**Preceptorship Framework of Band 7 to 8a for Practitioner Psychologists**

**Leicestershire Partnership NHS Trust**

This document provides a clear and transparent framework for the transition from Agenda for Change Band 7 to 8a for Clinical, Counselling or Forensic Psychologists. It ensures that clear agreements are in place as to what the employee can expect from the organisation, and what the organisation can expect from the employee, throughout the transition period.

The framework should be applied in conjunction with the LPT Preceptorship Policy and with the LPT Probation Policy.

A preceptorship is a structured period of transition for the Newly Qualified Practitioner, during which time they are supported by an experienced practitioner to develop their confidence and refine their skills (NHS Employers, 2017).

The British Psychological Society (BPS) document (2006), “Managing the Transition from Trainee Clinical Psychologist through Preceptorship to Full Specialist Practitioner Status” states that:

*“Band 7 is a temporary, transitional banding that should enable recently qualified clinical psychologists to consolidate and further develop core practitioner skills in specific areas of practice” (p.2)*

And that…

*“Band 7 clinical psychologist posts should not form the basis for an establishment within an NHS healthcare provider organisation but should exist as a vehicle for preceptorship designed to enable clinical psychologists to work competently in Band 8 posts.” (p.3)*

This BPS guidance is relevant to, and therefore applied to Clinical, Counselling and Forensic Psychologists in LPT. It is generally expected that the transition to the 8a grade will involve the Newly Qualified Band 7 Psychologist being supported to develop their clinical confidence and expertise, to enable an increased level of autonomy, both within their direct and indirect clinical work and their wider role within the organisation. This development process will be supported through regular clinical, managerial and professional supervision as well as relevant training and CPD activity, in accordance with the LPT Preceptorship Policy. The LPT Appraisal Process should also be attended to.

The following tables have been adapted from Competencies for Applied Psychologists (DCP WM-PAG, 2019) and are contained in this document to facilitate the conversation between employee and lead psychologist. They are not intended to be a detailed or exhaustive list.

The overall competencies for a Clinical/Counselling/Forensic Psychologist at Band 7 are outlined in Table 1, and for a Band 8a in Table 2. This provides a useful comparison of the role differences and expectations.

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| **Clinical / Counselling / Forensic Psychologist - Band 7** | |
| Deliver psychological assessments (and interventions) with clients | Specialist psychological care which may include neuropsychological testing, to clients with complex MH conditions and/or LD which may include challenging behaviour |
| Supervise/professional responsibility for other psychological therapists | Clinical supervision of Assistant Psychologists under the guidance of their Lead Psychologist  Will hold responsibility and accountability for own actions, ensuring appropriate support and supervision is sought when required  Will keep abreast of current developments in the field through CPD activities, keeping a log in line with HCPC requirements |
| Work with MDT colleagues to develop their skills | Provides psychological advice, guidance and consultation to MDT staff  Provides clinical supervision to MDT staff  Provides training to other staff in MDT under the guidance of a more senior/lead Psychologist  Provides support to the MDT with the emotional burden of clinical work |
| Service and Organisational Development | Participate in CQUIN and QIP projects, NICE benchmarking and compliance requirements as required within the MDT |
| Bring a psychological perspective to service redesign and cultural change | Bring an understanding of psychological change processes to own role within the MDT |
| Undertake service evaluation | Participate in clinical audits as required within MDT  Undertake service evaluation and research in MDT |

***Table 1. Competencies for a Band 7 Clinical/Counselling/Forensic Psychologist***

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| **Senior Clinical / Counselling / Forensic Psychologist - Band 8a** | |
| Deliver psychological assessments (and interventions) with clients | Highly specialist psychological care (i.e. area of expertise, breadth, depth or complexity of work) which may include neuropsychological testing, to clients with complex MH conditions and/or LD which may include challenging behaviour |
| Supervise/professional responsibility for other psychological therapists | Clinical supervision of Trainee Clinical/Counselling/Forensic Psychologists and Assistant Psychologists  Clinical supervision of Band 7 Clinical/Counselling/Forensic Psychologists working within immediate area, under the guidance of Consultant/ Lead Psychologist  Will contribute, as appropriate, to the teaching on the local Psychology Doctoral training courses |
| Work with MDT colleagues to develop their skills | Work with the MDT to develop psychologically minded ways of understanding and working with clients to maintain mental health, coping strategies and safety of clients and staff  Provides highly specialist advice, guidance and consultation to other MDT staff  Devises and delivers training to other staff in MDT |
| Service and Organisational Development | Planning and mapping interventions with members of the MDT to determine best treatments for groups of clients  Takes an active role in MDT delivery of CQUIN and QIP projects, NICE benchmarking and compliance requirements as required within MDT  May lead on a given clinical area (eg clinical formulation, outcome measurement, clinical sub-specialty) within a team |
| Bring a psychological perspective to service redesign and cultural change | Bring an understanding of psychological change processes to help MDT to cope with changes, in consultation with Consultant/Lead Psychologist |
| Undertake service evaluation | Take an active role in clinical audits as required within MDT  Develop proposals for research and service evaluation within MDT  Engaging multiple stakeholders in project work including service users and/or carers  Developing and implementing outcome monitoring within MDT  Supervise Clinical/Counselling/Forensic Psychology trainee service evaluation and/or research |

***Table 2. Competencies for a Band 8a Senior Clinical/Counselling/Forensic Psychologist***

Broadly speaking, the Preceptee would be expected to satisfy the following developmental criteria as part of their preceptorship programme in order to transition to an 8A post:

* Satisfactory overall work performance, including with regard to professional behaviour, sickness record and clinical performance
* Consolidation of skills and development of expertise in chosen area of specialisation
* Ability to manage greater complexity in clinical presentations
* Gradual development of greater autonomy
* Undertaking and completing the Supervisor training to prepare for offering placements to Trainee Psychologists undertaking Doctoral training
* Readiness and willingness to offer training placements upon completion of Preceptorship period

In most cases the preceptorship process will take between 18 and 24 months to complete. There may be exceptional circumstances where this time frame is accelerated to a minimum time frame of 12 months, or extended to a maximum of 36 months. This upper time limit may be particularly helpful to allow Preceptees who are working part-time to gain the appropriate competencies. The timeframe of the preceptorship process will be paused if the Preceptee has significant time away from work, for example for maternity leave or long-term sickness. There may be cases where exceptional circumstances necessitate a greater than 36 months’ timeframe to complete the preceptorship. Each individual circumstance will be assessed on a case-by-case basis to ensure appropriate support is provided.

If the preceptorship process has not been completed after 36 months in role, an Appraisal must take place to review the reasons for this. If it is agreed that the individual is unable to develop and demonstrate the competencies for a Band 8a psychologist, a development plan may be initiated to allow the individual to remain at Band 7 and progress through pay gateways, as long as two conditions can be met: the individual can demonstrate the requisite Band 7 competencies (and achieve Appraisal objectives at this Band), **and** an appropriate Band 7 vacancy can be identified and agreed upon within the employing team. If however it is agreed at the 36 month Appraisal that the individual is unable to demonstrate the Band 7 competencies, or a Band 7 role cannot be identified and agreed upon within the employing team, advice will be sought from HR and the Performance Management Policy initiated at the appropriate stage, through which redeployment opportunities may be identified elsewhere within LPT, or the contract terminated (with appropriate notice or payment in lieu of notice).

It is the responsibility of the budget holder to ensure that the additional funding required for transition from band 7 to 8a is available within this period.

The framework recognises that each band 7 member of staff will be unique in terms of the existing skills and experience they bring to the post and therefore all goals and objectives will need to be individually tailored to that individual in conjunction with the needs of the service. It is therefore essential that there is an initial meeting to set specific objectives (Appendix 1) which should be evidence and signed off (Appendix 2) at regular job development reviews (Appendix 3). It is envisaged that these reviews will occur at 3 months, 6 months, 12 months and 18 months into the preceptorship, with further reviews arranged if necessary. The timings align with probation review and appraisal meetings. Regular review will allow for a rich, supportive and honest discussion to support the member of staff in their development. An example of suitable competencies for proceeding through this framework is provided in Appendix 4. This should only be regarded as one possible example, as suitable competencies and objectives will vary between Preceptees depending on opportunities available, team functioning and role requirements.

The achievement of the agreed goals/objectives will be supported by the Preceptee’s Clinical Supervisor and overseen by the Lead Psychologist/Manager. When both are satisfied that the criteria have been met, the Preceptee will be re-graded to the nearest spine point to their current salary on the 8a scale, and their job title will change from ‘Clinical/Counselling/Forensic Psychologist’ to ‘Principal Clinical/Counselling/Forensic Psychologist’. The process should be documented on the appropriate Job Development Review form.

This Preceptorship Framework was given formal approval by the LPT Training, Education and Development Group on 7 December 2022.

Signature of Committee Chair Date

**References:**

* Framework for preceptorship of band 7 to 8A (Clinical or counselling Psychologist). Dr Ross Crowther-Green, Lead for Mental Health Psychological Services, and Dr Ann-Marie Munday, Clinical Psychologist (November 2020).
* Northamptonshire Healthcare NHS Foundation Trust’s Clinical Psychology Preceptorship Scheme document.
* LPT policy on preceptorships.
* Competences for Applied Psychologists. West Midlands Psychology Advisory Group (WM-PAG) DCP, Jan 2019
* The Professional Leads for Psychology, Peterborough, and Course Director at UEA. 2007
* Continuing Professional Development Guidelines. BPS & DCP, Dec 2010
* Guideline for Clinical Psychology Services. BPS & DCP, July 2011
* Clinical Psychology Workforce Project. BPS & DCP, Nov 2015
* NHS Employers, 2017 - https://www.nhsemployers.org/your-workforce/plan/workforce-supply/education-and-training

**Appendix 1 - Initial Discussion and Goal Agreement**

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| **INITIAL DISCUSSION AND GOAL AGREEMENT:**   |  | | --- | | **Service and area:** | | **Post:** | | **What is the employees starting point, including most recent experiences?:**  This could include training, recent job/role, Strengths, Challenges, areas for development. | | **The organisation will provide:** –   * Reviews with your manager and local psychology lead to continue to support your development and to identify goals. * At least monthly professional and management supervision. * Regular clinical supervision, regularity agreed in line with your developmental needs and plan.   **By the end of the preceptorship period, the organisation is expecting the employee to be able to:**   1. Demonstrate increased autonomy in clinical work and in supporting the team – moving from a position of participating/facilitating to leading. 2. Demonstrate clinical expertise, with the requirement that you keep a CPD log as evidence of this. 3. To have developed the ability to supervise a Trainee Psychologist (according to the speciality) including attendance at STAR training or equivalent. 4. Dependent on service need/ requirements, you take a lead, with support, on a teaching or training or audit or research activity 5. Any additional service specific requirements, e.g. particular trainings 6. Keep a development log to evidence development in areas 1-5 above. |
| Agreed goals are:  1.  2.  3.  4.  5. | |
| **Agreed by:** | |
| Signed by Employee: | Signed by Clinical Supervisor: |
| Date: | Date: |
| Signed by Lead Psychologist/Manager | Date: |

**Appendix 2 – Competency Evidence and Sign-Off**

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| **Band 7/8a Preceptorship: Competency Evidence and Sign-Off** | | |
| **Below are the list of objectives / competencies agreed and documented at the initial discussion regarding preceptorship. They should be evidenced and signed off as opportunities are realised and competencies achieved.** | | |
| **Competency** | **Evidence** | **Date Completed**  **& Signed** |
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**Appendix 3 - Job Development Reviews**

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| **3 MONTH REVIEW** | | | Date: | |
| Summary of conversation – including both employee’s and manager’s/supervisor’s reflections demonstrating how the competencies and specific goals are being worked toward or met.  Agreed that the next steps/goals are: | | | | |
| Is the Employee on target? | Yes | | | No |
| If No what is the problem/difficulty/getting in the way?  What needs to be done in order to resolve this? | | | | |
| Whose responsibility is this to sort out? | Organisation: | | | Employee: |
| **Agreed by:** | | | | |
| Signed by Employee: | | Signed by Clinical Supervisor: | | |
| Date: | | Date: | | |
| Signed by Lead Psychologist/Manager: | | Date: | | |

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| **6 MONTH REVIEW** | | | Date: | |
| Summary of conversation – including both employees and managers/supervisors reflections demonstrating how the competencies and specific goals are being worked toward or met.  Agreed that the next steps/goals are: | | | | |
| Is the Employee on Target? | Yes | | | No |
| If No, what is the problem/difficulty/getting in the way?  What needs to be done in order to resolve this? | | | | |
| Whose responsibility is this to sort out? | Organisation: | | | Employee: |
| **Agreed by:** | | | | |
| Signed by Employee: | | Signed by Clinical Supervisor: | | |
| Date: | | Date: | | |
| Signed by Lead Psychologist/Manager: | | Date: | | |

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| **12 MONTH REVIEW** | | | Date: | |
| Summary of conversation – including both employees and managers/supervisors reflections demonstrating how the competencies and specific goals are being worked toward or met.  Agreed that the next steps/goals are: | | | | |
| Is the Employee on Target? | Yes | | | No |
| If No, what is the problem/difficulty/getting in the way?  What needs to be done in order to resolve this? | | | | |
| Whose responsibility is this to sort out? | Organisation: | | | Employee: |
| **Agreed by:** | | | | |
| Signed by Employee: | | Signed by Clinical Supervisor: | | |
| Date: | | Date: | | |
| Signed by Lead Psychologist/Manager: | | Date: | | |

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| **18 MONTH REVIEW** | | | Date: | |
| Summary of conversation – including both employees and managers/supervisors reflections demonstrating how the competencies and specific goals are being worked toward or met.  Agreed that the next steps/goals are: | | | | |
| Is the Employee on Target? | Yes | | | No |
| If No, what is the problem/difficulty/getting in the way?  What needs to be done in order to resolve this? | | | | |
| Whose responsibility is this to sort out? | Organisation: | | | Employee: |
| Has the post holder achieved competency on all their objectives and completed their preceptorship? | Yes | | | No |
| If Yes, has the Change of Circumstances form been completed and by whom? | | | | |
| **Agreed by:** | | | | |
| Signed by Employee: | | Signed by Clinical Supervisor: | | |
| Date: | | Date: | | |
| Signed by Lead Psychologist/Manager: | | Date: | | |

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| **24 MONTH REVIEW** | | | Date: | |
| Summary of conversation – including both employees and managers/supervisors reflections demonstrating how the competencies and specific goals are being worked toward or met.  Agreed that the next steps/goals are: | | | | |
| Is the Employee on Target? | Yes | | | No |
| If No, what is the problem/difficulty/getting in the way?  What needs to be done in order to resolve this? | | | | |
| Whose responsibility is this to sort out? | Organisation: | | | Employee: |
| Has the post holder achieved competency on all their objectives and completed their preceptorship? | Yes | | | No |
| If Yes, has the Change of Circumstances form been completed and by whom? | | | | |
| **Agreed by:** | | | | |
| Signed by Employee: | | Signed by Clinical Supervisor: | | |
| Date: | | Date: | | |
| Signed by Lead Psychologist/Manager: | | Date: | | |

**Appendix 4 – Competency Evidence and Sign-Off – Example**

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| **Band 7/8a Preceptorship: Competency Evidence and Sign-Off** | | |
| **Below are the list of objectives / competencies agreed and documented at the initial discussion regarding preceptorship. They should be evidenced and signed off as opportunities are realised and competencies achieved.** | | |
| **Competency** | **Evidence** | **Date Completed**  **& Signed** |
| **Gradual development of greater autonomy, in both clinical and non-clinical working and decision making** |  |  |
| **Well developed competency in a wide range of assessments and interventions, maintaining timely and efficient record keeping skills. Ability to manage greater complexity in clinical presentation.** |  |  |
| **High standard of knowledge and experience of working in specialist area relevant to post, and of theory and practice of X generally.** |  |  |
| **Kept up to date with CPD, and undertaken opportunities to widen clinical practice.**  **Recorded CPD and reflections on this via appraisal.** |  |  |
| **Gained experience supervising an Assistant Psychologist if opportunity arises** |  |  |
| **Completed formal supervision training** |  |  |
| **Observed and worked alongside senior colleagues to support a trainee placement. Readiness and willingness to offer training placements upon completion of preceptorship period.** |  |  |
| **Held a specific role within the team eg X, Y, Z** |  |  |
| **Undertaken a piece of service evaluation, audit or research to evaluate and develop the designated area** |  |  |
| **Demonstrable skills in containing and working with organisational and interpersonal stress** |  |  |
| **Developed skills in the assessment and management of referrals in specialist area relevant to post** |  |  |
| **Competencies demonstrated in at least X of the following, on more than one occasion.**  **These should be recorded and learning evidenced in CPD log:**  **-developed skills in teaching or training other staff**  **-skills in running reflective practice sessions**  **-skills in providing consultation and advice to others.**  **-contributed to X meetings**  **-represented team at wider service meetings (in agreement with managers)**  **-jointly running groups** |  |  |
| **Satisfactory overall work performance including professional behaviour, sickness record, clinical performance** |  |  |