



Multi-Professional Preceptorship Policy

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)).

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1 Scope and introduction

This policy has 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 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 the Cumbria Partnership NHS Foundation Trust 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



2 Statement of intent

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 Definitions

3.1 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.

3.2 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.

3.3 Preceptee



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

3.4 Core competencies

The core competencies will reflect CPFT 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.

4 Roles & responsibilities

4.1 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.

4.2 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.

4.3 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.

4.4 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.

4.5 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.

4.6 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.

4.7 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. 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.



4.8 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.

4.9 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.

5 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



6 Commencement of preceptorship

6.1 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.

6.2 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.

6.3 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. The line manager must ensure the preceptee and preceptor are able to work together enough to meet the requirements of preceptorship. 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.

6.4 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.

7 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.

7.1 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.

8 Training and monitoring required complying with this policy

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.

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

9 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.

Separate documents to accompany policy

Appendix 1 Preceptorship Competency Framework (Band 5)

Appendix 2 Preceptorship Competency Framework (Band 6)

Appendix 3 Preceptorship Competency Framework (Band 7)

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