

Preceptorship Policy

This policy is designed to provide a supportive framework for Newly Qualified staff starting their first clinical post. Its aim is to aid their transition from student to practitioner.

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Name of Author:	Lesley Tooley	
Name of responsible Committee:	Learning and Organisational Development Group	
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Target audience:	All non-medical clinical staff	
Type of Policy	Clinical	Non Clinical X
Which Relevant CQC Fundamental Standards?	14	

Contents

Contents Page	1
VERSION CONTROL	2
Equality Statement	3
Due Regard	3
Definitions that apply to this policy	3
THE POLICY-	
1.0 Purpose of the Policy	4
2.0 Summary of the Policy	4
3.0 Introduction	5
4.0 Flowchart/Process Chart	6
5.0 Supernumerary Period	7
6.0 Increments	7
7.0 Competencies	7
8.0 Duties within the Organisation	7
9.0 Training Needs	8
10.0 Monitoring Compliance and Effectiveness	9
11.0 Standards/Performance Indicators	9
12.0 References and Bibliography	10
REFERENCES AND ASSOCIATED DOCUMENTATION	
Appendix 1 Policy Training Requirements	11
Appendix 2 NHS Constitution Checklist	12
Appendix 3 Stakeholder and Consultation	13
Appendix 4 Due Regard Initial Screening Template Statement	14
Appendix 5 Privacy Impact Statement	15

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 1	19/01/2012	
Version 3	17/03/2012	Reference to KSF and clarification of use for band 5 staff
Version 4	21/03/2012	Amendments following staff side consultation
Version 5	23/05/2012	Added in section 10 dissemination and implementation Appendix 3- has received to fit in with the payroll suite of forms
Version 6	12/06/2012	Section 6.0- monitoring and compliance provided further detail on how to measure compliance with the policy
Version 7	2013	Removal of references to accelerated increment in accordance with new Agenda for Change process
Version 8	July 2014	Amendments to paragraph 3.2, updated of documents in appendix and completion of new due regard documentation. Amendment to process chart to reflect changes in Appraisal Policy Added comment 3.5 on bank staff and Preceptorship Removed Preceptor Appendix
Version 9	April 2016	Review and amendments to reflect local and national processes. Inclusion of formal supernumerary period
Version 10	March 2018	Review and amendments to reflect the introduction of the LPT Probation Policy Include Return to Practice nurses

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Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favorable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

The Due regard assessment template is Appendix 4 of this document

Definitions that apply to this Policy

Newly Qualified	Newly Qualified are staff who are starting in their first clinical post following completion of their pre-registration training.
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 skill, values and behaviors and to continue on their journey of life-long learning
Preceptor	A registered practitioner who provides the clinical support to the Preceptee
Preceptee	A newly registered member of staff undertaking a period of Preceptorship
Supernumerary	Period when the Preceptee is not in the establishment / workforce numbers, and is extra to staffing to allow the Preceptee to work under the supervision of another registered practitioner.

1.0. Purpose of the Policy

To ensure that all newly qualified registered practitioners undertake effective Preceptorship on commencing employment with the trust. (Across LPT)

The aim of this policy is to provide a supportive framework for all Newly Registered Staff starting their first clinical post. Its aim is to aid their transition from student to practitioner.

2.0. Summary and Key Points

- 2.1 This Preceptorship Policy is designed to provide a supportive framework for newly registered staff starting their first clinical post.
- 2.2. This Policy should be seen as a tool with which to structure development and should be used in conjunction with existing systems such as Clinical Supervision and Appraisal and the LPT Preceptorship Programme for Newly Registered nurses.
- 2.3 This Policy should be used in conjunction with the LPT Probation Policy
- 2.4 The objectives set in this first year will be the objectives that the Preceptee is required to meet in order to meet appraisal requirements. If objectives are not met then the Preceptee will not receive the year 1 increment.
- 2.5 Newly qualified nurses should complete the competencies set out in the LPT Preceptorship folder within 6 months, these competencies evidence that the nurse is competent to fulfil their role as a staff nurse within their clinical area.
- 2.6 It is expected that support will remain in place for the first year following registration to ensure the Preceptee is supported and clinical skills are achieved.
- 2.7. This Policy should be made available to all newly registered staff on commencement in their post.
- 2.8. The staff groups which this policy is designed to support
 - All newly registered Nursing staff
 - All return to practice Nurses
 - All newly registered Physiotherapists
 - All newly registered Occupational Therapists
 - All newly registered Podiatrists
 - All newly registered Dieticians
 - All newly registered Speech and Language Therapists
- 2.8. This Policy clarifies the supernumerary period the Preceptee's should receive.

3.0. Introduction

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

2.2. This policy is designed to provide a consistent approach across all Newly Registered Staff

2.3 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 skill, values and behaviours and to continue on their journey of life-long learning'

4.0. Flowchart/process chart for Newly Registered Staff

Attend LPT & Local Induction [organised by HR]		
Participation in Preceptorship including: <ul style="list-style-type: none"> Initial meeting with Preceptor within the first 2 weeks to establish learning priorities, plan Preceptorship period and outline expectations outlined in the Probation Policy Newly registered nurses should receive a 4 week Supernumerary period on receipt of formal registration Regular monthly meetings with Preceptor to review progress Engagement with any relevant Preceptorship development days 		
At 3 months		
<ul style="list-style-type: none"> Completion of 3 month appraisal Completion of all mandatory & clinically relevant training and associated competencies. Completion of relevant eLearning modules Completion of relevant IT training and associated competencies Completion of relevant medical device training and associated competencies Completion of 3 month probation review 		
At 6 months: Review of the probation period, in line with LPT Probation Policy. Nursing Preceptee's should complete their Preceptorship folder		
<p>In the 2 months prior to the increment date: Complete appraisal - Appraisal should include evidence that Preceptorship has been completed in order to receive the year 1 increment.</p> <p>The appraisal must be completed in the 2 months prior to their increment date. Their increment date will normally be 12 months after they commence in role, therefore their appraisal should be completed in month 10 or 11 of their employment. Failure to complete an appraisal at the correct time may result in Preceptee's missing their pay increment..</p>		
At 12 months: Final review of Preceptorship objectives and conclusion of Preceptorship. All objectives set during Preceptorship must be completed		
Required objectives have been demonstrated	Refer to trust Performance and or Appraisal and Probation Policy	Required objectives have not been demonstrated
Progression through pay gateway to next pay point as appropriate		Involve HR for performance management advice
Appraisal agreed to include actions needed to develop knowledge & skills for their role	Agree that individual is <u>unable</u> to develop or demonstrate the knowledge & skills required & initiate a development plan.	Agree that individual is <u>unwilling</u> to develop or demonstrate the knowledge & skills required & initiate performance management Policy
Pay progression will be dependent on achieving Appraisal objectives	Individual develops knowledge & skills enough to progress through pay gateway	Individual <u>does not</u> develop knowledge & skills required. Advice sought from HR

5.0. Supernumerary Period

5.1 Nursing Preceptee's should be allocated 4 weeks working supernumerary.

5.2 Supernumerary time is required to support new staff to undertake and complete essential competencies required for their role through a supervised period of practice.

5.3 For newly registered nurses the supernumerary period should occur, following receipt of their NMC PIN number, to allow medicines assessment to take place.

6.0 Increment

6.1 The objectives set in the first year will be the objectives that the Preceptee is required to meet in order to meet appraisal requirements.

6.2. For newly registered nurses the objectives include completion of the LPT Preceptorship folder and completion of relevant clinical skills competencies.

6.3 If objectives are not met then the Preceptee will not receive the year 1 increment.

7.0 Competencies

7.1 Each professional group will have competencies relevant to their clinical area.

7.2. For registered nurses clinical skills will be assessed using the Leicestershire Clinical Assessment Tool [LCAT].

8.0 Duties within the Organisation

8.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

8.2 Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

8.3 Divisional Directors and Heads of Service are responsible for:

- Supporting the Preceptorship process
- Ensuring that teams allocate a competent Preceptor to each Preceptee
- Ensuring that Preceptor and Preceptee have adequate allocated time to work together and complete relevant documentation.

8.4 Managers and Team leaders are responsible for:

- Ensuring that the Probation Policy is discussed and completed
- Allocating Newly Registered Staff an appropriate Preceptor
- Providing protected time for Preceptors to meet with Preceptee's
- Ensuring a 4 week supernumerary period occurs
- Ensuring that Preceptee & Preceptor have opportunity to work together on a regular basis
- Providing adequate support for Preceptors especially when undertaking this role for the first time
- Evaluating the quality of the Preceptorship process
- Ensure that appraisal dates are set at 3 months of start date and is completed as per the Appraisal Policy.

Ensuring the completion of Preceptorship objectives are achieved as these form a part of the appraisal objectives.

- Ensuring that Preceptorship objectives are complete in order that the Preceptee receives their year 1 increment.

8.5 The Preceptor is responsible for:

- Ensuring that they are competent in their role
- Accessing coaching / mentoring / training and support as required
- Developing an effective & supportive relationship with their Preceptee
- Ensuring that they work regularly with their Preceptee
- Ensuring that they meet at least monthly with their Preceptee to give written and verbal feedback
- Reporting back to the Preceptee's line manager if Preceptorship objectives are not being achieved, ready for the annual appraisal

8.6 The Preceptee is responsible for:

- Attending mandatory and clinical training appropriate to their role
- Attending all planned meetings with their Preceptor
- Ensuring that all meetings are recorded
- Ensuring that their relevant Preceptorship documentation is completed within allocated timeframes
- Ensuring that they are open to constructive feedback
- Completing their Appraisal as per Appraisal Policy

9.0 Training needs

There is no training requirement identified within this policy

10.0. Monitoring Compliance and Effectiveness

Ref	Minimum Requirements	Evidence for Self-Assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
1.0	All newly registered staff must have a period of Preceptorship	HR Reports	Completion /non-completion of Preceptorship recorded on uLearn. Reports provided to LODG.	Learning and Organisational Development Group	Monthly
5.0	All newly registered staff should have a supernumerary period	Evaluation Forms completed by Preceptee's at 6 months.	Preceptorship lead	Learning and Organisational Development Group	6 monthly
6.0	All newly registered staff must achieve objectives in order to receive first increment	Appraisal	Monthly Appraisal Reports	Line Managers	Monthly

11.0. Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission registration standards (outcome 12) <i>Requirements relating to workers</i> regulation (21) of the Health & Social Care Act (2008) (Regulated Activities Regulations 2010 CQC essential standards)	That the trust maintains compliance with CQC registration standards, this policy supports outcome standards 12
Care Quality Commission registration standards (outcome 13) <i>Staffing</i> (21) of the Health & Social Care Act (2008) (Regulated Activities Regulations 2010 CQC essential standards)	That the trust maintains compliance with CQC registration standards, this policy supports outcome standards 13
Care Quality Commission registration standards (outcome 14) <i>Supporting Workers</i> (21) of the Health & Social Care Act (2008) (Regulated Activities Regulations 2010 CQC essential standards)	That the trust maintains compliance with CQC registration standards, this policy supports outcome standards 14

12.0. References and Bibliography

Benner P. (1984). From Novice to Expert: Excellence and Power in Clinical Nursing Practice. Addison Wesley Publishing Company

Department of Health [2010] Preceptorship Framework for Newly Registered Nurses, Midwives & Allied Health Professionals. Department of Health. London.

Gibbs, G. (1988) *Learning by Doing: A guide to teaching and learning methods*. Further Education Unit, Oxford Brookes University, Oxford.

National Association of Clinical Excellence <http://www.nice.org.uk>

Morton – Cooper, A. (1993) Mentoring and Preceptorship: a guide to support roles in clinical practice. Blackwell Science. London.

Nursing and Midwifery Council (2004) Fitness to Practice Annual Report NMC. London

Nursing and Midwifery Council (2008). Code of Professional Conduct. NMC. London

Nursing and Midwifery Council (2008). Standards to support learning and assessment in practice (Second Edition). NMC. London

Willis Commission (2012) 'Quality with Compassion' RCN

Training Requirements

Training Needs Analysis

Training Required	YES	NO 
Training topic:		
Type of training: (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role specific <input type="checkbox"/> Personal development	
Division(s) to which the training is applicable:	<input type="checkbox"/> Adult Mental Health & Learning Disability Services <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services	
Staff groups who require the training:		
Regularity of Update requirement:		
Who is responsible for delivery of this training?		
Have resources been identified?		
Has a training plan been agreed?		
Where will completion of this training be recorded?	<input type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)	
How is this training going to be monitored?		

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input checked="" type="checkbox"/>
Support and value its staff	<input checked="" type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>

Stakeholders and Consultation

This policy was written in partnership by the Preceptorship and Education Leads from across LPT.

It has taken into consideration the views of service leads and the Professional Standards Lead and Lead Nurses.

It has also taken into account existing practices across the region, especially those covered by the Leicestershire Preceptorship Group.

Key individuals involved in developing the document

Name	Designation
Lesley Tooley	CHS Clinical Trainer & Practice Development Manager & LPT Preceptorship Lead
Louise Short	Clinical Trainer & Practice Development Facilitator LD / MH Division
Laura Smith	Clinical Trainer & Practice Development Facilitator LD / MH Division
Alison O'Donnell	Multi-Professional Education & Quality Lead

Circulated to the following individuals for comment

Name	Designation
Emma Wallis	Lead Nurse CHS In-Patients
Laura Belshaw	Lead Nurse MHSOP
Joanne Wilson	Lead Nurse FYPC
Viki Elliott	Lead Nurse CAHMS
Claire Armitage	Lead Nurse AMH / LD
Stephanie O'Connell	Lead Therapist CHS
	Lead Therapist AMH & LD
	Lead Therapist FYPC
David Leeson	CHS Clinical Trainer & Practice Development Manager
Debbie Leafe	CHS Clinical Trainer & Practice Development Manager
Louise Short	Clinical Trainer & Practice Development Facilitator, LD/MH Division
Laura Smith	Clinical Trainer & Practice Development Facilitator, LD/MH Division

Due Regard Screening Template

Section 1	
Name of activity/proposal	Preceptorship
Date Screening commenced	19.02.16
Directorate / Service carrying out the assessment	LPT
Name and role of person undertaking this Due Regard (Equality Analysis)	Lesley Tooley; CHS Clinical Trainer & Practice Development Manager & LPT Preceptorship Lead
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: Updating of the policy that prescribes the standards expected for Preceptorship	
OBJECTIVES: To ensure that those entitled to Preceptorship, have a good experience that ensures Newly Registered Staff become confident and competent practitioners.	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	No impact
Disability	No impact
Gender reassignment	No impact
Marriage & Civil Partnership	No impact
Pregnancy & Maternity	Preceptorship would be suspended during the maternity period, and recommenced on return to work.
Race	No impact
Religion and Belief	No impact
Sex	No impact
Sexual Orientation	No impact
Other equality groups?	No impact
Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.	
Yes	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4. 
Section 4	
If this proposal is low risk please give evidence or justification for how you reached this decision:	
All newly registered clinical staff are entitled to Preceptorship. If there are any individual requirements needed to access Preceptorship it will be the responsibility of the Preceptee, the Preceptor and the line manger to ensure this is acknowledged and acted upon.	
Signed by reviewer/assessor	Lesley Tooley Date 20.03.18
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>	
Head of Service Signed	Date

PRIVACY IMPACT ASSESSMENT SCREENING

<p>Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.</p> <p>The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.</p>			
Name of Document:	Preceptorship Policy		
Completed by:	Lesley Tooley		
Job title	Clinical Education Lead LPT Preceptorship Lead	Date	21.03.18
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			No
8. Will the process require you to contact individuals in ways which they may find intrusive?			No
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trust