternoon for 4 hours and held at health centres around the locality.

- Chronic pain
- Mental health
- Respiratory Care
- Cognition and memory
- Job applications and interview techniques
- Interview questions

The inclusion of the respiratory session was in response to the physiotherapists concern about the reduced opportunities to develop skills within this area. This was perceived by the preceptees to be a barrier to future employment.

6. Overview of method used for evaluation

A qualitative methodological approach was used to evaluate the preceptorship scheme. Semi-structured focus group discussions were used as a method of data collection. This method was considered the most appropriate to gain an insight and understanding of the preceptees and mentors perceptions of their experiences of preceptorship (Silverman, 2002).

The focus groups enabled the participants to use the interaction with the group to explore issues with their peers. These homogenous groups assisted in providing a comfortable environment for the discussion and sharing of experiences. Additionally the group strategy provided an efficient method of data collection from a number of people simultaneously given the time frame (Barbour, 2007).

Separate focus groups were held for preceptees and mentors. They were facilitated by Jonathan Flynn and Janice Jones, both Senior Lecturers at the University of Huddersfield and responsible for the teaching sessions and evaluation of the preceptorship scheme.

All the preceptees and mentors were invited to participate. The preceptees focus group was attended by 77% (n=9). The mentors focus group was attended by 66% (n=9).

An information sheet and questions (appendices 3 & 4) to be used at the focus groups were emailed to all the participants prior to the focus group to ensure the process was transparent and the participants were fully prepared (Silverman, 2004). Copies of the paperwork were also provided at the focus groups.

The focus groups were digitally recorded and transcribed verbatim. Each focus group generated approximately one hour of data. The transcriptions of the focus groups were then analysed by Jonathan Flynn and Janice Jones using a process of thematic content analysis adapted by Burnard (1991) from the grounded theory approach developed by Glaser and Straus. This approach relies on the systematic development of categories and themes generated by the participants whilst ensuring the interactions between participants are retained in order to provide context to the data when reduced to themes and categories (Silverman, 2004).

7. Findings

a. Preceptee's

The focus group data was analysed in relation to the themes generated by the questions evaluating the first six months of the preceptorship scheme.

The following themes were generated –

- Preparation for working in the NHS
- Development as an autonomous practitioner
- Contributions to the service(s)
- Consideration of a career in the community
- Benefits of the preceptorship scheme to future employment

Preparation for working in the NHS

The preceptee's who had been out of employment for some time considered the Preceptorship scheme to offer more support for them to re engage with their practice skills. Additionally they were given time to develop skills, consolidate their learning and recognise their limitations within their practice areas.

“...it was a lot more opportunity to consolidate the stuff I'd learned in university even if it wasn't like the really acute management of strokes, like respiratory conditions, but I had a variety of patients.” Participant A

This level of support varied between the settings where they were placed and between profession groups.

The opportunities to work in the community helped the preceptee's to make the transition from student to qualified practitioner. The liaison necessary between agencies involved in the community facilitated an appreciation of the complexity of working as a qualified practitioner.

Development as an autonomous practitioner

Participation in the Preceptorship scheme had helped to increase confidence, in particular peer support and realising everyone has limitations regardless of professional background was strongly felt.

The facilitated Preceptorship sessions had helped to develop their autonomous practice as they applied the sessions to their practice. This in turn helped to increase their confidence, as they were able to contribute to multi disciplinary discussions in an informed manner.

Additionally some of their placement settings promoted autonomous practice, in particular where the preceptee's had a well defined role and were encouraged to

practice autonomously. This also helped to develop their confidence in their practice abilities.

The development of autonomous practice was enhanced by being on the Preceptorship scheme, they were given time to develop and consolidate skills. This time was made available due to the preceptee's not filling a vacancy they were extra to existing staffing numbers.

There was a strong perception that the community based work had led to personal recognition of limitations and this had enhanced their understanding of autonomous practice and risk management.

“... when you find yourself in a tricky situation it makes you think ‘am I stepping out of my practice here?’ and that’s when you do put your hand up and get back to the office or get on the ‘phone to your next line manager...” Participant B.

There was a perception from some of the preceptee's that support from supervisors had been variable. This was linked to the perceived lack of preparation and knowledge about Preceptorship the supervisors had received prior to the scheme.

Contributions to the service(s)

There was a strong perception that the preceptee's had contributed to an increase in the quality of the service provided, with longer treatment sessions being cited as an example in one service area. There was concern expressed about the impact this would have on the service when the preceptees were no longer employed within these areas.

One preceptee had had the time to develop significant resources within the service area for use by the team.

Consideration of a career in the community

The preceptee's expressed being open minded about a future career in the community. They expressed some benefits to the opportunities for ‘real life’ therapy.

“I do really quite enjoy being able to go into someone's home, look around and go right, ok, we need to do some balance work, what we got in the house we can use – oh lets use your kitchen sink...” Participant C.

However, they saw community work as developing generic skills and considered the lack of variety would limit their future career opportunities. At their stage of post qualifying experience they expressed strong preferences to get experience

within secondary care. They expressed this in terms of preferring the security of all the multi disciplinary team on hand and the more sociable environment.

“I personally enjoy the social aspects of the ward base, a bit of banter, you get everyone around you” Participant B.

The ideal experience for preceptee’s was expressed as a split rotation covering acute and community settings. Concern was expressed about the gaps in their experience within the community settings for example the lack of acute respiratory and on call.

A preference was expressed to have grounding in secondary care before considering primary care settings. However a strong opinion was expressed that the community experience would be beneficial within secondary care as they had experienced the problems of discharge planning and developed knowledge of the other agencies involved within the community.

Benefits of the Preceptorship scheme to future employment

There was a strong perception that the Preceptorship scheme and community experience would be beneficial to the preceptee’s future employment opportunities. The community experience had contributed to their abilities to practice in challenging situations without specialist equipment.

The Preceptorship sessions had increased their knowledge of the (KSF) and the CPD time provided to focus on the KSF had been invaluable. There was a strong emphasis on the development of portfolios provided by the sessions to support this; additionally the evidence mapping tools provided were positively received.

Sessions were provided focussing on interview technique and preparation, these were considered very beneficial, additionally the portfolio sessions and reflections from teaching sessions provided further examples to enhance interview responses.

The peer support experienced as a result of being part of the Preceptorship scheme was valued and this increased the confidence of the participants who had not had a job for a period of time. The band 5’s would have liked more training sessions over a concentrated period of time.

Summary

The preceptorship scheme was particularly beneficial to the band 5’s who had been out of employment for a significant period of time. The facilitated preceptorship sessions had provided the band 5’s with opportunities to develop a peer support network, enhance their knowledge base to apply to clinical work and develop their portfolios in line with the Knowledge & Skills Framework KSF.

The community settings where the bands 5's were placed provided challenging environments. They had the opportunity to develop skills and knowledge outside the boundaries of secondary care settings. However they concluded their preference was to work initially post qualification in secondary care settings; where they perceived greater professional security was provided alongside the opportunity to develop essential core skills and a wider knowledge base for future practice.

7. Findings

b. Mentors

The focus group data was analysed in relation to the themes generated by the questions evaluating the first six months of the preceptorship scheme.

The following themes were generated –

- What is your understanding of the scheme
- How has the scheme changed your outlook in relation to band 5's working in the community setting
- What contributions have the band 5's had on individual services
- How could service redesign facilities in the long term employment of band 5's within the community setting
- How autonomous do you feel the band 5's have been and how can the senior staff within a team / service facilitate autonomy within this group of staff
- Do you have any reservations about preceptorship schemes which you would like to discuss

What is your understanding of the scheme

A variety of responses were offered from experience and learning to preparation for further employment. These were relatively strong views, however some respondents had no prior understanding of what preceptorship schemes were prior to the scheme beginning. This however appears to be based on the terminology used rather than the process of mentoring newly qualified staff.

“...to give work experience to band 5's for 6 months...” Multiple Participants.

“...to get them through the bottom level of KSF...” Participant's C.

“...to help them get jobs...” Participant's A, B & D.

How has the scheme changed your outlook in relation to band 5's working in the community setting

There was a strong perception that some area's within a community setting were harder for a band 5 to function in than others, particular reference was made to the area of rapid response.

“...I would agree in that, that somewhere like ----- where there is a therapist always there ... but I think when you're, somewhere like rapid response it's difficult...” Participant B.

In area's like rapid response, it was identified that specific training would be needed, however there was agreement from the mentors that this would be the case with any new member of staff, however a more experienced member would take less time to adjust.

There was also a strong perception that band 5 working in the community setting were potentially at greater risk, this was noted at several times during the focus group interview and commented on by several mentors, however the actual type(s) of risk were not discussed in depth.

Some mentors expressed reservations with regard to this theme, 'how has the scheme changed your outlook...' as they had nothing to compare it against as this was a new initiative and they had no prior experience of band 5's working in the community.

Another very strong consensus that emerged from this theme was the feeling that prior secondary care experience would allow band 5's to work more effectively in the community as they did not necessarily have the appropriate experience. This was discussed briefly with regard to the possible implementation of cross secondary and primary care rotations, however this theme is explored later.

Within this theme there was also reference made to that of helping them to get jobs.

What contributions have the band 5's had on individual services

Within some disciplines it was identified that there was no difference in contribution to the service as essentially they had gone through the same processes and technically were working in secondary rather than primary care.

There was a moderate perception that the band 5's needed more bedding in.

There was a very strong consensus that the 'extra pair of hands' allowed the teams to provide more follow up's, it also freed up staff to do different things. However it was reported in some cases there was variety even in such a small cohort.

There was strong opinion that peer support had acted as a strong motivator and had potentially added to their outputs, this was thought to have a very strong correlation with improvements in confidence.

An important gain to the preceptee's rather than immediate contribution was that community based work had allowed the band 5's to see the patient's journey from a different perspective and in doing so they had gained valuable experience dealing with challenges and agencies they otherwise might not get if they were confined to secondary care.

How could service redesign facilities in the long term employment of band 5's within the community setting

The development of the service to facilitate the long-term employment of the band 5's in the community was met with some excellent suggestions.

The strongest agreement which materialised from the discussion was the recommendation that the setting up of a rotational system inclusive of secondary care would undoubtedly help to facilitate the employment and retention of band 5's working in the community. This theme had occurred earlier in the focus group with acute respiratory and aspiration management identified as a main requirement.

“and I think you need to set up a sort of rotational system because I think they don't wanna be stuck in one area...” Participant C.

“They need that ability to rotate don't they” Participant B.

“...argue that they still need to be able to do that, that more acute stuff...” Participant E.

In conjunction with the rotational suggestion it was thought that a mentor / preceptee training programme could be implemented.

Finally there was a very strong opinion expressed within one discipline that except for one preceptee, all the others were looking for acute experience not community. This opinion however may change if the initial idea of setting up mixed rotations was implemented potentially making a community post a post of choice rather than necessity.

“...I don't know that any of them particularly wanted to be in community, I don't think anyone, was saying that to me...” Participant C

“Most of them were looking for experience that an acute setting would give them” Participant A.

“I don't think there is any substitute for that really” Participant B.

How autonomous do you feel the band 5's have been and how can the senior staff within a team / service facilitate autonomy within this group of staff

Generally there was agreement that the level of autonomy was appropriate for the band 5's. Initially several mentors reported that some of the preceptee's needed 'lots of babysitting' and that they were somewhat tentative but as their level of confidence improved a direct correlation with autonomy was observed.

Confidence is one of the themes that occurred previously in the focus group interview and is worth noting not only as an indirect benefit but potentially as a direct benefit of the programme.

It was identified that the aspect that most preceptee's struggled with was the lack of structure they were accustomed to from their training. It was pointed out that in the community setting they struggled significantly with the lack of availability of simple things like patient notes, or 'stuff they could hang their hats on'. Essentially placing them in a position 'that they have to look, see and decide what's in front of you'.

Do you have any reservations about preceptorship schemes which you would like to discuss

An immediate concern was raised with regard to how sudden the preceptorship scheme had materialised with mentors feeling they were not informed fully prior to commencement. Additionally the length of time the scheme ran was questioned, most mentors thought it was too short and that it perhaps would have been more applicable had it ran over a 12 month period.

In conjunction with the above, there were some concerns raised about the time and effort invested into the preceptee's for such a short period.

Interestingly it was noted that the longer the preceptee was out of work prior to them starting the programme the longer they took to settle in, perhaps suggesting an element of de-skilling and greater lapses of confidence.

There were concerns that preceptee's at band 5 may be used as a means of replacing experienced staff in the community therefore saving money rather than providing quality and experience. This was discussed and explained with regard to several examples where this had already occurred across several services. It was noted that this was a potential cause of bad feeling among staff encompassing many disciplines.

There were concerns raised about running ongoing preceptorship schemes and never employing permanent staff, in this format this was identified as being beneficial and charitable for the individual but may have the opposite effect on the service provision. However in light of previous comments and suggestions,

small changes to organisational arrangements and rotations may go some way to reducing this concern.

Finally the last concern raised centred around the profile of the preceptee, in the current format a concern was raised suggesting that if the preceptee only does community based work they are potentially less desirable within the wider labour market. There may be some credence in this but with this cohort this has not been borne out as many of the preceptee's have been successful in gaining further employment.

Summary

The mentors identified the preceptorship scheme as a positive initiative but it was not without its challenges. The term 'preceptorship' was not a familiar phrase for several mentors and the expectations of the scheme were not entirely clear to all mentors. The speed in which the scheme was implemented threw up its own challenges, however the mentors were able to absorb this and largely take it in their stride.

It was identified that some areas were more difficult than others for band 5's to work within and left them potentially at more risk. To facilitate the presence of band 5's within the community the mentors advised that specific formal training for both mentors and preceptee's would be needed. To ensure the right skill mix and aid selection and retention, the mentors thought that a cross-rotational system sampling equally from secondary and primary care would be extremely beneficial. All mentors were in agreement that the preceptorship had certainly improved the confidence of the preceptee's. Finally a number of concerns ranging from restructuring of banding levels, fears around quality and delivery of care and the burden that additional training may bring were raised.

8. Limitations

Preceptee cohort

The cohort consisted of 9 preceptee's, this included 7 physiotherapists, 1 occupational therapist and 1 speech and language therapist. This was reflective of the service requirement rather than methodological sampling. Attendance throughout the programme varied, with the majority of physiotherapists present for all sessions. Although 77% attended, there were predominantly physiotherapists so we may not have captured the experience of the whole cohort.

Mentor cohort

The majority of preceptee's felt that the mentors supported them. Some mentors attended the introductory session and 6 mentors were available for the focus group interview. Again they were predominantly physiotherapists in nature. There was a perception offered by the mentors that there was a lack of training and preparation in advance of the scheme with regard to manage the preceptee's.

Teaching material

As this was a new model of supporting newly qualified graduates there was a degree of the unknown. Initially through consultation a programme of teaching was established, this was achieved at the introductory session and was potentially dominated by the physiotherapist's anxieties about on-call and specific skill acquisition. To avoid bias a strong attempt was made to deliver the teaching sessions in a generic style, however this was difficult and both preceptee's and mentors reported during the focus groups that specific training would have been more beneficial, however the exception being the interview skill sessions. The previous experience of participants and expectations of the different professional post qualifying competencies had an impact on how beneficial each session was. In order to address this limitation all sessions were linked back to the KSF competencies with varying success.

Timescale

The 6-month duration of the scheme was considered short by all those involved. This had a direct correlation with the perceived training needs of the preceptee's. On reflection, they felt their training needs would have been very different had they had a longer opportunity to settle in and not have the anxiety of starting further job searching at 3 months.

9. Conclusions & recommendations

Overall all those involved in the preceptorship programme reported it as a beneficial and positive experience. The following conclusions and recommendations have been drawn from the programme:

Conclusions

Both preceptee's and mentors acknowledged the difficulties and challenges that face newly qualifying band 5's working in the community.

The development of autonomous practice was variable and depended on the attitudes of the preceptee's, mentors and the practice setting.

The development of skills for the preceptee's was around developing autonomous practice, risk management and appreciation of the patient journey in primary care.

As a consequence of the preceptorship programme, several preceptee's benefitted by gaining permanent band 5 posts.

There were a number of concerns raised, these included, never employing permanent staff, the benefits on the individual rather than the service which could be both positive and negative, the perception that more senior banded jobs were being replaced by less skilled band 5 positions leading to fears around quality and delivery and the concern that if a preceptee only worked in the community they would be less desirable in the wider labour market.

Recommendations

The incorporation of cross-rotational posts from both primary and secondary care to enable the right skill mix and aid retention.

Both mentors and preceptee's need formal and structured training to ensure integration into the community setting, additionally the expectations for each service area needs to be developed to ensure transparency.

Consider the timescale, the recommendation would be to ensure future preceptorship schemes are no less than 12 months.

Future training input into preceptorship schemes needs to be focussed around the development of generic skills rather than specific skills which could be delivered by other means, these decisions need to be made at the beginning of a scheme and all involved need to be fully briefed about the aims and objectives of the scheme.

References

- Bain, L. (1996) Preceptorship: a review of the literature. *Journal of Advanced Nursing*, 24(1) 104-107.
- Barbour, R. (2007) *Doing Focus Groups*. London: Sage Publications Ltd.
- Barnitt, R. & Salmond, R. (2000) Fitness for purpose of occupational therapy graduates: two different perspectives. *British Journal of Occupational Therapy*, 63(9) 443-448.
- Blackman, C. Miller, C. Steadman, S. Eraut, M. Maillardet, F. & Ali, A. (2003) Learning during the first three years of post registration/postgraduate employment – the LiNEA project, interim report for nursing Brighton: University of Sussex and University of Brighton.
- Bosanquet, N. Haldenby, A. de Zoete, H. & Fox, R. (2006) Staffing and Human Resources in the NHS – facing up to reform agenda. Reform.
- Burnard, P. (1991) A method of analysing interview transcripts in qualitative research. *Nurse Education Today*. 11, pp. 461 – 466.
- CHARTERED SOCIETY OF PHYSIOTHERAPY (2009) Jobs situation brighter, students told Graham Clews 4 March 2009 [Online] *Frontline Magazine* accessed 20 July 2009 Available: http://www.csp.org.uk/director/members/newsandanalysis/frontlinemagazine.cfm?ITEM_ID=C7473B25F8ABC42B0616101D2B573830&article
- Darzi, A. (2008) *High Quality Care for All: NHS Next Stage Review Final Report*. Crown.
- Department of Health (DoH) (2005) *Agenda for change terms and conditions handbook* London: Department of Health.
- Department of Health (2006) *Preceptorship programme in action Allied Health Professional Bulletins 49* London: Department of Health [Online] Available: http://www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/Alliedhealthprofessionalsbulletin/Browsable/DH_4135798
- Foley, E. (2007) *Workforce and Education Directorate – Non medical Graduate Recruitment Report*. Yorkshire and Humbar NHS.
- Grey, P. (2006) A waste of money and talent as junior physiotherapists face job crisis *International Journal of Therapy and Rehabilitation*. 13(2) 58.
- Limb, M. (2008) *Movement on the jobs front* *Frontline Magazine* 21 May 2008 London: Chartered Society of Physiotherapy.

McInstry, T. Bossers, A. (2005) From graduate to practitioner: rethinking organisational support and development. in Whiteford, G Wright-St Clair, V. (eds) Occupation and Practice in Context Oxford: Elsevier Churchill Livingstone pp. 129- 142.

Morton-Cooper, A. & Palmer, A. (2000) Mentoring, preceptorship and clinical supervision: A guide to professional roles in clinical practice 2nd ed. Oxford: Blackwell Science Ltd.

Morley, M. (2005) Preceptorship – easing the transition. Occupational Therapy News, 13(8) 37.

Morley, M. (2006a) Moving from student to new practitioner: the transitional experience. British Journal of Occupational Therapy, 69(5) 231-233.

Morley, M. (2006b) Supporting newly qualified OT's with preceptors, part 1. Employing Allied Health Professionals, 18, 17.

Morley, M. (2006c) Supporting newly qualified OT's with preceptors, part 2. Employing Allied Health Professionals, 19, 6-8.

Morley, M. (2007) Developing a preceptorship programme for newly qualified occupational therapists action research. British Journal of Occupational Therapy, 70(8) 330-338.

Silverman, D. (2002) Doing Qualitative Research. A Practical Handbook. London: Sage Publications Ltd.

Silverman, D. ed (2004) Qualitative Research. Theory, Method and Practice. 2nded. London: Sage Publications Ltd.

Appendix

Appendix 1 – SREP application

Appendix 2 – SREP approval letter

Appendix 3 – Focus group questions for preceptee's

Appendix 4 – Focus group questions for mentors

Appendix 1 – School research Ethical Panel (SREP) application

THE UNIVERSITY OF HUDDERSFIELD

School of Human and Health Sciences – School Research Ethics Panel

OUTLINE OF PROPOSAL

Please complete and return via email to:

Kirsty Thomson SREP Administrator: hhs_srep@hud.ac.uk

Name of applicant (s): Jonathan Flynn & Janice Jones

Title of study: An evaluation of a 6 month preceptorship programme between the University of Huddersfield & Kirklees PCT

Department: Division of Rehabilitation

Date sent: 2nd March 2009

Issue	Please provide sufficient detail for SREP to assess strategies used to address ethical issues in the research proposal
Researcher(s) details	Jonathan Flynn Senior lecturer in Physiotherapy University of Huddersfield Queensgate, Huddersfield HD1 3DH Tel: 01484 472920 or j,m,flynn@hud.ac.uk Janice Jones Senior Lecturer in Occupational Therapy University of Huddersfield Queensgate, Huddersfield HD1 3DH Tel: 01484 473350 or j.jones@hud.ac.uk

Supervisor details	N/A
Aim / objectives	<p><u>Aim</u></p> <p>An evaluation of a 6 month preceptorship programme between the University of Huddersfield & Kirklees PCT</p> <p><u>Objectives</u></p> <ol style="list-style-type: none"> 1. To investigate how the preceptors have developed their clinical practice as a consequence of the preceptorship programme. 2. To investigate the mentors opinion of the preceptors impact and performance working within a community setting as a consequence of participating on the preceptorship scheme.
Brief overview of research methodology	The researchers will employ a focus group approach. This will encompass 2 groups, 1 = preceptors & 2 = mentors. The preceptors and mentors will be interviewed in separate groups after the preceptorship scheme has finished, this will allow the researchers to establish both preceptor and mentor views of the scheme.
Permissions for study	Permission from Sara Eastburn who is the divisional head of rehabilitation has been sought and approved (Appendix III).
Access to participants	The researchers recognise that this is a captive audience however as part of the evaluation all participants in the scheme (be it preceptors or mentors) will be invited to participate. This will be achieved by sending an information letter to both the preceptors (appendix 1) and mentors (appendix V). Additionally a consent sheet will also be sent to both groups, this will include the participants right to withdraw at any time without prejudice with all normal reassurances given.
Confidentiality	The researchers recognise the difficulties in maintaining confidentiality when using a methodology which involves focus groups. As part of the research process, clear guidelines will be discussed and given (ground rules – appendix IV mentors & appendix VI preceptors) to the participants explaining in essence that no discussion is allowed to occur outside of the focus groups.
Anonymity	All information offered by the participants will be recorded on a portable digital recorder, this will then be transcribed by the researcher into a Microsoft word document which will be password protected. No names or identifying markers will occur on the transcribed document, anonymity will be protected in all documents by participants being identified by a pseudonym. The digital recording will then be erased immediately and permanently and the transcribed document will be stored on a password protected computer at the University of Huddersfield.
Psychological support for participants	It is not expected that the discussion areas included within this focus group will cause psychological distress to the participants or mentors. The nature of the study asks the participants to reflect upon their experience over the period of the scheme and this is a normal part of the Physiotherapy, Occupational Therapy & Speech & Language Therapy practice (the 3 groups which make up the scheme). If however, any participants did become distressed at any point then the researchers would stop the process and help the individual as appropriate, if necessary a referral to occupational health (within the Trust) would be made. Additionally all contact details will be made available during the focus group.
Researcher safety / support (attach complete University Risk Analysis and Management form)	The focus group interviews will be conducted by both researchers at the same time, hopefully offering a degree of safety through peer support.

Identify any potential conflicts of interest	Non anticipated.
Please supply copies of all relevant supporting documentation electronically. If this is not available electronically, please provide explanation and supply hard copy	
Information sheet	Appendix I – Information sheet to preceptors
Consent form	Appendix II – Consent sheet for preceptors & mentors
Letters	Appendix III – Permissions from Sara Eastburn
Questionnaire	N/A
Interview schedule	Appendix IV – Focus Group Schedule & Ground rules (mentors) Appendix VI - Focus Group Schedule & Ground rules (preceptors)
Dissemination of results	The results will be disseminated in various ways: 1. SHA report 2. Journal publication with appropriate profession
Other issues	Nil anticipated
Where application is to be made to NHS Research Ethics Committee	N/A, Earlier advice was sought from Nigel King, as a consequence John Todd at Calderdale R&D was contacted and advised by phone it was not appropriate for NHS research ethics as the scheme came under 'service development' provision.
All documentation has been read by supervisor (where applicable)	N/A

All documentation must be submitted to the SREP administrator. All proposals will be reviewed by two members of SREP. If it is considered necessary to discuss the proposal with the full SREP, the applicant (and their supervisor if the applicant is a student) will be invited to attend the next SREP meeting.

If you have any queries relating to the completion of this form or any other queries relating to SREP's consideration of this proposal, please do not hesitate to contact either of the co-chairs of SREP: Professor Eric Blyth e.d.blyth@hud.ac.uk; ☎ [47] 2457 or Professor Nigel King n.king@hud.ac.uk

Appendix 2 – School Research Ethical Panel (SREP) approval letter

From: Kirsty Thomson
Sent: 07 April 2009 10:22
To: Jonathan Flynn
Cc: Nigel King
Subject: RE: Your SREP Application - APPROVAL ("An evaluation of a 6 month preceptorship programme between the University of Huddersfield & Kirklees PCT")

Dear Jonathan,
Prof Nigel King (Co-Chair of SREP) has asked me to confirm to you that your SREP application - "An evaluation of a 6 month preceptorship programme between the University of Huddersfield & Kirklees PCT" has received ethical approval from the School of Human and Health Sciences Research Ethics Panel, University of Huddersfield.

The following points from the reviewers are for your information.

Confidentiality: The mentors may comment on the individual performance of the preceptors and breach confidentiality. To avoid this it would be useful to state on the 'mentors ground rules' document that they must not name preceptors individually during the focus group discussion.

Information sheet: Would be useful to include information about what the data will be used for and who it will be disseminated to. Also will the participants be able to check the focus group transcript and what access to the final report will they have?

With best wishes for the success of your research.

Regards,

Kirsty

(on behalf of Prof Nigel King, Co-Chair of SREP)

Kirsty Thomson
School Research Office (HHRG/01)
School of Human and Health Sciences
The University of Huddersfield
Queensgate
Huddersfield HD1 3DH
Tel: +44 (0) 1484 471156
Email: k.thomson@hud.ac.uk

Appendix 3 – Focus Group Questions for Preceptee's

Question 1 – As a consequence of participating in the preceptorship scheme, how has it prepared you for working in the NHS environment?

Question 2 – How has the preceptorship scheme helped you to establish yourself as an autonomous practitioner?

Question 3 – What contributions have you made to the scheme?

Question 4 – Would you consider a career in the community?

Question 5 – Are there any gaps in the process of practicing as a community based AHP?

Question 6 – How do you think this scheme will help you achieve a future post as an occupational therapist/ physiotherapist/ speech and language therapist?

Further comments

Appendix 4 – Focus Group Questions for Mentors

Question 1 - What is your understanding of the scheme?

Question 2 - How has the scheme changed your outlook in relation to band 5's working in the community setting?

Question 3 - What contributions have the band 5's had on individual services?

Question 4 - How could service redesign facilities in the long term employment of band 5's within the community setting?

Question 5 - How autonomous do you feel the band 5's have been and how can the senior staff within a team / service facilitate autonomy within this group of staff?

Question 6 - Do you have any reservations about preceptorship schemes which you would like to discuss?

Further comments