

Policies, Procedures, Guidelines and Protocols

Document Details		
Title		Multi-Professional Preceptorship Policy
Trust Ref No		1287-50948
Local Ref (optional)		
Main points the document covers		This policy covers the preceptorship of newly Qualified Nurses and Allied Health Professionals and those returning to practice
Who is the document aimed at?		Clinical Leads, Managers, Clinical Staff, Preceptors, Preceptees
Author		Sarah Yewbrey, Practice Education Facilitator
Approval process		
Approved by (Committee/Director)		Quality and Safety Committee
Approval Date		28 February 2019
Initial Equality Impact Screening		No
Full Equality Impact Assessment		N/A
Lead Director		Executive Director of Nursing and Operations
Category		Learning and Development
Sub Category		
Review date		28 February 2021 extended to 30/06/2021
Distribution		
Who the policy will be distributed to		To Managers for cascading
Method		Dissemination to Managers via Datix and available to all staff via SCHAT website
Document Links		
Required by CQC		No
Required by NHLA		No
Other		
Amendments History		
No	Date	Amendment
1	February 2019	Terminology change to Multi-Professional Mapping to HEE Standards 2015 New roles included: Assistant practitioner Meeting templates included
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Shropshire Community Health

NHS Trust

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1 Introduction

- 1.1 The transition from student to qualified practitioner is acknowledged to be a challenging time, with newly qualified staff often experiencing high levels of stress and uncertainty as they socialise into their new roles. Preceptorship is a process of individual support and development activities tailored to ease the transitional experience of new practitioners.
- 1.2 Ensuring that newly qualified staff are supported in the transition from student to autonomous practitioner is vital both in terms of maximising recruitment and retention of staff but also essentially in ensuring high quality, safe and effective patient care .
- 1.3 The NMC has long supported the concept of Preceptorship. The NMC 2006 stated: *“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 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 or other Nation States.”*
- 1.4 The value of preceptorship is also recognised in A High Quality Workforce: NHS Next Stage Review (Department of Health 2008) in which it stated that: *“A foundation period of preceptorship for nurses at the start of their careers will help them begin in the journey from novice to expert. This will enable them to apply knowledge, skills and competencies acquired as students, into their area of practice, laying a solid foundation for life-long learning.*
- 1.5 The Department of Health Preceptorship Framework 2010 extended the importance of preceptorship to include Allied Health Professionals.
- 1.6 Agenda for Change introduced preceptorship for newly qualified Nurses and Allied Health Professionals joining the NHS at Band 5. Until 31st March 2013 this afforded new registrants accelerated pay progression during the first 12 months in post.
- 1.7 Willis 2012 stated that good preceptorship is essential in preparing newly qualified nurses for the stressful transition from student, but current provision is variable. It was acknowledged that preceptorship within community nursing is a particular problem due to the lone working aspects of the role. Willis concluded that: “Pre-registration education should be seen in the context of career-long learning, and be followed by preceptorship for NQNs (newly qualified nurses), and on-going support and development.” Lord Willis 2015 in the Shape of Caring Review further reiterated the importance of preceptorship in socialising newly qualified nurses and assisting them in the transition from student to registered professional.
- 1.8 The Reducing pre-registration attrition and improving retention (Repair) study published in 2018 by Health Education England recommends that preceptorship should be viewed as a recruitment and retention tool, acknowledging that many students choose their first post based on the organisation’s preceptorship model
- 1.8 Professional standards for preceptorship have been published providing preceptorship guidance to specific occupational groups, such as the Preceptorship Handbook for Occupational Therapists 2006. Where professional body standards for preceptorship are available, this guidance should be utilised as a basis for profession-specific preceptorship.

- 1.9 It is acknowledged that preceptorship programmes will differ across services and professional groups in response to local needs and circumstances. This Policy aims to set out a broad preceptorship framework and promote consistency by providing information to managers on common standards required in order to implement preceptorship programmes in their area. It is acknowledged that some services have well-developed Preceptorship packages; a bespoke approach to guiding the development of their workforce.
- 1.10 Preceptorship should be integrated with professional codes and Trust standards and expectations, clinical supervision, continuing professional development (CPD), and the Personal Development Review (PDR).

2 Purpose

- 2.1 The purpose of this Policy is to provide information for Services managers, Professional leads, Line managers, preceptees, preceptors and other staff to guide the implementation of preceptorship in their clinical area.
- 2.2 The aim of the Policy is to ensure a consistent approach across services and outline expectations and responsibilities in accordance with best practice guidance.

3 Definitions of Preceptorship

- 3.1 The Department of Health Preceptorship Framework (2010) document 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.’*
- 3.2 Preceptorship is not an extension to formal training, but a period during which knowledge, skills and attitudes acquired during training are further developed in practice. Preceptees assume accountability for their actions and responsibility to work within their scope of practice from the point of registration; the preceptor acts as a coach and facilitator to support professional transition.
- 3.3 The term preceptee refers to the newly registrant, a term encompassing the following groups:
- 3.3.1 All newly qualified clinicians who are appointed to the Trust within the first twelve months following entry to a professional register
- 3.3.2 Staff returning to practice following a career break who have re-entered the professional register within the last twelve months will be provided with preceptorship
- 3.3.3 Staff entering a different field of practice by means of a second registerable qualification i.e. Specialist Community Public Health Nurses will be provided with preceptorship
- 3.3.4 Staff qualified to deliver “new” roles, such as Assistant Practitioners, for whom no national registration has yet been approved, will benefit from being provided with Preceptorship to support them in transitioning to their new roles and achieving core competencies (HEE Preceptorship Framework for Assistant Practitioners)

- 3.3.5 The principles of Preceptorship can also be applied to support those qualified and experienced healthcare professionals entering practice within a different setting. Service Managers will determine which aspects of Preceptorship are appropriate to be offered to their staff
- 3.4 The term preceptor refers to a suitably experienced and competent registered practitioner who has at least 12 months experience within the clinical area. The preceptor's role is one of coaching the preceptee, facilitating clinical skills development and supporting real-time clinical decision making, providing constructive feedback, agreeing learning and development goals and promoting reflective practice.
- 3.5 In order to provide effective preceptorship to the preceptee, the key elements will include:
 - 3.5.1 Access to a preceptor to support clinical development, with whom regular meetings are held to set objectives and review progress
 - 3.5.2 An individualised, structured personal development plan with protected learning time. Line managers should support a blended approach to development with a minimum of 4-6 theoretical face to face and/or distance e-learning days in addition to at least 18 hours of guided reflection on practice (Department of Health Preceptorship Framework 2010). Preceptorship may also include action learning, inter-professional learning, self-directed learning, shadowing, work-based learning i.e. portfolio building.

4 Duties and Responsibilities

- 4.1 **Duties and Attributes of an Effective Preceptor**

An appropriate preceptor is a practitioner who has consolidated experience within the same field of practice as the preceptee. He/she will have at least twelve months experience in the field of practice within the clinical area and will often have experience as a mentor/clinical educator although this is not a pre-requisite to undertaking the role. Preceptors will confidently demonstrate the following attributes and support:

 - 4.1.1 An inspirational, effective and clinically competent role model who demonstrates professional attitudes, values and behaviours and maintains a high standard of clinical practice
 - 4.1.2 High level coaching and facilitation skills, supporting, guiding and encouraging the preceptee to set individualised goals and develop confidence
 - 4.1.3 Aptitude to provide timely constructive feedback, acting as a critical friend
 - 4.1.4 Appraisal of competence, celebrating successes and identifying strategies for further development
 - 4.1.5 Active listening skills
 - 4.1.6 Evidencing reflective practice within the working environment, supporting preceptee reflection on practice and clinical problem-solving

- 4.1.7 Effective leadership and time management skills and ability to prioritise care
- 4.1.8 Evidence based practice and appropriate clinical decision-making, recognising own limitations and those of others
- 4.1.9 Facilitate a supportive learning environment by signposting resources and actively supporting the preceptee to plan learning opportunities for clinical and professional growth
- 4.1.10 Commit time to preceptorship duties, supporting the preceptee in initial scoping of learning and development needs, providing on-going clinical support and protecting time for regular review meetings
- 4.1.11 Ensure induction has been completed and that the new practitioner is fully aware of local ways of working and appropriate policies
- 4.1.12 Facilitate introductions for the new practitioner to colleagues and support the promotion of effective working relationships
- 4.1.13 Support the preceptee to develop clinical skills and competence and ensure adequate support from other team members
- 4.1.14 Ensure that the preceptee is aware of standards and competencies set by the employer in relation to their job description and in preparation for Personal development review
- 4.1.15 Record progress and achievement of competencies within preceptorship documentation as appropriate
- 4.1.16 Liaise with Line Manager to monitor progress and address areas of poor performance requiring further development through objective setting and regular review

4.2 Preceptee Duties and Responsibilities

The preceptee will:

- 4.2.1 Practise autonomously in accordance with their professional body's code of conduct and the organisation's Policies and core values, providing high quality, evidence based care.
- 4.2.2 Assume responsibility for their own learning and development
- 4.2.3 Seek feedback on performance and respond constructively
- 4.2.4 Commit time to the preceptorship process and working collaboratively with his/her allocated preceptor
- 4.2.5 Reflect on practice and training and development activities both verbally and by means of formal documentation of reflection
- 4.2.6 Complete all training as required, including Trust induction, mandatory training, e-learning, self-directed study and professional development days

- 4.2.7 Maintain a portfolio of evidence mapping professional progress during the preceptorship period to include SWOTs, action plans, reflections, record of meetings with preceptor, achievement of competencies.

4.3 Line Manager Duties and Responsibilities

The Line Manager will:

- 4.3.1 Ensure that eligible staff are provided with preceptorship, in accordance with these guidelines
- 4.3.2 Ensure that an appropriately experienced preceptor has been allocated to provide support from day one
- 4.3.3 Ensure that the preceptee attends Corporate and Clinical Induction and receives full workplace orientation and induction, completing the induction checklist
- 4.3.4 Ensure that a new preceptor is allocated within two weeks in the event that the preceptorship relationship breaks down due to staff moving post, sickness, maternity leave or other eventualities
- 4.3.5 Facilitate protected time for preceptorship activities for preceptee and preceptor. This includes protected time to complete training, time for meetings to enable action planning and review of progress and time for joint working to support the preceptee's clinical development and confirmation of competencies. (Please refer to preceptorship process diagram, appendix 1)
- 4.3.6 Ensure that all staff within the team foster a positive attitude and supportive learning environment for the preceptee and that experienced, competent staff assist in development of preceptee competencies
- 4.3.7 Support preceptors and preceptees as appropriate, including management of performance related concerns
- 4.3.8 Ensure that regular review is undertaken of progress towards achieving the requirements of the preceptee's post. Performance development review (PDR) will be completed in line with Trust guidance, ensuring that an initial PDR conversation takes place to review the induction period and that a full PDR takes place within the first twelve months.
- 4.3.9 Liaise with the Practice Education Facilitator, confirming names and start dates of new staff requiring preceptorship and the name of their allocated preceptor.

4.4 Trust Preceptorship Lead Responsibilities

The Practice Education Facilitator will:

- 4.4.1 Maintain a register of staff eligible for preceptorship, as notified by the recruitment team and the preceptors providing support, as advised by line managers
- 4.4.2 Lead the Preceptorship programme for newly qualified and return to practice band 5 staff, reviewing and developing the programme based on feedback

- 4.4.3 Provide advice, preparation and support to preceptees, preceptors and line managers
- 4.4.4 The Practice Education Facilitator will liaise with Line managers, preceptees and preceptors to monitor progress and will provide advice and support as required

5 The Preceptorship Process

5.1 The Aims of Preceptorship are to:

- 5.1.1 Provide support during the transitional phase as the practitioner develops their skills, values and professional behaviours.
- 5.1.2 Facilitate development of a safe, autonomous practitioner.
- 5.1.3 Support professional socialisation into the workplace.
- 5.1.4 Support the acquisition of skills and knowledge pertinent to the role.
- 5.1.5 Promote reflective practice and the journey of life-long learning.
- 5.1.6 Provide constructive feedback to aid growth and development.
- 5.1.7 Agree an individualised development and training plan, setting clear and realistic objectives.
- 5.1.8 Support the new practitioner to develop a portfolio and gather evidence to meet the requirements of their job description and the Trust values-based appraisal.
- 5.1.9 Ensure that preceptees are fit to practice in accordance with accepted best practice guidance and professional body standards.

5.2 Pre-employment

Preceptorship will last for a period of twelve months and will provide a comprehensive programme of individualised support throughout the year.

- 5.2.1 The Line Manager will identify newly appointed staff eligible for preceptorship and appoint an appropriately experienced preceptor to provide support
- 5.2.2 The Line Manager will ensure that the allocated preceptor understands the preceptorship process and expectations and provide protected time for the completion of preparatory work i.e. completion of ESR e-learning 000 Preceptorship. There is no single definition of what constitutes preceptor preparation and there is no formal qualification for nurses. The DOH Preceptorship Framework 2010 states that: ***“...organisations (should) demonstrate that preceptors are appropriately prepared and supported to undertake the role and that the effectiveness of the preceptor is monitored through appraisal.”***
- 5.2.3 Preceptor support, guidance and advice should be sought from the Practice Education Facilitator
- 5.2.4 The Recruitment Team will ensure that the Practice Education Facilitator is provided with regular updates regarding newly qualified appointees who require preceptorship

- 5.2.5 The Line Manager will liaise with the Practice Education Facilitator to confirm start dates and allocated preceptors for newly qualified staff

5.3 Induction and Orientation

- 5.3.1 The Line Manager will ensure that newly appointed staff within the team receive workplace induction in accordance with the Management of Local and Corporate Induction Policy and that the induction checklist is completed accordingly
- 5.3.2 Newly appointed staff will be booked onto the next available Corporate and Clinical Induction week which is run on a monthly basis.
- 5.3.3 The line manager will provide the preceptee with a job description on appointment to ensure clarity regarding role and to support the development of a personalised development plan to meet the requirements of their post
- 5.3.4 The preceptee will be introduced to their allocated preceptor during week one, ideally on day one of their employment and where possible will work with their preceptor during week one.
- 5.3.5 The preceptee will be supernumerary for a minimum period of two weeks to become familiar with their new role and expectations, workplace policies and procedures, complete mandatory e-learning and have the opportunity to shadow their preceptor and colleagues.
- 5.3.6 The line manager will ensure that plans for preceptorship are clearly defined and mutually understood by the preceptor and preceptee and that roles and responsibilities are defined. In the absence of statutory professional body mandate, best practice involves the signing of preceptorship pledges in accordance with the Department of Health Preceptorship Framework 2010 (see appendix 2)
- 5.3.7 The preceptee will complete a strengths, weaknesses, opportunities and threats (SWOT) exercise to inform their transitional learning needs analysis (appendix 3)
- 5.3.8 An initial action planning meeting between preceptor and preceptee will be held within the first month to establish clear objectives and a personalised development plan based on the learning needs of the individual and the requirements of the post (see appendices 4 and 5)
- 5.3.9 As negotiated with the line manager, the preceptor and preceptee will work together at regular intervals, at a minimum, once weekly during the early stages of preceptorship. Preceptor, preceptee and line manager will consider the frequency of on-going support as the preceptorship period progresses; it is anticipated that preceptor support will reduce as the preceptee becomes more confident and competent in their role
- 5.3.10 Preceptor and preceptee will meet formally to review progress once monthly (see appendix 6) and will be provided with protected time to do so
- 5.3.11 The preceptor will support the development of clinical skills and competencies of the preceptee, ensuring assessment of competencies as per requirements of the clinical area

- 5.3.12 Protected time will be allocated for the preceptee to achieve professional and learning objectives relevant to development in their role. This may include face to face training, completion of e-learning, shadowing and observation opportunities within their own team and other services as appropriate.
- 5.3.13 During the preceptorship period, the preceptee will collate evidence of their development within a portfolio. The templates within this Policy can be used as a basis for commencing portfolio development although team and profession specific documentation and competency packages may be provided to the preceptee as the basis for creating a portfolio of evidence. Nursing staff are guided to NMC Revalidation guidance regarding the requirements for portfolio development as a basis for revalidation
- 5.3.14 Individualised development will be facilitated within the clinical area and via preceptee access to bespoke learning opportunities as agreed with the preceptor. Newly qualified band 5 preceptees will be invited to attend the monthly Trust preceptorship programme which provides group supervision, peer support and professional development
- 5.3.15 Preceptees will be made aware of the range of supervision available to support their clinical development in accordance with the Supervision Policy and will be encouraged to access as appropriate
- 5.3.16 The line manager will ensure that an initial personal development review is completed during the induction period, in accordance with Personal Development Review (PDR) Policy. The portfolio of evidence should be shared at PDR in order to review progress

5.4 On-going throughout the preceptorship period

- 5.4.1 Preceptor and preceptee will be provided with protected time to meet on a monthly basis to review progress made towards their personal development plan and learning objectives. Progress will be documented within the preceptee's portfolio of evidence, new objectives agreed and dates for future meetings agreed. Problem areas will be identified and action plans agreed to support progress towards achievement
- 5.4.2 Preceptee will collate evidence of learning and progress within their portfolio to share with their preceptor and line manager. This will include formal reflections using a model of choice. Nursing staff are guided to reflect in accordance with the NMC Revalidation template (see appendix 7)
- 5.4.3 Opportunities for the preceptee to work alongside the preceptor at regular intervals will continue in order to support continued clinical skills and professional development. It is anticipated that the frequency of support will reduce as the preceptorship period advances and the preceptee becomes increasingly confident and competent
- 5.4.4 The preceptor will provide regular feedback to the preceptee, encouraging and celebrating positive progress and providing honest constructive feedback to address areas of poor performance. Regular communication between preceptor, preceptee and line manager will take place to monitor progress and action taken to support the preceptee to meet the required standard in the event of performance concerns, in accordance with the Maintaining High Standards of Performance Policy

5.4.5 The preceptee will be supported with on-going protected learning time and supervision during the preceptorship period, individualised to meet the needs of the individual and the requirements of the post

5.4.6 The preceptee will maintain their professional portfolio, including regular written reflections, which will be shared with their preceptor at review meeting and the appraiser at personal development reviews as evidence of progress

5.5 Completion of the Preceptorship period

5.5.1 The line manager will ensure that the preceptee has been appraised in line with Personal Development Review (PDR) Policy, reviewing the objectives set at the initial PDR during the induction period

5.5.2 Opportunities for on-going support, supervision and continuing professional development will be agreed with the preceptee

5.5.3 The preceptee will maintain a professional portfolio

5.6 Movement of clinical base during Preceptorship

In the event that a preceptee moves to a new clinical team during their preceptorship period, the line manager must ensure that the principles of preceptorship are maintained in accordance with this Policy. The preceptee must be allocated a new preceptor from week one, receive workplace induction and an appropriate period of supernumerary practice. The preceptor will continue to offer regular support to the preceptee and meet regularly with the preceptee to monitor progress against objectives and review portfolio evidence.

5.6.1 **Community Rotational Staff Nurses** rotate to new a clinical team 6 months following appointment, as per the current rotational programme. The principles to be adhered to include

5.6.2 Appointment of a new preceptor from day one

5.6.3 Line managers and preceptors will ensure a smooth transition to the new clinical area, ensuring that progress to date and the outcome of development reviews is communicated from the first to the second rotational area

5.6.4 The preceptee will receive workplace induction and minimum of two weeks supernumerary practice

5.6.5 The preceptee will complete a SWOT and agree a personalised development plan in negotiation with their preceptor in order to meet the job requirements of the new area

5.6.6 The preceptor will provide regular continued support to the preceptee to develop their clinical skills and knowledge required to competently perform their job role

5.6.7 Regular review meetings will be held between preceptee and preceptor to review progress against agreed objectives

- 5.6.8 Line managers will ensure that a Personal Development Review (PDR) takes place in each clinical rotational area in order to monitor progress in line with the expectations of the job role in the specific clinical area.

5.7 Health Education England Preceptorship Standards

Health Education England published National Preceptorship Standards in 2015, best practice guidance which has been utilised as the foundation for this Policy.

- 5.7.1 There is an organisational lead for Preceptorship, the Practice Education Facilitator
- 5.7.2 There is a structured Preceptorship programme which has been developed for new registrants entering the organisation on pay band 5, mapped to the recommended elements within Health Education England Preceptorship Standards 2015. Managers are responsible for ensuring that preceptorship within their clinical area provides appropriate support, training opportunities and competency development to preceptees
- 5.7.3 The organisation facilitates protected time for preceptorship activities. Clinical managers must ensure that preceptees and preceptors are provided with protected time for planning learning and development needs, reviewing progress and joint working. Preceptees and preceptors will also be provided with protected time to complete agreed training in line with their preceptorship responsibilities and development needs.
- 5.7.4 There is a clearly defined purpose of preceptorship that is mutually understood by preceptors and preceptees, as outlined within this Policy.
- 5.7.5 Preceptorship is informed by and aligns with the organisational Personal Development Review.
- 5.7.6 Preceptors undertake training which is distinct from mentorship preparation. Preceptors are directed to complete the ESR e-learning 000 Preceptorship module and read the preceptorship policy in preparation for their role. Preparation and guidance is also available via the Practice Education Facilitator
- 5.7.7 The Practice Education Facilitator maintains a register of practising preceptors
- 5.7.8 Systems are in place to identify all staff requiring preceptorship. The recruitment team provide a monthly update to the Practice Education Facilitator regarding newly qualified staff eligible for preceptorship. Line managers are responsible for identifying other newly appointed staff who would benefit from aspects of preceptorship
- 5.7.9 The Practice Education Facilitator maintains a preceptee register and systems to monitor and track newly registered practitioners
- 5.7.10 Line managers are responsible for ensuring that an appropriately experienced preceptor is allocated to support the preceptee from day one
- 5.7.11 Preceptorship is tailored to meet the needs of the individual preceptee. Preceptors are responsible for supporting the preceptee to identify individualised learning and development needs
- 5.7.12 Preceptees undertake a transitional needs analysis, completing a strengths, weaknesses, opportunities and threats (SWOT) exercise during induction as the basis for developing a personalised learning and development action plan

- 5.7.13 The preceptorship programme is evaluated on a monthly basis and fully evaluated by preceptees annually
- 5.7.14 A range of relevant skills training and assessments are available to preceptees. Preceptors and line managers are responsible for supporting preceptees to access training appropriate to their scope of practice and learning and development needs and ensure that measures are in place to appraise competence
- 5.7.15 Group reflection, discussion and supervision are included in monthly multi-professional preceptorship sessions for new band 5 registrants. Preceptors and line managers will ensure that the preceptee has on-going opportunities for reflection and engagement with a range of supervision options
- 5.7.16 Preceptees contribute to the development of the preceptorship programme, formally evaluating and providing feedback to inform future development

6 Consultation

This Policy was distributed to the following groups for consultation and comment:

Clinical Services Managers for onward distribution to key stakeholders
Clinical Leads
Clinical Practice Teachers in District Nursing, Health Visiting and School Nursing
Inter-disciplinary Team Leaders
Community Hospital Ward Managers
Deputy Director of Nursing
Heads of Nursing and Quality for Adult and Children and Families

7 Dissemination and Implementation

This Policy will be disseminated via Datix. Line managers and service leads will ensure key stakeholders are aware of the Policy and monitor its' implementation in practice

8 Review and Monitoring Compliance

- 8.1 The standards and operation of this policy will be reviewed in light of developments in national preceptorship guidance and, if necessary, revised in order to ensure their continuing relevance and effectiveness.
- 8.2 The effectiveness of preceptorship will be monitored and reviewed on the basis of feedback and evaluation by preceptees and preceptors and managers within the clinical areas. The Practice Education Facilitator will monitor feedback and will work with clinical teams to enhance the robustness of preceptorship as required

9 References and Supporting Documents

Capital Nurse Preceptorship Framework 2017

College of Occupational Therapists 2012 Preceptorship Handbook for Occupational Therapists

Department of Health (2008) A High Quality Workforce: NHS Next Stage Review. London. Department of Health

Department of Health (2009) Preceptorship Framework for Nursing. London. Department of Health.

Department of Health (2010) Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals. London. Department of Health.

East London NHS Foundation Trust Preceptorship Policy (2015)

Edward Jenner Programme – NHS Leadership Academy:
<http://www.leadershipacademy.nhs.uk/programmes/>

Health Education England Preceptorship Standards 2015

Health Education England Reducing Pre-registration attrition and improving retention 2018

Health Education England Preceptorship Framework for Assistant Practitioners (accessed electronically 4/1/19)

Mersey Care NHS Trust Preceptorship Policy for Foundation Band 5 Staff Nursing and Allied Health (2015 version 4)

NHS Terms and Conditions Handbook (Agenda for Change) 2015

Nursing and Midwifery Council (2008) Preceptorship Guidelines. NMC Circular 21/2006. London. Nursing and Midwifery Council

Royal College of Nursing (2012) Report of the Willis Commission “Quality with Compassion: the future of nursing education”. London. Royal College of Nursing.

10 Associated Documents

These guidelines should be read in conjunction with the following documents:

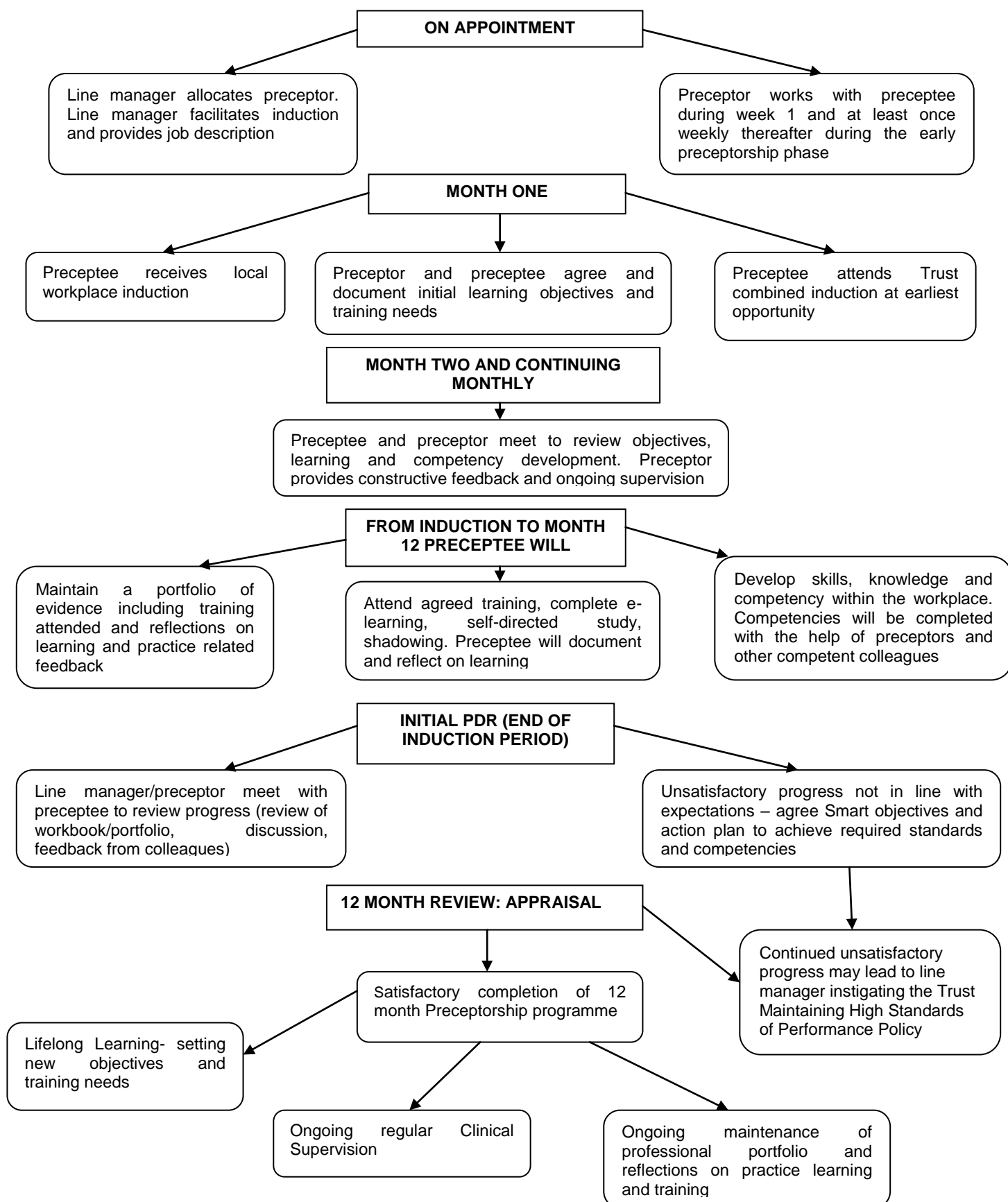
- 16.1 Department of Health (DOH) Preceptorship Framework for Nurses and AHPs (DOH March 2010).
- 16.2 Health Education England Preceptorship Standards 2015
- 16.3 Nursing and Midwifery Council Revalidation Guidance 2015
- 16.4 Shropshire Community Health Trust Personal Development Review and Pay Progression

- 16.5 Shropshire Community Health Trust Supervision Policy
- 16.6 Shropshire Community Health Trust Management of Corporate and Local Induction Policy
- 16.7 Shropshire Community Health Trust Maintaining High Standards of Performance Policy

11 APPENDICES

APPENDIX 1

PRECEPTORSHIP PROCESS DIAGRAM



APPENDIX 2 PRECEPTORSHIP LEARNING CONTRACT

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

- To practise in accordance with the Professional Body's Code and the Trust standards for conduct and performance
- Commit time to Preceptorship
- Commit to providing high quality patient care
- Ensure that I understand the standards, competences and objectives set by Shropshire Community Health NHS Trust that are required to be met
- Seek and be open to accepting feedback on performance
- Reflect on practice both verbally with Preceptor and other experienced professionals and formally by means of documenting reflections
- Complete training as required: Trust induction, mandatory training, e-learning and essential professional development training as agreed with Preceptor/Line Manager. Reflect on learning following training and relate it to practise
- Attend agreed meetings with Preceptor to reflect on practise progress and review achievement of action plans
- Complete the Preceptorship workbook to evidence professional progress and (for nurses) support revalidation requirements
- Work collaboratively with my Preceptor to identify, plan and achieve my learning needs;
- Take responsibility for my own learning and development
- Provide feedback to enable Preceptorship to develop further.

Signature:

Date:

PRECEPTOR: I commit to assume my responsibilities as a Preceptor, including:

- To orientate the Preceptee to the team and workplace
- To act as an effective role model of high quality, evidence based care, sharing clinical expertise and skills
- Ensure awareness of standards and competencies set by the employer that the new practitioner is required to achieve
- To support the Preceptee to identify learning needs, develop action plans to address these needs and identify opportunities for training and development
- To support the development and appraisal of clinical skills and competencies
- To personalise the newly registered practitioner's learning and development needs and help him/her to identify key learning opportunities and resources
- To give regular feedback regarding performance, supporting the Preceptee to develop action plans to address learning needs as required
- To ensure off duty planning allows Preceptor and Preceptee to work the same shift on a regular basis (ideally once weekly) to enable some work shadowing and timely support and reflection
- To meet formally with the Preceptee 4-6 weekly, discussing and documenting progress
- Ensure that the Preceptee receives support from other suitably experienced team members
- To liaise with the Preceptee's line manager in relation to progress and development, providing evidence for support the Personal Development Review as required.

Signature:

Date:

APPENDIX 3 SWOT ANALYSIS TEMPLATE

Strengths What do you do well? What do others see as your strengths? What are your unique assets?	Weaknesses What improvements could you make? What areas of practice require more work? What are others likely to see as weaknesses?
Opportunities What opportunities are open to you? How can you turn your strengths into opportunities?	Threats What threats/barriers do you face? What threats do your weaknesses expose you to?

APPENDIX 4 MEETING TEMPLATES

Initial Meeting with Preceptor

Name of Preceptee	
Name of Preceptor	
Line Manager	
Clinical Team	
Date Preceptorship Commenced	

Record of Initial discussion
Preceptee comments (self-reflection on SWOT)
Workplace induction comments – introduction to team and procedures
Plans for supervision and support
Plans for continuing professional development (training, e-learning, shadowing)
Preceptor comments
SMART objectives (complete separate PDP)
Date of next meeting:

APPENDIX 5

Agreed SMART Objective	How does this objective link to the job role requirements and Organisational priorities?	Plan to Achieve Objective including Training and Support	Potential barriers and plan to overcome	Indicators of Success	Timeframe for completion

APPENDIX 6

Review Meetings: 4 - 6 weekly

Meeting Date:
Reflection on what has gone well
Reflection on challenges
Review of portfolio of evidence and competencies
CPD and training completed and future plans
Review of agreed SMART objectives and evidence of achievement
Action plan if objectives remain unachieved
New SMART objectives agreed
Preceptee comments

APPENDIX 7 REFLECTIVE RECORD

Reflection on Continuing Professional Development/Practice-Related feedback

Nurses are professionally required to record a minimum of 5 written reflections and relate them to the Code, prior to revalidating. Reflections can be based on events or experiences, practice-related feedback or how CPD/training has impacted/influenced practice. The table below is based upon the NMC reflective accounts template and could be used as a basis to record your reflection.

What is the nature of the CPD activity/practice related feedback/event?
What did you learn from the CPD activity and/or feedback?
How did you change or improve your work as a result?
How is this relevant to the Code? Prioritise people/practice effectively, preserve safety, promote professionalism and trust

