

CLINICAL GUIDELINE	Bedford Hospital NHS NHS Trust
Subject: Preceptorship for new registrant, nurses midwives and allied health professionals.	
TRUSTWIDE	
Reviewed by: Deputy Education Lead for Nursing, Midwifery and Allied Health Professionals Operational Practice Education Group	Key Reference: <ul style="list-style-type: none"> • Preceptorship Framework for newly registered nurses, midwives and allied health professionals • March 2010 • NMC Circular 21/2006 (7) •
Date of Approval: 31 st May 2017	Review Date: 1 st June 2020

Purpose	This policy provides a framework for the implementation of a period of preceptorship. To provide support and guidance enabling new registrants to make the transition from student to accountable practitioner. To assist with the development of confidence in their competence as a registrant. To facilitate this, the new registrant (or preceptee) should have protected learning time in their first year of qualified practice; and have access to a preceptor with whom regular meetings are held.
Objectives	To provide a framework for preceptors to facilitate the transition of the preceptee from a student to a registrant who is: confident in his/her approach to the needs of patients/clients, an effective team member, and up-to-date with his/her knowledge and practice at a level commensurate with their expected competence.
For Use By	All staff who contribute to the preceptorship of new registrants Departmental Managers and Matrons New registrants on the nursing and midwifery register and HCPC register Human Resources/OD
Related Policies <i>Any policies or guidelines that directly impact or are impacted by this Guideline</i>	Induction policy Learning and Education Policy
Definitions <i>Any Acronyms or Abbreviations used in Guideline</i>	Preceptee/New registrant: Refers to the following groups of nurses, midwives and allied health professionals who are newly registered practitioners. Preceptor: A preceptor is a practitioner who has consolidated experience within the same or associated practice field as the preceptee. They will empower, support and give guidance for a fixed period of time, serving as a role model. NMC: Nursing and Midwifery Council HCPC: HealthCare Professions Council
Status / Version Control <i>Previous versions of the Guideline should be stated</i>	Review of previous (2009) preceptorship policy. The updated version will include new guidance on preceptorship for nurses and allied health professionals from the Department of Health which were published in September (2010).

<i>here with former name if changed along with dates when they were approved.</i>	Review of previous preceptorship policy (2013)
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1.0 Introduction and background

Bedford Hospital NHS Trust is committed to providing quality services to its patients. To achieve this it is essential to invest in the development of all staff. Preceptorship is one way of helping newly registered practitioners to apply and develop the knowledge, skills and values already learned as a student.

The Department of Health (2010) preceptorship framework (1) and the NMC 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.

The transition from student to qualified practitioner and integration into a new practice setting has long been recognised as a stressful and challenging time. Kramer referred to this as the 'reality shock' of the theory practice gap (2). To help address these problems, preceptorship was introduced in the nursing profession in 1993. At this time the United Kingdom Central Council (UKCC) recommended a 4 month preceptorship period for newly qualified nurse practitioners (3).

For these reasons a policy and framework for preceptorship for nurses, midwives and AHP's is required. It will contribute to professional staff development and support, maintaining a consistent approach across the professions.

2.0 Preparation for preceptors

2.1 Whilst there are no formal qualifications associated with being a preceptor, individuals will need preparation for the role. A preceptor will ideally have attended training in being a preceptor wither through the trust's own internal training programme delivered by the Practice Education Team or via a formal course if a professional requirement. Dieticians must have completed a training module for undertaking reviews and appraisals before becoming a preceptor for newly qualified Dieticians.

2.2 Occupational Therapists and Physiotherapists will be a Band 6 or above to fulfil the role of a preceptor. Other AHP's will have local agreements as to the specific requirements of their preceptors.

2.3 In addition to mentoring pre-registration students, nursing preceptors will have had at least twelve months experience within the same area of practice as the 'new registrant'.

3.0 Roles and responsibilities

3.1 Preceptor

Provides support:

- Uses adult learning philosophy which respects the learner and values their contribution
- Acts as a role model to motivate the preceptee
- Provides constructive feedback to preceptee
- Facilitates development of the preceptee through reflective learning
- Demonstrates and respects cultural and individual diversity
- Has good leadership qualities, good communication and reflective practice skills
- Provides the preceptee with support and learning strategies, especially if there is an issue of under performance
- Informs relevant colleagues when a preceptee fails to progress with performance despite being offered various learning support and strategies.
- Conducts the 3 month, 6 month preceptorship appraisal and 12 month gateway appraisal along with the Ward /Department manager.

3.2 Preceptee

- Identifies and meets with their preceptor as soon as is possible after they have taken up post
- Attends agreed meetings
- Participates in preceptorship process
- Identifies specific learning needs and develops an action plan for addressing these needs.
- Ensure that they understand the standard, competencies or objectives set by their employer that they are required to meet.
- Is accountable for their own practice
- Assumes responsibility for patient caseload
- Utilises resources to meet learning needs
- Acknowledges learning as a lifelong process
- Accepts and acts upon constructive feedback
- Maintains responsibility for documentation of preceptorship process
- Practise in accordance with the NMC and AHP/HCP professional codes of standards for conduct, performance and ethics.

3.3 Ward/Department Managers

- In conjunction with the relevant Matron / Line manager, ensure all new staff requiring preceptorship are allocated an appropriate preceptor
- In conjunction with the relevant Matron / Line Manager ensure that preceptors and preceptee have appropriate locally agreed preceptorship documentation and are aware of their roles and responsibilities
- In conjunction with relevant Matron /Line Manager ensure all preceptors have received suitable training for their role, Bedford Hospital training for undertaking appraisals for managers
- Support preceptors and preceptee as appropriate
- Ensure all new staff receives appropriate induction training, including statutory and mandatory training.
- In conjunction with relevant Service Lead, review and evaluate the outcomes of the preceptorship period with the preceptor and preceptee
- Conducts the 3 month, 6 month preceptorship appraisal and 12 month gateway appraisal along with the preceptor.

3.4 Director of nursing (DON) and patient services duties:

- To delegate duties to the Matrons to ensure that nurse and midwife registrants undertake a preceptorship programme in line with national guidance.

3.5 Clinical Business Unit Managers

- To ensure there is a provision of preceptorship to all new registrants
- Support staff and enable them to engage in a programme of preceptorship
- Authorises pay uplift at 6 and 12 months and informs payroll when preceptee has successfully completed competencies which affect pay progression

3.6 Matron /AHP leads

- Works with Ward managers/Team Leaders to ensure the preceptorship policy is implemented

4.0 Length of Preceptorship

4.1 All newly qualified registered nurses, midwives and AHP's will undertake a period of preceptorship of up to 12 months from the date of joining the Trust as a qualified member of staff. This includes both staff that has substantive contracts and those registered on the bank. It also applies to staff whose qualification and registration has been followed by a period without paid employment as a practitioner.

4.2 All return to practice nurses, midwives and AHP's who have been out of practice for 5 or more years will undertake a period of preceptorship of no less than 4 months and up to 12 months. This preceptorship is in addition to any required training specific to the profession.

4.3 All Nursing preceptees will have a period of supernumerary in their clinical area of a minimum period of 2 normal working weeks, during which they will be gradually introduced to their full caseload. This will follow on from their induction programme. All other AHP Preceptees will have a supernumerary period that is appropriate for the area of work. This will be a local arrangement via the Service Leads.

4.4 It is suggested that for good practice, formal meetings will take place between the preceptor and preceptee.

As a guide (for full-time staff):	Weeks 1-4	1 hours per week
	Weeks 5-12	2 hours fortnight
	Week 13 – 6 months	2 hours per month
	Months 6 – 12	1 hour per month

4.5 When the preceptee is employed on a part-time basis, the preceptor may extend the timeframe of the competency framework and extend both the protected allocated time in point 4:2 and the 12 month support period to suit the part-time contract of the preceptee, a pro-rata approach will be taken.

5.0 Framework to support Preceptorship

5.1 Local clinical area and Trust Induction arranged for the preceptee on appointment. **It will be mandatory for all newly qualified nurses to complete the induction program prior to commencement within the clinical area.**

5.2 Orientation of the preceptee to the Hospital/Ward/Unit/Department, first meeting with preceptor and associated support staff and utilizing the induction policy for guidance.

5.3 A formal meeting with preceptor and Ward/Line Manager must occur within the first week.

This discussion could include:

- a) Discussion on the preceptor role, and expectations of the preceptee.
- b) Shared setting of goals/learning outcomes, based upon previous experience, qualifications and learning abilities.
- c) Setting of minimum hours working with the preceptor.
- d) Agreement on review periods/dates.

- e) If the Ward /Line Manager feels that it is appropriate, shadowing of experienced staff within the wider hospital setting to be arranged within initial fortnight.
- f) If appropriate to specific area, Departmental Preceptorship work book to be given or generic portfolio pack.

5.4 Each preceptee will be issued with a generic portfolio pack and supported in accessing the online Edward Jenner programme or the departmentally devised preceptorship workbook comprising of an agreed induction, clinical and co-mentor competencies. The Ward / Line Manager in conjunction with the preceptor may tailor this pack to meet the local needs of the clinical area.

5.5 A proportion of time during the preceptorship programme will be spent working with the designated preceptor. The precise amount of time will vary according to the preceptee's needs, development and progress. The preceptor may be working directly alongside the preceptee or they may be in a co-coordinator role. Whichever applies access to the preceptor and opportunities to raise relevant issues or seek clarification during the course of the day should be available.

5.6 Personal development plans and learning objectives will be agreed during the first week and will be reviewed at 3 monthly intervals throughout the preceptorship period. During this time the preceptee will record their development in a professional portfolio or through supervision notes and reflections.

5.7 At the end of the preceptorship period the preceptee will progress to the normal appraisal/development review and personal development planning cycle and will enter into a formal clinical supervision programme.

6.0 Supporting the Preceptee

6.1 Should a preceptee be identified as failing to meet expected clinical competencies, the preceptor/Line manager is responsible for putting in place relevant support strategies. All strategies need to be formally documented along with time frames for their achievement.

6.2 In the event that a preceptee fails to improve their performance, the preceptor may refer to relevant colleagues that have interacted with them to inform their opinion. If the preceptor's practice risks putting clients, patients, staff or themselves at risk, the preceptor must inform their Ward/Line Manager and is permitted to share all actions and documentation from preceptorship meetings and advice from colleagues which support concerns.

6.3 If the preceptee continues to fail in their standard of practice, the incremental uplift at the six month point will be delayed. The preceptee must be informed of the likelihood of this occurring before the six month preceptorship appraisal and evidence to support this decision must be available for them to discuss with the Ward/Line Manager and preceptor.

7.0 Implementation plan

The reviewed policy will be cascaded through internal communication channels
All new registrants will have preceptorship available to them over the first 12 months of qualifying

References <i>i.e. NICE guidance, externally recognised reports or research</i>	<ol style="list-style-type: none"> 1. Department of Health Preceptorship Framework for newly registered nurses, midwives and allied health professionals March 2010 2. Kramer M. (1974) Reality shock: Why nurses leave nursing. St. Louis: The C.V. Mosby Company 3. Health Professions Council (2010) standard operating proficiencies United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1993) 4. Registrar's letter: the Council's position concerning a period of support and preceptorship: implementation of the PREPP proposals. 1/1993. UKCC, London. 5. Nursing and Midwifery Council Preceptorship Guidelines (NMC) Circular 21/2006 .
Staff Involved In Development	<ul style="list-style-type: none"> • Deputy Director of Nursing and Patient Services • Practice Education Facilitator • Practice Education Team • Learning & Education Manager • AHP Lead • Operational Practice Education Group

Monitoring / Audit Criteria

Aspect	Method	Frequency	Responsibility	Reporting Arrangements
Compliance	Random sample audit	Annually	Practice Education team	Via OPEG

Approving Signatories

Name of Leading Sub-Committee / Business Unit
Approving this Guideline:

Operational Practice Education Group

Date:	Date:
Signature:	Signature:
Print Name: (Chairperson of Board or Committee indicated above)	Print Name: (Chairperson of Board or Committee indicated above)

Name of Other Sub-Committee / Business Unit involved in Approval of Guideline:

Workforce, Education and Wellbeing Board

Date:	Date:
Signature:	Signature:
Print Name: (Chairperson of Board or Committee indicated above)	Print Name: (Chairperson of Board or Committee indicated above)

Ratification Signature**Approved by Quality Board**

Date:	
Signature:	
Print Name	

Consultation List

A completed list should accompany **every** guideline/policy
(This gives evidence on who has seen this Guideline and any comments made)



Name of Person	Department or Committee	Comments
Paul Nicholls	Deputy Education Lead for Nursing, Midwifery and Allied Health Professionals	
Margaret Barr	Physiotherapy Lead	
Lorna Courtney	Occupational Therapy Lead	
Gill Shinkwin	Dietetics Lead	
Kerry Hall	Theatres Education Lead (ODP)	
Lesley Cowley	Matron (Integrated Medicine)	
Paul Raynor	Matron (Planned care/Surgery)	
Amanda Pachulski	Matron (Midwifery)	
Alison Picken	Radiographer	
Amanda Blake	PDN for Neonatal	
Catherine O'Brien	PDN for Critical Care	