

Policy:

NP 028 - Preceptorship

Executive Director Lead	Executive Director of Nursing and Professions
Policy Owner	Deputy Chief Nurse
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Summary of Policy

The Preceptorship policy informs Registered Nurses, Allied Health Professionals, Pharmacists, Clinical Directors and other clinical leaders / managerial staff of the requirements for the implementation of Preceptorship for newly qualified staff in their clinical /service areas.

Target audience	Registered Nurses, Allied Health Professionals, Pharmacy, Clinical Directors.
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Keywords	Preceptorship, preceptor, Registered Nurse, Allied Health Professional, new, registrant.
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This is Version 3.0 and is stored and available through the SHSC intranet/internet.

This version supersedes the previous Version dated October 2016.

Any copies of the previous policy held separately should be destroyed and replaced with this version.

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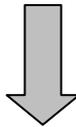
Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
V2 D0.1	Policy review	Oct 2012	To update previous version July 2010.
V2 D0.2	Second draft	Feb 2013	On-going discussions and development.
V2 D0.3	Third draft	Oct 2013	On-going discussions and development.
V2 D0.4	Fourth draft	Dec 2015	On-going discussions and development.
V2 D0.5	Feedback from HRWF Group	April 2016	Medicines management section added; EIA to be updated; Pharmacy to be added to target audience.
V2 D0.6	JCF (verification)	May 2016	Verified subject to the suggestion that the policy should cross-reference to and include elements of the Clinical Professional Registration Policy regarding access to computers.
V2 D0.7	Re-formatted	Sept 2016	Re-formatted for new policy document template and Policy on Policies. Duties clarified.
V2	Ratified / finalised / issued.	Oct 2016	Finalised and issued.
V3	Amended and Up-dated	Sept 2019	Re-formatted for new policy document template. Definitions and Duties expanded. Appendices up-dated.

Flowchart: Preceptorship Process

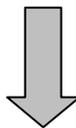
A preliminary interview between Preceptee (newly qualified) and Preceptor (experienced registrant) in first week to discuss:

- Personal learning outcomes / opportunities
- Objectives
- Agree supervision arrangements
- Identify activities and evidence of learning to be produced and recorded in the nurse / preceptorship handbook
- Discuss competencies framework
- Set a date for intermediate interview



For a 12 month preceptorship formal review meetings between the preceptor and preceptee should be held at the end of months 1,3,6,9 (The preceptorship can be completed over a minimum of 6 months dependent on preceptees performance)

- Review progress to date
- Document evidence of learning as appropriate



Final Interview:

- Assess evidence of learning and sign off, as relevant



Intermediate interview with preceptee and preceptor to:

- Review learning and documented evidence to date

1. Introduction

Preceptorship represents a major transition from Student to Professional Practitioner. This period is a formative one in which knowledge, skills and attitudes acquired during the pre- registration programme of education are applied in practice upon graduation & professional registration. It is a transition period which can be challenging as new demands are made upon individuals who are seeking to practice their skills and take responsibility as a newly registered practitioner. It is, therefore, a period where the registered practitioner, although professionally qualified, is in need of guidance, supervision and support from more experienced practitioners.

The Department of Health Preceptorship Framework (March 2010), The Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC) strongly recommends that all new registrants have a period of preceptorship on commencing employment and Sheffield Health and Social Care NHS Foundation Trust (SHSC) insists that this is mandatory for all new registrants.

In April 2016 the Nursing and Midwifery Council changed the requirements by which nurses and midwives renew their registration every three years. This is known as Revalidation and is the process that allows nurses and midwives and Nursing Associates to maintain their professional registration with the NMC.

Registrants must be able to demonstrate their fitness to practice safely and effectively. Revalidation, every three years, is the responsibility of the Registered Nurse, Midwife and Nursing Associate. Each registrant is professionally responsible for meeting the revalidation requirements and successfully revalidating.

2. Scope

This is a Trust-wide policy affecting all new registrants who start at band 5 as defined above both those in substantive roles and those on bank contracts. There will be a shortened preceptorship programme developed to support Nursing Associates when they join the workforce in February 2021.

3. Purpose

This policy seeks to provide consistency across the trust in the application of preceptorship. All new registrants should complete their relevant process (preceptorship guidelines for Nurses / AHP), mentored by a suitably experienced preceptor and within the timescales set out in this policy document.

4. Definitions

Preceptorship:

Preceptorship is 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 (Department of Health, 2010).

Preceptor:

Preceptor refers to a registered practitioner who has been given a formal responsibility to support a newly registered practitioner through preceptorship (Department of Health, 2010).

Preceptee:

A preceptee is a newly registered health professional who is engaged in preceptorship (Department of Health, 2010).

Newly Registered Practitioner:

Newly registered practitioner refers to a Nurse, Midwife, Pharmacist or Allied Health Professional (AHP) who is entering employment in England for the first time following professional registration with the NMC or HCPC. It includes those recently graduated students, those returning to practice, those entering a new part of the register e.g. community public health specialists, and overseas-prepared practitioners who have satisfied the requirements of, and are registered with, their regulatory body (Department of Health, 2010).

Registrant:

A practitioner registered on their professional register.

Assessor:

- conducts assessments to confirm student's achievement of proficiencies and programme outcomes for practice learning;
- ensures assessment decisions are informed by feedback sought and received from practice supervisors;
- makes and records objective, evidenced-based assessments on conduct, proficiency and achievement, drawing on student records, direct observations, student self-reflection, and other resources;
- maintains current knowledge and expertise relevant for the proficiencies and programme outcomes being assessed;
- works in partnership with the nominated academic assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and local and national policies;
- periodically observes the student across environments in order to inform decisions for assessment and progression;
- gathers and co-ordinates feedback from practice supervisors, any other practice assessors, and relevant people, in order to be assured about their decisions for assessment and progression;
- has an understanding of the student's learning and achievement in theory;
- ensures communication and collaboration between practice and academic assessors is scheduled for relevant points in the programme structure and student progression;
- ensures they are not simultaneously the practice supervisor and academic assessor for the same student and the practice assessors for students on NMC approved prescribing programmes supported learning (in line with the NMC Standards for prescribing programmes).

Practice Supervisor:

- Serves as a role model for safe and effective practice in line with their code of conduct.
- Supports learning in line with their scope of practice to enable the student to meet their proficiencies and programme outcomes.
- Supports and supervises students, providing feedback on their progress towards, and achievement of, proficiencies and skills.
- Has current knowledge and experience of the area in which they are providing support, supervision and feedback.
- Receives on-going support to participate in the practice learning.

5. Detail of the policy

The broad overview of this policy is as described in the introduction.

6. Duties

Preceptors are responsible for:

- Facilitating new registrants to gain new knowledge and skills required for professional practice (see flowchart);
- Being aware of the standards, competencies, or objectives required of the post and SHSC that the new registrant is required to achieve and support them in achieving these;
- Providing positive feedback to new registrants on those aspects of performance that are being undertaken well;
- Providing honest and objective feedback on those aspects of performance that are a cause for concern and assisting a new registrant to develop a plan of action to remedy these;
- Informing the preceptee's line manager and Human Resources in writing of any significant concerns as soon as they are identified;
- Facilitating an interim Performance Development Review (PDR) after 6 months highlighting areas/objectives to achieve and then an annual review at 12 months.
- Signing off new registrants once the objectives for the period of preceptorship have been successfully achieved, in liaison with the new registrant's line manager;
- Informing the preceptee's line manager, Human Resources and Placement Quality Team in writing if the new registrant's objectives are not achieved within the first 12 months;
- Ensuring that all preceptorship documentation is kept up to date.
- Adheres to the Clinical/Professional Supervision and Reflective Practice Policy and ensures preceptees have access to a Supervision Passport for Clinical Staff;
- On completion of preceptorship return the data capture form to the Placement Quality Team (Appendix H).

New Registrants who are receiving preceptorship are responsible for:

- Actively participating in the preceptorship process (see flowchart);
- Practicing in accordance with the NMC or HCPC code of professional conduct: Standards for conduct, performance and ethics;
- Working collaboratively with their preceptor to identify specific and measurable learning objectives and developing an initial action plan for addressing these;
- Ensuring that they understand the standards/competencies/objectives required of the post and SHSC that they are required to meet and seeking additional support as required;

- Utilising clinical supervision to reflect on their practice and experience;
- Actively participating in a 6 month interim review detailing their progress against the standards/competencies/objectives required and complete by the end of 12 months;
- Seeking feedback on their performance from their preceptor and those with whom they work;
- Maintaining an evidential record of reflective practice and their professional development;
- Beyond the 4 week protected supernumerary time preceptees are not to see themselves as supernumerary Nurses (the 4 week supernumerary time can be used flexibly across the preceptorship period, it is recommended to load this towards the beginning of the preceptorship);
- Registrants entering practice within a different setting or returning to front line services should be offered a 1 to 2 month preceptorship period.

Line Managers are responsible for:

- Implementing this policy at local level and ensuring that preceptors and new registrants comply with this policy;
- Ensuring that preceptors and new registrants are trained and prepared for their respective roles;
- Ensuring that new registrants receive timely corporate and local inductions;
- Allocating a suitable preceptor for each new registrant within their remit;
- Allow attendance at centrally facilitated study days scheduled throughout the preceptorship period;
- Facilitating the receipt of mandatory and other essential training for new registrants;
- Ensuring that new registrants receive appropriate support, including when their preceptor is not available on-shift and that they receive appropriate managerial and clinical supervision;
- Receiving progress reports from preceptors and taking any required remedial action in liaison the preceptor and Human Resources, if required;
- Ensuring that the preceptorship documentation is kept up to date and stored appropriately;
- Implementing the Capability Policy in liaison with Human Resources, if required. For example, if the new registrant's objectives are not achieved within the first 12 months.
- Monitoring of Clinical Supervision and provision of Supervision Passport for Clinical Staff.
- Completion of annual Personal Development Reviews (PDRs).

Professional Leads are responsible for:

- Ensuring that preceptorship arrangements are in place in line with the relevant professional guidelines and code of practice.
- Providing assurance reports.
- Liaising with the Trust's partner universities and Education, Training and Development Team and advising on the preceptorship process and professional practice.

Deputy Director of Nursing (Operations) / Deputy Chief Nurse / Director of Allied Health Professions (AHPs) are responsible for:

- Providing co-ordination and other contributions to the preceptorship process for nurses, other professions and liaising with pre-registration programme leads in the Trust's partner universities and ensuring that completing students are aware of the Trust's preceptorship arrangements.
- Ensuring the Trust's register is maintained for nurses who fulfill the role of mentor, supervisor/assessor for pre-registration nursing students, as the Trust expects that all supervisors on the register will also act as preceptors – along with all other suitably experienced qualified staff.
- Ensure auditing of clinical supervision and supervision passport are utilized
- Jointly providing co-ordination and other contributions to the preceptorship process and assisting with the identification and tracking of newly qualified staff entering the Trust, liaising with their line managers and the workforce directorate to ensure new nursing staff are entered onto the preceptor register with the name of their preceptee and their preceptorship period is tracked through to completion or termination.
- Delivering the Trust's preceptorship programme for nurses and allied professionals and providing relevant assurance reports;
- Ensuring that there are appropriate resources, structures, leadership and monitoring arrangements in place.
- Provide an annual evaluation report of the formal Preceptorship Programme.

Executive Director of Nursing and Professions is responsible for:

- On behalf of the Board of Directors / CEO ensures that there is an appropriate Preceptorship Policy in place and implemented by the Deputy Directors of Nursing & Director of AHPs.

Executive Medical Director is responsible for:

- Ensuring that there is an appropriate Preceptorship Policy in place and implemented by Clinical Directors.

Chief Pharmacist is responsible for:

- Ensuring that there is an appropriate training program in place for newly qualified pharmacists and pharmacy technicians.

7. Procedure

7.1 What is preceptorship?

Preceptorship is 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 (Department of Health, 2010).

Preceptorship is about providing support and guidance enabling new registrants to make the transition from student to an accountable practitioner in order to:

- Practice in accordance with the NMC and HCPC Codes of Professional Conduct: standards for conduct, performance and ethics;
- Develop confidence in their competence as a nurse or Allied Health Professional (AHP).

To facilitate this, the new registrant should have:

- Learning time protected in their first year of qualified practice which is 10 days ;
- Have access to a preceptor with whom regular meetings are held.

The NMC, HCPC and SHSC strongly recommend that all new registrants should have a formal period of preceptorship of between 4 and 12 months duration, but that this can vary according to individual need and local team arrangements. However, 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 named individual with due regard to the same part of the register and field of practice, who can be called upon to provide guidance, help, support and advice ; and should be incorporated into existing systems and practices for supporting new registrants such as clinical supervision and PDR's.

7.2 Preceptor requirements

The preceptor (experienced registered Nurse /AHP or Pharmacist must have current registration with the Nursing and Midwifery Council (NMC) ,the Health and Care Professions Council (HCPC) or the General Pharmaceutical Council (GPC) and will have at least 12 months full time experience (or equivalent part time). Whilst there are no formal qualifications associated with being a preceptor, individuals will need preparation for their role. Preceptors should be first level registered nurses, registered AHPs or Pharmacists with at least 12 months experience within the same area of practice as the new registrant and have demonstrable qualities in the service area. It is expected that nursing preceptors will have completed the mentor preparation programme or be suitably prepared to act in the role.

The nature of the relationship between the preceptor and the new registrant is best agreed in accordance with their own needs taking into account the environment within which they practice.

It is the preceptor's role to facilitate the transition of the new registrant from a student to a registered practitioner who is:

- Confident in their practice;
- Sensitive to the needs of service users;
- An effective team member;
- Up to date with their knowledge and practice;
- Able to provide clinical supervision to new registrants.

7.3 Preceptorship arrangements

The Trust provides the following:

- A Trust-wide policy which can be supplemented with locally agreed standards/competencies/objectives which will differ from each service area;
- Continuity of preceptor (e.g. alternatives where long term sickness, preceptor leaving post etc);
- Preceptor updates;
- Methods and documentation for recording initial and interim objectives and the final sign off of achievement.

Within the first week of the new registrant starting in the clinical area, his/her line manager (or deputy) will assign a suitable preceptor; and referring to the Nurse preceptorship handbook or local AHP processes the preceptor and new registrant will discuss / agree:

- Preceptorship and support arrangements;
- Supervision arrangements;
- Personal learning outcomes/opportunities;
- Set a date for intermediate interview;
- Activities and evidence of learning to be produced and recorded on learning contract.

The line manager must ensure the preceptor and new registrant are able to work together regularly in order to both ensure that new registrant is well supported and to ensure that preceptorship requirements are met.

7.4 Delegated Duties

Line managers are accountable for their decisions to delegate tasks and duties to preceptorship staff as a new registrant. Delegated tasks and duties should be within the new registrant's scope of competence, making sure that they fully understand the service needs.

When delegating duties to new registrants, they must be adequately supervised and supported so they can provide safe and compassionate care.

7.5 Preceptorship sessions and documentation

Preceptorship sessions must be clearly documented, including a clear rationale if they do not take place. All documentation relating to preceptorship must be kept in the new registrant's personal development folder. On completion of preceptorship a copy must be held within the new registrant's personal file by their line manager.

7.6 Exceptional arrangements

Where a new registrant is unable to demonstrate the required standards of competency after 12 months, the preceptor will inform the line manager, who will discuss applying the Capability Policy in liaison with Human Resources.

7.7 Medicines Management

All Sheffield Hallam University (SHU) students undertake a medicines management drug calculation test in their final year. They receive a certificate that can be produced at interview as proof of medicines management competency. This, in theory, should replace any medication assessment requirements at interview. However, it should be noted that in practice not all new starters come from SHU, therefore a medicines management drug calculation test is required for starters not completing under SHU competency levels.

In either scenario, it is a requirement that all those nurses in preceptorship undertake the Trust's medicines management / rapid tranquillization training as part of their sign off to give medicines safely. All registered nurses will be required to complete the medicines with respect assessment on an annual basis.

Any incidents related to preceptees should be recorded on the Safeguard incident system and clearly communicated to pharmacy colleagues. This data will then be reviewed by the Medicines Safety Officer & Deputy Director of Nursing / Deputy Chief Nurse in the Medicines Management Committee meetings.

8. Development, consultation and approval

This is Version 3 of this policy and replaces the previous version dated October 2016.

Version 2, October 2016 of this policy replaced the previous version dated July 2010. The first draft revision was made in October 2010 and following on-going discussion and development was redrafted in February 2013, October 2013 and again in December 2015.

In August 2019 email consultation took place with the Nursing Leadership Group, AHPs and Clinical Operations, (Peter Bowie, Clinical Director, Paul Nicholson, Deputy Associate Director, Anthony Bainbridge, Deputy Director of Nursing, Operations)

The Equality Impact Assessment will be undertaken and stored separately in conjunction with Corporate Governance and the Head of Equality and Inclusion.

9. Audit, monitoring and review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Line Managers ensure that all eligible staff receive preceptorship	Assurance report	Line Managers in Liaison with the Professional ETD Lead	Annual	Education, Training & Development	Education, Training & Development	Professional Leads
Line Managers ensure that all relevant staff have completed training associated with their (preceptorship) role.	Review of training records	Line Managers in liaison with the Professional ETD Lead	Annual	Education, Training & Development	Education, Training & Development	Professional Leads
Line Managers ensure that there is a written record of the new registrant completing their preceptorship (if applicable).	Review of preceptorship records	Line Managers in liaison with the Professional ETD Lead	Annual	Education, Training & Development	Education, Training & Development	Professional Leads
Regular review of the preceptorship process.	Review	Policy Lead	≤ 3 yearly	Education, Training & Development	Education, Training & Development	Professional Leads
Regular review of role requirements (duties).	Review	Policy Lead	≤ 3 yearly	Education, Training & Development	Education, Training & Development	Professional Leads

The policy review date is August 2023

10. Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version	Deputy Chief Nurse	31.08.16	04/10/2019

11. Dissemination, storage and archiving (version control)

Version	Date on website (intranet and internet)	Date of entry in Connect (all staff communication)	Any other promotion/ dissemination (include dates)
1.0	July 2010	July 2010	All Staff E-mail July 2010
2.0	October 2016	October 2016	All Staff E-mail October 2016
3.0	October 2019	October 2019	All Staff E-mail October 2019

This is Version 3.0 and is stored and available through the SHSC Intranet/Internet.

This version supersedes the previous Version 2.0, October 2016.

Any copies of the previous policy held separately should be destroyed and replaced with this version.

12. Training and other resource implications

The line manager in liaison with Human Resources will ensure that the new registrant receives a corporate induction.

The line manager in liaison with the assigned preceptor will ensure that the new registrant has a robust orientation and local induction to the clinical area.

The line manager will discuss the required mandatory training or other essential training required with the new registrant and facilitate the new registrant's attendance.

The line manager will also ensure that a record is kept of their attendances and that this is monitored in order to ensure that any gaps or non-attendance are followed up.

13. Links to other policies, standards, references, legislation (associated documents) and national guidance.

Clinical Professional Registration
Verification Policy
Capability Policy
Grievance Policy
Induction Policy
Mandatory Training
Policy
Preceptorship
Workbook
Clinical/Professional
Supervision and
Reflective Practice
Policy
Safeguarding
Adults and Prevent
Policy
Safeguarding
Children Policy.

14. Contact details

Job Title	Name	Phone	Email
Deputy Chief Nurse	Brenda Rhule	0114 271 6705	Brenda.rhule@shsc.nhs.uk
Placement Quality Team	Angela Herft	0114 226 2266	Angela.herft@shsc.nhs.uk

Appendix B – Preceptorship Data Capture Form



Checklist and confirmation for Preceptorship Data Capture Form

Please complete and sign the form below and return to angela.herft@shsc.nhs.uk as soon as you have had your final sign of review meeting and completed the preceptorship programme. This enables the recording that preceptorship has taken place and provides monitoring information to the Trust.

Name of Preceptee	
Name of Preceptor/s	
Area/Team	
Date Preceptorship commenced	

Checklist	Yes/No	Comments (if required)
1. All areas that required signatures and dates have been signed and dated in the preceptorship Handbook.		
2. Photo copies taken of final sign of review meeting, competency sign off pages of competency domains have been retained and placed in personal files. I.E. p18,22,25,27,30,32,34,37,40,43,45,47 & 80.		
3. Meeting with Nurse Consultant or Senior Nurse Review meeting to discuss future development has taken place.		
Please provide completion dates signed of in the preceptorship handbook for the process below: NB: If your preceptorship period was less than 12 months please state in comment box.	Date	Comments (if required)

Initial review meeting		
End of Month 1 formal review meeting		
Month 3 formal review meeting		
Month 6 formal review meeting		
Month 9 formal review meeting		
Month 12 final sign off review meeting		
Nurse Consultant/Senior Nurse review meeting.		
Extension		
Was there an agreement in place for an extended period of preceptorship beyond 12 months? Please state length of extension given in the comments box.		

I confirm that the information provide on this form is accurate

Signature of Preceptee	
Signature of Preceptor/s	
Signature of Line Manager	
Date Preceptorship Ended	

Date form completed: _____

NB: The preceptorship handbook remains the property of the nurse and should be kept safe for future reference and provides evidence towards the first revalidation cycle.

The Data Capture Form is available on the intranet :

Preceptorship Policy – Appendix B – Checklist and Confirmation for Preceptorship Data Capture Form