

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.

| | | |
|--|---|--------------------------|
| Key Words: | Newly Registered Staff, Preceptorship, New Starters, Return to Practice | |
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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 | |

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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 |
| Version 12 | June 2021 | Review of policy Inclusion of Nurse Associates |

For further information contact: Learning and Development

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..
- 2.5 Newly qualified nurses / newly qualified nurse associates should complete the competencies set out in the LPT Preceptorship folder within 6 months, these competencies evidence that the nurse / nurse associate 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 qualified Nurse Associates
 - 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 staff 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 | | |
| In the 2 months prior to the increment date: Complete appraisal - Appraisal should include evidence that Preceptorship has been completed. | | |
| 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 Appraisal

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.

7.0 Competencies

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

7.2. For registered nurses / nurse associates 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 any clinical objectives set by their directorate | 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.

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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 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? | | |

Appendix 2

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"/> |

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 | Quality Accreditation Matron |
| Alison O'Donnell | Multi-Professional Education & Quality Lead |
| Bev Lashley | Practice Learning Facilitator |

Circulated to the following individuals for comment

| Name | Designation |
|------------------|---|
| Emma Wallis | Associate Director of Nursing and Professional Practice |
| Rennie Deanne | Deputy Clinical Director and Allied Health Professions Lead |
| David Leeson | Clinical Educator |
| Debbie Leafe | Clinical Education Lead |
| Sue Swanson | CHS Clinical Education Lead |
| Elaine Liquorish | CHS Clinical Education Lead |
| Colin Bourne | Clinical Trainer/Practice Development Nurse |
| Annie Palmer | Clinical Trainer/Practice Development Nurse |
| Nicy Turney | Public Health Nursing Lead |
| Suraiya Hassan | CHS Professional Lead for Physiotherapy |
| Val Dawson | Staff Side Lead |
| Claire Taylor | Senior HR Business Partner |

Due Regard Equality Analysis

Appendix 4

Initial Screening Template

Introduction

This document forms part of the Trusts Due Regard (Equality Analysis) toolkit which can be accessed [here](#).

Leicestershire Partnership NHS Trust has a legal requirement under the Equality Act 2010 to have “ due regard” to eliminate discrimination. It is necessary to analysis the consequences of a policy, strategy, function, service or project (referred to as activity) on equality groups in respect of service users, patients and staff.

The analysis has to consider people's 'protected characteristics 'age, disability, gender reassignment, marriage / civil partnership, pregnancy and maternity, race, religion / belief, sex, sexual orientation. We also include other vulnerable groups who may not be protected under the Equality Act but their needs should be considered.

There are several tangible benefits in conducting equality analysis prior to making policy decisions, including:

- Higher quality decisions as a result of more complete management information
- Reduced cost as a result of not having to revisit policy that is not fit for purpose
- Enhanced reputation as an organisation that is seen to understand and respond positively to diversity.

Most importantly, through equality analysis we are able to take into account the needs of our different equality groups of staff and patients. Changes being proposed through policy, strategy, transformational programmes or other methods need to be analysed from an equality perspective and the results considered before decisions are made. Where negative impacts are identified, ways to mitigate or minimise them must be put in place.

Before starting if you are unfamiliar with doing an Equality Analysis contact the Equality and Human Rights Team for guidance or visit the Due Regard section on the Trust Intranet [here](#).

Below is the Due Regard Screening Template which aims to assess the likelihood of a negative impact on an equality group/s. For example, a policy change in financial management systems may be considered major but has no negative impact.

The initial screening form needs to be completed to decide if a full Due Regard (Equality Analysis) * should be undertaken. An overview of the various options available are highlighted in a Due Regard fact sheet which includes top tips and a flow chart which can be accessed [here](#).

*A full Due Regard (Equality Analysis) makes sure that any negative impacts have been considered and ways to minimize the impact are specified.

| 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 |

Appendix 5

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 | Quality Accreditation Matron | Date | 03.06.21 |
| | | | 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