

Preceptorship Policy

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Version Control Summary

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1	July 2011	Betsy Scott	Draft 1	
2	March 2014	ELFT Education & Development Team	Draft 2	Combination of ELFT & CHN Policy
3	October 2014	ELFT Education & Development Team	Draft 3	<p>Revision of policy 3.1 ; 7.4 ; 8.0 & 16.0 Removed any reference to financial/incremental uplift after 12 months</p> <p>10.0 & Appendix 1 Removed reference to Flying Start which was an online method of support for Preceptorship developed by NHS Scotland.</p> <p>11.0 Removed the paragraph, 'the preceptees will be allocated a workbook by their manager'</p> <p>21.0 Removed references DoH 2004; 2005; 2009</p>
4	October 2018	ELFT Education & Development Team	Draft 4	Revision of policy Additional information included to reflect HEE standards for preceptorship
5	July 2019	ELFT Education & Development Team	Draft 5	Revision of policy to include nursing associates

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1.0 Policy Introduction and Context

- 1.1 Supporting newly qualified nurses is critical if we are to deliver consistently high quality care to people who use our services. Ensuring that newly registered nurses and nursing associates are supported through the transition from learner to qualified practitioner is an important organisational priority and this is reflected in this policy and procedure. It has been recognised for many years that newly registered practitioners may experience high levels of stress and role uncertainty when making the transition from student to qualified practitioner. Kramer (1974) described this phenomenon amongst nurses as 'reality shock'.
- 1.2 The regulatory body for Nursing and Midwifery has long recommended that new registrants should have a period of Preceptorship on commencing employment. The Nursing and Midwifery Council (Circular 21/2006 in NMC 2008) states: **"The NMC strongly recommends that all 'new registrants' have a period of Preceptorship on commencing employment, this applies to those newly admitted to the NMC register who have completed a pre-registration programme in the UK for the first time, or have subsequently entered a new part of the register. New registrants also include those admitted to the register from other European Economic Area States and other Nation States."** These standards are cross referenced to NHS Employers (<https://www.nhsemployers.org/your-workforce/plan/workforce-supply/education-and-training/preceptorships-for-newly-qualified-staff>)
- 1.3 Health Education England (HEE) recognise the importance of preceptorship and identify that an organisational policy and structured preceptorship programme, that has been agreed by the Executive nurse should be available for all new registered practitioners. HEE identified standards for preceptorship in 2015 and has since developed and published the CapitalNurse Preceptorship Framework (2017) "to provide a high standard and harmonised approach to preceptorship across the capital". The ELFT preceptorship programme has been aligned with this framework.

2.0 Purpose of this Policy

- 2.1 This preceptorship policy provides information for service managers, professional leads, line managers, preceptors, preceptees, Practice Experience Managers and other staff about the implementation of Preceptorship in their area.
- 2.2 This policy sets out preceptorship arrangements for Band 5 entrants, for Band 4 entrants in the new Nursing Associate role and their preceptor. It provides a common approach to promote consistency across service and care groups within the Trust to ensure that the appropriate support and progression arrangements for newly qualified staff are in place.

3.0 Definitions

Preceptorship - Many definitions of preceptorship for nursing and other professional groups have previously been provided by various organisations and individuals.

- 3.1.1 The Chief Nursing Officer and Chief Health Professions Officer (DH 2010) conclude that the following definition best encapsulates Preceptorship for newly qualified nurses stating

that Preceptorship is: **“A period of structured transition for the newly registered practitioner during which time 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 lifelong learning.” This definition is reinforced in the HEE CapitalNurse preceptorship framework which includes standards and a model of practice (HEE 2017).**

3.1.2 Preceptorship is supported by trade unions and professional bodies.

3.2 Preceptee – A preceptee is a newly registered practitioner entering practice for the first time. Overseas registered nurses who have successfully completed an adaptation course will also be required to undertake preceptorship. Managers may use their discretion on whether to offer staff new to the NHS, those who have had a break in service or those who are transitioning from different care settings preceptorship as these staff may benefit from this added support also.

3.3 Preceptor – A preceptor is a registered practitioner with at least 12 months experience in the field of practice in which the preceptee is working and who has the necessary skills and knowledge to support and supervise, to teach, assess and appraise competence and confidence, to facilitate reflection and who acts at all times as an exemplary role model.

3.4 The HEE CapitalNurse preceptorship framework (2017) sets out within its standards for preceptorship that preceptors should be appropriately prepared and supported to undertake the role. In ELFT the effectiveness of the preceptor is monitored through appraisal It is expected that registrants who undertake the role of a preceptor would have undertaken training provided by the Trust to prepare them for the role e.g. mentorship/ supervision/ coaching. Managers and professional leads should ensure that adequate numbers of preceptors are available.

4.0 Scope of this Policy

4.1 This Preceptorship policy applies to entrants to the NMC register joining the Trust for example new registrants, overseas nurses and return to practice nurses.

5.0 Principles

5.1 A number of key principles underpin the Trust’s approach to preceptorship:

- Equity of access
- All eligible staff will receive Preceptorship
- All preceptors will be suitably experienced and be clear about their role and responsibility (see 3.3)
- The policy applies to NMC registrants across all directorates and care groups

5.2 The Trust will continue to review and update such arrangements in line with future statutory requirements, guidance and recommendations, to ensure that new registrants have a quality transitional experience, which is provided through well supported preceptors.

5.3 The Trust expects there to be consistency in terms of the competencies and outcomes that preceptees are required to meet within the care groups and directorates. Preceptees will have equitable access to Preceptorship regardless of age, race, gender identity, sexual orientation, disability or faith, as well as equitable experiences from the process.

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5.4 The Trust expects all employees to contribute to the support and development of staff and that experienced, qualified, professional staff who provide Preceptorship will commit to delivering their particular responsibilities.

5.5 Similarly the Trust expects that newly registered staff will assume their responsibilities as registered practitioners and commit to meeting the agreed requirements and outcomes set out for their period of Preceptorship.

5.6 The preceptor/preceptee must commit to a two way relationship if it is to be effective.

5.7 The Preceptorship programme is not designed to make up for shortcomings in pre-registration education.

6.0 Duties, Roles and Responsibilities

6.1 The Chief Nurse

The Chief Nurse is the Trust Board member with overall responsibility for the delivery of the Trust's Preceptorship programme for new NMC registrants.

6.2 The Directors of Nursing

The Directors of Nursing ensures that the infrastructure to support Preceptorship for newly registered nursing staff is available, sustained and regularly reviewed. The Directors of Nursing will, through the Practice Experience Managers, oversee the reviewed and updated design, delivery arrangements, and allocation of preceptors through their line managers and evaluation of the Trust's Preceptorship programme for nursing staff based on practice/evidence.

6.3 The Practice Experience/Education Managers (PEMs)

The PEMs are responsible for coordination and contribution to the Preceptorship process and assist with the identification and tracking of new NMC registrants commencing employment. They will liaise with pre-registration leads in to ensure that prospective registrants are aware of our Preceptorship arrangements. The PEMs maintain the Preceptorship database and monitor the progress of the preceptees. The PEMs will also keep a register of preceptors, coordinate and facilitate preceptor preparation and be available as support resources for preceptors and preceptees.

6.4 The Development Lead (L&B)

The Development Lead supports the preceptorship program by identifying staff requiring preceptorship at the point of pre-employment interviews and checks. At this point they will advise the applicant of the preceptorship offered within ELFT.

The Development Lead will support the programme, providing locality specific training in support of management objectives. This includes supporting the co-ordination of mandatory training where appropriate.

When there are identified practice issues with a preceptee the Development Lead works with the management of the preceptee and the PEM in developing solutions.

6.5 Modern matrons, Managers, and Clinical Practice leads

Matrons, managers and Clinical Practice Leads are responsible for ensuring that newly registered nursing staff employed within their services are informed about this policy and the Trust's Preceptorship arrangements. They are responsible for ensuring that an appropriate preceptor is identified for the incoming preceptee and that the preceptor role is monitored through supervision and personal development review. The preceptee should be informed of who their preceptor is during their induction period.

The line managers are responsible for advising the PEMs of preceptees joining their teams. Managers must ensure that suitable arrangements are made to support the new member of staff. If it is not possible for a preceptor to be appointed the PEMs will advise and discuss with the manager and agree suitable arrangements.

The line manager and preceptee are responsible for informing the PEMs when the preceptee has met all of the competencies and outcomes required and completed Preceptorship. Each care group/directorate is responsible for the development of care group specific competencies and the implementation and delivery within the Preceptorship programme for nurses. The PEMs will reinforce the existence of the Preceptorship policy and preceptee responsibilities when attending and supporting Preceptorship study days.

7.0 Preceptors

7.1 The Preceptors responsibilities include:

- Ensuring that registrants who undertake the role of a preceptor have undertaken training provided by the Trust to prepare them for the role.
- Ensuring that their practice is up-to-date and evidence based.
- Willingly commit time to the preceptor role and the responsibilities.
- Assisting in the facilitation of the preceptee's transition from newly registered nurse or nursing associate to a professional who is competent and confident to practise safely and sensitively and provide quality care to service users both individually and as part of a team.
- Facilitating a learning needs analysis with the preceptee within 2 months of employment and recording this in the preceptorship workbook.
- Provide constructive feedback on the preceptee's performance and development and address any concerns, escalating in line with Trust policy as necessary.
- Supporting the preceptee's achievement of the competencies, standards and learning outcomes in the Trust's Preceptorship programme, scrutinising and assessing the necessary evidence.
- Record discussions/supervision with the preceptee in the Preceptorship workbook.

It is important to note that the preceptor is not accountable for the actions or omissions of the preceptee. As a registered nurse, the preceptee is responsible for his/her own actions.

8.0 Preceptees

8.1 The preceptee is someone who has current registration with NMC and is thereby bound by professional legislation and codes of conduct.

The preceptee's responsibilities include:

- Meeting with the preceptor at the beginning and throughout the Preceptorship period.
- Reporting difficulties with the process or with meeting their preceptor to their manager and the PEMs and in a timely manner.
- Taking responsibility for their own learning and development.
- Committing time to the Preceptorship process and to working collaboratively with the preceptor to identify and achieve learning needs and reflect on practice and experiences.
- Understanding the competencies, standards, learning outcomes and professional behaviours to be addressed as part of the Trust's Preceptorship programme and collating evidence to demonstrate that they have been met
- Recording formal discussions with the preceptor
- Attending taught sessions, action learning sets, on-line learning and study days as part of the Preceptorship programme and other essential training days
- Undertaking the Trust's induction and local induction and other mandatory training from the start of employment
- Providing feedback to enable the Trust's Preceptorship programme to develop further
- Engaging in clinical and managerial supervision, which is considered to be separate from but complimentary to Preceptorship

9.0 Allocation of a Preceptor

9.1 The line manager will ensure that a preceptor is allocated to the preceptee before the end of the induction period. The preceptee should contact the PEM if this does not happen.

9.2 The line manager will give details of the preceptee and preceptor to the PEMs to be entered on the Trust's Preceptorship database.

10.0 Supernumerary Status and Managing the Clinical Area

10.1 Preceptees will have a supernumerary period appropriate to their place of work. The time spent in clinical areas during this period will be for preceptees to familiarise themselves with the roles of colleagues, observe the routine and day to day work of the team and familiarise themselves with the Trust's policies and procedures. Managers, preceptors and preceptees will jointly agree when the preceptee will begin to take charge of the clinical area, coordinate shifts or have responsibility for a caseload. These discussions should be recorded in the Preceptorship workbook.

11.0 Trust Corporate and Local Induction and Essential Training

11.1 Preceptees must familiarise themselves with the Trust induction and essential training policies and discuss with their manager and preceptor their participation in the corporate induction, local induction and plan attendance at essential training.

11.2 The preceptee will engage with their preceptor in completing a training needs analysis

12.0 Protected Time

12.1 The preceptor and preceptee must work and meet with each other; the frequency of this must be sufficient to meet all the requirements of the Preceptorship period and allow the preceptor/preceptee relationship to develop and strengthen. More time will be required at the start of the Preceptorship period and reduce as the preceptee develops in confidence and competence. Records of the content of meetings must be recorded in the Preceptorship workbook.

13.0 A Team Approach

13.1 Managers are responsible for ensuring that the preceptee is given the support that they require from all members of the clinical team.

14.0 Preceptorship Progression

14.1 The duration of the preceptorship programme is 6-12 months. The preceptee will maintain the Preceptorship workbook which provides accounts and captures evidence that demonstrates working towards or meeting the required standards, competencies or outcomes. This should regularly be discussed and reviewed with the outcomes recorded by the preceptee and preceptor during the 6- 12 month period. It is recommended that preceptor formally discuss and document progress with preceptees at quarterly intervals and develop action plans as required, so that the preceptee successfully completes within 12 months.

14.2 If the preceptee has not provided sufficient evidence that they have met the required standard, the preceptor will refer the matter to the line manager who will action accordingly. At this point it is recommended that the manager contacts People and Culture Department for advice and support. 14.3 On successful completion of Preceptorship the member of staff will continue to engage in regular management/clinical/professional supervision and other learning and continuing professional development opportunities, in order to meet the objectives identified in their personal development review and as required of them professionally and contractually.

It is expected that within one month of employment in the Trust preceptees must pass the online assessments for the safe administration of medication and insulin and supervised assessments within the workbook. Only when successful will they be permitted to manage a medication round unsupervised.

14.3 All NMC registrants are expected to attend Practice Supervisor and Assessor training within 12 months of completion of Preceptorship.

15.0 Addressing Concerns

15.1 Should the preceptor or preceptee have concerns about the behaviour or performance of the other during the Preceptorship period these should be documented and raised with the line manager and PEMs as soon as possible.

16.0 Unforeseen Circumstances

16.1 Where it is unavoidable that a preceptee moves to a different clinical area during the Preceptorship period a new preceptor must be identified. A meeting must be held between the 2 preceptors and the preceptee to ensure that all information about progress to date is handed over and any additional requirements related to the new setting is considered.

16.2 If an existing preceptor is unable to continue with a preceptee due for example to a change of job, sickness, parental leave, absence or study leave etc. then a new preceptor must be identified by the line manager immediately to ensure continuity of the preceptorship process. The incoming and outgoing preceptors should, if possible meet to ensure a smooth handover. A preceptee should not be without a preceptor for more than 2 weeks.

16.3 The preceptee is responsible for advising the PEMs of any difficulties or change.

16.4 If the preceptee is unable to continue with preceptorship due for example, to a change of job, sickness, parental leave, absence or study leave then the preceptorship process continues on their return to work.

17.0 Development, Consultation and Ratification

17.1 The development of this policy has been informed by best practice and National policy. A range of stakeholders including the Directors of Nursing, Modern Matrons, Lifelong learning lead, Practice Experience Managers, the HEI, staff side representatives, Human Resources, the Joint Institute of Mental Health Nursing (JIMHN) have been consulted and offered the opportunity to shape and influence this policy. The policy has been ratified by the Joint Staff side Committee Sub Policy Group and the Joint Staff side Committee.

18.0 Equality and Human Rights Impact Assessment (EHRIA)

18.1 This policy has been subject to EHRIA.

19.0 References

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