

Burton Hospitals
NHS Foundation Trust



**PRECEPTORSHIP POLICY
FOR NURSES & ALLIED HEALTH
PROFESSIONALS**

Approved by: **Trust Executive Committee**

On: **30 January 2018**

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Clinical / Non Clinical **Non Clinical**

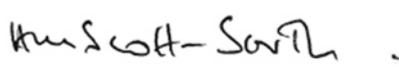
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Burton Hospitals NHS Foundation Trust

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PRECEPTORSHIP POLICY FOR NURSES

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BURTON HOSPITALS NHS FOUNDATION TRUST

PRECEPTORSHIP POLICY FOR NURSES AND ALLIED HEALTH PROFESSIONALS

1. Introduction

There is recognition that The Trust will require more independent, autonomous and innovative practitioners to meet the changing requirement of future healthcare provision. *Agenda for Change* introduced Preceptorship in 2004, and the value was further recognised in *'A High Quality Workforce: NHS Next Stage Review'* (DH, 2008). It stated that all appointed staff joining as new registrants, including Midwives and Allied Health Professionals (AHP's) should have a period of Preceptorship to help them begin the journey from novice to expert.

2. Employer Pledge

This Policy is aimed at providing advice and guidance to Preceptees, Preceptors and Senior Sisters / Line Managers where the new Preceptees are placed. This is following recommendations from the *'Care Quality Commission'*(CQC) that 'providers should take all reasonable steps to ensure that workers are appropriately supported, thereby enabling workers to deliver care and treatment to service users safely and to an appropriate standard including appropriate training, professional development, supervision and appraisal' (DH, 2010).

3. What is Preceptorship

The Department of Health 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.'

(DH, 2008 p:19)

The period of Preceptorship should help the new registrant develop the confidence to practise competently. The preceptorship period should also ensure the new registrant is familiar with and meets their obligations under their regulatory body.

The Preceptorship Programme is underpinned by Health Education England, Guidelines for Preceptorship (HEE, 2016). For nurses it has been mapped into the Nursing and Midwifery Council (NMC) Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (NMC, 2015), the Care Quality Commission's 6C's and the Trust's PRIDE Values.

Allied Health Professionals (AHP's) will have bespoke portfolios that have been created in line with The Health and Care Professions Council (HCPC) to help practice and develop newly registered AHP's.

4. Objectives of Preceptorship are:

- The transition from student to registered practitioner
- The Preceptee to identify their own learning needs
- The Preceptee to access support and guidance relevant to their development
- The transfer of the Preceptee's knowledge, skills and attitudes to practice
- Enhanced quality of patient care
- Work towards Revalidation/CPD requirements

5. Standards and Scope of Preceptorship

- The Preceptorship Policy and Programme applies to any newly qualified registrant joining the Trust
- The newly qualified registrant will be given a Preceptorship Development Portfolio to be completed and then to build on throughout their career
- Nurses and AHP's joining the Trust who are not newly qualified but lack 12 months experience will be given a Development Portfolio with recommended learning opportunities
- It is the Line Managers responsibility to notify the Practice Education Team if a new registrant is employed in their area that requires the supervision and support of the Preceptorship/Development Programme
- The Trust provides Preceptorship for Newly Qualified Midwives, guidance can be accessed via the Intranet- Management of Midwifery Preceptorship
- A minimum of two weeks supernumerary will be given to all newly qualified nurses. Should the period of supernumerary need to exceed two weeks this will be at the manager's discretion
- Supernumerary/supervision periods for AHP's will be bespoke to the placement area

6. What Preceptorship is not?

- It is not designed to be or considered as an extension to the period of learning or as a way to meet any shortfalls in pre-registration education
- A replacement for mandatory training programmes
- Substitute for performance management
- A replacement of the regulatory body in dealing with performance issues

7. Benefits of Preceptorship

7.1 Newly Registered Practitioner

- Develops confidence
- Feel valued and respected by their employing organisation
- Increased job satisfaction leading to improved patient/client/service user satisfaction
- Personal responsibility for maintaining up to date knowledge
- Feel proud and committed to the Trust's corporate strategy and objectives
- Meet revalidation/CPD requirements

7.2 The Trust

- Enhanced quality of patient care
- Reduce the risk of complaints
- Opportunity to identify talent or staff that require additional support
- Delivering safe and effective care to patients/clients from the outset
- Achieve revalidation/CPD requirements

7.3 The Preceptor

- Develops appraisal, supervision and support skills
- Contributes to revalidation requirements
- Identifies commitment to their profession and regulatory requirements
- Enhances future career aspirations

8. Revalidation for Nurses

Revalidation is a continuous process that enables registered practitioners to maintain their registration with the NMC, whilst building on existing renewal requirements. It also enables staff nurses to demonstrate their ability to practise safely and effectively throughout their career, in line with the NMC Code (NMC, 2015). By completing the Preceptorship Development Portfolio the Preceptee will fulfil the following requirements for revalidation and link into the Trust's appraisal process.

- 450 practice hours
- 35 hours CPD (of which 20 must be participatory)
- 5 pieces of practice-related feedback
- 5 written reflective accounts

NMC revalidation templates are located at the back of the Preceptorship Development Portfolio for nurses and further templates can be accessed and printed from the Trust's Intranet or via the NMC website and added into the portfolio as required.

9. HCPC standards for Continuing Professional Development (CPD) and registration for AHP's

Renewal of HCPC registration requires confirmation that standards for CPD have been met. Each time a professional renews their registration, the HCPC audits a random sample of those renewing to make sure the standards are being met. If a registrant is to be audited the HCPC requires information showing how CPD over the last two years has met the standards as listed below (HCPC, 2010):

- Maintain a continuous, up-to-date and accurate record of their CPD activities
- Demonstrate that their CPD activities are a mixture of learning
- Activities relevant to current or future practice
- Seek to ensure that their CPD has contributed to the quality of their practice and service delivery
- To ensure that their CPD benefits the service user
- Upon request, present a written profile explaining how they have met the standards for CPD every two years

10. The Preceptorship Programme

The Preceptorship Programme has been developed to provide support and resources to enable a new registrant to develop into a confident, competent practitioner. It is intended that the programme will be frequently monitored and evaluated and feedback will be actioned. The Preceptorship Development Portfolio has been designed as a self-assessment tool to allow individual learning and growth, with the support of an allocated Preceptor. The Preceptorship period is over nine months, with six allocated structured study days. These study days encompass elements of self-directed study, participatory learning, group activities, scenarios, action learning and competency based skills and peer support. The Preceptorship Development Portfolio is underpinned by Health Education England Preceptorship Standards (HEE, 2016) the Care Quality Commission 6C's and the Trust's PRIDE Values. For nurses it is mapped into it is the NMC Code: Professional Standards of Practice and behaviour for Nurses and Midwives (NMC, 2015), For AHP's is mapped into HPCP standards of Conduct, Performance and Ethics (HPCP, 2014).

10.1 Preceptorship Development Portfolio Domains

The Preceptorship Development Portfolio is divided into twelve Preceptorship Domains, these have been closely linked into Health Education England,

Preceptorship Standards (HEE, 2016). Each Preceptorship Domain has indicative content and suggested evidence methods that can be utilised. The Preceptor will sign off each Preceptorship Domain to confirm they have seen the evidence to support this.

12 Domains are:

Domain 1- Communication

Domain 2- Medicines Management

Domain 3- Accountability

Domain 4- Career Development

Domain 5- Delivering Safe Care

Domain 6- Emotional Intelligence

Domain 7- Leadership

Domain 8- Service Improvement

Domain 9- Resilience

Domain 10- Safe Staffing/Raising Concerns

Domain 11- Team working

Domain 12- Dealing with Conflict/Managing difficult conversation

11. Allied Health Professionals (AHP's)

AHP's will be supported with a bespoke Preceptorship Development Portfolio individualised to their speciality (eg Royal College of Occupational Therapists), in line with the Health Care Professional Council's guidelines (HCPC, 2016).

12. Roles and responsibilities

The Line Manager/Senior Sister

It is the responsibility of all Line Managers/Senior Sisters to oversee the performance of the new registrants and Preceptors to report any issues with the partnership and/ or development to the Practice Education Team (PET). The Manager also has the responsibility to notify the Practice Education Facilitator (PEF) or Practice Education Nurse (PEN) of any new registrants employed from another NHS provider.

12.1 The New Registrant (Preceptee)

- Will take ownership of their learning and CPD
- Take responsibility in identifying problems in their own development

- Access support from their Preceptor, Ward/Department Manager and Practice Education Team
- Attend all the allocated study days
- Complete the Preceptorship Development Portfolio in 9 months and present the evidence in their appraisal

The new registrant is given the freedom to select a Preceptor that they feel comfortable with and if unable to do so a suitable Preceptor should be allocated by the Department Manager.

12.2 The Preceptor

- To actively want to be a Preceptor
- To assist and encourage learning opportunities and Preceptee's professional development
- To regularly give constructive feedback
- Act as a role model
- Establish the Preceptee's level of knowledge and practice
- To work in collaboration with the PET to support the Preceptee's, learning objectives
- The Preceptor should be a registered practitioner in the same field as the Preceptee with a minimum of 12 months post registration experience

12.3 Practice Education Nurse (PEN) who supports nurse preceptees

- Ensure standards of Preceptorship delivery are maintained within areas
- Work closely alongside Preceptees in practice and provide support where required
- Backfill for Preceptees/Preceptors for meetings if required
- Meet with Preceptees at Induction
- Report back to the Practice Education Facilitator Preceptees progress/performance

12.4 Practice Education Facilitator (PEF)

- Develop a Preceptorship Development Portfolio in accordance with the latest Health Education Preceptorship standards, CQC 6 C's, NMC code, regulatory body and the Trust's PRIDE values
- Review the Preceptorship Programme annually and on-going maintenance as required
- Provide support to line managers, Preceptors and Preceptees on Preceptorship

13. Recruitment and interim period for new registrants whilst awaiting their NMC/HCPC registration

On successfully being offered a post many new registrants have an interim period pending their NMC/HCPC registration .

- Newly qualified nurses are paid at agenda for change band 3 salary
- AHP's excluding OPD's will start as band 4 Assistant Practitioners until HCPC registration is complete
- ODP's will start as a band 3 Theatre Support worker until HCPC registration is complete
- All patient documentation written in this interim period must be countersigned or approved by a registered practitioner

14. Preceptor/Preceptee partnership

Preceptees are advised to settle into their working area first and then establish who they would like to have as a Preceptor. In the event of a Preceptee leaving the Trust during their preceptorship programme they will be required to attend an exit interview with a member of the Practice Educating Team.

15. Upon completion of Preceptorship

It is expected that by the end of the Preceptorship period the Preceptee will be a confident and autonomous individual, able to deliver high quality care to the service users in a proficient manner.

16. Review of policy document

This Policy will be reviewed 3 yearly or earlier in response to changes in Trust guidance or national, statutory or regulatory legislation.

17. Effective Monitoring of the policy

Compliance with this policy will be monitored by the Practice Education Team every 12 months. Issues will be presented every 12 months to identify appropriate action plans to address areas of concern and will continue to be monitored until its completion. This policy will be reviewed in February 2020 or earlier by joint agreement between management and staff side or earlier if legislation dictates. Should there be a delay in the renewal of this policy it will remain in force until superseded.

18. REFERENCES

Care Quality Commission (2010) *Guidance of Compliance: essential standards of quality and safety*. Available at <<http://www.cqc.org.uk>>

Department of Health (DH) (2008) *High Quality Workforce: NHS Next Stage Review*. Available at http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085841.pdf

Department of Health (DH) (2010) *Preceptorship Framework for Newly Qualified Nurses, Midwives and Allied Health Professionals*. Available at <<https://hee.nhs.uk/sites/default/files/documents/DoH%20Preceptorship%20Framework%20for%20newly%20registered%20nurses%20midwives%20and%20allied%20health%20professionals%202010.PDF>>

Health & Care Professions Council (HCPC) (2011) *Continuing professional development and your registration*. London: HCPC.

Health & Care Professions Council (HCPC) (2016) *Standards of conduct, performance and ethics*. London: HCPC.

Health Education England (HEE) (2016) *Guidance for Preceptorship*. West Midlands.

Nursing and Midwifery Council (NMC) (2015). *The Code: Professional standards of practice and behaviour for nurses and midwives*. London: NMC

Delivering Preceptorship through Pledges (adapted from Department of Health Preceptorship Framework for Newly Qualified Nurses, Midwives and Allied Health Professionals (2010)).

Preceptorship Pledge

New Registrants:

I commit to assume my responsibilities as a registered practitioner, including:

- Adhere to codes of professional practice;
- Ensuring that I understand the standards, competences or objectives set by my employer that is required to be met.
- Commit time to preceptorship
- Work collaboratively with my preceptor and Practice Development Facilitator to identify, plan and achieve my learning needs.
- Take responsibility for my own learning and development and provide feedback to enable preceptorship to develop further.

Preceptorship Pledge

Preceptor:

I commit to delivering my responsibilities as a preceptor, including to:

- Commit to the preceptorship role and its responsibilities;
- Personalise the newly registered nurse's learning and development needs and help him or her to identify key learning opportunities and resources.
- Commit time and provide constructive feedback to support the newly registered nurse.

Preceptorship Pledge

Employer:

Commits to delivering responsibilities for preceptorship, including to:

- Identify a Board Member who has accountability for the delivery of the preceptorship programme and assessing its impact
- Ensure that all newly registered practitioners have equitable access to preceptorship and, as appropriate, access to an identified, suitably prepared preceptor;
- Ensure that preceptorship is adequately resourced
- Ensure that a system is in place for appraising the preceptee's performance through the Knowledge and Skills Framework⁷ process or other structure to support appraisal and
- Evaluate the process and outcomes of preceptorship.

APPENDIX B

Elements of Preceptorship

The elements of preceptorship from the perspectives of the newly registered nurse, the preceptor and the employer are summarised below.

New Registrants	Preceptor	Employer
Opportunity to apply and develop the knowledge, skills and values gained as a Student Nurse.	Responsibility to develop others professionally.	It is a process to be quality assured.
Develop specific competencies that relate to the Preceptees role.	Conduit to formalise and demonstrate continued professional development.	It embeds the KSF at the start of employment.
Access support in embedding the values and expectations of the profession.	Responsibility to discuss individuals practice and provide feedback.	It promotes and encourages an open, honest and transparent culture amongst staff.
Personalised programme of development that includes post registration learning, e.g. leadership, management and effectively working within a multi-disciplinary team.	Responsibility to share individual knowledge and experience.	It supports the delivery of high-quality efficient healthcare.
Opportunity to reflect on practice and receive constructive feedback.	Have insight and empathy with the newly registered nurse during the transitional phase.	It demonstrates the employer's delivery of NHS Constitution and other key policies.
Take responsibility for individual learning and development by learning how to 'manage self'.	Act as an exemplary role model	It indicates the organisations commitment to learning.
Commence life long learning.	Receive preparation for the role.	

(DH (2010) Preceptorship Framework for Newly Qualified Nurses, Midwives and Allied Health Professionals).