

# Multi Professional Preceptorship Policy

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## Multi Professional Preceptorship Policy

### Version Control Sheet

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1	Pages 1-4, heading of page 5	Addition of reference number to title page; light reformatting	May 2009	Anny Jones
2	Whole Document	Review content; link to HR policies; re-format process templates – also changed from a guidance document (GuCPS001) to a Policy document.	July 2013	Annie Burks
3	Whole document	Full policy review	June 2015	Jill Anderson
4	3.3	Amendment to wording	October 2015	Jill Anderson
	Page 50-52	Resources to compliment preceptorship added including access to Athens information.		
5	Whole document	Full policy review	February 2018	Jill Anderson
6	Whole document Review to mirror current practice in response to COVID 19 restrictions and response Appendix 1 Timeline	Full policy review	October 2020	Ruth Cocks
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## Procedural Document Statement

### Background Statement

Lincolnshire Community Health Services NHS Trust (LCHS) aims to provide the highest standards of quality and safe patient care. Every employee has a personal responsibility to achieve and sustain high standards of performance, behaviour and conduct that reflects the Trust's vision and values at all times. LCHS recognise that, in order to deliver their roles and statutory duties, and to support the organisation to meet its objectives, all nationally registered clinical staff require a period of preceptorship to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning so by supporting their individual journey from novice to expert. This policy outlines the PROGRESS programme for preceptees (Preceptorship Programme Optimising Growth Transition, Education Support and Success) that will be available to all newly registered, clinical, LCHS staff who will be required to complete a period of preceptorship at the commencement of their employment with the Trust. This programme may also be a useful tool for others to access e.g. those returning from a long period of leave or sickness or where there are performance and capability issues identified. Post graduate Specialist Practitioner courses i.e. District Nursing, also require a bespoke preceptorship following completion of the course. This policy is designed to promote fairness and consistency in approach to the delivery of a period of preceptorship and provides a framework of documentation to ensure this.

### Responsibilities

This policy / programme applies to all newly registered clinicians regardless of whether they are employed on full-time, part-time, bank or fixed term contracts. A bespoke

preceptorship programme may also be offered to registered professionals, who are returning to practice from a significant period of absence, staffing moving from a different area of practice or practitioners where there is an identified need i.e. those admitted to the register from other European Economic Area States other Nation States

**Training**

It is expected that staff involved with preceptorship will receive appropriate training and support, through different routes of access e.g. the organisation, externally and this may also be evidenced in their professional portfolio.

**Dissemination**

Website

**Resource implication**

Staff involved with preceptorship will receive appropriate time for Programme delivery, participation training and support, through different routes of access.

**Consultation**

Learning and Development  
Human Resources

**Monitoring**

Checks in progress are identified within the timeline and an escalation process. Final sign off will be recorded on ESR.

**Equality Statement**

As part of our on-going commitment to promoting equality, valuing diversity and protecting human rights, Lincolnshire Community Health Services NHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of gender, gender reassignment, disability, age, race, ethnicity, sexual orientation, socio-economic status, language, religion or beliefs, marriage or civil partnerships, pregnancy and maternity, appearance, nationality or culture.

## 1.0 Introduction to Preceptorship

**1.1** Supporting newly registered health professionals is critical if we are to deliver sustainable services which consistently provide high quality care. Preceptorship is a significant period of transition from the role of student to a newly qualified professional. This is a formative period in which those skills acquired during pre-registration programmes of education are applied in practice. It has been recognised that newly qualified practitioners may experience high levels of stress and role uncertainty when making this transition; it is therefore a period where support and guidance is paramount.

**1.2** Department of Health (2010) suggests that preceptorship is a period of structured transition for the newly qualified practitioner / preceptee. Preceptorship may also be a period of structured transition for new to area preceptees, new to role practitioners, including newly qualified Specialist Practice District Nurses who will require a bespoke preceptorship programme, or practitioners within the Organisation requiring a period of support. Throughout the preceptees preceptorship period they will be supported through the PROGRESS programme and 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). The NMC (2020) strongly recommends that all “new registrants” have a period of preceptorship on commencing employment, this applies to those newly admitted to the NMC register that have completed a pre-registration programme in the UK.

**1.3** Health Education England (HEE 2015) acknowledges that Preceptorship should cover a minimum period of one year. The Trusts PROGRESS programme lasts for a period of twelve months and adheres to the National Preceptorship Standards (Health Education England Accelerated Preceptorship COVID 19, 2020). It is expected that the new registrant attends all taught sessions; **Appendix 1** outlines the structure of the programme which is specific to newly qualified practitioners in line with Health Education England’s Accelerated Preceptorship COVID19 Framework.

**1.4** Furthermore the Trust expects the new registrant to be supernumerary for a minimum of 2 weeks of employment (pro-rata). This will be broken down as follows:

- The first week - will consist of mandatory training and possibly some clinical time, dependant on the hours the new registrant is contracted to work.

- The second week – will consist of mandatory training and local induction

### **National Preceptorship Standards**

- There is an organisational lead for preceptorship
- There is a structured preceptorship programme that has been agreed by the Director of Nursing and Operations
- The organisation facilitates protected time for preceptorship activities
- There is a clear defined purpose of preceptorship that is mutually understood by preceptors and preceptees
- Preceptorship aligns with the organisational appraisal framework
- Preceptors have undertaken training that is distinct from mentorship preparation
- Systems are in place to identify all staff requiring preceptorship
- Systems are in place to monitor and track newly registered practitioners from their appointment through completion of the preceptorship period
- Every newly qualified professional has a named preceptor allocated from day 1 of employment
- Preceptorship is tailored to meet the need of the individual preceptee
- The preceptee undertakes a transitional learning needs analysis
- Preceptorship is monitored and evaluated on a scheduled basis
- A range of relevant skills training and assessments are available to meet the needs of preceptees
- Action learning, group reflection or discussion are included in the preceptorship process
- Preceptees contribute to the development of the preceptorship programmes

(Health Education England, 2020)

**1.5** The Care Quality Commission (CQC) (2010) has made recommendations in relation to preceptees being supported and appropriately managed. They suggest that all staff receive a comprehensive induction taking account of recognised standards within the sector and which are relevant to their workplace and their job role. Furthermore, CQC recommend that this is undertaken when they start their job and is completed before they are allowed to work unsupervised.

## 2. Eligibility Criteria

**2.1** This policy applies to all registered clinical staff within the first twelve months of registering their professional qualification.

**2.2** A bespoke preceptorship programme may also be offered to registered professionals, who are returning to practice from a significant period of absence, staffing moving from a different area of practice or practitioners where there is an identified need i.e. those admitted to the register from other European Economic Area States other Nation States.

## 3. Definitions

- **Preceptee** - a newly registered practitioner or a practitioner returning to practice following extended period out of practice, or practitioner new to area or speciality
- **Preceptor** - a registered practitioner with appropriate training 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 2 weeks within this organisation

## 4. Purpose

**4.1** This policy is to provide a standard approach to preceptorship across the Trust and is aligned with recommendations made by HEE (2020). It is designed to ensure consistency and equity of access across services for all newly registered practitioners, following the achievement of professional registration.

**4.2** 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 Target sets (Appendix 2).

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

- Identify personal and professional issues relevant to their own development and demonstrate behaviours which are consistent with LCHS '*Your Performance Matters*
- Consolidate and apply knowledge acquired during pre-registration
- Identify how national and local policy and strategy initiatives impact on care provision and become familiar with Trust policies and procedures;
- Understand implications of professional accountability and responsibility both personally and the role of others within the team and that associated with safe practice.
- Demonstrate sensitivity to patient needs
- Remain up to date with knowledge and practice
- Become an effective team member and begin to develop confidence and leadership skills
- Demonstrate awareness of ethical, legal and professional issues. Understanding of the accountability and in these issues

**4.4** This policy/programme should be used in conjunction with:

- National Patient Safety Suite available via the Trust staff website and other resources i.e. 'Flying Start NHS, <https://learn.nes.nhs.scot/735/flying-start-nhs> which can be partially accessed as an individual

**4.5** It is recommended that this is completed after the initial six months, at an appropriate time agreed between preceptor and preceptee.

## **5 Duties and Responsibilities**

### **5.1 Role of the Trust Preceptorship Lead**

- Act as a source of knowledge of the Preceptorship Programme Trust wide and share this and the process with all stakeholders
- Lead development of the programme taking into account patient needs, Individual, Trust and National requirements
- Evaluate the programme
- Have systems in place to ensure appropriate access to programme and to report non-attendance to line managers
- Report any concerns that may impact on the quality of preceptorship through the Workforce group
- Inform key stakeholders in any relevant changes to preceptorship
- Define the core subjects for each speciality (Nurse, Physiotherapist, Occupational Therapist, Podiatrist etc.) in conjunction with the Clinical Practice Educators and Speciality Leads

### **5.2 Role of the Clinical Practice Educator**

- Co-ordinating the Trust Preceptorship and act as a source of knowledge of the Preceptorship Programme Trust wide
- Play an active role in developing the programme
- Facilitate the programme
- Provide guidance for preceptors and update accordingly
- Continually evaluate the programme
- Develop, maintain and keep up-to-date preceptorship documentation
- Ensure attendance is documented on Staff individual Electronic Staff Records (ESR)
- Report any concerns that may impact on the quality of preceptorship
- Define the core subjects for each speciality, with the Preceptorship and speciality leads

### **5.3 Role of the Line Manager**

- Ensure the new registrant completes their local induction in line with the Induction policy P\_HR\_04 and Your performance Matters, Probation period for New Employees P\_HR\_64
- 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 to meet the needs of the Service and identified in the initial transitional training needs analysis
- Ensure a preceptor is allocated to the preceptee prior to their arrival within the clinical area
- Ensure quality time is afforded for both parties to meet; minimum of 1 hour per month which is highlighted in the meeting records and recorded as Clinical Supervision
- Ensure that the preceptee is rostered as supernumerary for 2 weeks (pro-rata) from the start of their employment
- Follow procedures for capability if necessary i.e. Escalation Pathway Appendix 2 for Preceptees in Difficulty and the Your Performance Matters guidance as detailed above
- Ensure the meetings are linked as appropriate to the Trusts Appraisal Policy
- Ensure clinical supervision is undertaken and recorded on completion of preceptorship period
- Ensure that evidence is produced and available for audit and submission to professional bodies and quality organisations if required

### **5.4 The Preceptor**

The preceptor will be from the same profession as the preceptee and have a minimum of 18 months post registration experience and will have experience in acting as a preceptor / have completed the Trusts Preceptorship training. A Preceptor can act for preceptee at their level of registration or below. The preceptor will be responsible for supporting the preceptee to meet their learning objectives and provide regular feedback to the line manager (if the line manager is not taking the role of preceptor).

**The preceptor will :**

- Demonstrate best practice by acting as a role model with effective leadership skills, someone who is theoretically and clinically current with a proactive view of contemporary professional issues
- Help the 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
- 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
- Preceptors should be aware of the programme content and dates
- Provide effective support, advice and encouragement embracing an ethos and practice which is based on effective personal relationships
- Have the ability to positively challenge aspects of the preceptees practice
- Identify and openly discuss concerns by adopting a questioning approach to practice
- Facilitate reflection on the preceptees work
- Commit time and provide constructive feedback to support the preceptee, feedback on observed practice to both the preceptee and line manager
- Establish areas of competence specific to the job role
- Identify areas of development and support the development of an action plan
- Agree with the preceptee an action plan for future development (PDP)
- Be prepared and encouraged to undertake training as identified by the organisation required to support the preceptees practice and maintain Continuous Professional Development in justifiable topic areas
- Complete relevant documentation ensuring that the 1, 3, 6, 9, and 12 month formal reviews are completed; the preceptor must ensure that there are 'no surprises' at these meetings as there should be on-going, regular feedback during the period of Preceptorship. Actions plans should be clearly documented
- Understand their individual responsibility for the signing off of a preceptees competence
- Follow the Escalation of Preceptees process to escalate any concerns to Line managers and Education Leads (**Appendix 3**)
- Attend preceptor updates in order to maintain status every 2 years

The preceptor may or may not also be the line manager of the preceptee

## 5.5 The Preceptee

The preceptee must actively participate in the preceptorship process and take individual responsibility for their own, individual actions and personal development.

### The preceptee will:

- Adhere to their Professional Code of Conduct
- Agree with the preceptor a Professional Development Plan (PDP)
- Collaborate with the preceptor and/or line manager to assess their progress against their individual objectives
- Take responsibility for own learning and development
- Demonstrate competence by meeting the criteria required at the three, six, nine (if required) and twelve monthly review meetings by providing relevant evidence via maintaining a preceptorship portfolio of evidence
- Ensure availability to attend dates on the programme and attend all mandatory training
- Contact the Clinical Practice Educator team & your line manager if you are unable to attend any of the sessions due to sickness
- Communicate any concerns immediately, taking responsibility for own actions.
- Proactively seek feedback and ask questions
- Utilise the resources available within the organisation to aid personal development

On completion of the preceptorship period, the preceptee will:

- Maintain a personal portfolio of practice which evidences achievement of their individual objectives and performance standards required
- Choose a clinical supervisor

A preceptee is defined as '*a newly registered practitioner*' however the organisation recognises that there are certain groups of staff that will require a period of mentorship; these may include:

- New to area practitioner
- Experienced practitioner requiring a period of individual support
- Experienced practitioner required to develop specialist knowledge and clinical skills

## **5.6 Role of Learning and Development Team**

- Keep programme co-ordinators apprised of new registrants
- Share names of staff with the Clinical Practice Educator team for allocation and booking onto programmes
- 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

## **6 Procedure**

- More information on the Trusts preceptorship programme can be accessed by visiting the intranet
- Booking onto the programme for all staff identified as requiring preceptorship (incl. those not new to role, but identified as requiring a preceptorship) is made through the Clinical Practice Educator Team [lhnt.cpe-team@nhs.net](mailto:lhnt.cpe-team@nhs.net)
- Managers are required to also book preceptees onto any role specific training highlighted in the Training Needs Analysis or additional training highlighted by the Clinical Practice Educator / Education Lead

## **7 Training and Support**

**7.1** Preceptors will undertake training delivered by the Clinical Practice Educator team and receive support from the Clinical Practice Educators and Line Managers. Information on their annual update will be available through ESR and the staff Intranet.

**7.2** 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.

**7.3** Newly qualified Specialist Practice District Nurse, will require a preceptorship of 12 months of a structured programme to provide on-going professional development.

## **8 References**

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

[www.networks.nhs.uk/nhs-networks/ahp-networks/documents/dh\\_114116.pdf](http://www.networks.nhs.uk/nhs-networks/ahp-networks/documents/dh_114116.pdf)

Health Education England Preceptorship Framework (September 2017)

<https://www.hee.nhs.uk/sites/default/files/documents/CapitalNurse%20Preceptorship%20Framework.pdf>

Health Education England Accelerated Preceptorship COVID 19 (2020)

<https://www.hee.nhs.uk/our-work/capitalnurse/back-clinical-practice-covid-19/accelerated-preceptorship-covid-19>

NHS Scotland (2017)

Flying Start

TURAS: <https://learn.nes.nhs.scot/735/flying-start-nhs>

Health Education England (2015). *Health Education England Preceptorship Standards*. Nursing and Midwifery Council . Guidance for Preceptorship (2020)

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-principles-for-preceptorship-a5.pdf>

## **9 Associated Trust Documents**

P\_HS\_15 Dress Code and Uniform Policy

P\_HR\_13 Learning And Development Policy

P\_HR\_64 Your Performance Matters: Probation Period for New Employees

P\_HR\_15 Flexible Working Policy

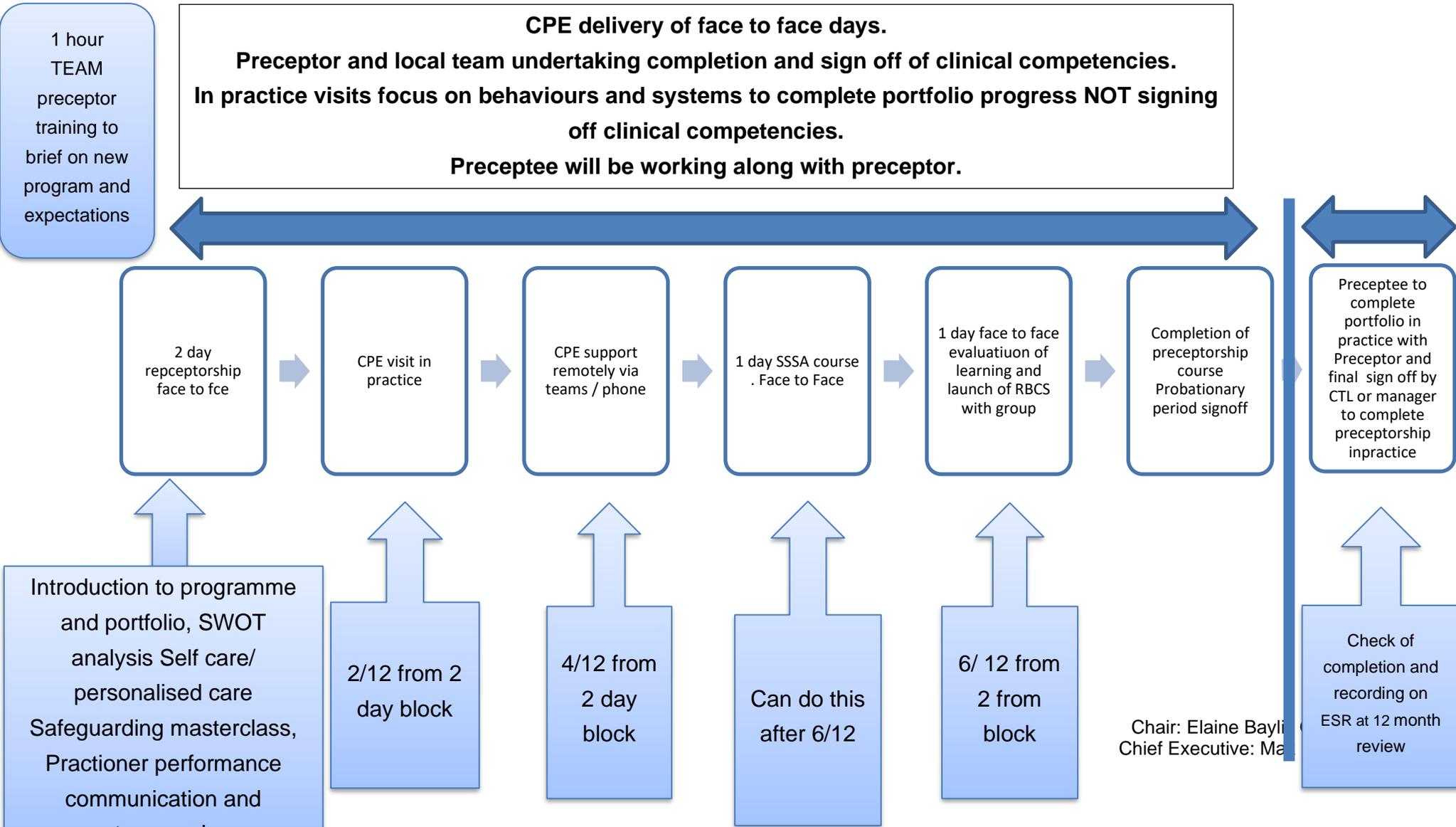
P\_HR\_68 Your Performance Matters

P\_CS\_29 Clinical Supervision policy

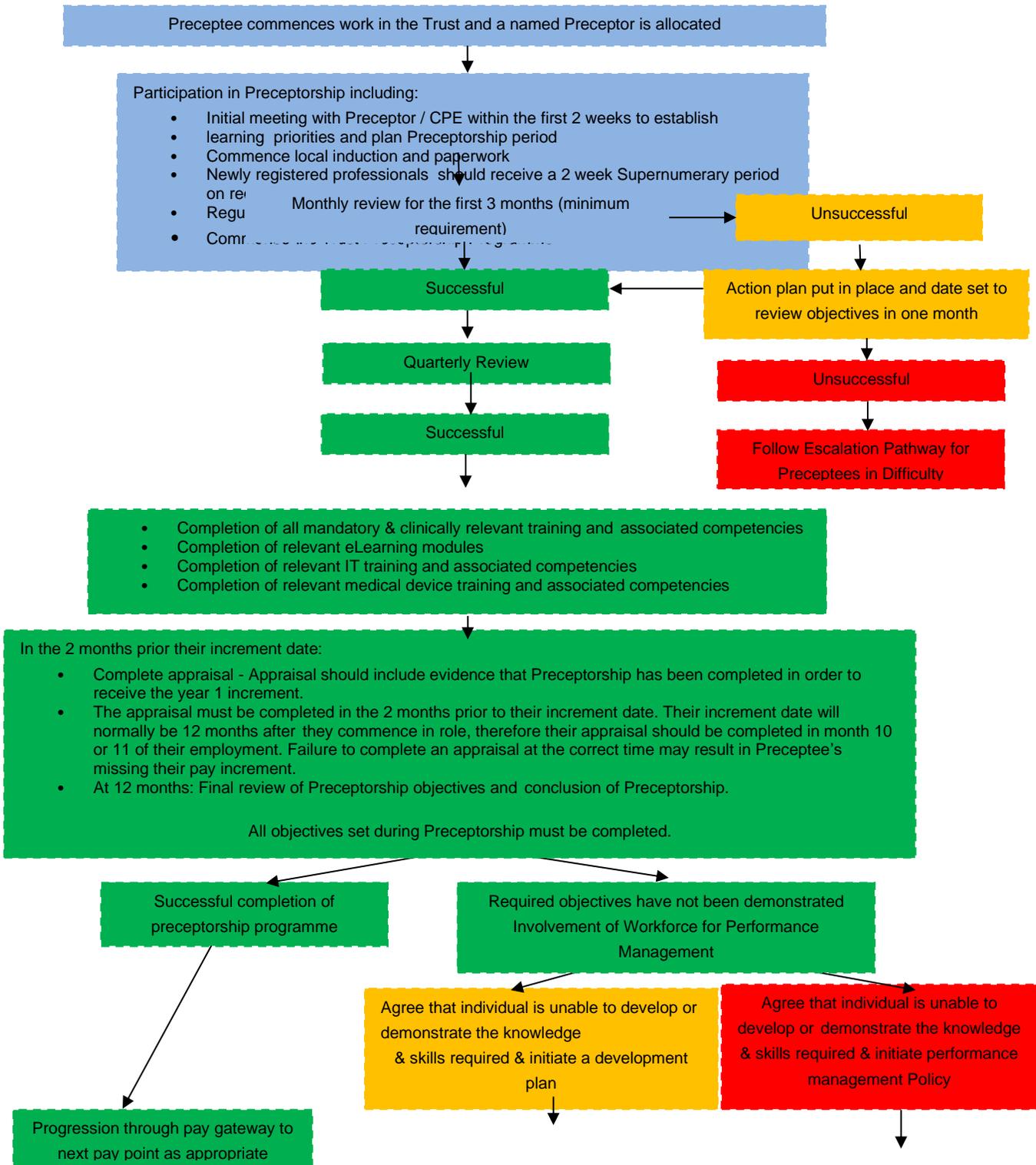
## **10 Review of document**

Full review is next due December 2022

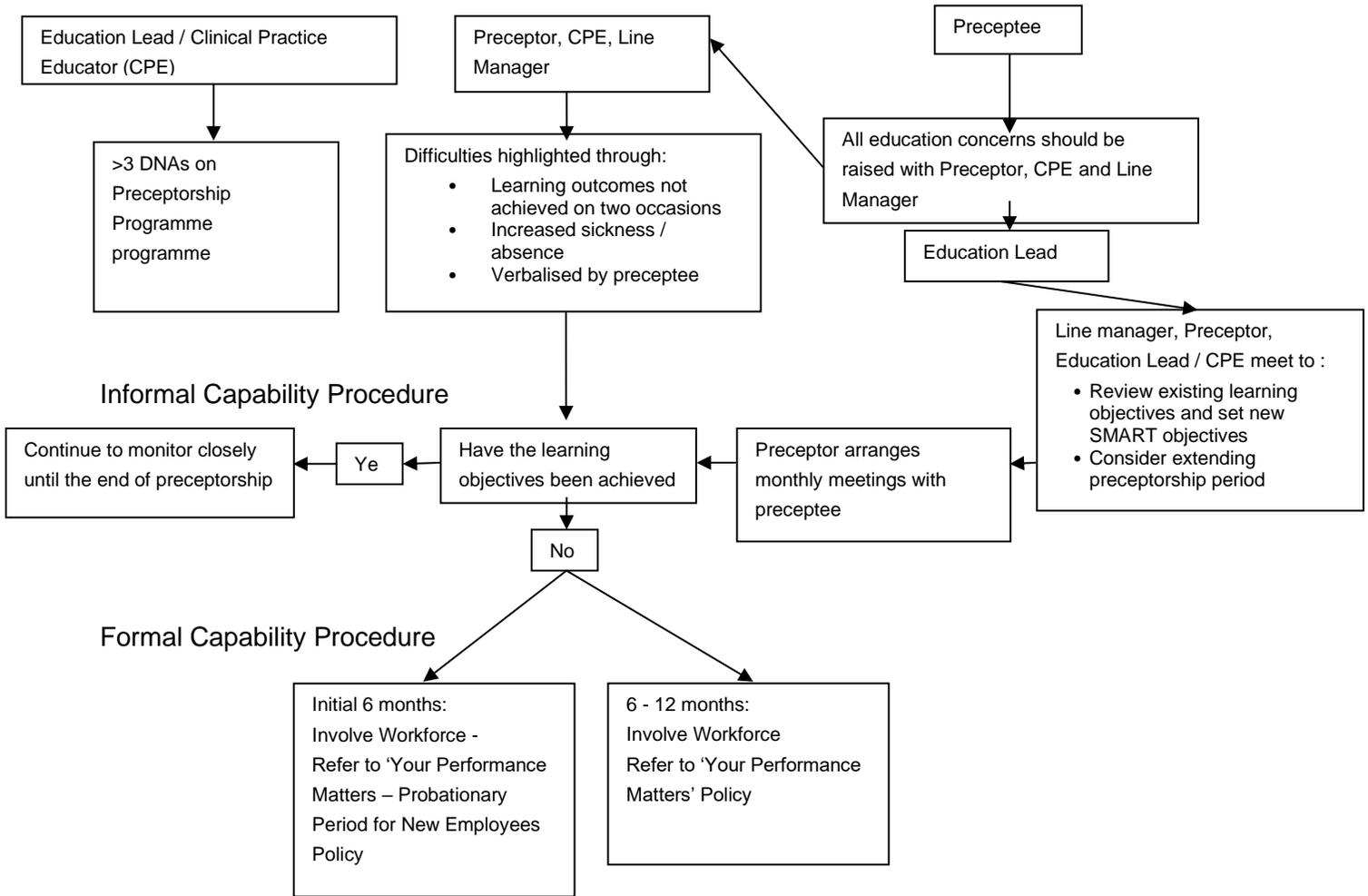
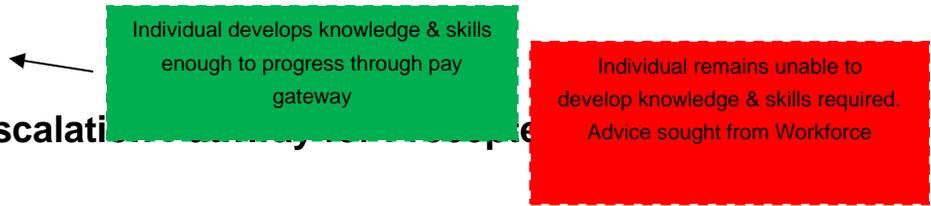
**Appendix 1: Accelerated Preceptorship Programme time line**



## Appendix 2: PRECEPTORSHIP PROCESS



### Appendix 3: Escalation



## Appendix 4: Equality Analysis

**NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required**

### Equality Impact Analysis Screening Form

Title of activity	Full review		
Date form completed	15/10/20	Name of lead for this activity	Ruth Cocks

Analysis undertaken by:		
Name(s)	Job role	Department
Ruth Cocks	Clinical Practice Educator	Effective Practice
Sally Anne Bradley	Clinical Practice Educator	Effective Practice

What is the aim or objective of this activity?	Review and update the policy in line with the revised practice in response recommended by HEE and practical implementation during COVID 19
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i>	This will benefit newly qualified staff to transition from student to registered practitioner, this will lead to benefits to service users of competent supported practitioners

### Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral Impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<b>Marriage &amp; civil partnerships</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Pregnancy &amp; maternity</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Race</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Religion or belief</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Sex</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Sexual Orientation</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Additional Impacts</b> <i>(what other groups might this activity impact on? Carers, homeless, travelling communities etc.)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If you have ticked one of the above equality groups please complete the following:

**Level of impact**

	Yes	No
Could this impact be considered direct or indirect discrimination?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, how will you address this?		

	High	Medium	Low
What level do you consider the potential negative impact would be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If the negative impact is high, a full equality impact analysis will be required.*

**Action Plan**

How could you minimise or remove any negative impacts identified, even if this is rated low?

How will you monitor this impact or planned actions?

Future review date: