



Trustwide Preceptorship Policy

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Type of document	Policy
Target audience	All CWP staff
Document purpose	This policy seeks to provide consistency across directorates in the application of preceptorship. All newly qualified nurses, midwives and allied health professionals (AHP) registrants are eligible to join the preceptorship programme, complete the handbook (Appendix A)

Approving meeting	People and Organisational Development Sub-Committee	17-May-16
Implementation date	17-May-16	

CWP documents to be read in conjunction with		
CP46	CP46	Supporting Learning and Assessment in Practice
HR3.18	HR3.18	Capability policy
HR3.3	HR3.3	Disciplinary policy
MP1	MP1	Medicines Policy

Document change history	
What is different?	New Policy
Appendices / electronic forms	N/A
What is the impact of change?	N/A

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Learning and Development (L&D)
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Document consultation	
East locality	Nursing and AHP leads, Practice Education, Clinical Service Managers
Wirral locality	Nursing and AHP leads, Practice Education, Clinical Service Managers
West locality	Nursing and AHP leads, Practice Education, Clinical Service Managers
Corporate services	Not applicable
External agencies	Not applicable

Financial resource implications	Yes, initial HENW Investment
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External references	
1.	Care Quality Commission (2010) Essential Standards of Quality and Safety
2.	Department of Health (2008) A High Quality Workforce: NHS Next Stage Review
3.	Department of Health (2010): Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals
4.	Health Professions Council (2008) Standards of Conduct, Performance and Ethics

5. Nursing Midwifery Council (2015) The NMC Code of Professional Conduct: Standards for Conduct, Performance and Ethics
6. Nursing Midwifery council (2010)
7. <http://standards.nmc.uk.org/PreRegNursing/compentencies/Pages/Specific-knowledge-and-skills.aspx>
8. Tanner, C.A. (2006) Thinking like a Nurse: A Research Based Model of Clinical Judgement in Nursing. Journal of Nursing Education. Vol45 no.6
9. Preceptorship Handbook for Occupational Therapists BAOT/COT

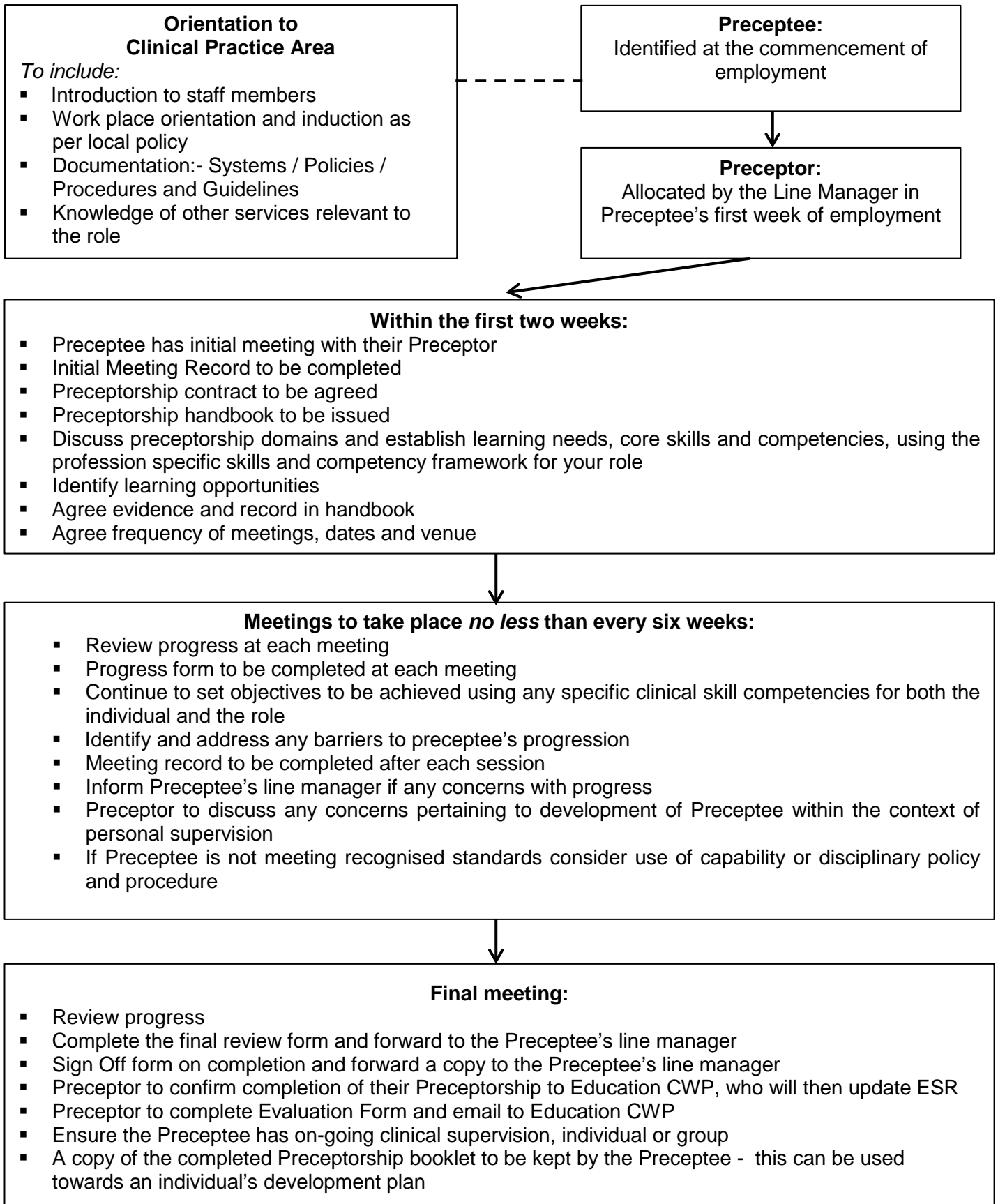
Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	Select	
- What alternatives are there to achieving the document without the impact?	Select	
- Can we reduce the impact by taking different action?	Select	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource 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 the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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PRECEPTORSHIP FLOWCHART





1. Introduction

Preceptorship represents a major transition from student to professional practitioner. This is a formative period for newly qualified practitioners when structured preceptorship supports their growth and development. Although the newly qualified practitioner has the knowledge and skills to enter the register on which they practice, the support and guidance of a more experienced professional colleague during this transition phase is essential. Preceptorship may also apply to those who enter a different area of practice undertaking new roles and responsibilities and to those returning to practice following a career break.

2. Scope of this policy

This trustwide policy relates to all newly qualified nurses and allied health professional registrants. New registrants are defined as newly qualified practitioners in their first year of registered practice. Additionally registered practitioners undertaking new roles and responsibilities or returning to practice following a career break may also require preceptorship.

3. Purpose of this policy

This policy seeks to provide consistency across professions and localities in the application of preceptorship. All new registrants should complete the Preceptorship Handbook, mentored by a suitable experienced health professional (preceptor) within the timescales set out in this policy document. The current version of the Preceptorship Handbook can be viewed and downloaded from the Practice Education cwpnet intranet page by using the following link and selecting CWP Preceptorship Programme.

<http://nww.cwp.nhs.uk/TeamCentre/Education/PublishedDocuments/Preceptorship%20Handbook.docx>

4. Definitions

4.1 Preceptorship

A High Quality Workforce: NHS Next Stage Review (2008) describes preceptorship as: 'A *foundation period for practitioners at the start of their careers which will help them begin the journey from novice to expert.*' Therefore preceptorship consists of providing support and guidance, enabling new registrants to make the transition from student to an accountable practitioner to:

- Practice in accordance with the Code of Professional conduct; standards for conduct, performance and ethics of the NMC and Allied Health Professional body applicable to their area of practice
- Develop confidence in their competence as a nurse / allied health professional

4.2 Preceptor

The term preceptor generally applies to a qualified and experienced health professional that has a minimum of 12 months experience within the same area of practice as the preceptee (in addition, for nursing, this should also be same field). Preceptors can be part time or full time members of staff. There is no mandatory obligation for the preceptor to have a formal mentoring or teaching qualification; however it would be beneficial for all preceptors to undertake mentoring or supervisors training as available.

5. Clinical Governance and Preceptorship

Clinical Governance can be defined as a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high



standards of care by creating an environment in which clinical excellence will flourish. Preceptorship is important to ensure that new Preceptees are aware of the following elements of clinical governance in the trust:

- Policies and procedures
- Risk management/incident reporting
- Audit, research and development
- Professional structures
- Education and training
- Confidentiality and record keeping
- Continuing professional development frameworks

The Care Quality Commission requires providers to support staff to enable them to deliver care and treatment to service users safely and to an appropriate standard. This can be achieved by appropriate training, professional development, supervision, preceptorship and by embracing the 6Cs.

6. Benefits of Preceptorship

Newly Registered Practitioner/ Preceptee	Patients/Clients/Service Users & Employer
<ul style="list-style-type: none"> ▪ Develops confidence ▪ Enables facilitated professional induction/introduction into the clinical environment ▪ Provides the opportunity to apply and develop knowledge, skills and values already learned. ▪ Will allow the individual to develop specific competencies that relate to the Preceptees role ▪ Reflect on practice and receive constructive feedback ▪ Increased job satisfaction ▪ Feels valued and respected ▪ Enhances future career aspirations ▪ Develops an understanding of working within current organizational policies and procedures relating to clinical practice ▪ Committed to the organisations strategy and objectives ▪ Develops a personal responsibility for maintaining up to date knowledge 	<ul style="list-style-type: none"> ▪ Enhances quality of evidence based patient care ▪ Enhanced recruitment and retention ▪ Reduced sickness and absence ▪ Enhanced staff satisfaction ▪ Reduced risk of errors and complaints ▪ A workforce that understands the regulatory impact of the care they deliver and develop an outcome/evidenced based approach

7. Duties

The roles and duties of the preceptor, preceptee, services/teams and the trust are as follows:

7.1 Role of the Preceptor is to:

- Identify specific role related clinical skills competencies that are required, and support the preceptee to achieve them.
- Monitor and assess clinical and professional development.
- To ensure continuity, should a preceptor leave the Trust, they should complete the formal handover of their preceptor role prior to leaving.



7.2 Role of the Preceptee is to:

- Be open to constructive feedback
- Clearly articulate learning needs
- Negotiate meeting times
- Undertake agreed learning activities
- Be committed to working within trust policies, procedures and guidelines
- Demonstrate evidence of and commitment to the 6Cs
- Reflect on practice and development
- Gather agreed evidence to support completion of the Preceptorship handbook and locally defined competencies

7.3 The role of the Service/Team:

All new registrants should have a formal period of preceptorship of between 4 and 12 months duration, this can vary according to individual need and local team arrangements. Consideration should be given to new registrants who are working part time and an agreement should be reached as to the length of the period of preceptorship. The period of preceptorship can be extended if there are significant periods of absence, for example, long term sickness leave or maternity leave. Formal preceptorship is dependent upon new registrants having easy access to a preceptor named who can be called upon to provide guidance, help, support and advice. Although local preceptorship, via the Preceptorship Handbook, may be completed within 4 months, newly qualified practitioners can access the trustwide preceptorship programme during their first 12 months of practice.

Preceptorship should be incorporated into existing systems and practices for supporting staff such as clinical supervision and appraisal. After the period of preceptorship the continuous process of supporting the growth and development of all staff is through personal performance and development plans. Each member of staff has an annual appraisal and a review of progress after six months. This framework ensures that the learning needs of the individual and the business plan of the organisation dovetail together to deliver high quality services consistent with local targets.

7.4 CWP will provide:

- Local preceptorship using the Preceptorship Handbook as a framework to ensure that a standard process is used to locally agree the evidence required of the preceptee to demonstrate their transition. The handbook is based on the domains identified by the Department of Health Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals (2010).
- A rolling trustwide preceptorship programme of personal and professional development to support newly qualified practitioners in the first 12 months of transition from student to registered healthcare professional through training, networking and peer support.
- Continuity of preceptor support (e.g. alternatives where there are cases of long term sickness or preceptor leaving the post)
- Service area specific recruitment choices such as:
 - *Substantive post with preceptorship built in*
 - *Fixed term contract preceptorship*
 - *Preceptor rotation post*