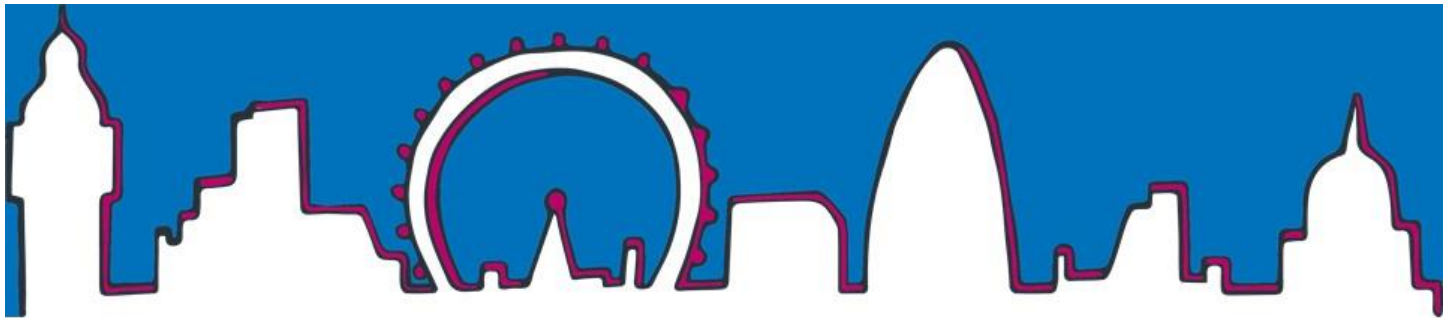


CapitalAHP Preceptorship Framework



CAPITAL AHP

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Introduction

The CapitalAHP Preceptorship Framework is a resource for London health and care organisations to support pre-registered Allied Health Professions (AHPs) transition to employment as newly registered AHPs.

The aims of the CapitalAHP preceptorship framework are to:

- ensure a consistent understanding of preceptorship across organisations and professions
- provide a structure, incorporating the key elements and learning that inform a quality preceptorship programme.

The framework is multi-professional and aims to encourage collaborative and interprofessional practice and support quality learning environments for our newly registered AHPs. The framework offers all organisations practical guidance to implement high quality equitable preceptorship programs for AHPs.

This recommended best practice approach has been developed through extensive stakeholder engagement across London, and informed by Health Education England (HEE) preceptorship standards (2015), professional body preceptorship documents (see References section), the Health and Care Professional Council (HCPC), the Department of Health (DoH) and CapitalNurse.

Vision

To ensure or enable a sustainable AHP workforce across London, by supporting the development and implementation of quality preceptorship programmes for newly registered AHPs and ensure that our future AHP workforce see Capital (London-based) organisations as employers of excellence who support and invest in newly registered AHPs.

What is Preceptorship?

In 2010, the DoH defined preceptorship as:

‘A period of structured transition for the newly qualified practitioner (preceptee) during which they will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of lifelong learning.’

The purpose of preceptorship is to provide support during this transition that helps newly registered practitioners translate their learnt knowledge into everyday practice.

The HCPC recommends that all new registrants take up a period of preceptorship on commencement of their first registered post.

Background

Newly registered AHPs are autonomous practitioners from their registration with the HCPC. It is recognised that transition from student AHP to registered autonomous practitioner can be a challenging time and early experiences can shape staff confidence and development of their career pathway.

Preceptorship programmes are recognised as being fundamental to the development of a newly registered AHP's journey towards becoming a capable and confident practitioner, and can ultimately impact on their whole career (Odelius, 2017; Moore, 2018).

Odelius et al (2017) undertook a literature review evaluating the value of implementing nursing preceptorship. The findings show that the majority of preceptees benefit from increased competence and confidence through a preceptorship programme. The conclusions drawn showed that organisational commitment and culture were essential in establishing, implementing and sustaining effective preceptorship programmes (Currie and Watts, 2012; Odelius 2017). Thus, no single preceptorship programme model can meet the needs of all organisations. However, this framework will present a best practice approach for educators and managers to inform development of quality preceptorship.

The CapitalAHP Preceptorship Framework offers a standardised approach to the development and evaluation of AHP Preceptorship Programmes across London, encouraging collaboration within and between organisations and with local Higher Education Institutions (HEIs), and to support organisations to meet the CapitalAHP preceptorship standards.

CapitalAHP Preceptorship Standards

Standard	CapitalAHP Preceptorship Standards
Standard 1	Organisations will offer preceptorship to all newly registered allied health professionals (AHPs) with a minimum length of program of 6 months.
Standard 2	Preceptorship activities will complement existing processes for new members of staff.
Standard 3	Organisations will have a preceptorship policy in place.
Standard 4	Organisations will have a designated lead for preceptorship.
Standard 5	Organisations will have a system to identify preceptees.
Standard 6	Organisations will offer every newly qualified preceptee a preceptor.
Standard 7	Each preceptee and preceptor will have protected time for preceptorship.
Standard 8	Organisations will track and monitor preceptees through the preceptorship program.
Standard 9	Preceptorships will provide the preceptees with agreed domains of learning.
Standard 10	Organisations will monitor and evaluate their preceptorship program.
Standard 11	Organisations will provide newly qualified AHPs with documentation to record preceptorship activity.
Standard 12	Organisations will recognise and celebrate preceptorship completion.

All health and care organisations in London are expected to meet the CapitalAHP Preceptorship Standards and work toward a CapitalAHP Quality Mark.

Standard 1: Organisations will offer preceptorship to all newly registered allied health professionals with a minimum length of programme of 6 months

Preceptorship should be available for all newly registered AHPs.

The recommended length of programme is a minimum of six months from the date of joining the organisation. This is in line with the national recommendations of six to nine months. The length of preceptorship may be flexible in terms of individual needs and speciality or organisational requirements. Some organisations may choose to include preceptorship as part of a postgraduate training programme, which offers structured development for up to two years post registration.

CapitalAHP acknowledges that this framework may also be applicable to AHPs who are returning to practice, internationally recruited AHPs, and those who are entering a new professional role, such as sonographers or advanced clinical practitioners.

CapitalNurse and CapitalAHP jointly developed an [accelerated preceptorship programme](#) which is a minimum of six weeks (2020).

Standard 2: Preceptorship activities will complement existing processes for new members of staff

Preceptorship activities should complement the existing processes for new employees in your organisation. This includes induction, probationary processes, supervision, specialty competencies, rotational programmes, and appraisals.

Progress through preceptorship may be referenced within any organisational probationary and appraisal processes by all relevant parties. Probationary and appraisal processes remain the responsibility of the line manager.

Preceptorship offers support during this transition period but it is not intended to substitute performance management processes, statutory or clinical supervision. Activities during this period may include completion of local competencies, shadowing and joint practice, preceptorship initial meetings and agreement on goals (SWOT analysis), completion of AHP induction, and a reduced clinical caseload.

Standard 3: Organisations will have a preceptorship policy in place

Organisations offering preceptorship should have a ratified multi-disciplinary preceptorship policy in place. The policy should reflect the organisational values. It should outline responsibilities associated with different roles (preceptee, preceptor, link manager/supervisor, preceptorship lead and relevant staff roles up to director level for larger organisations) and guide decisions to achieve the preceptorship standards.

An overview of the program structure will be clearly outlined including the support available, the learning domains, and a clear understanding of the commitment needed. It should reference the preceptorship standards to ensure consistency across the organisation.

The policy should have information that links to organisational processes for how the preceptee who is not meeting the expected performance of their role can be managed and supported – for example, the performance management process. For performance management issues, the organisational performance management process should be followed.

The policy should be reviewed and updated every three years or in line with new national/regional guidelines.

Standard 4: Organisations will have a designated AHP lead for preceptorship

Leadership for the preceptorship program requires both strategic and operational oversight. Depending on the size and structure of the organisation(s), strategic and operational lead roles may be provided by the same or different people. This lead role will include monitoring programme compliance with the CapitalAHP framework and organisational preceptorship policy, and will be responsible for the coordination of programme delivery. Role responsibilities will be outlined in the policy.

Standard 5: Organisations will have a system to identify preceptees

Organisations will have a system of identifying newly registered AHPs who would benefit from preceptorship. This will be clearly communicated within the organisation. This may be linked to the onboarding process for new starters.

Standard 6: Organisations will offer every newly qualified preceptee a preceptor

In addition to the network of support offered to new members of staff, organisations will offer newly registered AHPs a named preceptor, who is a qualified healthcare professional, with a minimum of 12 months experience. The preceptor should be a practitioner with the most appropriate role to support the preceptee. The preceptor should be prepared and supported to fulfil this role.

It is recommended that preceptors are offered development in understanding preceptorship and the skills required to fulfil the role of preceptor. They will clearly understand their roles and responsibilities as detailed in the policy. There will be clear recognition of the preceptor role by managers and clinical supervisors to work together in a team approach to enable a culture of support for the preceptee. There should be a clear process for escalation where a preceptor does not feel comfortable in an aspect of the review meetings. A role descriptor can be found in appendix 2.

Participating in preceptor development and acting as a preceptor are continuing professional development (CPD) activities (formal education and experiential learning respectively). The activities develop the practitioner's education and leadership pillars of practice and contribute towards meeting the Health Care Professions Council's (HCPC) standards for CPD.

Standard 7: Each preceptee and preceptor will have protected time for preceptorship

Protected time is essential for successful preceptorship and should be allocated for both preceptor and preceptee. This should be supported by the organisation. At the start of employment, this will be in line with organisational and local induction to develop a sense of belonging.

The provision and format of protected time may vary, dependent on the working environment. The protected time will support preceptees to develop confidence, consolidate learning and build resilience, through a combination of joint sessions, meeting with the preceptor, attending preceptorship sessions, reflection, action learning, supervision and work-based learning.

Regular meetings between preceptee and preceptor are recommended to offer a safe and supportive space for preceptees to reflect on their progress and experience. This may include:

- Initial meeting – to set expectations and a learning plan
- Interim meetings – every three months to monitor progress, reflect, review development needs
- Final meeting – to review programme compliance and capabilities and sign off at the end of the programme.

Standard 8: Organisations will track and monitor preceptees through the preceptorship program

Capital (London based) organisations should collect preceptorship data on a central database, which includes information regarding preceptee attendance and completion of the programme. The preceptee is supported to develop a professional portfolio to record progress through preceptorship (see Standard 11). The portfolio is used as a basis for discussions during meetings with preceptors and offers evidence of participation with the programme.

Standard 9: Organisations will provide the preceptees with agreed domains of learning

In addition to the induction period, the preceptees should be provided with learning opportunities including study days/sessions, the purpose of which is to ensure that the preceptee meets the nine CapitalAHP domains of learning (appendix 1). These incorporate HCPC standards, AHP professional body competencies for newly registered AHPs/Band 5 practitioners, and the CapitalNurse Domains. The domains of learning are:

Clinical effectiveness

Safety

Teamwork / Interprofessional practice

Communication

Facilitation of learning

Professionalism and integrity
Development of self
Personal and professional development
Research, evidence and quality improvement
Equality, diversity and inclusion¹

At the end of the programme, every preceptee should be able to confidently practice across the domains of learning.

Standard 10: Organisations will monitor and evaluate the preceptorship programme

Organisations will regularly monitor and evaluate the preceptorship programme. This will be informed by feedback from the preceptees, preceptors, preceptorship lead(s) and the organisation's Board or equivalent.

Preceptor and preceptee evaluations will inform development of the programme. Furthermore, preceptorship data may be used to demonstrate impact and return on investment, via key performance indicators that may include:

- retention of newly registered AHPs after one year
- retention of newly registered AHPs after two years
- newly registered AHPs' sickness rates
- newly registered AHPs' vacancy rates
- patient/service use feedback
- CQC ratings against key criteria of safe, effective, caring, responsive and well-led.

¹ embedded across various domains

Standard 11: Organisations will provide newly registered AHPs with documentation to record preceptorship activity

The preceptee should be supported to develop a portfolio to record progress through preceptorship, including details of roles and responsibilities, contact details of their support network, preceptorship documentation, records of preceptor meetings, reflections and specialty competencies. The portfolio is used as a basis for discussions during meetings with preceptors, as evidence of participation in the programme and to contribute toward HCPC renewal. Completion of the programme and the portfolio is the responsibility of the preceptee.

A preceptorship agreement will detail the responsibilities and expectations for the preceptor, preceptee and organisation (appendix 3). This will ensure all parties make a commitment to ensure a successful preceptorship.

Standard 12: Organisations will recognise and celebrate preceptorship completion

Capital organisations will celebrate the success of preceptorship to recognise the achievement of both the preceptees and their preceptors to support them in feeling valued by the organisation.

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Acknowledgements

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Appendices

Appendix 1: CapitalAHP Preceptorship Framework Domains of Learning

The following provides the description for the nine domains of learning of the CapitalAHP Preceptorship Framework to inform preceptee development to be completed over the course of the programme.

The domains are a combination of the HCPC standards² and the CapitalNurse Domains to reflect both AHP only and joint AHP and Nursing Programmes across the region. Each AHP Professional Body's preceptorship or Newly Qualified competencies have been mapped against this framework for those offering uni-professional programmes.

Domain	HCPC Standard	Expected Learning – Behaviours and Outcomes	Resources to support learning
Clinical Practice			
1. Clinical effectiveness	Standard 1, 3, 6 Standard 4, 13, 14	<ul style="list-style-type: none">Delivering person-centred, safe and effective careAssessing and managing risks in delivering safe effective care to patientsMaintaining own skills and competence.	Flying Start – Clinical Practice Unit Effective Practice Module Clinical Practice Module
2. Safety	Standard 6, 7, 8 Standard 7, 15	<ul style="list-style-type: none">Reducing the risk of harm and ensuring the best possible health outcomes for those receiving care	Clinical Practice Module

² Domains are informed by HCPC's

Standards of conduct performance and ethics, Standards of proficiency, Standards of continuing professional development

		<ul style="list-style-type: none"> • Understanding risks and safe levels of staffing • Understanding the appropriate policies • Practising in an open and inclusive way • Demonstrating understanding of how to raise concerns and challenge any form of discrimination, bullying or violence (NHS People Promise/HCPD). 	NHS People Plan
3. Teamwork / Inter-professional practice	Standard 9	<ul style="list-style-type: none"> • Working effectively as part of a team to achieve value-added patient, staff and organisational outcomes • Working with colleagues and other multi (inter)-disciplinary professionals to provide a cohesive approach to patient care • Understanding the components of effective team work. 	HEE Diversity and Inclusion Strategy NHS England Equality and Health Inequalities Hub
4. Communication	Standard 2, 10 Standard 8, 10	<ul style="list-style-type: none"> • Sharing of health and care related information between multi (inter)-disciplinary professionals and those in their care with both participants as sources and receivers. Information may be verbal or non-verbal, written or spoken • Understanding techniques to facilitate courageous conversations • Understanding ways of managing conflict, taking ownership and using effective communication in difficult situations. 	Communication Module
Facilitating Learning			
5. Facilitation of learning	Standard 11	<ul style="list-style-type: none"> • Creating an environment for learning and engaging in teaching and assessment 	Flying Start – Facilitating Learning Unit

		<ul style="list-style-type: none"> • Learning with and from others, teaching others to improve patient care and collaboration • Understanding each other's professional roles and their contribution to the patient journey • Actively reflecting on positive and difficult situations and learning from these to improve practice • Providing AHP preceptees with the opportunity to reflect on their practice, individually and with peer support. 	
Leadership			
6. Professionalism and integrity	Standards 1, 3, 4, 5 Standard 1, 3, 5, 6, 13	<ul style="list-style-type: none"> • Demonstrating a strong sense of professionalism • Understanding range and remit of roles and scope of own responsibility • Understanding professional accountability surrounding delegation and delegate appropriately to those who have knowledge, skills and experience needed to carry out work safely and effectively • Keeping relationships with service users and carers professional • Demonstrating an open and inclusive attitude to ensure all people feel valued by demonstrating an understanding of diversity and encouraging and celebrating it (NHS People Promise). 	Flying Start – Leadership Unit Professional Practice Module HEE Diversity and Inclusion Strategy NHS England Equality and Health Inequalities Hub CapitalAHP EDI
7. Development of self	Standard 9 Standard 2	<ul style="list-style-type: none"> • Helping self and others to identify learning needs and opportunities to achieve agreed goals 	Reflective Learning Module

	Standard 1, 2, 3	<ul style="list-style-type: none"> • Taking an active part in own professional, personal and clinical development with PDR in place and planned learning activities • Understanding HCPC revalidation requirements • Using emotional intelligence to promote good working relationships • Identifying support networks and how to access help • Finding ways to manage stress and develop resilience. 	NHS People Plan BAME staff coaching London Leadership Academy
8. Personal and professional development	Standard 9	<ul style="list-style-type: none"> • Understanding the need to maintain high standards of personal and professional conduct • Understanding both the need to keep skills and knowledge up to date and the importance of career-long learning • Understanding the importance of participation in training, supervision and mentoring. 	NHS People Plan London's Workforce Race Strategy
Research and Quality Improvement			
9. Research, evidence and quality improvement	Standard 12, 13, 14	<ul style="list-style-type: none"> • Contributing to the body of AHP knowledge and using evidence to inform safe and effective practice • Understanding quality measures i.e; KPIs, friends and family, patient experience • Seeking out ways to develop and improve quality of practice and care. 	Flying Start – Evidence, Research and Development Unit NHS London Leadership Academy

Appendix 2: Role Descriptor for a Preceptor

Role Overview

To provide guidance to the graduate newly registered AHP by facilitating the transition from student to registered practitioner by gaining experience and applying learning in a clinical setting during the preceptorship period.

Responsibilities

The role of the Preceptor is to:

1. possess a good understanding of the preceptor framework requirements and communicate these to the newly registered AHP clearly and concisely
2. understand the scope and boundaries of the roles of the newly registered AHP within their profession
3. ensure induction has been completed and check that the newly registered AHP is fully aware of local ways of working and appropriate policies
4. facilitate introductions for the newly registered AHP to colleagues, multi-disciplinary staff and others, promoting effective working relationships
5. guide in assessing learning needs and setting achievable goals with regular and confidential review with the newly registered AHP
6. use coaching skills to enable the newly registered AHP to develop both clinically and professionally and to develop confidence
7. facilitate a supportive learning environment by signposting resources and actively planning learning opportunities for clinical, professional and personal growth of the newly registered AHP
8. give timely and appropriate feedback to newly registered AHP on a regular basis
9. act as a critical friend and advocate
10. liaise with the line manager to monitor progress and address areas of poor performance or areas requiring further development through objective setting and regular review
11. role model a high standard of practice at all times and demonstrate professional values, attitudes and behaviours.

Appendix 3: Preceptee / Preceptor Agreement

Preceptee

I, _____ commit to fulfilling my responsibilities as a newly registered practitioner and preceptee. This includes:

- completing all organisation and local induction, statutory and mandatory training
- attending study days and doing all required training to complete my preceptorship
- observing and adhering to organisation values
- participating fully in the preceptorship programme by preparing for and attending meetings as scheduled with my preceptor
- working collaboratively with my preceptor to share my reflections and identify learning and development needs
- seeking feedback from others to inform my progress
- owning my learning and development plan.

Signature:

Date:

Preceptor

I, _____ commit to fulfilling my responsibilities as a preceptor. This includes:

- providing support and guidance to newly registered practitioners
- acting as a role model and critical friend
- facilitating introductions and promoting good working relationships
- participating in all preceptorship activities including completing required training, preparing for, attending and documenting regular scheduled meetings
- providing timely and appropriate feedback to the preceptee
- liaising with manager about preceptee's progress as appropriate
- advising on learning and development needs, facilitating a supportive learning environment and signposting learning resources.

Signature:

Date:

Appendix 4: Preceptee / Preceptor Meetings

Initial meeting

Preceptee Name:
Preceptor Name:
Date of Meeting:
Expectations:
Induction Checklist:
Study sessions / eLearning planned:
Development plan: Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Time-bound
Comments / Notes:
Next Meeting Date:
Preceptee signature: Preceptor signature: Date:

Interim Meeting

Preceptee Name:	
Preceptor Name:	
Date of Meeting:	
Reflection on what has gone well and any challenges:	
Study session / eLearning completed:	Future study sessions planned:
Review of previous development objectives:	
Development plan: Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Time-bound	
Comments / Notes:	
Next Meeting Date:	
Preceptee signature:	
Preceptor signature:	
Date:	

Final Meeting

Preceptee Name:
Preceptor Name:
Date of Meeting:

Reflection on what has gone well and any challenges:	
Study session / eLearning completed:	Future study sessions planned:
Review of previous development objectives:	
Development plan: Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Time-bound	

Preceptorship declaration

This is to confirm that the preceptee has completed all aspects of the preceptorship programme satisfactorily	
Preceptee Name:	Signature:
Preceptor Name:	Signature:
Organisation Lead Name:	
Date of completion:	

Appendix 5: Reflective Records

Continuing Professional Development Reflective Record

Name:

Date:

Portfolio Page Number:

Type of CPD activity - please tick:

☐ Work based learning

☐ Professional activities

☐ Formal/educational

☐ Self-directed learning

☐ Other e.g., transferable skills from public service

Brief description/title of activity
How did it make you feel?
Is there anything you would want to change?
What learning have you taken from it?
How will this CPD activity contribute to the quality of my practice and service delivery? (HCPC CPD standard 3)
How will this CPD activity benefit my service user? (HCPC CPD standard 4)

Appendix 6: Log of CPD Activity during Preceptorship Period

List of training activities

CPD Activity	Date of Activity	HCPC Standards				Type of CPD Activity – please tick					Evidence Portfolio Page
		1	2	3	4	Work based learning	Professional activities	Formal/Educational	Self-directed learning	Other	
HCPC Standards 1. Maintain a continuous, up-to-date and accurate record of their CPD activities. 2. Demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice. 3. Seek to ensure that their CPD has contributed to the quality of their practice and service delivery. 4. Seek to ensure that their CPD benefits the service user. Present a written profile containing evidence of their CPD upon request.									KSF Core Dimensions 1. Communication 2. Personal and People Development 3. Health, Safety and Security 4. Service Improvement 5. Quality 6. Equality and Diversity		

