Preceptorship Guideline

Name of Guideline Author and Title: Sally Whitehouse
Preceptorship Lead

Name of Review/Development Body: Practice Development Group (PDG)

Ratification Body: Professional Nursing and Midwifery Steering Group

Date of Ratification/Effective From: April 2015

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Reviewing Officer: Deputy Director of Nursing

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Removal of ONP as superceded by TOC
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1.0 INTRODUCTION
At the Royal Surrey County Hospital NHS Foundation Trust in order to put the needs of our patients first we aim to provide the best possible development environment for our staff. Supporting both the Willis Report (2012, 2015) and Francis Report (2013) we are committed to the continuous development of all staff across all disciplines, encouraging them where possible to develop their skills and careers at the Trust.

2.0 PURPOSE
The purpose of this guideline is to

- Identify what is meant in this Trust by “preceptorship”
- Identify what is meant in this Trust by “new entrants”
- Identify who is eligible for preceptorship
- Link with the Knowledge and Skills Framework
- Put in place a procedure which supports this guideline
- Ensure fairness and consistency across the Trust

2.1 OBJECTIVE
To ensure a standardised and consistent approach to Preceptorship across the Trust.

3.0 SCOPE
3.1. INCLUSIONS
3.1.1 Clinical staff are nurses, midwives and Allied Health Professionals.
3.1.2. An accountable professional on the first point of the band 5 pay level who has just completed a clinical professional qualification in the UK or another EU country.
3.1.3 A nurse employed in a substantive role at Band 5 who has had no previous acute nursing experience.
3.1.4 Nurses and midwives who have trained overseas, have experience as a registered practitioner in other countries but are employed on the first point of the band 5 pay level. This includes Test of Competence (TOC) entrants to the NMC register.
3.1.5 The above members of staff will subsequently be referred to as the “preceptee” throughout this document.
3.1.6 The guideline applies simultaneously to the Probationary Policy.

3.2 EXCEPTIONS
3.2.1. This guideline does not apply to registered clinical staff who join the Trust after their first year of qualifying as their initial profession.
3.2.2 This guideline does not apply to staff employed in a non substantive position.

3.2.3. This guideline does not apply to nurses who have trained overseas, have experience as a registered practitioner in other European countries and are employed above the first point of the band 5 pay level. These nurses and their managers can select competencies and training from the Preceptorship programme to match the individuals needs.

3.2.4. This guideline does not apply to medical staff.

3.2.5. This guideline does not apply to patients or visitors.

4.1 DUTIES / RESPONSIBILITIES

4.1.1 Director of Nursing and Patient Experience

Overall responsibility to the Board for ensuring patient safety through the safe support and development of newly qualified clinical staff. Furthermore the Director of Nursing ensures that a robust supportive structure is in place for the development of newly qualified staff in the Trust.

4.1.2 Preceptorship Lead

It is the responsibility of the Preceptorship Lead to ensure the Nursing Preceptorship programme across the Trust meets the standards set within the Department of Health’s Preceptorship framework and are reviewed bi-annually. The Preceptorship lead is responsible for maintaining a live database of nursing preceptees across the Trust tracking each’s progression through their programme providing an annual report to the Deputy Director of Nursing. Furthermore it is the Preceptorship Lead’s role to audit the effectiveness of Nursing Preceptorship across the Trust and report to the Clinical Governance Committee.

4.1.3 Professional Lead/Manager

It is the responsibility of the clinical lead/manager to develop a preceptorship programme, in partnership with the Preceptorship Lead. A manager must obtain the approval of the preceptorship programme from professional lead and Associate Director/Head of Service. They must submit the programme to the Director of Nursing and Operations and Director of Human Resources and Organisational Development for approval as a preceptorship programme for the Trust.

4.1.4 Manager

It is the responsibility of the manager to ensure the “preceptee” is provided with a named preceptor/s within the first two weeks of induction.(Refer to the Learning and Development Guideline latest version). The manager must ensure the preceptor
receives sufficient preparation and support for this role. Nursing must aim for 60% of the team to be preceptors and this is monitored by the Mentor database which is maintained by the Learning Environment Lead. It has been agreed that within AHPs it is sufficient for a preceptor to have no more than one preceptee to support at any one time. The AHP manager is responsible for maintaining their own departments preceptor database.

The manager must ensure that the preceptee is given support to meet the competencies and assess the completion of such as well as any actions being taken for not meeting the standard. The decision to extend the supernumerary period must be made jointly by the Band 7 Senior Sister/Charge Nurse and the Matron with clear objective setting for this period. This decision must be shared with the PDT.

The manager must ensure that the preceptee is given support to attend relevant training within the Preceptorship programme.

The manager must schedule appointments for the induction, second and final formal Probationary Contract/preceptorship reviews. On completion they must place a copy of the signed documents which sits within each programme in the individual's personal file and send a copy to the Preceptorship Lead.

4.1.5 Practice Development Team - Nursing

It is the responsibility of the Practice Development Team (PDT) to ensure that the competency profile is evidence based, up to date, and reviewed biannually. The PDT must make contact with the nursing preceptees on at least three occasions within their preceptorship year. The PDT maintain an up to date database of all preceptees and RAG rate each individual staff member following assessment at the initial courses within preceptorship, clinical support and feedback from managers. The PDT will inform the Matron and Band 7 of any staff RED RAG rated. Any preceptee rated RED will have support from the PDT and be on a formal development plan, which the ward Sister/Charge Nurse and preceptor will have be responsible for writing and sharing with the PDT, in addition to their preceptorship programme. When working clinically the PDT will provide supervision and clinical support whilst in a supernumery status and provide feedback to the Ward Sister/Charge Nurse/Matron and preceptee as appropriate. The database of all preceptees is in partnership with Human Resources.

4.1.6 Practice Development - AHPs

Practice Development within the individual Allied Health Profession teams is agreed on an individual team basis

4.1.7 Preceptor

It is the responsibility of the preceptor to make contact and work with the preceptee during the start of the induction period. They must agree meeting dates to review the preceptee’s progress and plan further development needs. The preceptor must assist and encourage the preceptee to complete the competencies, attend the training and complete all documentation regarding the process. It is the preceptor’s duty to liaise...
with the ward/department manager, preceptee and practice development team (if applicable) to ensure competencies are completed in a timely manner and any development needs are escalated as appropriate. The preceptor should maintain a record of their preceptorship activity as evidence of their own individual development. See Appendix 1 for full Definition of Preceptor, linked to NMC Standards to support learning and assessment in practice.

4.1.8 Preceptee

It is the responsibility of the preceptee to work with their preceptor to achieve a competent level within the set timeframe. The preceptee must agree with their preceptor/manager appointments to review progress. The preceptee is a registered practitioner and therefore accountable for all their own actions, they must ensure they work within their boundaries and follow their Professional Code of Conduct/ Standards of Conduct, Performance and Ethics. They will be expected to record evidence to show that they have applied the required knowledge and skills in their post, reflected on their practice and experience and have met the requirements of the Trust.

4.1.9 Reward and Resourcing

It is the responsibility of the Reward and Resourcing department to maintain a tracking system of all new entrants joining the Trust and sharing this information with the Preceptorship Lead.

5. SUBJECT MATTER OF GUIDELINE

5.1 Preceptorship

A period of transition for the newly registered professionals during which time he or she will be supported by a preceptor(s), to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of lifelong learning. (DH 2010). It is a mandatory programme to support newly qualified practitioners reach the standards required to practice at the foundation gateway.

5.2 Requirements

A Preceptorship programme will include the following elements:

- A set of competencies or standards that the preceptee is expected to achieve, after 6 months and one year that can be applied simultaneously to the Probationary Policy
- A suitably trained preceptor allocated to each new entrant
- A competence/standards pack which will be signed off by the preceptor and the new entrant
- Support and education for the new entrant to achieve the competence and confidence of standards
- Evidence and assessment that the competence or standards have been achieved in line with the Trust’s Personal Development Review process.
5.3. The Process

The manager will book new preceptees onto the Introduction to Preceptorship at the RSCH training session by emailing rsc-tr.practice developmenttraining@nhs.net on, or before, first day of employment.

European Nurse preceptees will attend the tailor made EU Induction programme during the first week of employment and will commence the preceptorship programme after they have completed their supernumerary period. This group of preceptees are added to the PDT database when they attend the EU induction programme. EU nurses are booked on to the Preceptorship at the RSCH training session by the PDT.

PDT will introduce the preceptee to the Preceptorship Programme and explain the assessment process.

5.3.1 First Formal Probationary Review

In accordance with the Trusts Local Induction Framework and Probationary Policy all new entrants will have a development review meeting with their line manager/preceptor within 2 months of their arrival.

5.3.2 Probationary Final Formal Review

Those staff undergoing preceptorship must have a development/End of Probation Review at five to six months. The focus on this formal review is to review the probationary period and the employees ability to perform the job. There should be “no surprises” in this meeting as the preceptee should have received regular feedback on their performance. Any reflective work and reading logs will be reviewed here if not before. If the required standard has been met then the Probationary Final Formal Review will be completed by the manager and a copy sent to the Preceptorship Lead and another to the Reward & Administration Department.

5.3.3 Failure to meet requirements at the six month stage

If the preceptee has not provided sufficient evidence that they have achieved the six month review standards, the manager will follow the Probationary Policy. The manager must record which of the standards or performance criteria have not yet been achieved. They will provide detailed feedback and guidance as soon as possible to assist the preceptee to meet the required standards and help them formulate an action plan. IF UNSUCCESSFUL advice must be sought from HRBP BEFORE deciding upon an option. Manager to complete Preceptorship Extension Form (Appendix 2) with
Preceptee if an extension to preceptorship is agreed. If an extension period is agreed the nurse preceptor/ee should consider asking the Practice Development Team for further support. The AHP preceptor/ee should consider asking the Professional Lead. As soon as the employee is able to demonstrate that they have achieved the six month review standards, the Record of Achievement Form must be completed and one copy sent to the Preceptorship Lead and another placed in the individuals personal file in Reward and Resourcing.

5.3.4 Twelve month Review

After the final probationary formal review, the preceptorship process continues. The preceptor and preceptee should assess what they need to do to complete the preceptorship programme and competencies. The preceptee will continue to work towards their twelve month development review/PDR which will be conducted in accordance with the Trust’s Learning and Development Policy. The completion of the preceptorship programme and achievement of the KSF subset outline will result in the new entrant moving through their Foundation Gateway.

The Trust recognises the successful completion of the Preceptorship programme and formally presents successful preceptees with the RSCH hospital badge and certificate at the annual awards ceremony.

5.3.5 Failure to meet the requirement at the twelve month review

If the preceptee has failed to meet the standard, and provide sufficient evidence they will be stopped from passing through the foundation gateway. Any concerns should be highlighted to the Human Resources Business Partner (HRBP) as soon as possible. At this point the situation must be reviewed and the Capability Policy should be considered. Unless by prior agreed extension of the Preceptorship period failure to meet the requirement within the twelve months is final, cannot be extended at this point and the preceptee will not be presented with their badge and certificate.

5.3.6 After the twelve month review meeting

The period of preceptorship ends after the preceptee has successfully met the requirements of the foundation subset outline. Thereafter the member of staff will continue to engage in regular supervision and other learning in order to address the learning objectives identified in their personal development plan and fulfil their Revalidation requirements.

5.3.7 Midifery Process

It is anticipated that some of the competencies required for preceptorship may take up to 2 years to complete which is managed and monitored through the Probationary and PDR process. Midwives are considered for a Band 6 once all the skills and competencies of the Preceptorship programme are completed.

5.4.1 Unexpected Break in Service
If the preceptee is forced to take time away from the workplace due to, for example sickness or personal reasons, then the foundation gateway can be deferred for the period of time of the absence

5.4.2 Transfer of Clinical area of employment mid Preceptorship Programme

If the preceptee transfers place of work from one clinical area to a comparable clinical area the preceptorship process continues with a handover from the old manager to the new. The objectives remain the same but a reasonable period of adjustment and extension should be agreed for adaptation. Managers to inform PDT in this instance. Completion of the Preceptorship Exnsion Form is necessary. See Appendix 2.

If the preceptee transfers place of work from one clinical area to an incomparable clinical area with a separate preceptorship programme, eg, from a ward to ICU or A&E, then the manager and preceptee must formally agree reasonable objectives and extension to preceptorship period, informing the PDT

5.5 Part Time Workers

Preceptees working part time may have their Preceptorship programme extended at the start of their employment in agreement with the HRBP and the Preceptorship Lead

5.6. Appeal Process

Any employee who has failed to meet the requirements for preceptorship and

- believes that he/she has been unfairly disadvantaged throughout the process
- has not been given a fair opportunity to meet the requirement
- has not had fair assessment throughout the process

can appeal against his/her decision of failure to meet the required standard.

5.6.1 The preceptee may appeal to the Matron/Line Manager who will arrange for a more senior manager to hear the appeal.

5.6.2 The appeal must be made in writing within 10 working days from the twelve month review meeting.

5.6.3 The manager hearing the appeal will make arrangements for the appeal hearing to take place within 10 working days, unless otherwise agreed by both parties.

5.6.4 Following the appeal hearing the manager will inform the preceptee in writing within 5 working days of the decision

5.6.5 The decision of the manager hearing the appeal is final.

6. TRAINING

No training is required for the implementation of this guideline.
7. IMPLEMENTATION
No action plan is required as systems are already in place.

8. MONITORING COMPLIANCE
8.1 A preceptor database monitoring compliance to all Preceptorship Programmes across the Trust is mapped with the Resourcing Department data, held and updated by the Preceptorship Lead.

8.2 Annual preceptorship report is submitted to the Professional Nursing and Midwifery Steering Group.

9. REVIEW, APPROVAL/RATIFICATION AND ARCHIVING
The guideline will be reviewed every 3 years or earlier if national guideline or guidance changes are required to be considered. The review will then be subject to approval and re-ratification. The author or local guideline officer is responsible for ensuring that archive copies of superseded working documents are retained in accordance with the Records Management: NHS Code of Practice, 2009, refer to Guideline Development and Management: including policies, procedures, protocols, guidelines, pathways and other procedural documents.

10. DISSEMINATION AND PUBLICATION
Dissemination of the final guideline is the responsibility of the author. They must ensure the guideline is uploaded on TrustNet via the Central Guideline Officer. The Central Guideline Officer is responsible for informing the Communications team to issue a trust-wide notification of the existence of the guideline.

Ward Managers and Heads of Department are responsible for distributing this guideline and ensuring that all relevant staff are aware of the guideline.

11. EQUALITY IMPACT ANALYSIS
The author of this guideline has undertaken an Equality Impact Analysis and has concluded there is no impact identified. The Equality Analysis Initial Screening has been archived and is available via the Central Guideline Officer.

12. ASSOCIATED DOCUMENTS
This guideline should be read in conjunction with the following Trust policies (Latest versions):

- Capability Policy and Procedure
- Induction Policy
- Learning and Development Policy
- Local Induction Framework
- Mentorship Guideline
13. REFERENCES

Agenda for Change Terms and Conditions Handbook 2004


NHS terms and conditions of service handbook/Amendment number 28. Pay Circulars (AforC) 1 and 2/2013


APPENDIX 1

Definition of a Preceptor: Linked to NMC Standards to support learning and assessment in practice

A registered professional with a minimum of 1 years post registration experience and a recognised qualification or meets the requirements laid down by their professional body. A preceptor should be able to demonstrate and provide evidence that they have developed and further enhanced their own knowledge, skills and competence beyond registration. They should have the ability to deliver and assess programmes of development and are able to support preceptee’s in their area of practice.

COMPETENCE AND OUTCOMES FOR A PRECEPTOR

Communication

- Facilitate and develop the ethos of inter-professional working by demonstrating effective professional working relationships to support learning
- Be able to support staff moving into specific areas of practice beyond initial registration by providing constructive feedback, assisting them in identifying their individual future learning need

Facilitation of Learning

- Foster professional growth and personal development by use of effective communication and facilitation skills
- Enable staff to relate theory to practice whilst developing critically reflective skills

Assessment and accountability

- Adhere to professional codes of conduct in the context of service and/or patient delivery
- Be able to assess professional performance in order to feedback the preceptee’s progress to their line manager
- Assist preceptee to collate evidence to ensure that they meet the Knowledge and Skills Framework (KSF) and Continuing Professional development requirements

Creating and maintaining an environment for learning

- Ensure their skills are maintained and updates regularly in line with RSCH and professional body requirements/guidelines

Context of practice

- Support staff in exploring new ways of working and the impact this may have on established professional roles and changing organisations
- Encourage preceptees to complete accurate and appropriate records by demonstrating contemporaneous record keeping

Evidence based practice

- Advance own knowledge and practice in order to develop new practitioners to be able to meet changes in practice roles and care delivery
• Disseminate findings from research and practice development to enhance practice and the quality of learning experiences

Leadership

• Provide practice leadership and expertise in the application of KSF
• Manage competing demands of practice and education related to supporting a ‘learner’ in practice.
Appendix 2:
EXTENSION OF PRECEPTORSHIP FORM

NAME OF PRECEPTEE: …………………………………………………………………………

CLINICAL AREA: ……………………………………………………………………………

NAME OF MANAGER: ………………………………………………………………………

INITIAL DATE OF PRECEPTORSHIP COMPLETION: ………………………………

PROPOSED DATE OF PRECEPTORSHIP COMPLETION: ……………………………

REASON FOR PRECEPTORSHIP EXTENSION: ………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

CLEAR OBJECTIVES SET AND AGREED, WITH TIMEFRAME, FOR COMPLETION OF
PRECEPTORSHIP. YES/NO

SIGNED PRECEPTEE: ………………………………………………………………………

SIGNED MANAGER: ………………………………………………………………………

COPY OF FORM SENT TO PRACTICE DEVELOPMENT TEAM. YES / NO