

# Preceptorship Policy For Registered Nursing, Midwifery and Allied Health Care Professionals

## **EQUALITY IMPACT**

The Trust strives to ensure equality of opportunity for all both as a major employer and as a provider of health care. This policy has therefore been equality impact assessed by the Education Governance Group to ensure fairness and consistency for all those covered by it regardless of their individual differences, and the results are shown in Appendix 3.

|                            |                                       |
|----------------------------|---------------------------------------|
| <b>Version:</b>            | <b>3.0</b>                            |
| <b>Authorised by:</b>      | <b>Education Governance Committee</b> |
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| <b>Author designation:</b> | <b>Lead Nurse - Preceptorship</b>     |

## VERSION CONTROL SCHEDULE

### Preceptorship Policy

| Version Number | Issue Date     | Revisions from previous issue |
|----------------|----------------|-------------------------------|
| 1.0            | October 2017   | First draft                   |
| 2.0            | July 2018      | Second Draft                  |
| 3.0            | September 2018 | Midwifery preceptorship added |

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## INTRODUCTION

The transition from student to a newly registered practitioner can be a challenging progression. There has been evidence that newly registered staff may experience stress, feelings of uncertainty and inadequacy and fear the prospect of *being thrown in at the deep end* (Whitehead and Holmes 2011).

The Department of Health (DoH) defines Preceptorship as “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 as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning” (DoH, 2010).

Governing bodies such as the Nursing and Midwifery Council (NMC) and the Health Care Professions Council (HCPC) recommend that all new registrants have a period of preceptorship on commencement of their first post.

There are significant benefits for the newly registered professional, other staff and the organisation itself in terms of retention, recruitment, reduced sickness and absence and enhanced staff satisfaction where preceptorship is firmly established within the organisational culture.

## PURPOSE

This Preceptorship Policy provides a formalised and standard approach to preceptorship within this organisation to ensure that there is a consistent and equitable provision for all newly registered clinical practitioners in their first post following qualification and registration with the NMC or HCPC. It is recommended that nurses who are returning to practice following an absence of 5 or more years will also undertake the Organisation’s Preceptorship Programme.

Preceptorship is about supporting the transition of newly registered Nursing and Midwifery, and Allied Health Professionals who are new to the NHS to develop the competence and confidence to function as an independent healthcare professional.

This will enable the newly registered healthcare practitioner to:

- Practice in accordance with the Code of Professional Conduct: Standards for Conduct, Performance and Ethics.
- Apply and develop the knowledge, skills and values gained as a student.
- Develop specific competencies that relate to the preceptee’s role.
- Nurture professional relationships which assists their development and minimises the risk of inexperienced practitioners being given responsibilities which are beyond their scope of practice.
- Access support in embedding the values, behaviours and expectations of the profession and the Organisation.
- Access a personalised programme of development that includes post-registration learning.

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- Reflect on practice and receive constructive feedback.
  - Can recognise risks to safety and quality and can take active measures to reduce the risk of harm to the service users and colleagues
  - Develop confidence in their competence as a health care professional.
  - Take responsibility for individual learning and development.
  - Commence life-long learning.

**To facilitate this, the new registrant (the preceptee) will be provided with:**

- Preceptorship workbook.
- Protected learning time during the preceptorship programme.
- Access to a preceptor with whom regular meetings are held.
- Access to the Lead Nurse and midwife for Preceptorship through formal and informal meetings.

The Preceptorship Programme will form the basis of the preceptee's journey of learning and development as they start their professional career within Tameside and Glossop IC NHS Foundation Trust. All new registrants (preceptees) should complete their Preceptorship Competency Assessment workbook within the timescales set out in this policy document.

## SCOPE

This policy applies to all newly registered practitioners in their first post upon qualification and is recommended for nurses who are returning to practice following an absence of 5 or more years

## DUTIES

### Roles and Responsibilities

**Matrons, Professional and Service Leads** will have the overall responsibility for ensuring that the Trust meets its contractual requirements in terms of preceptorship through audit procedures, processes and compliance with this Policy. They will ensure that there are adequate numbers of preceptors in place to support newly registered practitioners.

New registrants will have access to a named preceptor who is on the same professional register, and who will provide support, advice and guidance to the preceptee.

Matrons, Professional and Service Leads will engage with the Preceptorship Lead to ensure that the programme is meeting the needs of their preceptees, preceptors, managers and service.

**Line and Ward Managers** will have ultimate responsibility for managing and ensuring compliance with the preceptorship process within their clinical areas. This will include ensuring:-

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- That they inform HR and the Preceptorship Lead that the new starter is a newly registered practitioner and will need to be booked onto the preceptee induction session.
  - That they facilitate an induction/supernumerary period for the preceptee in their clinical area.
  - That appropriate preceptors are identified and ensure that they are adequately prepared for the role. Preceptors should attend the Preceptor Training Session to gain insight and understanding of the Organisation's Preceptorship Framework and Programme.
  - That preceptors/preceptees have an understanding of the process and fully engage with the programme.
  
  - That a preceptor is allocated to a preceptee prior to the preceptee commencing in post and that there is the opportunity to meet prior to commencing in post.
  
  - That the supernumerary period is clearly recorded on the individual's E Roster
  - Provide the required protected time for preceptor/preceptee review meetings.
  - Any special requirements that the preceptee/preceptor may have are met in accordance with HR policy.
  - That the Preceptee undergoes a review upon completion of the Preceptorship Programme and that a personal development review is identified in line with the Trust appraisal requirements.
  - That the Lead for Preceptorship is informed that the preceptee has completed their preceptorship programme.

## **Midwifery Preceptorship and Agenda for Change banding**

Progression of midwives from Band 5 to Band 6 is part of the Agenda for Change agreement and in effect, covers the initial period of clinical practice developmental experience that new midwifery registrants must achieve in order to fulfil the full scope of clinical midwifery practice.

'Agenda for Change' recognises that midwives enter at pay Band 5 but are required to exercise a higher degree of autonomy relatively quickly following qualification, at a level comparable with a Band 6 role. Therefore, it is necessary that an assessment should be made using the NHS Job Evaluation scheme to establish that the practitioner has the level of knowledge gained during a period of Preceptorship and experience following qualification.

Recommendations are that, in order to progress the individual must:

- Demonstrate that they have completed a period of Preceptorship and have attained the level of knowledge and responsibility comparable with the Band 6 profile.

Within the first two years there should be four developmental reviews – one at six, twelve and eighteen months to ensure that progress is being made towards the required level of knowledge and experience and one at 24 months where, if appropriate (i.e. the required level of knowledge and experience has been gained) the individual will move to Band 6. A further review of progress will then take place after two years when the 'foundation' gateway of Band 6 is reached.

In the event that a practitioner has not achieved the necessary knowledge and experience to progress at one year, further reviews should take place at three monthly intervals for a

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further 12 months.

### **Preceptors**

Preceptors will be a registered practitioner with at least 12 months experience within the same area of practice as the preceptee. They will offer guidance and support to the newly registered practitioner and will be supported in their role by their Line/Ward Manager.

Although there are no formal qualifications for the role of Preceptor, the individual will undertake preparatory training for the role. They will need to be an effective team member, identified by the Ward Manager and able to demonstrate an understanding of the Organisations values and behaviours and objectives.

The preceptor will identify potential learning opportunities for the newly registered practitioner supported by a robust competency assessment framework.

They will engage with the Organisation's preceptor preparation sessions to ensure that they are suitably prepared for their role.

The Preceptor will ensure that the initial meeting between Preceptor and Preceptee will take place in the first week of employment in order to identify the preceptorship outcomes.

Preceptors will ensure that the preceptee:-

- Receives an appropriate orientation to the department/clinical area.
- Has the opportunity to work together one shift per week during the supernumerary period and then one a month thereafter during the remainder of the preceptorship period and recorded on the duty rotas as per the E Roster policy.
- Is supported in identifying learning needs to meet the outcomes of the role, producing action plans to ensure that outcomes can be met.
- Is supported in identifying opportunities for training and development.
- Is provided with feedback on their performance.
- Has a meeting with the Preceptee at least once per month to discuss progress and formally record activities occurring during the Preceptorship Period.
- Is informed of their progression and/or any issues identified in a timely manner, informing their Line manager and Lead for Preceptorship of any issues and appropriate actions.
- Records of the Preceptee's progress and feedback are formally recorded and provided to the line manager to advise the appraisal process.

### **Preceptees**

A Preceptee will be a newly registered practitioner undertaking a period of transition within their first post upon completion of their professional registration; or a registered practitioner returning to practice following an absence from their profession of 5 or more years, who have successfully completed a recognised professional return to practice programme.

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Preceptees will ensure that they:-

- Fully engage with the Preceptorship Programme.
- Practice in accordance with his/her code of professional conduct, performance and ethics.
- Have an understanding of the Organisation's values, behaviours and objectives.
- Be accountable for his/her own learning.
- Identify their learning needs in order to meet the outcomes of their role.
- Arrange and attend regular meetings with their Preceptors.
- Commit to and engage with preceptorship learning opportunities and planned events.
- Ensure that the relevant documentation is available to their preceptor and line manager to assist the appraisal process.
- Ensure that they attend Trust Induction and all mandatory training as per Trust Policy.
- Discuss any needs for additional support with their preceptor/line manager in order that this may be provided.

### **Preceptorship Lead**

- Will ensure that there is a current policy in place and that there are support mechanisms/resources in place to support the Preceptee and Preceptor.
- The Preceptorship Lead will ensure the appropriate provision of Preceptor and Preceptee Training to support the implementation of this Trust Policy.
- Will oversee the maintenance of a database of preceptors who have completed the preceptor training and provide reports in relation to this to professional leads.
- Will work in partnership with managers to identify and prepare registrants to become preceptors.
- Will ensure that all Preceptees have individual Preceptors allocated to them.
- Will provide quarterly updates to the Education Governance Committee in the form of a written report.
- Will intervene early to the resolution of concerns that a preceptee may be thinking of leaving the organisation during the preceptorship period.

## **THE POLICY**

### **Preceptorship Period**

The Preceptorship process for all newly registered practitioners will be 12 months and the preceptee will be reviewed against locally/professionally agreed outcomes at 3 month and 6 month review stages and documented within the portfolio. The programme from 6 to 12 months will focus on competencies in preparation for future Band 6 progression and leadership development such as The Edward Jenner programme (NHS Leadership Academy).

This policy applies to the arrangements for preceptorship within the first 12 months of employment and completion of the study days/competencies and documentation is a compulsory requirement.



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Where the preceptee has undertaken a rotational preceptorship programme, the preceptorship period will be extended to 18 months to enable continued support to achieve competencies through all areas of rotation.

## **Protected Time**

A minimum of 1 hour protected time per month will be provided for the preceptee to meet with their preceptor. This will be a designated period when the preceptee/preceptor meet or work together where there is the opportunity to discuss and document progress and allow the preceptee an opportunity for reflection.

The preceptee will receive protected time to attend study days outlined in the Preceptorship Programme.

## **Induction and Supernumerary Period**

The preceptee will attend the Patient Focus Programme followed by 3 weeks' supernumerary status in which they will not be counted as part of the workforce numbers. Midwifery preceptees will have 2 weeks' supernumerary period at the beginning of each clinical placement. This supernumerary period may be extended in certain clinical areas or through negotiation with Matrons, managers and preceptorship lead. However any extension of supernumerary time of more than a week should not be agreed without the agreement of the Assistant Chief Nurse. The shifts will be 7.5 hrs. During this period the preceptee will receive a local induction, in addition to a full Trust Induction, Introduction to Preceptorship and preceptorship training sessions.

The Preceptee may also have an adjusted workload to enable them to work more closely with their preceptor during their first 6 weeks.

## **POLICY DEVELOPMENT & CONSULTATION**

This policy is to be approved in consultation with management and staff side representation and via the Educational Governance Committee.

## **IMPLEMENTATION**

This policy will be available to all managers and all employees via the Intranet site. All newly registered employees will be directed to the policy on commencement in post.

## **REVIEW**

This policy will be formally reviewed 2 years after first approval (as stated on the title page), or earlier depending on the results of monitoring, audit results, new national guidance or recommended changes in practice.

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## MONITORING

Line Managers will ensure that all staff are aware of the Preceptorship Policy. The Lead for Preceptorship will audit the process annual and report to the Board.

## REFERENCES AND BIBLIOGRAPHY

Department of Health (2010) Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals

Nursing and Midwifery Council (2008) Standards to Support Learning and Assessment in Practice

Whitehead B and Holmes D (2011) Are newly qualified nurses prepared for practice? Nursing Times 2011 May 17-30; 107 (19-20)

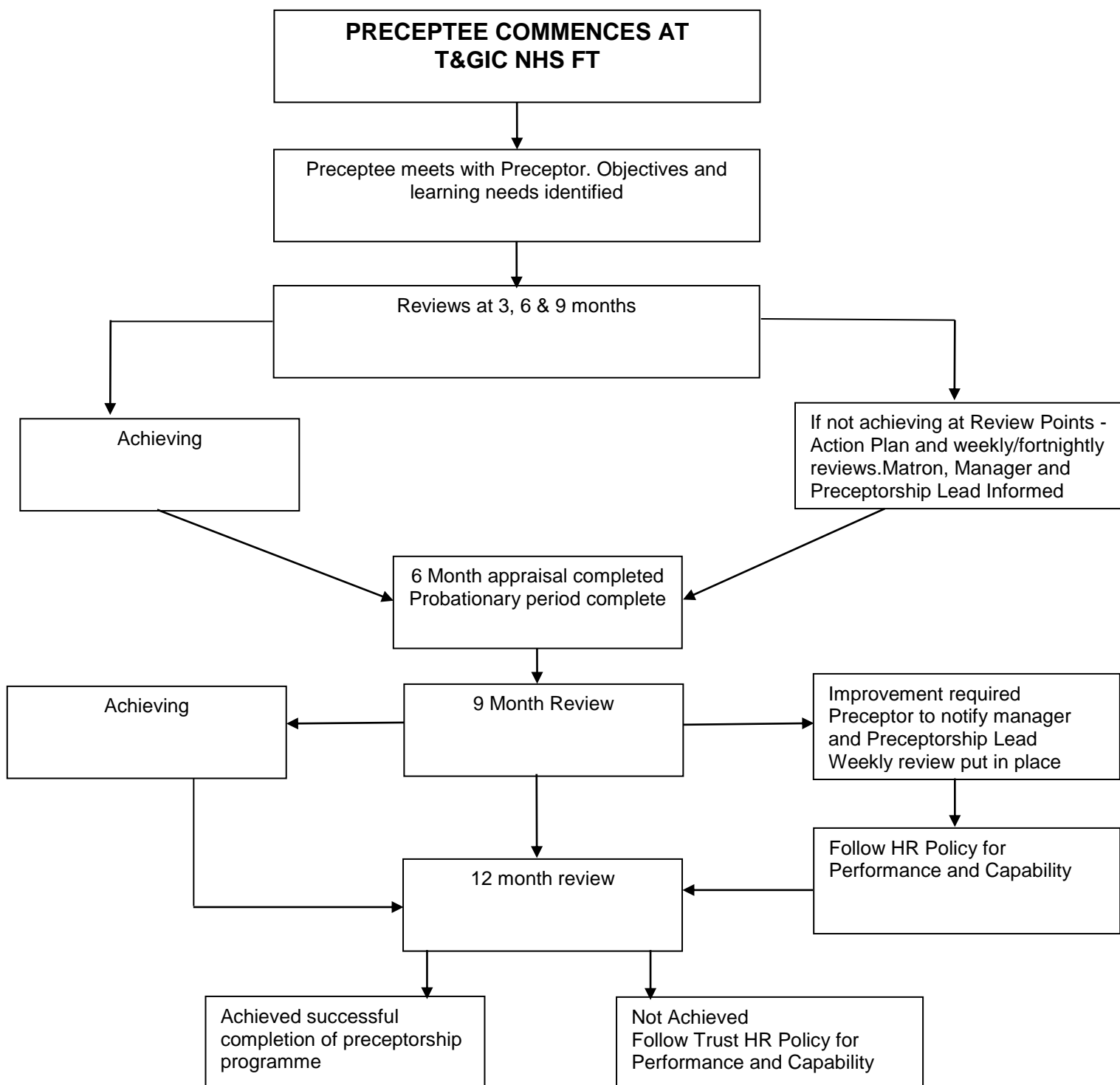
Willis Commission (2012) *Quality with Compassion: The Future of Nursing Education*. [http://www.williscommission.org.uk/data/assets/pdf\\_file/0008/485009/Willis\\_Commission\\_executive\\_summary.pdf](http://www.williscommission.org.uk/data/assets/pdf_file/0008/485009/Willis_Commission_executive_summary.pdf)

Willis P (2015) *Raising the Bar. Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants* Health Education England <http://hee.nhs.uk/work-programmes/shape-of-caring-review/>

NHS Leadership Academy [www.leadershipacademy.nhs.uk](http://www.leadershipacademy.nhs.uk)

## **Associated Trust Documents**

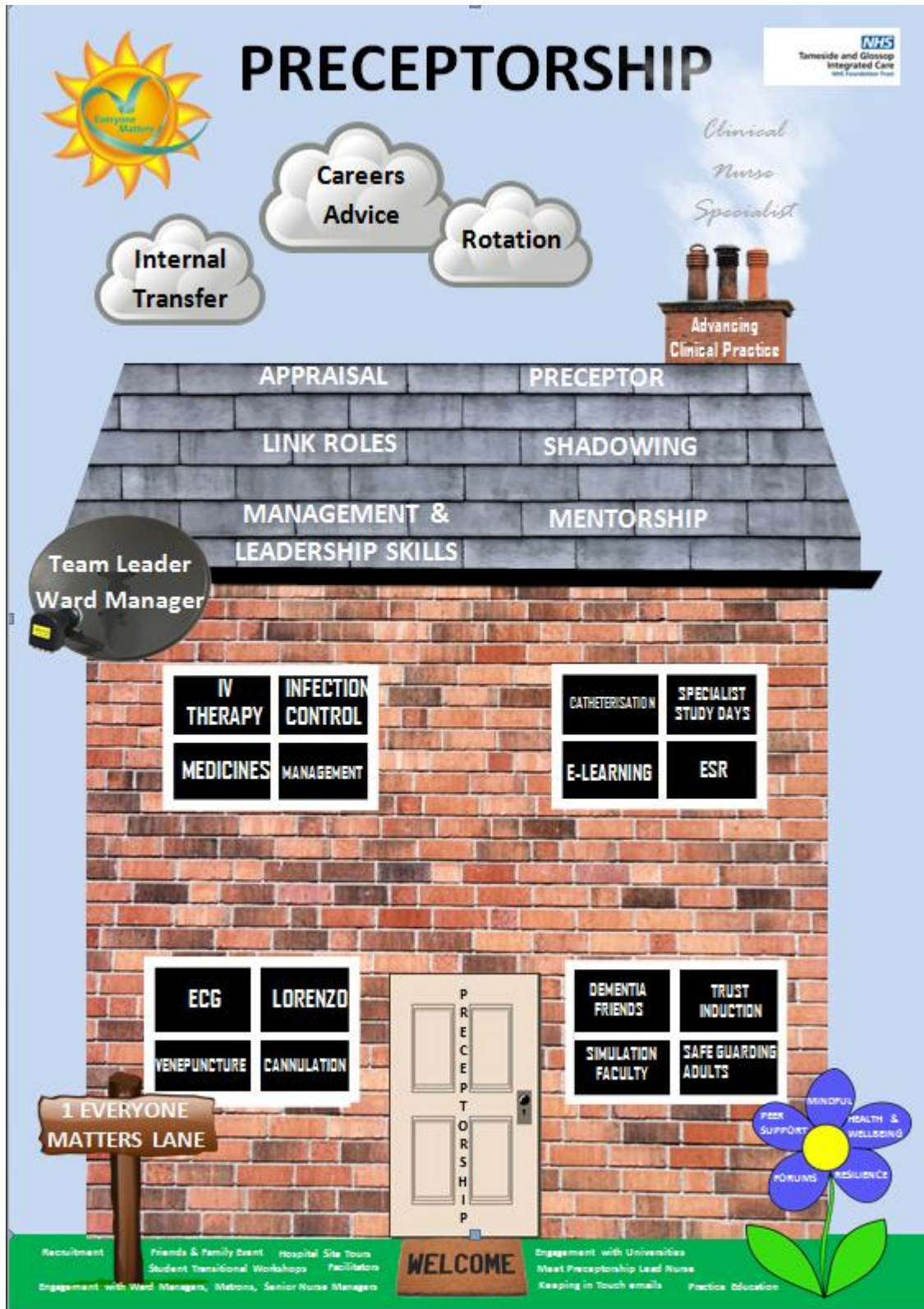
- Education, Training and Development Bulletin
- Preceptee Workbook
- Trust Induction Policy
- Appraisal Policy
- Improving Performance Policy
- Tameside and Glossop Integrated Care NHS Foundation Trust Nursing, Midwifery and Care Strategy 2017-2020
- E-Rostering Policies and Guides
- Preceptorship House Poster



**Protected 1 hour Preceptor/Preceptee Monthly Meetings throughout Preceptorship Programme**

Appendix 2 **Preceptorship Programme**

| <b>Course</b>   | <b>Date</b> | <b>Time</b>   | <b>Venue</b>  |
|---|-------------|---------------|---------------|
| <b>Introduction to Preceptorship (Smart Cards issued)</b> | Week 1      | 08:00 – 16:00 | Werneth House |
| <b>Lorenzo Training (Group A)</b>                         | Week 1      | 13:00 – 16:00 | Werneth House |
| <b>Venepuncture and Cannulation</b>                       | Week 6      | 08:30 – 16:30 | Werneth House |
| <b>Lorenzo Training (Group B)</b>                         | Week 2      | 13:00 – 16:00 | Werneth House |
| <b>Catheterisation</b>                                    | Week 4      | 09:00 – 12:00 | Werneth House |
| <b>Medicines Management Part 1</b>                        | Week 9      | 14:00 – 17:00 | Werneth House |
| <b>Medicines Management Part 2</b>                        | Week 11     | 14:00 – 17:00 | Werneth House |
| <b>Simulation Day</b>                                     | Week 20     | 08:00 – 16:00 | Werneth House |
| <b>IV Therapy</b>   | Week 10     | 08:00 – 13:00 | Werneth House |
| <b>ECG</b>  | Week 7      | 08:00 – 13:00 | Werneth House |
| <b>Preceptorship Group</b>                                | Week 8      | 08:00 – 13:00 | Werneth House |
| <b>Preceptorship Group</b>                                | Week 14     | 08:00 – 13:00 | Werneth House |
| <b>Preceptorship Group</b>                                | Week 20     | 08:00 – 13:00 | Werneth House |



## EQUALITY IMPACT ASSESSMENT

Appendix 3 To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

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

If you have identified a potential discriminatory impact of this procedural document, please refer it to Information Governance Department, 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 Information Governance Department.