Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Preceptorship Policy

(For new registrants)

This procedural document supersedes: CORP/EMP 50 v.1 – Preceptorship Policy.

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Executive Sponsor(s):	Karen Barnard – Director of People and Organisational Development
Author/reviewer: (this version)	Aimi Dillon - Education Lead Louise Thompson – Vocational Education Lead
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Approved by:	Workforce, Education and Research Committee
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Next review date:	February 2023
Target audience:	Newly registered nurses, midwives and AHPs + their Managers Trust Wide

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 2	21 April 2020	- Version number and Co-author updated. - Contents page updated. - Preceptorship programme for registered professionals updated. - Local induction added to process. - Escalation process reformatted. - Introduction, now refers to overseas and the breakdown of the preceptees supernumerary status has been removed. 3.1 – now titled preceptorship lead and deputy. Also includes escalation through EOG. 3.2 – section now refers to CCAST rather than LCAT. 3.3 – removed collation of results and included monitoring of preceptees and exception report through EOG. 3.4 – now refers to OLM not ESR. 3.5 – Self declaration for preceptees included. Minimum post registration experience increased to 18 months. 3.6 – self declaration for preceptees included. Changing preceptor if required and selecting a clinical supervisor once preceptorship period concluded. 3.7 – PPQA removed. - monitoring compliance updated. - Definitions – LCAT and OLMS removed and CCAST and ESR added. - Associated policies – Sickness and absence and Raising concerns added.	Aimi Dillon and Louise Thompson
Version 1	13 Dec 2016	This is a new procedural document, please read in full	A Dillon & M Blank

Contents

1.   INTRODUCTION

Preceptorship is a period of professional consolidation, growth and development. It provides the new practitioner with a friendly and supportive environment in which to develop.

The Department of Health (2010) produced a Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals and 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"

A bespoke preceptorship programme may be offered to other registered staff (usually band 5) returning to practice following a significant period of absence from practice, newly admitted practitioners from Overseas or staff moving from non-acute areas (i.e. nursing homes).

Health Education England (HEE 2015) acknowledges that Preceptorship should cover a minimum period of one year. The Trusts programme lasts for a period of twelve months and it is expected that the new registrant attends all taught sessions. The first of which should be the first day in appointment. Appendix 1 outlines the content of the programme.

Furthermore the Trust expects the new registrant to be supernumerary for a minimum of 2 weeks of employment (pro-rata).

2.   PURPOSE

This policy is to provide a standard approach to preceptorship across the Trust and is aligned with recommendations made by HEE (2015). It is designed to ensure consistency and equity of access across services for all newly registered practitioners, following the achievement of professional registration.

It aims to provide a clear and consistent structure for newly registered clinical staff, their preceptors and managers, to ensure the new staff member works within their scope of professional practice.

This means that there must be a clear process for preceptorship, with targets set and achieved (see appendix 2.)

During the preceptorship period, the newly registered practitioner will be supported to:

- Identify personal and professional issues relevant to their own development;
- Consolidate and apply knowledge acquired during pre-registration;
- Identify how national and local policy and strategy initiatives impact on care provision;
- Understand implications of professional accountability and responsibility;
- Develop confidence;
- Demonstrate sensitivity to patient needs;
- Become an effective team member;

- Remain up to date with knowledge and practice;
- Become familiar with Trust policies and procedures;
- Begin developing leadership skills;
- Emphasise the importance of accountability and Revalidation with the Registering body

3.   DUTIES AND RESPONSIBILITIES

3.1   The Role of the Trust Preceptorship Lead and deputy

- Act as a source of knowledge of the Preceptorship Programme Trust wide and share this and the process with all stakeholders.
- Develop the programme taking into account patient needs, Trust requirements, National requirements and individual requirements.
- Share the programme and relevant dates with all stakeholders via an annual planner in a timely manner in order to meet rostering requirements.
- Help to facilitate the programme.
- Support all stakeholders.
- Provide guidance for preceptors and update accordingly.
- Continually evaluate the programme.
- Develop, maintain and keep up-to-date preceptorship documentation and workbooks.
- Ensure attendance is documented on ESR.
- Have systems in place to report non-attendance to line managers.
- Report any concerns that may impact on the quality of preceptorship through the Training & Education governance process, this will be via the exception report through EOG.
- Inform key stakeholders of any relevant changes to preceptorship.
- Define the core subjects for each speciality (nurse, midwife, physiotherapist etc.) alongside the profession lead.

3.2   The Role of the Line Manager

- Ensure the new registrant completes their local induction in line with the Statutory and Essential Training (SET) Policy.
- Keep programme lead appraised of all new registered practitioners, which are being employed.
- Be aware of the dates of the programme thus ensuring rostering and subsequent attendance of preceptee.
- Be aware of programme content.
- Book supplementary study and clinical skills training that is not included in the programme as guided by Preceptorship Lead. This may include some aspects of Statutory and Essential training (SET).
- Ensure a preceptor is allocated to the preceptee prior to their arrival on the ward/department.

- Ensure quality time is afforded for both parties to meet; minimum of 1 hour per month which is highlighted in the meeting records.
- Ensure that the preceptee is rostered as supernumerary for 3 weeks (pro-rata) from the start of their employment.
- Ensure preceptor (or another) is an CAST assessor/equivalent assessor for the purpose of clinical skills assessments, see the intranet Clinical Skills Homepage for reference
- Follow procedures for capability if necessary – refer to the Capability Procedure: Managing Poor Performance policy.
- Ensure the 6 monthly meeting and yearly meeting is linked to the Trusts Appraisal Policy.
- Encourage clinical supervision on completion of preceptorship period.

3.3   The Role of the Education Lead &/ Clinical Educator

- Provide follow up support for preceptees in your Division.
- Facilitate sessions &/days when required in line with the Standard Operating Procedures.
- Follow the Escalation of Preceptees process to escalate any concerns to Line managers & Preceptors (appendix 3). This will be monitored via the exception report through EOG.
- Maintain accurate training records as part of progression monitoring

3.4   The Role of the Training Department

- Support the Preceptorship Lead, Education Leads and facilitators with all administrative requirements.
- Input preceptees attendance of sessions onto ESR.

3.5   The Role of the Preceptor

- Must have a minimum of 18 months post registration experience.
- Must have read the Preceptor Guidance Document and completed the Self Declaration for Preceptors on ESR.
- Commit to the preceptor role and its responsibilities.
- Be supportive and provide a helping relationship.
- Help the novice practitioner to orientate successfully and adapt to the new environment.
- Personalise the newly registered practitioners learning and development needs and help him or her to identify key learning opportunities and resources.
- Act as a role model and be clinically active.
- Preceptors should be aware of the programme content and dates.
- Meet formally with preceptees - within the first 2 weeks of employment, monthly for the first 3 months and then quarterly (minimum requirements). Other meetings negotiated as felt to be required by either preceptor or preceptee.
- Ensure the 6 monthly meeting and yearly meeting is linked to the Trusts Appraisal Policy and this is completed alongside the line manager.
- Follow the Escalation of Preceptees process to escalate any concerns to Line managers and Education Leads (appendix 3).

- Commit time and provide constructive feedback to support the preceptee.
- Documentation of actions plans should be evident in preceptees portfolio and copies should be stored on the preceptees HR file
- Attend updates arranged by preceptorship lead in order to maintain status.

3.6   Role of Preceptee

- Commit time to preceptorship.
- Meet with preceptor within first two weeks of employment and have completed the self declaration for preceptees on ESR.
- Ensure availability to attend dates on the programme.
- Contact the training department & your line manager if you are unable to attend any of the sessions due to sickness.
- Smart dress code (not uniform) plus I.D badge when attending set programme dates.
- Plan dates with preceptor, one per month (minimum one per quarter) for further discussion/action planning, therefore working collaboratively with preceptor to identify, plan and achieve learning needs.
- Make best use of supernumerary time to visit/shadow areas and staff relevant to area of work.
- If you feel that it would be beneficial to change your preceptor during the programme then please discuss this with your line manager.
- Take responsibility for own learning and development.
- Complete workbooks as discussed on the programme.
- Provide feedback to enable the Programme lead to develop preceptorship further.
- Submit necessary work to your Education Lead or clinical educator at the end of the taught sessions as discussed on the programme.
- In liaison with your line manager towards the end of your preceptorship programme determine who will act as your clinical supervisor.
- Maintain and develop own reflective diary and portfolio for revalidation purposes.

3.7   Role of Learning Environment Manager (LEM)

- Ensure each new registrant is allocated a preceptor within their first week of joining the organisation.
- Ensure time is planned for them to meet regularly.
- Disseminate relevant information to the preceptors in your area.

3.8   Role of Recruitment Team

- Keep programme lead appraised of new registrants and a means of contacting them.
- Book new registrants onto the programme via the Training Department.
- Keep regular communication with the programme lead on current changes to recruitment process and/or programme.
- Inform the line manager of all of the above.

4.   PROCEDURE

More information on the Trusts preceptorship programme can be accessed by vising the intranet page -
http://intranet/education_and_development/training_and_development/Preceptorship_.aspx

- Booking onto the programme is made through the recruitment team.
- Managers are required to also book preceptees onto any role specific training highlighted in the Training Needs Analysis or additional training highlighted by the preceptorship Lead.

5.   TRAINING/ SUPPORT

Preceptors will receive training and support from the Programme Lead, Education Leads, Managers and LEMs Preceptor Guidance document

LEMS will receive update information on their annual LEM study day.

Preceptees will be supported during this period of preceptorship (12 months) and will be guided towards enhancing their knowledge by extending their clinical skills relevant to area of work. Career development advice will be given and will be in line with the Annual Appraisal process and revalidation.

6.   MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Progress of preceptees and the delivery of the preceptorship programme	Preceptorship Lead, Preceptorship Deputy and Education Leads	Monthly at EOG for preceptee progression. 6 monthly full review.	EOG – exception report.

7.   DEFINITIONS

Care and Clinical Assessment Tool (CCAST) – assessment form for use when assessing clinical skills.

Electronic Staff Record (ESR) – electronic database for monitoring staff training and progress with learning.

Learning Environment Manager (LEM) – registered practitioner with an appropriate mentorship qualification and will be responsible for the quality of their learning environment and all learners working in that environment.

Mentorship – to be a mentor or to undertake mentorship training means the registrant is capable of supervising and completing adequate documentation for students within their profession. In some departments mentors are known as Practice Placement Educators.

Preceptee - a newly registered practitioner or a practitioner returning to practice following extended period out of practice, or practitioner entering acute setting from non-acute setting.

Preceptor - a registered practitioner with appropriate mentorship qualification that assists the new registration through their period of preceptorship.

Preceptorship - "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).

Supernumerary – this is a period of practice where the new registrant is working alongside another registrant to enable them to familiarise themselves in their new role. It starts on their first day of employment and lasts 3 weeks within this organisation.

8.   EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 4

9.   ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/EMP 20 – Dress Code and Uniform Policy
CORP/EMP 25 - Capability Procedure: Managing Poor Performance
CORP/EMP 29 – Statutory and Essential Training (SET) Policy
CORP/EMP 32 - Appraisal Policy
CORP/EMP 35 -   Doncaster and Bassetlaw Teaching Hospitals Roster Policy
CORP/EMP 36 - Recruitment and Selection Policy
CORP/EMP 1 - Sickness Absence Policy
CORP/EMP 14 – Freedom to Speak Up Policy 'Speak up to make a difference'
CORP/EMP 4 – Fair Treatment for All Policy
CORP/EMP 27 – Equality Analysis Policy
Guidance for undertaking Clinical supervision (located with Trust policies)

10.   DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/

11.   REFERENCES

DEPARTMENT OF HEALTH (2010). Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals. [online]. DOH, London. www.networks.nhs.uk/nhs-networks/ahp-networks/documents/dh_114116.pdf

HEALTH EDUCATION ENGLAND. (2015). Raising the Bar Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants. [Online]. HEE, London https://www.hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL.pdf

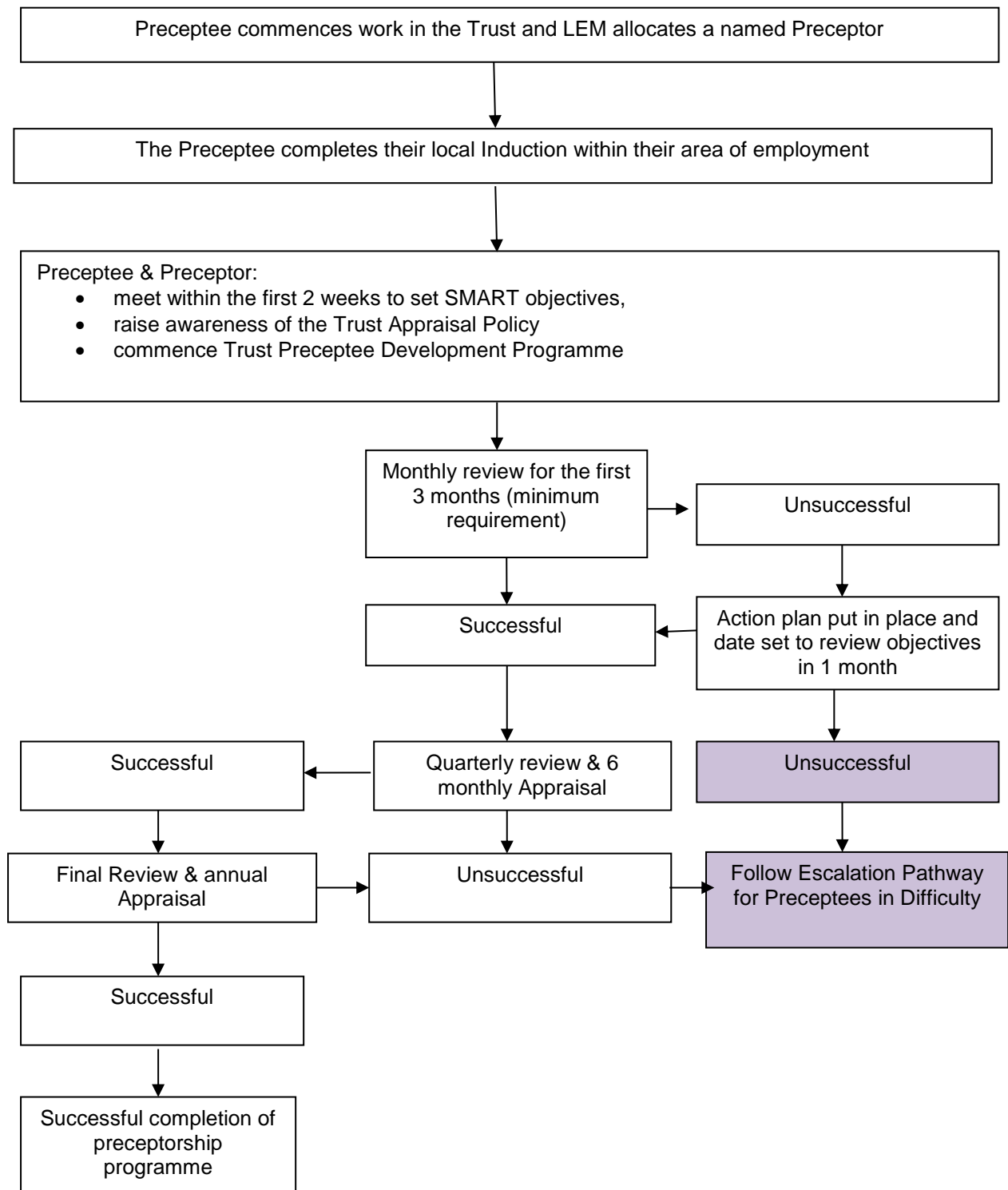HEALTH EDUCATION ENGLAND. (2015). Health Education England Preceptorship Standards.

NURSING AND MIDWIFEREY COUNCIL (2006). Preceptorship guidelines. [online] NMC Circular, London. http://www.nmc.org.uk/globalassets/sitedocuments/circulars/2006circulars/nmc-circular-21_2006.pdf

APPENDIX 1 - PRECEPTORSHIP PROGRAMME FOR REGISTERED PROFESSIONALS

The programme will cover the following topics:

- Introduction and welcome to the Trust
- Professionalism and accountability
- Fire safety
- Reporting and learning from incidents
- Pain management
- Diabetes management and medication
- Medications management
- Leadership skills
- HBLS and PHBLS
- Manual Handling
- Documentation
- Prioritising care
- Skin Integrity
- Raising concerns
- Person Centred Care
- Nutrition
- Preventing Critical Illness – the human factor
- Safeguarding
- Revalidation awareness
- E-learning
- IV administration
- Medical Devices
- Blood Transfusion
- "When the patient says no to blood"
- Clinical skills assessments – up to 2 skills relevant to your profession and area of employment
- Alcohol awareness and Quit
- Discharge planning
- End of Life Care
- Learning Disability Team
- Qi

APPENDIX 2 - PRECEPTORSHIP PROCESS

Preceptee commences work in the Trust and LEM allocates a named Preceptor

The Preceptee completes their local Induction within their area of employment

Preceptee & Preceptor:
- meet within the first 2 weeks to set SMART objectives,
- raise awareness of the Trust Appraisal Policy
- commence Trust Preceptee Development Programme

Monthly review for the first 3 months (minimum requirement)

Unsuccessful

Successful

Action plan put in place and date set to review objectives in 1 month

Successful

Quarterly review & 6 monthly Appraisal

Unsuccessful

Final Review & annual Appraisal

Unsuccessful

Follow Escalation Pathway for Preceptees in Difficulty

Successful

Successful completion of preceptorship programme

APPENDIX 3 - ESCALATION PATHWAY FOR PRECEPTEES IN DIFFICULTY

Yes	Has the preceptee NOT achieved learning outcomes on 2 occasions? → No

Has the preceptee verbalised concerns? → Yes

No

Preceptor, Education Lead and Preceptee to meet:
- Review existing learning objectives
- Agree objectives with action plan
- Consider extending preceptorship period

Yes ← Has the preceptee had increased sickness/absence from clinical area?
OR
Has the preceptee had ≥3 DNAs on preceptorship programme?

No

Preceptor and preceptee to have monthly meets as a minimum

Have all objectives been achieved according to action plan? → No → Preceptor to update line manager and education lead for review. Consider Capability procedures

Yes

Continue to monitor closely until end of preceptorship

APPENDIX 4 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Preceptorship Policy – CORP/EMP 50 v.2	People & Organisational Development	Louise Thompson	Existing	26/11/19

1) Who is responsible for this policy? People & Organisational Development

2) Describe the purpose of the service / function / policy / project/ strategy? To provide a standard approach to preceptorship across the Trust. It is designed to ensure consistency and equity of access across services for all newly registered practitioners, following the achievement of professional registration.

3) Are there any associated objectives? It is aligned to Department of Health (2010) &Health Education England (2015) standards.

4) What factors contribute or detract from achieving intended outcomes? –

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

   • **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] –

6) Is there any scope for new measures which would promote equality? No

7) Are any of the following groups adversely affected by the policy? No

Protected Characteristics	Affected?	Impact
a) Age		
b) Disability		
c) Gender		
d) Gender Reassignment		
e) Marriage/Civil Partnership		
f) Maternity/Pregnancy		
g) Race		
h) Religion/Belief		
i) Sexual Orientation		

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

Date for next review: February 2023

Checked by: Aimi Dillon   Date: November 2019