



**Joint Policy for Cumbria Partnership Foundation Trust & North  
Cumbria University Hospital NHS Trust**

**Policy Title: Multi-Professional Preceptorship Policy**

<b>Reference</b>	POL/WOR/013
<b>Version</b>	1.0
<b>Date Ratified</b>	30/01/2017 (adopted as joint policy Jan 2019)
<b>Next Review Date</b>	31/01/2020
<b>Accountable Director</b>	Executive Director of Nursing and Midwifery
<b>Policy Author</b>	Clinical Education and Workplace Facilitator

Please note that the Intranet / internet Policy web page version of this document is the only version that is maintained.

Any printed copies or copies held on any other web page should therefore be viewed as “uncontrolled” and as such, may not necessarily contain the latest updates and amendments.

Cumbria Partnership NHS Foundation Trust | North Cumbria University Hospitals NHS  
Trust

## Data Protection Legislation

The Trust(s) are committed fully to compliance with the requirements of the General Data Protection Regulations (GDPR) 2016 and the Data Protection Act (DPA) 2018. The GDPR and DPA legislation aims to balance the requirements of organisations to collect, store and manage various types of personal data in order to provide their services, with the privacy rights of the individual about whom the data is held.

The GDPR and DPA legislation covers both manual and computerised records in any format, where the record contains details that can identify, directly or indirectly data on a natural person or persons. The DPA sets out principles which must be followed by those who process data; it gives rights to those whose data is being processed.

## Policy On A Page

### SUMMARY & AIM

A structured preceptorship period will be provided for all newly registered healthcare professionals, those returning to practice, changing their area of practice, role or new to the Trusts.

The overall aim of preceptorship is to facilitate and support the above groups of staff in their progress to through their transition into their role as a confident and competent practitioner to deliver safe high quality care.

This policy is supported by the preceptorship programme and associated band and role specific competency frameworks (see separate appendices) which will be made available to individuals on commencement of their preceptorship.

### TARGET AUDIENCE

Preceptees - All newly registered Nurses, Midwives and AHPs, returning to practice, changing their area of practice, role or new to the Trust.

Preceptors - All registered Nurses Midwives and Allied Health Professionals

Senior Nurses/Midwives/ AHPs  
Operational Managers /Ward Managers/  
Service Leads

### TRAINING

Preceptees will be made aware of this policy at corporate induction and again on the preceptorship education programme.

Preceptor preparatory workshops will be delivered cross organisations and raise awareness of this policy.

### KEY REQUIREMENTS

1. All newly qualified registrants, return to practice professionals and newly appointed staff (bank, internal transfers, out of areas and overseas) are required to participate in the preceptorship programme.
2. It is the responsibility of Ward Managers/ Service Leads to ensure the Preceptee has access to a named Preceptor and structured preceptorship is provided.
3. It is the responsibility of each Preceptee to ensure they complete their Preceptorship the agreed timescale of up to 12 months. This period may be extended if required and agreed by manager.
4. The period of preceptorship is not as an extension of a formal programme of education and all Preceptees, registered in their individual disciplines, are accountable for their own practice.
5. Regular meetings will be held between Preceptee and Preceptor and any professional issues or concerns raised with Line Manager. Clear action plans will be developed with any Preceptee struggling to attain competencies.

---

**TABLE OF CONTENTS**

1.	INTRODUCTION .....	5
2.	PURPOSE .....	6
3.	POLICY.....	6
3.1	DEFINITIONS.....	6
3.1.1	Preceptorship .....	6
3.1.2	Preceptor.....	7
3.1.3	Preceptee.....	7
3.1.4	Core competencies .....	7
3.2	AIMS OF PRECEPTORSHIP .....	7
3.3	Training & Support in the Implementation of Preceptorship .....	7
3.3.1	Preparation and allocation of Preceptors.....	7
3.3.2	Supernumerary status .....	7
3.3.3	Education Programme for preceptees .....	8
3.3.4	Preceptor Preparatory training .....	8
3.4	Documentation.....	8
3.5	Team Approach.....	8
3.6	Revalidation.....	9
3.7	Clinical Supervision .....	9
3.8	Completion Of Preceptorship .....	9
3.8.1	Failure to meet required level of competence.....	9
4.	TRAINING.....	9
5.	PROCESS FOR MONITORING COMPLIANCE .....	10
6.	REFERENCES .....	10
7.	ASSOCIATED DOCUMENTATION .....	10
8.	ROLES & RESPONSIBILITIES .....	10
8.1	Chief Executive .....	10
8.2	Nominated Director .....	11
8.3	Trust Board.....	11
8.4	Quality and Safety Committee.....	11
8.5	Professional Heads/Leads.....	11
8.6	Locality Managers and Service Managers.....	11
8.7	Ward Managers and Ward Sisters/ Team Leaders .....	11
8.8	Preceptor.....	11
8.9	Preceptee .....	12
8.10	Nursing and Midwifery Board Responsibilities:.....	12
	<b>DOCUMENT CONTROL.....</b>	<b>13</b>

## 1. INTRODUCTION

This policy is designed to ensure that all healthcare professionals that are newly registered are supported, with a twelve month preceptorship, in the transition between registration and taking on greater levels of responsibility while adjusting to their new role. An agreed period of preceptorship is also a framework of support that can be provided to registrants who are returning to practice or moving into a new practice area. Preceptors will support preceptees and be guided by a structured competency framework appropriate to role (separate document to accompany policy (appendices)).

This policy and associated competency frameworks have been developed to guide team leaders in the provision of structured preceptorship for: all newly registered healthcare professionals joining the organisation; those returning to clinical practice; those moving into new practice areas and or roles e.g. Community Specialist Practitioners, and overseas-prepared practitioners who have satisfied the requirements of, and are registered with, their regulatory body.

Moving from the role of student into practice is a demanding time for many health care professionals as they meet the opportunities and challenges of their first post. The realistic nature of practice with all its resource issues and other frustrations can lead to an increase in attrition rates (NHS Employers, 2014). Preceptorship is a support framework that incorporates activities designed to ease the transitional experience of new registered practitioners and facilitates the application of new knowledge and skills to enhance their professional development and competency (DH, 2010; DH, 2011). The NMC strongly recommends that all 'new registrants' have a period of preceptorship on commencing employment to support transition and integration into new roles and teams (NMC, 2006).

Preceptorship should be integrated with professional standards, supervision, continuing professional development (CPD), and core clinical competencies (HEE, 2015). The preceptorship period of support is not to be considered as an extension of a formal programme of education, but one where knowledge, skills, professional capabilities and behaviours are refined and applied in practice. Practitioners will be accountable for their practice from the point of registration, regardless of any support system.

Within both Cumbria Partnership Foundation Trust (CPFT) and North Cumbria University Hospitals Trust (NCUHT) it is recognised that preceptorship programmes currently differ across services and professional groups in response to local needs and circumstances. The trust acknowledges that Speech and Language Therapists, Podiatrists, Occupational Therapists (Morley, 2012) and Health Visitors (DH, 2015) have structured preceptorship programmes in place which have been set by their professional body. However, this policy aims to standardise a process to ensure structured preceptorship is available to all who require support during a period of transition into new roles (HEE, 2016).

Aspects of preceptorship support may also be offered to other members of staff joining the organisation on a higher incremental point or on a different band; for example, in band 4 Assistant Practitioner roles. In these circumstances it will be the

responsibility of service managers and professional leads to decide when preceptorship is required and documentation used.

This policy needs to be read in conjunction with the following Trust documents:-

Corporate and Local Induction Policy and Procedures

Personal Development & Appraisal Policy

Management Supervision Policy

Clinical Supervision and Peer Review Policy

Cumbria Partnership Foundation Trust Nursing Strategy

## **2. PURPOSE**

The overall aims of preceptorship are to:

- Provide a structured framework of support for new registrants to meet local/professional standards for twelve month review
- Provide support during the early phase of taking up a new role or returning to practice
- Facilitate the development of skills and professional behaviour
- Promote continuing professional development and reflective practice

## **3. POLICY**

### **3.1 DEFINITIONS**

#### **3.1.1 Preceptorship**

Preceptorship is an individual teaching/learning method in which each learner is assigned to a particular preceptor, for a given period of time, so they can experience day-to-day practice with a role model thereby enhancing the effectiveness of learning and promoting role adjustment in the clinical setting. It is designed to help registered staff in the transition of taking on greater levels of responsibility while adjusting to their new role.

The Preceptorship Framework (DH, 2010) defines preceptorship as

“A period of transition..... to develop confidence as an autonomous professional, refine skills, values and behaviours to continue on their journey of lifelong learning.”

The process can be used for practitioners who are: newly registered, or returning to practice after a break of 5 years (2 years for Occupational Therapy) or more, entering a new field of practice or a first post following the completion of an academic qualification, e.g. Community Specialist Practitioners. Preceptorship is not an extension to formal training, but a period during which knowledge, skills and attitudes acquired during training are applied to practice. During this period it is important for the preceptee to remember that they are accountable for their own actions within the context of their knowledge base.

### **3.1.2 Preceptor**

A preceptor is a practitioner who has consolidated experience within the same or associated practice field as the preceptee. Preceptors should have at least twelve months experience within the same area of work as the individual requiring the support. They will serve as a role model, empower, support and give guidance to the preceptee for a fixed period of time. They will facilitate the personal and professional development planning process of the preceptee. The role of the preceptor can be shared by more than one practitioner when circumstances dictate that this is beneficial.

### **3.1.3 Preceptee**

A preceptee is a newly qualified practitioner, a return to practice registrant or someone new to a practice area/role requiring support.

### **3.1.4 Core competencies**

The core competencies will reflect Trust values and will be generic to all professions. The Preceptorship competency framework documentation will be flexible for the insertion of profession specific/role and clinical competencies.

## **3.2 AIMS OF PRECEPTORSHIP**

- Enable the transition to proficient practitioner to take place
- Support registered staff working in new roles and environments with the identification of immediate development goals and needs
- Resolve potential difficulties in the transition period associated with working in a new clinical environment
- Ensure responsibilities are not placed too soon or inappropriately upon inexperienced practitioners
- Minimise stress during this transition
- Assist the consolidation and application in practice of knowledge, skills and attitudes acquired during past experience

## **3.3 Training & Support in the Implementation of Preceptorship**

### **3.3.1 Preparation and allocation of Preceptors**

It is the responsibility of the team manager to allocate appropriate preceptors to support new members of staff. Within two weeks of joining the Trust and as part of the local induction, the new member of staff will be introduced to their preceptor. The preceptor will explain the preceptorship policy and competency framework. The preceptor and line manager must ensure the preceptee has a robust orientation and local induction to the clinical area. The line manager must inform the preceptee of the required mandatory training or other essential training required during the preceptorship period and ensures they can attend.

### **3.3.2 Supernumerary status**

On commencement of preceptorship the preceptee would benefit from a period of supernumerary status. This protected time enables observation and familiarisation

with the practice area and team, routine, systems and processes involved in the delivery of healthcare.

### **3.3.3 Education Programme for preceptees**

Preceptorship Education Programme designed to meet HEE Standards (2016)

- ✓ Twelve Study Days
- ✓ Professional Issues & Clinical Skills
- ✓ Competence Framework Documentation
- ✓ PDSA approach
- ✓ Evaluation - you say we do!
- ✓ SCOB analysis – self assessment
- ✓ Reflection
- ✓ Preceptor support and constructive feedback
- ✓ Concerns raised early
- ✓ Revalidation

### **3.3.4 Preceptor Preparatory training**

Preceptor preparatory workshops designed to meet HEE Standards (2016)

For preceptors to:

- Develop an understanding of what preceptorship is; the role of preceptor and preceptee, and competency frameworks
- Increase knowledge of the learning opportunities and career pathways available
- Explore a variety of strategies to facilitate learning
- Identify methods of assessment, providing constructive feedback and support

## **3.4 Documentation**

The Preceptorship competency framework ensures consistency in relation to core competencies but there is an expectation that the team will develop and include competencies specific to their clinical area of practice. It is essential that preceptees understand what is expected of them. All documentation relating to preceptorship must be kept in the preceptees personal development folder. It is recommended that the individual also keep a portfolio copy as evidence of ongoing professional development to meet Revalidation requirements which builds onto the PREP requirements as identified by the NMC (2016).

The progress meetings/sessions must be clearly documented and if they do not take place there needs to be a clear rationale documented as to the reasons why. If the preceptee has any concerns, in the first instance it should be raised with the preceptor, then the line manager. If the issue is still not being dealt with, then an alternative contact should be provided e.g. professional lead. It is important that the preceptee feels safe and supported to speak out about issues that are not being resolved or concerns about quality or safety.

## **3.5 Team Approach**

Preceptorship is everyone's business. The line manager must ensure that all members of the clinical team are informed of any member of staff going

through a period of preceptorship to ensure support and guidance is offered to the preceptee by all members of the clinical team.

### **3.6 Revalidation**

At the point of re-registration Nurses / Midwives will be required to show that, as a professional, they are living by their professional Code's standards of practice and behaviour. Participation is ongoing and Nurse/ Midwives are to meet a range of requirements designed to show that they are keeping up to date and actively maintaining their fitness to practice. This process is called revalidation.

### **3.7 Clinical Supervision**

This is a learning activity that is recognised by professional bodies for health and social care that brings skilled supervisors and practitioners together in order to reflect upon their own practice. This activity should commence on the completion of a preceptorship period.

### **3.8 Completion Of Preceptorship**

The completion of the preceptorship period must be agreed by the preceptee, preceptor and manager. All parties must sign to indicate a successful completion of the preceptorship period. A record must be kept in the preceptees personal file of the date they commenced and completed the preceptorship period. A completion form must be submitted to update the preceptorship database / ESR records.

#### **3.8.1 Failure to meet required level of competence**

A preceptee that fails to demonstrate the required standards of competency after twelve months or not show evidence of working towards the standards at this time will be managed under the Capability Policy/Procedure until the required standards have been achieved.

## **4. TRAINING**

Training required to fulfil this policy will be provided in accordance with the Trust's Training Needs Analysis. Management of training will be in accordance with the Trust's Learning and Development Policy.

## 5. PROCESS FOR MONITORING COMPLIANCE

Aspect of compliance or effectiveness	Method of monitoring	Responsibility	Frequency	Findings reported to:	Responsibility for action to be taken
All eligible staff receive preceptorship	Recruitment records to be monitored against completed preceptorship	Professional Leads	Annual	Clinical Governance Group	Clinical Governance Group
All preceptees have a written record of completion of their preceptorship	Review Personal files of all those staff eligible for preceptorship	Line Manager and Preceptor	Annual	Clinical Governance Group	Clinical Governance Group

## 6. REFERENCES

Department of Health (2010) Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals. Department of Health, London.  
 Department of Health (2011) Report to the National Allied Health Professional Advisory Board on the outcomes of the Modernising Allied Health Professional Careers Programme. Department of Health, London.

Department of Health (2015) A National Preceptorship Framework for Health Visiting The First 2 Years. Department of Health, London.

Health Education England (2015) *The Willis Report: The Shape of Caring Review*. HEE, London.

Health Education England (2016) *Preceptorship Toolkit*. HEE, London.

NHS Employers (2014) Preceptorships for newly qualified staff NHS Preceptorships for newly qualified staff. NHS, London.

Morley, M. (2012) *Preceptorship handbook for occupational therapists* College of Occupational Therapists Ltd., London.

Nursing and Midwifery Council (2006) Preceptorship Guidelines. NMC, London.

## 7. ASSOCIATED DOCUMENTATION

Appendix 1 Competency Framework Band 5

## 8. ROLES & RESPONSIBILITIES

### 8.1 Chief Executive

The Chief Executive has ultimate accountability and responsibility for the safety of patients and staff. This is delegated through organisational structures and accountability frameworks to ensure staff providing direct clinical care have been provided with the appropriate tools and training to undertake their delegated duties.

**8.2 Nominated Director**

The Director of Quality and Nursing is accountable for this Policy and will be responsible for providing assurance reports to the appropriate committee. The Trust Board will require assurance from the Localities that appropriate structures are in place and that staff are provided with appropriate training and resources to undertake their delegated duties.

**8.3 Trust Board**

The Trust Board will ensure there are appropriate structures in place for the management of newly appointed/qualified staff as outlined within the eligibility criteria across the Trust.

**8.4 Quality and Safety Committee**

The Quality and safety Committee is a sub group to the Board of Directors. It will receive assurance reports regarding the application of this policy in relation to those staff who meet the eligibility criteria.

**8.5 Professional Heads/Leads**

Professional Heads have the responsibility for advising on the scope of professional skills and competencies that are required in accordance with the guidelines from their professional body.

**8.6 Locality Managers and Service Managers**

Locality Managers are responsible for ensuring this policy is implemented and complied with across their Localities. This includes compliance with training and record keeping. This activity may be delegated to service managers where they are in post.

**8.7 Ward Managers and Ward Sisters/ Team Leaders**

Ward managers/Ward sisters and Team Leaders are responsible for ensuring all staff within their sphere of responsibility implement the policy and ensure documentation is completed. The line manager must ensure the preceptee and preceptor are able to work together enough to meet the requirements of preceptorship. With the audit department they will ensure this is monitored through audit. They will take action with individual staff where necessary where the policy is not being adhered to.

**8.8 Preceptor**

Preceptors have a responsibility to understand the individual preceptees learning style and development needs, taking into account their prior knowledge, experience and competencies. The preceptor is responsible for facilitating the transition of the newly qualified practitioner. The preceptor will plan learning objectives and identify key learning opportunities in partnership with the preceptee. The preceptor will commit time and provide regular constructive feedback to the preceptee and engage in timely, formative assessment of performance with the preceptee. The

preceptor will support the preceptee to practice in accordance with organisational policies, guidelines and protocols and liaise with the line manager when appropriate and access additional support where necessary. It is recommended that the preceptor will have attended an in house preparation workshop to become familiar with the competency framework.

### **8.9 Preceptee**

Preceptees are expected to familiarise with the team philosophy, culture and roles. Preceptees should be able to: practice in accordance with their professional code of conduct; identify and apply relevant Trust policies and procedures, and demonstrate awareness of professional accountability and responsibility for their own practice. Preceptees need to recognise their limitations and are accountable for own learning. Together with their preceptor, preceptees will identify specific and measurable learning goals and develop an initial action plan for achieving competencies. Preceptees should be open to constructive feedback and ask questions if they have concerns.

### **8.10 Nursing and Midwifery Board Responsibilities:**

The Chair of the Nursing and Midwifery Board will ensure the policy approval is documented in the final section of the Checklist for Policy Changes. The committee will agree the approval of the final draft of the policy.

**DOCUMENT CONTROL**

<b>Equality Impact Assessment Date</b>	Not available
<b>Sub-Committee &amp; Approval Date</b>	28/12/2018 – NCUH Nursing & Midwifery Board 30/01/2017 – CPFT HR Policy Group

**History of previous published versions of this document:**

Trust	Version	Ratified Date	Review Date	Date Published	Disposal Date
NCUH Preceptorship Policy	5.0	12/11/2015	30/11/2018	20/11/2015	30/11/2025
CPFT Preceptorship Policy POL/001/018	-	30/01/2017	31/01/2020	06/06/2017	-

**Statement of changes made from previous versions**

Version	Date	Section & Description of change
0.1	06/11/2018	<ul style="list-style-type: none"> <li>Content of CPFT Preceptorship Policy POL/001/018 transferred into the Joint policy template with the intention that the existing CPFT policy will be adopted in NCUH. NCUH Nursing and Midwifery board agreed to adopt the policy at the meeting held on 28/12/2018.</li> <li>Policy review date will remain as 31/01/2020 as the content of the policy document has not undergone full review within CPFT.</li> </ul>
0.2	04/01/2018	<ul style="list-style-type: none"> <li>Content of policy moved under appropriate section numbering in-line with the policy template format.</li> </ul>

**List of Stakeholders who have reviewed the document**

Name	Job Title	Date
	NCUH Nursing and Midwifery Board	28/12/2018
Gill Long	Head of Nursing	06/11/2018