

Preceptorship Policy for Nurses, Midwives' Allied Health Professionals and Nurse Associates

Department / Service:	Human Resources	
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Approved by:	Clinical Governance Group	Senior Nurse Group
Date of Approval:	13 th November 2018	
Review Date:	13 th November 2020	
This is the most current document and should be used until a revised version is in place		
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All Departments	
Target staff categories	All staff who are or work with newly qualified band 4 and band 5 registered practitioners.	

Policy Overview:

This policy provides a framework for effective preceptorship. Worcestershire Acute Hospital recognises there is a need to ensure practitioners at every level are supported and in particular that new registrants can be supported as they move from novice to expert practitioner.

Key amendments to this Document:

Date	Amendment	By:
06/03/13	Removal of references to accelerated pay progression associated with preceptorship for staff joining pay band 5 as new entrants	Sonya Murray
March 13	Updated to reflect the national changes to incremental progression as agreed in February 13 progression through all incremental pay points in all pay bands to be conditional on individuals demonstrating that they meet locally agreed performance requirements in line with a proposed new Annex addition to the handbook	Sonya Murray
May 2015	Removal of references to Practice Placement Team replaced with Professional Development Team. Job titles and roles updated for Chief Nurse and Associate Chief Nursing Officer – Workforce & Education	Joanna Logan
May 2015	Removal of reference to state registration. Replaced with Professional registration	Joanna Logan
May 2015	Inclusion of reference to Health Education England	Joanna Logan

	London and East Standards for Preceptorship 2014	
May 2015	Inclusion of Monitoring template Section 7	Joanna Logan
Dec 16	Document extended for 12 months as per TMC paper approved 22 nd July 2015	TMC
Nov 2017	Document extended whilst under review	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as approved by TLG	TLG
August 2018	Change of document title to include nurse associates and combine specialities under 'AHP' heading Inclusion of HEE multi-professional framework for preceptorship 2018 Updates to roles and responsibilities with the inclusion of the chief nursing officer Removal of Associate Chief Nursing Officer for Workforce and Education Inclusion of Deputy Chief Nursing Officer Update of NMC reference Inclusion of education/training and resources Update to Preceptorship Flow Chart Inclusion of overseas nurses Inclusion of nurse associates	Kate Title

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1. Introduction

Worcestershire Acute Hospitals NHS Trust (WAHT) recognises there is a need to ensure practitioners at every level are supported and in particular that new registrants can be supported as they move from novice to expert practice.

The period of time following registration as a health care professional, whether on completion of an education programme or following a break from practice, can be a challenging time. Good support and guidance during this period is essential. Newly registered practitioners who manage the transition successfully are able to provide effective care more quickly, feel better about their role and are more likely to remain within the profession. This means they make a greater contribution to patient care, but also ensures the benefits from the investment in their education is maximised (DOH 2010).

WAHT requires all registered practitioners to access formal preceptorship support. This initiative forms part of a continuum of professional development. It will be implemented from commencement within the organisation and continue throughout each practitioner's professional career. The Continuum has three components Preceptorship, Clinical Supervision and Coaching.

All registered practitioners are required to demonstrate they are maintaining their fitness to practice and one way of achieving this is to use Clinical Supervision. Clinical Supervision should begin in the preceptorship period and continue throughout a practitioner's career in ongoing professional development (NMC 2015, and CSP 2005). This is also a requirement of Health and Care Professions Council (HCPC) registration for Healthcare Scientists (Clinical Scientists and Biomedical Scientists) and Clinical Pathology Accreditation (CPA).

The Trust has a Clinical Supervision policy (available via the intranet) and access to educational Clinical Supervision modules.

This Policy needs to be read in conjunction with the Department of Health Preceptorship Framework.

Reference must also be made to the following current documents if necessary:

- Trust Induction Policy
- Trust Mandatory Training Policy
- Trust Personal Development Review Policy
- Trust Recruitment and Selection Policy
- Starting Salaries and Salaries Discretion Policy
- Trust Performance Management Policy
- HEE multi-professional framework for preceptorship 2018

2. Scope of this document

This policy sets out guidance on the preceptorship procedure within Worcestershire Acute Hospital NHS Trust and is based on the recommendations set out by the Department of Health.

This policy applies to band 4 and band 5 registered practitioners who are directly employed by Worcestershire Acute Trust in the following staff groups:-

Allied Health Professionals
Health Care Scientists
Nurses and Midwives
Nursing Associates
Theatre Practitioners
Pre-registration Pharmacists.

3. Definitions

3.1 Preceptorship

A period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor to: develop their confidence and competence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning (DOH 2010). The start of the preceptorship period will commence on receipt of their PIN number or equivalent.

3.2 Preceptee

A health care professional who has just completed their training or, a health care professional returning to work following a break from practice of more than five years; that is undergoing a transition period of novice to expert (Adapted from DOH 2010). This includes overseas nurses new to the NMC register.

3.3 Preceptor

A registered practitioner who has been given a formal responsibility to support a newly registered practitioner through their preceptorship (DOH 2010). A preceptor offers information, guidance and support.

3.4 Clinical supervision

Clinical supervision is a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations (Driscoll 2000).

3.5 Coaching

Effective coaching influences someone's understanding, learning, behaviour and progress (Starr, 2016) and is a process that enables learning and development to occur and thus performance to improve.

The application of Coaching is required to be embedded and demonstrated in everyday practice.

4. Responsibility and Duties

It is the responsibility of the preceptee, preceptor, and clinical area managers to ensure that practice is undertaken in line with the current Department of Health Preceptorship Framework and that the Trusts preceptorship flow chart is followed in order to achieve best practice.

4.1 Preceptor:

- Demonstrate enthusiasm to undertake the role of preceptor
- Demonstrate best practice in the clinical area
- Seek guidance from the preceptorship facilitator to meet any personal training needs regarding preceptorship
- Be a first level clinician with at least 12 months experience in the clinical area where the preceptorship is to take place
- Provide support to the preceptee
- Provide support in navigating the preceptorship programme and the preceptorship guide and skills assessment check list
- Be readily available within the clinical area to offer support
- Use adult learning philosophies which respects the learner and values their contribution
- Act as a role model to inspire and motivate the preceptee
- Provides constructive feedback to the preceptee identifying areas for development
- Agree and plan future learning activities in partnership with the preceptee
- Facilitates development of preceptee through reflective learning
- Recognises and respects cultural and individual diversity
- Demonstrate good leadership qualities, good communication and reflective practice skills
- Attend a preceptor facilitator workshop run by the professional development team
- Must not support more than two preceptees at any one time

4.2 Preceptee:

- Attend the full preceptorship programme. Failure to attend one of the sessions will result in non-completion of the course.
- Attend all agreed meetings with preceptor.
- Utilise relevant preceptorship guides and skills assessment check lists.
- During the first three months the preceptee should not take charge of any clinical area.
- During the first three months the preceptee should not be rostered on to night shifts. This is to ensure full orientation to the clinical area is complete and appropriate support is available during this period.
- The preceptee should not be the only trained member of staff on shift in the first three months. In the case of HCS's, AHP's and Midwives where loan working forms part of their role if competent they must take appropriate responsibility for patient caseload or specific areas of work under direction of

their preceptor or manager, their competence to do so must be documented by their preceptor or manager.

- Acknowledge learning as a lifelong process.
- Maintain responsibility for documentation of the preceptorship process.
- Demonstrate competence by meeting the criteria required for the six and twelve month reviews.
- Immediately report to their line manager and the clinical preceptor facilitator any circumstances that are adversely affecting adequate preceptorship.
- Should not be moved out of their clinical area to cover elsewhere for a minimum period of three months.
- The preceptee must be clearly identifiable as newly qualified.
- Will be offered the opportunity to debrief with the professional development team at any point during their first 12 months in post.

4.3 Clinical area managers:

- Ensure the preceptorship process is carried out in accordance with the policy.
- Ensure all new staff are enrolled onto the preceptorship programme (Mandatory) within three months of their start date. In the event that this is delayed it should be discussed with the Preceptorship Facilitator and the additional measures of support should be provided in the place of work.
- Ensure all new staff requiring preceptorship are allocated an appropriate preceptor prior to their commencement date and this information is relayed to both preceptee and preceptor during their induction period
- Ensure that preceptors and preceptees have access to the trust preceptorship documentation and are aware of their roles and responsibilities
- Ensure all preceptors have received suitable training for their role
- Support preceptors and preceptees as appropriate in the completion of core competencies
- Ensure that the staff rota accommodates the time needed to undertake the different elements of preceptorship.
- To plan time for continuous communication between the preceptor and preceptee, working on a regular basis together with a formal meeting at the beginning, part way through and again at the end of the preceptorship programme in addition it must accommodate study days to attend the programme.
- For AHP's, HCS's and Midwives who work alone staff rota must provide the opportunity for the preceptee to work along side their preceptor in the management of difficult cases or to practice new techniques; the frequency of this must be agreed at the initial interview and reviewed according to individual levels of competence and need.
- Ensure that the six monthly development review and a full appraisal of the preceptee occur at 12 months.
- Identify the clinical area Preceptors and ensure details of the preceptors are forwarded yearly to professional development department to be updated on the central register of preceptors.
- Identify any decrease in the numbers of preceptors available this information should be forwarded immediately to the professional development department and all reasonable action taken to replace preceptors.

- Ensure a review and evaluation of the effectiveness of preceptorship within their clinical areas is undertaken.
- Ensure preceptees are given appropriate and protected study leave to attend all course dates

4.4 Senior nurses/Senior managers

- Have knowledge of the preceptorship policy and associated documentation
- Provide a directorate wide perspective on preceptorship and support managers in the implementation of the preceptorship policy
- Support the provision of training and education required for preceptorship
- Provide support and advice on the processes for managing performance and monitoring outcomes
- Support clinical managers in ensuring protected study time for attendance of preceptees on all course dates

4.5 Chief Nurse

- Provide professional leadership and a Trust wide perspective on Preceptorship
- Agree the training and education required to support Preceptorship
- Receive a review on Preceptorship as part of an annual education report

4.6 Preceptorship Lead

- Ensure appropriate evidence based preceptorship frameworks are in place for their professional group/area.
- Work with clinical area managers and senior staff to ensure the preceptorship policy is implemented.
- Maintain in collaboration with the clinical area managers and senior staff an up-to-date register of all preceptors and ensure they have received training and support for their role.
- Provide and advertise a mandatory Preceptorship Course suitable to all newly qualified registrants.
- Ensure attendance is recorded on ESR
- Ensure completion of the course is recorded on ESR
- Escalate any concerns identified to the Preceptorship lead to managers/matrons
- Act as a source of support and advice to preceptees, preceptors and managers
- Provide an annual review for report to chief nurse
- Provide and advertise a workshop for preceptors
- Offer a drop in session to staff for debrief and support.

5. Policy Detail

Under the national terms and conditions of service incremental pay progression for all pay points will be conditional upon individuals demonstrating that they have the requisite knowledge and skills/competencies for their role and that they have demonstrated the required level of performance and delivery. All staff demonstrating

and applying the required levels of performance and delivery consistently during the performance review period will benefit from incremental pay progression;

The Preceptorship framework interfaces with progression through increments and will be dependent upon locally agreed performance criteria and reviewed through a locally agreed appraisal system. There will be no automatic progression through increments. Preceptorship meetings/reviews will contribute significantly to the individuals Trust Personal Development Review process. Evidence produced through learning and development activities will contribute to demonstrating achievement.

Whilst it is not explicit in the Agenda for Change, national terms and conditions, the intention of Preceptorship is to provide for a period of initial learning and development for individuals that have joined the NHS for the first time following their University course and gaining professional registration.

This preceptorship policy and educational framework aims to provide information for managers and practitioners on how to implement preceptorship in their areas. It also sets out a flowchart for use by new registered band 4 and band 5 entrants and their preceptors, providing a common framework to promote consistency across services and to support staff taking up these roles for the first time.

Within the first 12 months of employment (in a band 5 post or a band 4 Nursing Associate post), staff should have two development reviews. The first review after six months should seek to establish whether they are on track in their development towards the first incremental point. After 12 months their second development review will focus on the achievement of locally agreed performance outcomes.

All newly qualified or registered staff will be required to attend the Trust Preceptorship programme. The indicative content of the programme will reflect the framework and elements highlighted in the department of health Preceptorship Framework (2010) and Health Education England Multi-professional preceptorship framework (2018).

Increments may be delayed or withheld if insufficient progress towards the achievement of the locally agreed performance requirements and the core competencies for the post has been demonstrated or if there is a failure to attend the core preceptorship programme and agreed preceptorship/review meetings.

6. Education Training and Resources

Preceptorship resources include:

- WAHT preceptorship programme
- Preceptorship resource pack
- Preceptorship handbook and core competency framework
- Speciality specific competency framework
- ESR online preceptorship training
- Online leadership training

7. Implementation

The implementation of the policy and preceptorship continuum will be supported by the Professional Development Team who will assist Ward Sisters/Charge Nurses Midwives, Senior AHP's, HCS's and Preceptors in delivering Preceptorship to staff, by offering support and guidance.

7.1 Plan for dissemination

The policy will be placed in the HR Policies Folder on the intranet. Awareness will be raised through dissemination of the intranet link to all relevant departmental managers and senior staff who can then cascade the relevant information down in staff meetings. All newly qualified band 5 and band 4 nurse associate staff will also receive information regarding the policy on commencing the preceptorship programme.

7.2 Dissemination

Staff may print key documents but must be aware that these are only valid on the day of printing and must refer to the intranet for the latest version. Hard copies must not be stored for use as this undermines the effectiveness of an intranet based system.

Individuals are responsible in ensuring they are familiar with all key documents that impinge on their work and must ensure that they work within the current version of the document.

Line managers are responsible for ensuring that a system is in place for their clinical area of responsibility that keeps staff up to date with any new key documents and policy changes.

7.3 Training and awareness

The Preceptorship Programme will be run four times a year cross-site.

IT rooms may also be booked via the education centres for any activities requiring large group IT interaction.

Formal teaching and assessing qualifications are advantageous to preceptors however not essential at present; this may be reviewed in the future. Preceptors will be able to access support and training from the Professional Development Team when requested as required on an individual or group basis.

8. Monitoring and compliance

The following documentation and processes relating to Preceptorship will be checked by the Professional Development Team and Departmental Area Managers.

- Preceptorship Skills Booklet/Documentation to be checked at staff review/appraisal meetings.

Managers must promote Preceptorship according to the Policy ensuring all the appropriate documentation has been completed.

In addition to this the Professional Development Team will undertake an annual review of the Preceptorship Course and skills booklet to ensure that it remains fit for purpose.

Policy



**Worcestershire
Acute Hospitals**
NHS Trust

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
Section 7	Review of the Preceptorship Course	Evaluation and Feedback from Preceptees/ Preceptors and Managers	Annually	Professional Development Team lead for Preceptorship	Associate Chief Nursing Officer – Workforce & Education	Annual
Section 7	Review of the Preceptorship Skills Booklet	Evaluation and review by Professional Development Team and feedback from Preceptees/ Preceptors and Managers	Annually	Professional Development Team lead for Preceptorship	Associate Chief Nursing Officer – Workforce & Education	Annual

9. Policy Review

This policy will be reviewed after 2 years

10. References

References:

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and skills of personal coaching.
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London, Kogan Page Ltd.
- Nursing and Midwifery Council (2008)
The code: Standards of conduct, performance and ethics for nurses and midwives
London: Nursing and Midwifery Council
- Nursing and Midwifery Council (2009)
Modern supervision in practice: a practical guide for midwives
London: Nursing and Midwifery Council
- Nursing and Midwifery Council (2008)
Standards for Competence for registered midwives
London: Nursing and Midwifery Council

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Multi-professional preceptorship framework, HEE
Assessment Supervision and Support in Clinical Practice: a guide for nurses,
midwives and other health professionals.
London, Churchill Livingstone.

11. Background

11.1 Consultation

This policy will be circulated to the following for comments:

- Human Resources
- Director of Nursing.
- Nursing and Midwifery Matrons and Managers.
- Allied Health Care and Medical Scientists Managers
- Head of Clinical Governance and Risk Management

11.2 Approval process

This policy will be approved by the Key documents Approval Group

11.3 Equality requirements

There are no equality requirements as long as the following is observed:

It is critical that all newly registered practitioners have equitable access to preceptorship, as well as equitable experiences and outcomes from the process.

Preceptorship should be barrier free; it is important that the transition from student, or arrangements to support new registrants following other routes, supports and promotes the individual's equality of opportunity. Preceptorship seeks to build confidence in the delivery of the role an individual has been employed to do and should empower them to give safe, competent, high-quality care using the human rights principles of fairness, dignity, equality, respect and autonomy.

Preceptorship arrangements should give due regards to individual difference and respond accordingly, taking all reasonable steps to ensure that adjustments are made according to need and requirement. Differentials should be considered and planned for in anticipation of need against an equitable outcome standard (DOH 2010).

11.4 Financial risk assessment

There are no financial risks.

11.5 Appendices Preceptorship Flow Chart

- Preceptee must not take charge of the clinical area for a minimum of six months post qualification**
- Preceptee must not be the only trained member of staff in the clinical area for a minimum of six months post qualification**
- Preceptee must not be moved to another clinical area for any reason including staff shortages for a minimum of twelve months post registration.**

The first two weeks – supernumerary period

Local induction with Trust induction as soon as possible after start date and booked on to next available preceptorship course (if not already done so)
Meeting with preceptor for initial introductions and set dates for
Familiarisation of clinical area and emergency procedures

Within the first six weeks

Preceptee and preceptor to work regularly together. Lone workers to be given the opportunity to work with their preceptor. Competence to work alone must be documented.

Within the first three months

Preceptee to start preceptorship programme. Day one of the programme will see the preceptee issued with their core competency booklet and framework. Once this has been received, preceptee and preceptor are to meet to discuss key competency requirements and record progress/discussion in the preceptorship booklet.

Six months

Record of meeting with preceptor must be documented in preceptorship handbook. Provide evidence of core and mandatory training

Twelve months

Completion of preceptorship programme and issue of certificate.
Introduction to the year two preceptor course

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document: Preceptorship Policy for Nurses Midwives Allied Health Professionals and Health Care Scientists.	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	No

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval