BIOS BRITISH AND IRISH ORTHOPTIC SOCIETY

Consultation on principles for preceptorship

Response from the British and Irish Orthoptic Society to the Health and Care Professions Council

The British and Irish Orthoptic Society (BIOS) is the professional body for orthoptists and was founded in 1937. It is also a registered charity and a company limited by guarantee. BIOS is affiliated to the Allied Health Professionals Federation, a group made up of 12 bodies representing more than 158,000 workers in the UK. BIOS is also a member of the International Orthoptic Association and OCE. BIOS members in the UK are also automatically trade union members of the British Orthoptic Society Trade Union (BOSTU).

The proposed principles

Q1: To what extent do you agree or disagree with this principle?

Q2: Do you have any comments on the principle, or any suggestions for improving this principle?

Principle 1 - Organisational culture and preceptorship
We agree that this represents the key requirements to ensure that preceptorship ensures registrants are supported to achieve their potential.

Part (b) recognises the importance of compliance with equality legislation, including country and regional differences, but we would like to see a recognition that preceptorship is about belonging. Inclusiveness and equality should be across all the workforce but is only achieved by people feeling they belong and the culture that goes alongside that - so organisations must be encouraged to take the time to develop belonging as part of their EDI.

Principle 2 - Quality and oversight of preceptorship
The principle recognises the requirements for ensuring preceptorships are high quality for all registrants. However, we would like to see preceptorship following guiding principles as mandatory, with a clear expectation, and monitoring, of protected time for CPD.

Part (a) recognises the need for the identification of registrants requiring preceptorship but we would like to see more of an emphasis on preceptorship being available to all new registrants and the need to not just identify these individuals but to communicate the importance of preceptorship to them, reflecting the vital importance of these programmes.

Indeed, further to this, we would like to see reference to the importance of preceptorship not just to new graduates, but to those new to roles, such as Orthoptists changing from adults to paediatrics, returnees

from maternity leave or other career breaks, international recruits, or any AHP in a transitional point in their career.

Part (g) recognises the importance of compliance with national and local policies, but we would like to see an additional commitment to processes being comparable across the four nations, to ensure equity.

Principle 3 – Preceptee empowerment
We agree with this principle and, in particular, the emphasis on the importance of continuing professional development, but there needs to be an explicit reference to the importance of research and audits as something that should be integrated into clinical practice, ensuring evidence-based practice.

Part (e) recognises the importance of wider professional networks, but the role of professional bodies should be highlighted in providing access to these networks, as well as support and guidance.

Principle 4 - Preceptor role
We partially agree with this principle as it recognises the requirements of this role to ensure effective preceptorship.

We would add that, while a generic preceptorship programme could have a non-related professional as a preceptor, it would be crucial that a preceptor from the same profession is also included for a profession-specific programme to ensure that the high quality and standards of the clinical aspect of the profession are met.

Principle 5 - Delivering preceptorship programmes
We agree with this principle would like to see greater emphasis placed on equity and availability of support.

While there is a recognition that the principles apply equally across the UK, we would like to see a greater emphasis on the requirement for equity across the four nations in how this is delivered.

An extra point should be added that programmes should signpost where registrants can access more help and support, particularly relating to their health and wellbeing. There should also be appropriate EDI assessments, to identify registrants that require extra resources or equipment to support their development.

Implementing the principles

Q3: To what extent are these principles practicable in your working environment?

We feel that the principles are practicable within Orthoptics. While working environments may vary, the principles and general enough that they can be applied across contexts.

Q4: What benefits do you see in these principles being implemented?

The implementation of good quality preceptorship programmes can have a wide range of benefits both to the professions, in terms of better staff retention and staff progression, but also to registrants, such as stronger staff wellbeing. In particular, the suggested principles will encourage better uptake of the principles of equality, diversity and inclusion and a greater embedding of multi-disciplinary working.

The implementation of common principles across those professions regulated by the HCPC, will ensure a greater equity of access to high quality preceptorship programmes, while also facilitating access to multi-professional networks for early-career registrants, supporting multi-disciplinary working.

Where a new graduate or new-to-post employee is found to be failing their performance management within a probationary period, this could be open to challenge where an effective preceptorship programme has not been implemented. Promoting equitable access to a high-quality preceptorship programme is beneficial to both employees and employers in this scenario, particularly if programmes are made mandatory.

Q5: Do you think there will be any challenges to implementing them?

Ensuring the implementation of the principles across different contexts, including across nations and professions, will be a challenge. While individual professions may have developed and high-quality preceptorship programmes, incorporating these principles, where they are not already included, may require time and resource that may be challenging, particularly to smaller professions. Moreover, the preceptorship offer itself must include the profession-specific element, and professional standards where they exist, recognising that the offer for different professions must be different.

Similarly, some organisations have generic preceptorship programmes already, which can often mean that AHPs are required to do two or miss important elements of one or the other.

Strong communication will be required to ensure equitable access across the four nations and even across different regions.

For the programmes to be successful, there will need to be a clear transition from student to professional, which will require engagement by HEIs and promotion of the programmes where appropriate. Related to this, the benefits of the programmes will need to be established and well communicated to newly-registered professionals to ensure engagement.

Q6: Do you have any suggestions about how any identified challenges to implementation might be addressed. For example, what support might be helpful?

Beyond a clear communication of the benefits of the principles to relevant stakeholders, there will need to be clear communication of how the principles would be applied, including profession-specific examples.

Involvement and support to professional bodies will also be important, to ensure that these principles are incorporated consistently into existing successful programmes. Signposting for staff to further support will be important and, alongside the HCPC, this will include professional bodies. Indeed, professional bodies should be included throughout the process to ensure that the profession-specific elements are integrated alongside these healthcare-wide preceptorship principles.

To ensure equitable access, mandatory preceptorship would, as discussed above, make implementation more consistent across countries and regions, and between professions.

Equality Impact Analysis

Q7: In addition to those equality impacts set out in the Equality Impact Assessment document, do you think there are any other positive or negative impacts on individuals or groups who share any of the protected characteristics?

Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

There is likely to be an impact on certain groups, such as those with caring responsibilities or internationally educated, if the time allocated is not sufficient or appropriate extra support or extra resources are not identified. In particular, this may be an issue for those working part-time, which will have a disproportionate effect on the female workforce.

Q8: Do you have any suggestions about how any negative equality impacts you have identified could be mitigated?

Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

EDI Assessments, along with occupational health assessments, should be made of the specific needs of registrants to ensure equity of access to and engagement with programmes. These should be made at the point of recruitment so that adjustments can be made from the start of employment if necessary.