Preceptorship policy

Ref: CLIN-0031-v5

Status: Ratified
Document type: Policy
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1 Introduction

Health Education England issued a new set of Preceptorship Standards for Nurses, Midwives, Allied Health Professionals and pharmacy professionals in 2016, these standards inform the delivery of preceptorship and are reflected in the Tees, Esk and Wear Valleys NHS Foundation Trust Preceptorship Policy and Procedure.

Preceptorship is defined 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).

Professional bodies recommend that all new registrants have a formal period of preceptorship (Nursing and Midwifery Council (NMC), 2006; Royal College of Occupational Therapy (RCOT), 2006; Council of Deans, 2009; British Dietetic Association (BDA), 2015), as well as the regulator for health and social care (CQC, 2016). The period of preceptorship may vary according to individual need and professional guidance (NMC Circular 21/2006); the period of four months to one year is currently deemed acceptable for nurses (NMC, 2006; NMC, 2008; BDA, 2015). The trust policy states that the preceptorship period is between six months and one year for nurses and AHPs, however it is one year for Occupational Therapists (RCOT, 2009).

The preceptorship procedure (CLIN-0035-001) outlines the related steps to achieve the goals of preceptorship.

2 Why we need this policy

This policy sets out the requirements of the Department of Health, Health Education England as well as the professional bodies’ requirements Nursing and Midwifery Council, Royal College of Occupational Therapists, and other professional bodies for preceptorship within Tees Esk and Wear Valleys NHS Foundation Trust.

2.1 Purpose

The purpose of this policy is to ensure the structured transition from student to practitioner, developing competence and confidence in practice following registration.

2.2 Objectives

Adhering to this policy will ensure that:
- The newly qualified health care practitioner can practice in accordance with the relevant codes of professional conduct; 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, to assist development and minimize the risk of inexperienced
practitioners being given responsibilities which are beyond their scope of practice; access support in embedding the values and expectations of the profession.

- A personalised programme of development is provided that includes post registration learning
- The newly qualified practitioner is encouraged to reflect on practice and receive constructive feedback
- A safe environment is provided for the novice, their colleagues and service users;
- The newly qualified practitioner can develop confidence and competence as a health care professional, and take responsibility for individual learning and development, and commence lifelong learning.

To facilitate objectives the newly qualified practitioner should have:

- Protected learning time during the preceptorship programme
- Have access to a preceptor with whom regular meetings are held on a monthly basis

3 Scope

The preceptorship programme will form the basis of the practitioner’s journey of learning and development as they start their professional career with Tees, Esk and Wear Valleys NHS Foundation Trust. All newly qualified practitioners (preceptees) should complete their portfolio within the timescales set out in this policy document.

3.1 Who this policy applies to

The preceptorship policy applies to all newly qualified staff in clinical roles whose entry point is Agenda for Change (AFC) Band 4 and above (this will apply to the Nursing Associate role at Band 4 when introduced). It applies to all NRPs registered with the Nursing and Midwifery Council (NMC), the Health and Care Professional Council (HCPC) or the General Pharmaceutical Council (GPhC) who have not previously worked in the NHS at Band 5 or above in the clinical role they have been educated in.

It also applies to Health Professionals who have successfully completed a Return to Practice programme that has prepared them to re-enter the relevant professional register.

Where staff members are recruited into roles that do not involve putting recent training into practice protected time will be allowed during preceptorship for the preceptee to do so e.g. an Occupational Therapist taking on a mental health practitioner role will need to deliver some occupational therapy and consolidate on their skills and knowledge in the delivery of that therapy during their preceptorship year.

3.2 Roles and responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td>Directors</td>
<td>The responsibility for policy implementation rests with the Executive Directors and Associate Directors of the trust</td>
</tr>
<tr>
<td>Heads of Service and Professional Heads</td>
<td>The responsibility for the overall operational management and co-ordination of workforce planning rests with the Heads of Service and Professional Heads</td>
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<tr>
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</tbody>
</table>
| Professional Head                    | Ensure appropriate evidence based preceptorship frameworks are in place for the professional group  
Work with team leaders and managers to ensure the preceptorship policy is implemented  
Maintain an up to date list of all preceptors and ensure they have received training for their role |
| Line Managers                        | Each Line Manager has the responsibility for implementation and maintenance of this policy within their area of responsibility, ensuring allocation of an appropriate preceptor and protected time as specified within individual professional protocols. The Line Manager must ensure that the newly qualified practitioner completes the key consolidation areas for their profession. A bespoke section is incorporated into the preceptorship procedure document so clinical areas can add consolidation areas for the newly qualified practitioner.  
Facilitate an induction with supernumerary period to allow the preceptee to be adequately inducted into the clinical area by experienced staff  
Identify an appropriate preceptor and ensure they are adequately prepared for the role. For AHP’s, Social Workers, Pharmacists and Psychologists, the line manager will liaise with the relevant clinical / professional lead to ensure a preceptor has been identified  
Ensure that preceptors and preceptees understand the concept of preceptorship and engage fully with the process required  
Ensure the preceptee is allocated to and meets with the preceptor within the first week of their post  
Provide protected time for preceptor/preceptee review meetings  
Be aware of any special requirements the preceptee or preceptor may have so that positive consideration can be given to meeting their learning needs inclusively  
Provide support and management supervision to the preceptorship relationship and ensure that documentation pertaining to the preceptorship period is maintained  
In accordance with the trust appraisal policy, ensure that the new registrant undergoes a development review in line with the trust appraisal requirements at 6 and 12 months, documenting successfully completion on the preceptorship programme within the 12 month appraisal |
<table>
<thead>
<tr>
<th>Human Resource Department</th>
<th>Human Resources Department will inform the Professional Nursing and Education team and relevant lead for AHP’s, Social Workers, Pharmacists and Psychologists of the newly qualified practitioners who require a period of preceptorship.</th>
</tr>
</thead>
</table>
| Professional Nursing and Education Team | The Professional Nursing and Education Team will enter details of the newly qualified practitioners requiring preceptorship on the preceptorship database.  
The Professional Nursing and Education Team have the responsibility for maintaining a central database of preceptees.  
The Professional Nursing and Education Team and Heads of all Professional requiring preceptorship have responsibility for contributing to the annual multiprofessional report submitted to Health Education England North East |
| Allied Health Professional Leads | Provide support and clinical/professional supervision of the preceptorship relationship  
Allocate the preceptee a clinical/professional supervisor who will also be the preceptor  
Work with team leaders and managers to ensure the preceptorship policy is implemented  
Inform the relevant professional head of any new starters requiring preceptorship at recruitment and also inform the Professional Nursing and Education team for entry of the preceptee’s details on the central preceptorship database |
| Preceptees | Practice in accordance with his/her code of professional conduct: standards for conduct, performance and ethics.  
Identify and meet with the preceptor as soon as practicable after taking the post.  
Identify specific and measurable learning objectives and develop an initial action plan for addressing these.  
Have good understanding of the standards/competencies/objectives set by the Trust.  
Utilise clinical supervision to reflect on practice and experience.  
Seek feedback on own performance from the preceptor or who he/she works with.  
Be proactive in stating own learning needs.  
List objectives of achievement on arrival to work area.  
Identify learning needs and assist in presenting own education plan/ learning contract with preceptor.  
Demonstrate awareness of professional accountability and responsibility for own practice.  
Be accountable for own learning. Be open to learning and new experiences. |
Be open to receiving constructive feedback.

Have responsibility to ask questions when he/she does not know or answer questions when asked.

Recognise own limitations.

Integrate into the team and familiarise with the team/ward purpose, philosophy, culture and roles.

The preceptee has a responsibility to acquire the core skills of their area of practice according to their level of practice, within a reasonable time frame so preceptee can demonstrate safe practice in accordance to the Vision and Values of the Organisation

**Preceptors**

Registered Health care professional, registered in the same professional register as the preceptee, who has been given a formal responsibility to support a newly qualified through Preceptorship.

Qualified and practising for at least one year and be able to demonstrate the attributes of an effective preceptor.

Though there are no formal qualifications associated with being a preceptor, the individual will have received preparation for their role:

For nurses; nurses must be a mentor and active on the local mentor register, nurses also attend the preceptorship preparation workshops or nursing mentor update.

For Dieticians: all dietitians supervising students and supervising a preceptor undertake the Clinical Supervisory Skills Course for Dietitians.

For other AHPs and pharmacy professionals: the preceptor will be the clinical supervisor allocated by the relevant Clinical Lead from the same profession and normally from the same team/directorate.

An effective team member.

Ability to provide clinical supervision to the new registrant.

Promotes an environment of trust and confidentiality.

Be a mediator in conflict involving the preceptee practice.

Identify other resource people who could assist with learning.

Demonstrate competent independent professional practice,
leading by example, and encourage the preceptee to integrate clinical and professional practice.

Demonstrate knowledge of the patients/clients of the area of practice, common clinical needs and frequently used clinical skills

Demonstrate the underpinning knowledge of the Trust standards, competencies, or objectives and values. Create an environment which facilitates learning and risk taking, allowing preceptee to learn from safe mistakes.

Ensure that a plan is in place, incorporating the preceptee’s goals, so that the skills needed by the preceptee to function at the expected level are gained.

The preceptor must be familiar with the roles and responsibilities of both preceptor and preceptee

The preceptor must be familiar with new tools and policies in the area of practice

The preceptor should have input into the six months evaluation of the preceptee, constructive feedback on the preceptee’s strengths and areas for improvement.

Provide honest and objective feedback on those aspects of performance that are a cause for concern and assist a new registrant to develop a plan of action to remedy these.
4 Policy

The purpose of preceptorship is to provide the structured transition from student to practitioner developing competence and confidence in practice following registration.

The preceptorship programme will form the basis of the practitioner’s journey of learning and development as they start their professional career with Tees, Esk and Wear Valleys NHS Foundation Trust. All newly qualified practitioners (preceptees) should complete their portfolio within the timescales set out in this policy document.

The period of preceptorship may vary according to individual need and professional guidance (NMC Circular 21/2006); the period of four months to one year is currently deemed acceptable for nurses (NMC, 2006; NMC, 2008; BDA, 2015).

It is Trust policy that the preceptorship period is between six months and one year for nurses and AHPs, however it is one year for Occupational Therapists (RCOT, 2009).

To facilitate objectives the newly qualified practitioner should have:
- Protected learning time during the preceptorship programme
- Have access to a preceptor with whom regular meetings are held on a monthly basis

Where staff members are recruited into roles that do not involve putting recent training into practice protected time will be allowed during preceptorship for the preceptee to do so e.g. an Occupational Therapist taking on a mental health practitioner role will need to deliver some occupational therapy and consolidate on their skills and knowledge in the delivery of that therapy during their preceptorship year.

5 Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Preceptor</td>
<td>‘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 to life-long learning (DoH, 2010)</td>
</tr>
<tr>
<td>Preceptee</td>
<td>A newly registered practitioner entering practice for the first time in the NHS (or practitioner who has re-registered with a professional body following successful completion of a ‘Return to Practice’ programme) (DoH, 2010)</td>
</tr>
</tbody>
</table>
| Preceptor | • An experience and knowledgeable clinical practitioner of the same discipline  
            • A minimum of one year clinical experience within the specific area of practice (or identified at appraisal). Dieticians must have at least two |
years’ experience for the role

• The relevant knowledge and skills for the role; Registered Nurses must have an NMC recognised teaching certificate and are noted as an active mentor on the NMC local mentor register, Dieticians must have completed the Clinical Supervisory Skills Course for Dietitians. Preceptors must also undertake preparation for the role that is separate from a mentor update or other training to educate students i.e. the multi-professional preceptorship preparation workshop
• Prior experience of supervising and supporting staff
• Skills development in clinical supervision and appraisal

6 Related documents

Staff development Policy (HR-0012-V7(4))
Supervision Policy (CLIN-0035-V5)
Supervision Procedure (CLIN-0035-001-V1)
Disciplinary Procedure (HR-0043-V2)
Capability Procedure (HR-0003-V3)
Probationary Period Procedure (HR-00039-V1)
Preceptorship Procedure ( )
Preceptorship Workbook ( )

7 How this policy will be implemented

• This policy will be published on the Trust’s intranet and external website.
• Line managers will disseminate this policy to all Trust employees through a line management briefing.

8 How this policy will be audited

8.1 Evaluation

Preceptorship will be evaluated by the manager and relevant clinical lead, preceptors and NRP on completion of the preceptorship. The completed evaluations will be returned to the Professional Nursing and Education Department electronically, and form part of the process for monitoring the effectiveness of preceptorship in the trust.

8.2 Audit
Audit reports are completed annually. A number of randomly selected completed preceptorship portfolios are selected for audit. The audit data is included in the multi-professional preceptorship report produced for Health Education England based on the preceptorship standards (2015).

9 References

Care Quality Commission (2016) CQC Standards
College of Occupational Therapists (2013) Management Briefing – Preceptorship
CSP (2011) Physiotherapy Framework: putting physiotherapy behaviours, values, knowledge & skills into practice [updated Sept 2013]
Health and Care Professions Council (2016) Information for the public. How to raise a concern Publication code: 20100920aFPPUB
Health and Care Professions Council (2016) Standards of conduct, performance and ethics. publications@hcpc-uk.org
Nursing and Midwifery Council (2013) Raising Concerns. Guidance for Nurses and Midwives London: Nursing and Midwifery Council
http://www.baat.org/Membership/Documents/Professional-Advice
http://www.baat.org/About-BAAT/For-Employers
http://www.baat.org/Membership/Documents/CPD
http://hpc-uk.org/assets/documents/1000004FBStandards%20of%20Proficiency%20Arts%20Therapists.pdf
### 10 Equality Analysis Screening Form

**Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page**

| Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc. | Corporate – Professional Nursing and Education |
| Name of responsible person and job title | Bernadette Wallace, Senior Nurse Practice Placement Facilitator |
| Name of working party, to include any other individuals, agencies or groups involved in this analysis | |
| Policy (document/service) name | Preceptorship policy CLIN/0031/v5 |
| Is the area being assessed a; | |
| | Policy/Strategy | ✓ | Service/Business plan | Project |
| | Procedure/Guidance | | | Code of practice |
| Other – Please state | |
| Geographical area | Trust wide |
| Aims and objectives | The policy sets out the requirements of the Department of Health, Health Education England as well as the professional bodies' requirements Nursing and Midwifery Council, Royal College of Occupational Therapists, and other professional bodies for preceptorship within Tees Esk and Wear Valleys NHS Foundation Trust. |
| Start date of Equality Analysis Screening | 16 August 2017 |
| End date of Equality Analysis Screening | 05 February 2018 |
You must contact the EDHR team as soon as possible where you identify a negative impact. Please ring Sarah Jay on 0191 3336267/3542

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

   The policy benefits Newly Registered Practitioners employed by Tees, Esk and wear Valleys NHS Foundation Trust

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race (including Gypsy and Traveller)</td>
<td></td>
</tr>
<tr>
<td>Disability (includes physical, learning, mental health, sensory and medical disabilities)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Gender (Men, women and gender neutral etc.)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Gender reassignment (Transgender and gender identity)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Age (includes, young people, older people – people of all ages)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Religion or Belief (includes faith groups, atheism and philosophical belief’s)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

Yes – Please describe anticipated negative impact/s
No – Please describe positive impacts/s

The policy is designed to ensure that all employees benefit from a robust preceptorship. There are processes included in the policy that will support preceptees should they need to take some time off during preceptorship for sickness or maternity leave in particular.
3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.?  
If ‘No’, why not?

<table>
<thead>
<tr>
<th>Yes</th>
<th>✔</th>
<th>No</th>
</tr>
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</table>

**Sources of Information may include:**

- Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.
- Investigation findings
- Trust Strategic Direction
- Data collection/analysis
- National Guidance/Reports
- Staff grievances
- Media
- Community Consultation/Consultation Groups
- Internal Consultation
- Research
- Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

**Yes** – Please describe the engagement and involvement that has taken place

Stakeholder engagement through the Information Department

**No** – Please describe future plans that you may have to engage and involve people from different groups
5. As part of this equality analysis have any training needs/service needs been identified?

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Please describe the identified training needs/service needs below</th>
</tr>
</thead>
</table>

A training need has been identified for:

<table>
<thead>
<tr>
<th>Trust staff</th>
<th>Yes/No</th>
<th>Service users</th>
<th>Yes/No</th>
<th>Contractors or other outside agencies</th>
<th>Yes/No</th>
</tr>
</thead>
</table>

Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so

The completed EA has been signed off by:

- **You the Policy owner/manager:**
  - Type name: Bernadette Wallace
  - Date: 16/08/17

- **Your reporting (line) manager:**
  - Type name: Christine McCann
  - Date: 16/08/17

If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/6542 or email: sarahjay@nhs.net
### 11 Document control

<table>
<thead>
<tr>
<th>Date of approval:</th>
<th>14 February 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next review date:</td>
<td>14 February 2021</td>
</tr>
<tr>
<td>This document replaces:</td>
<td>CLIN/0031/v4 Preceptorship Policy</td>
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</tbody>
</table>

#### Lead:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Bernadette Wallace</td>
<td>Senior Nurse Practice Placement Facilitator</td>
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</tbody>
</table>

#### Members of working party:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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#### This document has been agreed and accepted by:

- Name: Elizabeth Moody
- Title: Director of Nursing and Governance

#### This document was approved by:

<table>
<thead>
<tr>
<th>Name of committee/group</th>
<th>Date</th>
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<tbody>
<tr>
<td>Education and Training Steering Group</td>
<td>01 February 2018</td>
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#### This document was ratified by:

<table>
<thead>
<tr>
<th>Name of committee/group</th>
<th>Date</th>
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<tbody>
<tr>
<td>Executive Management Team</td>
<td>14 February 2018</td>
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#### An equality analysis was completed on this document on:

<table>
<thead>
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<th>Date</th>
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### Change record

<table>
<thead>
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<th>Date</th>
<th>Amendment details</th>
<th>Status</th>
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<tbody>
<tr>
<td>5</td>
<td>14 Feb 2018</td>
<td>Full review in line with current professional requirements</td>
<td>Published</td>
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