

PRECEPTORSHIP POLICY AND PROCEDURE FOR NURSES, NURSING ASSOCIATES AND THE ALLIED HEALTH PROFESSIONALS

(Replacing Policy No. TP/WF/223 V.9)

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KEY POLICY ISSUES:

- Policy background and context
- Preceptorship for newly registered, Band 5 nurses, nursing associates and allied health professionals
- Preceptorship definitions
- Roles and responsibilities
- Preceptorship programmes and profession specific frameworks
- Preceptorship procedure and financial uplift.

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1.0 Introduction

- 1.0.1 Supporting newly registered nurses, nursing associates and allied health professionals is critical if we are to deliver consistently high-quality care to people who use our services. Ensuring that newly registered professionals are supported through the transition from student to registered professional is reflected in this policy and procedure. It is, important that arrangements for newly registered staff, and those who support them during their first year, are clearly set out in a Sussex Partnership NHS Foundation Trust policy and procedure.
- 1.0.2 It has been recognised for many years that newly registered professionals may experience high levels of stress and role uncertainty when making the transition from student to qualified practitioner. Kramer (1974) described this phenomenon, amongst nurses as “reality shock”.
- 1.0.3 To ensure the best possible start for newly qualified nurses, nursing associates, midwives and allied health professionals, a quality preceptorship programme is essential. “The beginning of a newly qualified practitioner's career can be a challenging time and their initial experiences can shape how they develop in their career”(NHS Employers, 2021).
- 1.0.4 The value and importance of preceptorship was recognised in the principles of preceptorship (NMC 2020), in which it stated that:
- ‘A positive preceptorship experience is reported to result in newly registered nurses, midwives and nursing associates having increased confidence and sense of belonging, feeling valued by their employer, and having greater professional and team identity. Effective preceptorship outcomes are linked to improved recruitment and retention. Attracting and retaining skilled nurses, midwives and nursing associates is important for delivering better, safe and effective care’.

1.1 Purpose of policy and procedure

- 1.1.1 This preceptorship policy and procedure provides information for service managers, modern matrons, lead nurses, professional leads, line managers, preceptors, preceptees and other staff about the implementation of preceptorship in their clinical delivery services (CDS).
- 1.1.2 This policy sets out preceptorship arrangements for Band 5 and Band 4 entrants, appropriate others and their preceptors. It provides a common approach to promote consistency across care groups, fields of practice and services within the Trust to ensure that the appropriate support and progression arrangements for newly registered staff are in place.
- 1.1.3 Preceptorship offers the structured support needed for newly registered nurses, nursing associates and allied health professionals to

successfully convert this knowledge into everyday practice, and gain confidence in their ability to use their knowledge and skills and consistently apply the code on a day to day basis.

1.2 Definitions

1.2.1 Preceptorship

Many definitions of preceptorship for nursing, and other professional groups have previously been provided by various organisations and individuals.

The Chief Nursing Officer and the Chief Health Professions Officer (DOH 2010) conclude that the following definition best encapsulates preceptorship for newly registered nurses, nursing associates and allied health professionals stating that preceptorship is:

‘A period of structured transition for the newly registered practitioner during which time he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning.’

1.2.2 Preceptee

A newly registered professional entering practice for the first time, those going onto a new part of the register, those returning to practice after re-joining the register and registered professionals coming to work in the UK from within or outside the EEA/EU (NMC 2020).

1.2.3 Preceptor

A preceptor is a registered practitioner with at least twelve months experience in the field of practice in which the preceptee is working and who has the necessary skills and knowledge to supervise, teach, assess and appraise competence, facilitate reflection and act at all times as an exemplary role model. All preceptors will be suitably experienced and be clear about their role and responsibility as a preceptor.

1.2.4 Preceptor preparation

There is no single definition of what constitutes preceptor preparation and it will vary depending on the requirements for each profession. Whilst in nursing there are no formal qualifications associated with being a preceptor it is expected that registrants who undertake the role of a preceptor will have completed the Supporting Learners in Practice, Practice Assessor training, practice teacher programme or equivalent (NMC 2018a). Managers and professional leads should be confident that adequate numbers of preceptors are suitably prepared for the role.

1.3 Scope of this policy and procedure

This preceptorship policy and procedure applies to all newly registered Nurses, Nursing Associates, Occupational Therapist, Speech and Language Therapist, Physiotherapist and Dieticians joining the trust on pay Band 4, 5 or 6 at the first incremental point. For some staff groups such as nursing, occupational therapy, and speech and language therapy, Band 5 is the entry point for newly qualified staff and preceptorship is part of a professional framework to ease the transition from the role of student to registered practitioner. Preceptorship can be applied to staff in other circumstances, as identified in supervision or appraisal, for example, those returning to practice after re-joining the register or a registered professional coming to work in the UK from within or outside the EEA/EU (NMC 2020).

1.4 Principles

A number of key principles underpin the Trust's approach to preceptorship:

- 1.4.1 This policy applies to NMC and HCPC registrants.
- 1.4.2 All eligible staff will receive preceptorship including those engaged through the Trust's in-house bank.
- 1.4.3 All preceptors will be drawn from the appropriate profession, be suitably experienced and be clear about their role and responsibility as preceptor.
- 1.4.4 The Trust is committed to delivering its responsibilities for preceptorship and will continue to review and update such arrangements in line with statutory requirements, guidance and experience in order to ensure that newly registered staff receive a quality transitional experience which is provided through well supported preceptors.
- 1.4.5 The Trust expects there to be consistency in terms of profession specific competencies and outcomes that preceptees are required to meet and that preceptees have equitable access to preceptorship regardless of their status in relation to the nine protected characteristic groups of race, sex, gender reassignment, age, religion and belief, disability, sexual orientation, marriage and civil partnership, pregnancy and maternity (Equality Act 2010) - as well as equitable experiences from the process.
- 1.4.6 The Preceptorship Programme has been created to support the large number of newly qualified professionals that are employed by the trust. This umbrella term is used to reflect an approach to preceptorship that focuses specifically on the needs of the newly qualified professional

and includes; six preceptorship programme study days; a website as a resource, a workbook for signing off competencies and for evidencing continued professional development. The preceptorship programme offers the structured support needed for newly registered professionals to successfully convert attained knowledge into everyday practice, and gain confidence in their ability to use their knowledge and skills and consistently apply the Code on a day to day basis.

2.0 Policy statement

The Trust expects all employees to contribute to the support of newly registered professionals and that experienced qualified professional staff providing preceptorship will commit to delivering their particular responsibilities. The preceptor/preceptee relationship must be two-way if it is to be effective.

The Trust is committed to a good organisational culture that treats employees in a positive, fair, impartial, transparent, collaborative way, whilst fostering good interprofessional and multi-agency relationships. This includes, fostering a good organisational culture that understands the importance of having systems and process in place to support and build confidence of newly registered professionals.

The Trust expects that newly registered staff will assume their responsibilities and commit to meeting the agreed requirements and outcomes set out for their period of preceptorship. The preceptee will maintain a portfolio, that demonstrates they are working towards, or meeting, the required standards, competencies or outcomes, agreed by the trust, this will include any profession specific evidence required by their regulatory body.

3.0 Duties, roles and responsibilities

3.1.0 The Chief Nurse

The Chief Nurse is the trust board member with overall responsibility for the delivery of the trust's preceptorship programmes for nurses.

3.2.0 The Director of Occupational Therapy

The Director of Occupational Therapy is responsible for assuring the Chief Medical Officer that preceptorship arrangements are provided for newly registered occupational therapists and other relevant allied health professionals, for example, speech and language therapists and physiotherapists.

3.3.0 The Professional Leads for Nursing and Allied Health Professions

The professional leads for nursing and allied health professions ensure that the infrastructure to support preceptorship for newly registered

professionals is implemented, sustained, regularly evaluated and updated. Professional leads will ensure that appropriate core preceptorship programme outcomes and competencies are in place in conjunction with any that they deem necessary for particular care groups, fields of practice or service delivery entities. Professional leads have the authority to delegate preceptorship related tasks and roles to senior staff in their professions, practice development facilitators, lecturer-practitioners and other staff as appropriate, to ensure programme delivery and the preparation and support of preceptors. Professional leads are responsible for providing overall coordination of the preceptorship process and contributing to the identification of all newly registered professionals entering the Trust, the tracking of them through the preceptorship process and the maintenance of an accurate database that captures up to date essential information about preceptees and their preceptors.

3.4.0 The Lead Nurse for the Department of Nursing Research, Education and Development

3.4.1 The Lead Nurse with the support of the practice education facilitators (PEF) will provide coordination and other contributions to the preceptorship process through the preceptorship programme and assist with the identification and tracking of newly registered professionals entering the Trust, liaising with HR and professional leads to ensure all newly registered staff are identified.

3.4.2 The Lead Nurse and PEF contribute to the study day programme delivery, preparation and support arrangements for preceptors. They also maintain the Trust's register of nurses and nursing associates who fulfil the role of practice supervisors and practice assessors for pre-registration nursing students and trainee nursing associates. The Trust expects that all assessors on the register will also act as preceptors along with all other suitably experienced qualified staff.

3.4.3 The lead Nurse is responsible to ensure processes are in place to monitor, evaluate and review the preceptorship programme and compile the preceptorship annual report.

3.5.0 Matrons, Lead Nurses, Service Managers and Team Leaders

3.5.1 Matrons, Lead Nurses, Service Managers and Team Leaders are responsible for ensuring that newly registered professionals taking up posts within their services who require preceptorship are informed about this policy and procedure and the Trust's preceptorship arrangements.

3.5.2 The recruiting manager must ensure that an appropriate preceptor is identified for the incoming preceptee and that the preceptor's role is monitored through their supervision and their personal development review. This policy should form part of the newly registered staff member's local induction pack.

3.5.3 The line manager holds responsibility of informing the department of nurse research, education and development once a preceptee has successfully completed the preceptorship programme.

3.6.0 The Human Resources Directorate

3.6.1 The Human Resources Directorate (HR) will put in place systems to ensure that the Trust identifies newly registered staff requiring preceptorship at the appointment stage including those who will be subject to a Trust bank agreement rather than a substantive contract. The staff recruitment and appointment process will prompt line managers to identify the need for, and implementation of preceptorship.

3.6.2 Human resources will alert the department of nursing research, education and development and/or professional leads for the allied health professions to the appointment of all newly registered practitioners that come under this policy, so that the Trust's database of preceptees can be accurately maintained and new starters receive details of the preceptorship programme.

3.7.0 The Professional Leads

The Lead Nurse for the department of nursing research, education and development and Professional Leads for the allied health professions are responsible for accurately maintaining the Trust's database of preceptees.

3.8.0 Preceptors

The preceptor's responsibilities include:

3.8.1 Ensuring that their practice is up to date, evidence based and act as a professional role model. Willingly committing time to the preceptor role and the requirements that attach to it.

3.8.2 Assisting in the facilitation of the preceptee's pathway from student to newly registered professional, who is competent and confident to practice safely and sensitively and provide quality care to service users, both individually and as a member of a team, whilst promoting accountability, self-reflection and safe practice in accordance with the Code (HCPC 2016, NMC 2018b).

3.8.3 Providing constructive feedback on the preceptee's performance and development and addressing any concerns

3.8.4 Supporting the preceptee's achievement of the competencies, standards and learning outcomes that they must address as part of the Trust's preceptorship programme or profession specific framework and scrutinising and assessing the necessary evidence

- 3.8.5 Supporting the preceptee according to the preceptees individual learning needs and prioritises the individuals mental and physical health and wellbeing.
- 3.8.6 Recording formal discussions with the preceptee.
- 3.8.7 Seek and are given feedback on the quality of all aspects of their preceptorship role
- 3.8.8 Informing the line manager upon the preceptee's successful completion of all the necessary requirements.

3.9.0 **Preceptees**

The preceptee's responsibilities include:

- 3.9.1 Adhering to the appropriate regulatory body's requirements.
- 3.9.2 Meeting with the preceptor in the first week of employment and regularly thereafter.
- 3.9.3 Taking responsibility for own learning.
- 3.9.4 Commit time to the preceptorship process and to working collaboratively with the preceptor to identify and achieve learning needs and reflect on practice and experiences.
- 3.9.5 Understanding the learning outcomes, competencies, standards, and professional behaviours to be addressed as part of the Trust's preceptorship programme or profession specific framework, as evidenced in the completion of the preceptee workbook.
- 3.9.6 Recording formal discussions with the preceptor.
- 3.9.7 Attending formal taught sessions, reflective practice sessions, study days and completing any on-line learning that form part of the preceptorship programme or profession specific framework.
- 3.9.8 Undertaking local induction, the Trust's induction programme and other essential training days within three months of starting the preceptorship period.
- 3.9.9 Providing feedback and participating in evaluation activities to enable preceptorship to develop further.
- 3.9.91 Engaging in clinical and managerial supervision, which are considered to be separate from, but complementary to, preceptorship.

4 Procedure

4.0.1 Preceptorship is a profession-led activity through a specific Trust preceptorship programme or profession specific framework, which is provided for newly registered nurses, nursing associates and allied health professionals.

4.0.2 Newly registered entrants to psychology, arts psychotherapies, pharmacy and social work are subject to other arrangements for their initial support and on-going development.

4.1 Allocation of a preceptor

4.1.1 Within the first week of employment the line manager of the service within which the preceptee works will ensure that a preceptor is allocated to the preceptee and will contact the department of nursing Research, education and development for information regarding the latest preceptorship programme schedule and to receive the work book.

4.1.2 The preceptor and preceptee will meet as soon as practicable to discuss in detail the preceptorship programme, or profession specific framework, the preceptorship policy and complete a learning agreement to include:

- The frequency of any formal support or supervision sessions.
- Discuss and agree dates to attend the preceptorship programme study sessions.
- Ways of accessing support if the preceptor is unavailable.
- How the preceptor and preceptee will work together to ensure that core outcomes and competencies are met.
- The process of recording formal discussions/supervision sessions.

4.2 Protected time

Protected time for the preceptor and preceptee to work and meet together must be agreed with the line manager and this must be sufficient to meet all the requirements of the preceptorship period and allow the preceptor/preceptee relationship to develop and strengthen. More time will, arguably, be required in the initial stages, reducing slightly towards the end point, finalising the preceptorship on or before twelve months from the employment start date. Records of the preceptor/preceptee meetings must be kept and documentation related to the preceptorship programme or profession specific framework completed.

4.3 Supernumerary status and managing the clinical area

On commencement of the preceptorship period all newly registered preceptees will have supernumerary status for two weeks. The preceptee will spend this period in the clinical setting, familiarising themselves with the roles of colleagues and observing the routine and day to day work of the team.

Manager, preceptor and preceptee will jointly agree when the preceptee will begin to take charge of the clinical area, coordinate shifts or have responsibility for a caseload.

4.4 Trust corporate and local induction and essential training

Preceptees must familiarise themselves with the Trust induction and essential training policies and discuss with their manager/supervisor/preceptor their participation in the corporate induction, local induction and induction review and begin to plan attendance at essential training events appropriate to their role and clinical setting.

4.5 The Team

Preceptorship is everybody's responsibility and the manager of the team or clinical setting should ensure that all members of the team are aware of a member of staff undertaking preceptorship in order that support and guidance can be accessed from, and provided by, all members of the team.

4.6 Preceptorship reviews and progression

Towards the end of the first six months preceptor will meet with the preceptee and line manager to discuss progress. There should be 'no surprises' as the preceptee should have received regular feedback on their performance.

The preceptee will maintain a portfolio, or record of progress, that provides reflective accounts and captures evidence that demonstrates working towards, or meeting, the required standards, competencies or outcomes of their role. This should be regularly discussed and reviewed, with the outcomes recorded by the preceptee and preceptor throughout the first six to twelve months.

The period of preceptorship ends after the preceptee has successfully met the performance requirements of their position. Thereafter the member of staff will continue to engage in regular clinical/managerial/professional supervision and other learning and continuing professional development opportunities, in order to address the objectives identified in their personal development review, and other requirements set out in the Trust's performance management policy.

If the preceptee has not provided sufficient evidence that demonstrates they have successfully met requirements of their position, the process outlined in the managing performance and capability policy will be followed.

4.7 Addressing concerns

Should either the preceptor or the preceptee have concerns about the behaviour or performance of the other during the preceptorship period these must be documented and raised with the line manager and/or the appropriate professional lead (outlined in 3.3.0 of this policy) as soon as possible.

4.8 Unforeseen circumstances

- 4.8.1 Preceptee's should not normally move clinical areas during the period of preceptorship, unless this is part of a profession specific rotation arrangement. If the preceptee needs to move to a different clinical area during the preceptorship period; for example, due to service reconfiguration or appointment to a different substantive post - a new preceptor must be identified. A meeting must be held between the two preceptors and the preceptee to ensure that all information about progress to date is handed over and how any additional requirements related to the new setting might be met.
- 4.8.2 Similarly, if an existing preceptor is unable to continue with a preceptee due, for example, to a change of job, sickness absence or study leave then a new preceptor must be identified by the line manager as soon as possible to ensure continuity of the preceptorship process. The incoming and outgoing preceptors should, if possible, meet to ensure a comprehensive handover takes place. A preceptee should not be without a preceptor for longer than two weeks.
- 4.8.3 When any change of preceptor takes place, for whatever reason, the relevant professional lead must be informed, in order that the preceptorship database's accuracy is sustained.

4.9 Quality and oversight

The NMC (2020) demands that organisations are committed to the Principles of Preceptorship and have preceptorship programmes available/running as key activities within the organisation. Furthermore, there is evidence of management of the process and evaluation of its efficacy and outcome (appendices 1)

5.0 Development, consultation and ratification

The development of this policy and procedure has been informed by recent attention and guidance afforded to preceptorship at national and regional level and in the context of modernising nursing careers and formalising preceptorship for all newly registered professionals entering employment at Band 4 and 5. A range of stakeholders – including the Lead nurse for the department of nursing research, education and training, the allied health profession lead, Nurse Consultant and Professional Lead for Nursing CAMHS, Lead Recruitment Advisor for Nursing and previous preceptees were consulted to review this document. For V9 the Executive Director of Nursing and Quality, the Head of Learning and Development, newly registered staff, professional leads, practice education facilitators, practice development facilitators, modern matrons, managers, staff side representatives, corporate services' leads, preceptorship leads within and outside the Trust and partners in local HEIs have been consulted and offered the opportunity to shape and influence this policy and procedure. This policy and procedure has been ratified by the Professional Practice Forum.

6.0 Equality (and Human Inequality) Impact Assessment (EIA)

This policy and procedure was subject to an EHRIA when it was first developed in 2010.

7.0 Monitoring compliance

This policy and procedure will be reviewed on an annual basis, in order to reflect changes in guidance and requirements for preceptorship arrangements for nurses and allied health professionals. An annual report at the end of March will be produced, which will provide quality and oversight of preceptorship.

8.0 Dissemination and implementation of policy and procedure

The Governance Support Team will place this policy and procedure – and subsequently updated versions of it - on the Trust's intranet and make any necessary archiving arrangements. The Trust's Partnership Bulletin, team briefings and other dissemination methods will alert stakeholders to the issuing of the policy and procedure and any subsequently revised versions. The Executive Sponsor will ensure that staff are alerted to the issue, reissue and review of versions of this policy and procedure and that implementation takes place.

9.0 Document control including archive arrangements

It will be the responsibility of the sponsors and authors of this policy to ensure that it is kept up to date with any local, national policy or legislation. The Policy will be managed in accordance with the Policy for Procedural Documents.

10.0 References

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12.0 Glossary

Not required.

13.0 Cross-reference

- Managing performance and capability policy.
- Essential training policy.
- Performance management policy.
- Supervision policy
- Mandatory training and induction policy.

14.0 Appendices

Appendix 14.1 Sussex Partnership Trust Values

Appendix 14.2 NHS Knowledge and Skills Framework (NHS KSF 2004)

Appendix 14.3 Preceptorship Programme mapping to the NMC Principles for Preceptorship (2020)

Appendix 14.4 Preceptorship process map

Appendix 14.5 Preceptorship Programme study days

Sussex Partnership Trust Values

Our 2020 Vision – outstanding care and treatment you can be confident in.

Our vision is to provide outstanding care and treatment you can be confident in. Our core purpose is to work with the people who use our services, support their recovery and provide them with the care and treatment they need, when they need it. Our values guide how we do this.

Our values

People first: People are at the heart of everything we do

Future focused: We are optimistic, we learn and we always try to improve

Embracing change: We are bold, innovative and disciplined about making use of our resources to continuously improve

Working together: We provide services in partnership with patients, families and others

Everyone counts: We value, appreciate and respect each other

Appendix 14.2**NHS Knowledge and Skills Framework (KSF)**

The NHS Knowledge and Skills Framework (KSF) is designed to provide a consistent and comprehensive framework of NHS-wide knowledge and skills on which to base the development planning and review of all staff. The KSF should be used alongside Registration frameworks and trust core values and behaviours (KSF core dimensions DOH 2004).

| | |
|-------------------------------|--|
| COMMUNICATION | Communication has many forms and is a two-way process. It involves identifying what others are communicating as well as communicating yourself and the development of effective relationships |
| PERSONAL & PEOPLE DEVELOPMENT | This dimension is about developing yourself and contributing to the development of others through both formal structured and informal ad hoc methods. |
| HEALTH, SAFETY & SECURITY | This dimension focuses on maintaining the health, safety and security of everyone in the organisation and anyone who comes into contact with it. It includes tasks that are undertaken as a routine part of work, such as moving or handling. |
| SERVICE IMPROVEMENT | This dimension is about improving services in the interests of the users of those services and the public as a whole. The services might be services for the public (patients, clients and carers) or be services that support the smooth running of the organisation (such as finance, estates). The services might be single or multi-agency and uni- or multi-professional. |
| QUALITY | This dimension relates to maintaining high quality in all areas of work and practice, including the important aspects of effective team working. Quality can be supported using a range of different approaches including: codes of conduct and practice, evidence-based practice, guidelines, legislation, protocols, procedures, policies, standards and systems. |
| EQUALITY & DIVERSITY | It is the responsibility of every person to act in ways that support equality and diversity. Equality and diversity are related to the actions and responsibilities of everyone – users of services including patients, clients and carers; work colleagues; employees, people in other organisations; the public in general. |

Appendix 14.3**Preceptorship Programme mapping to the NMC Principles for Preceptorship (2020)**

| NMC (2020) Principles for preceptorship | | | | |
|---|---|--|-----------------|------------------------|
| Number | Standard description | Evidenced by | Achieved | Working towards |
| Organisational culture and preceptorship | | | | |
| 1.1 | It is kind, fair, impartial, transparent, collaborative and fosters good interprofessional and multi-agency relationships | Demonstrated through the trust values framework, through individual supervision, local evaluation and gathering of feedback from preceptee through the evaluations process. | ✓ | |
| 1.2 | There is an understanding of the importance of having systems and processes in place to support and build confidence of newly registered nurses, midwives and nursing associates | Demonstrated through workforce planning, trust forward plan and ongoing work within the Directorate of nursing research, training and development team. | ✓ | |
| 1.3 | There is an approach to preceptorship that prioritises individual mental and physical health and wellbeing, and promotes accountability, self-reflection and safe practice in accordance with the Code. | Demonstrated through individual supervision, preceptorship workbook and reflective practice group work. | ✓ | |
| Quality and oversight of preceptorship | | | | |
| 2.1 | There are processes in place to identify those who require preceptorship | Responsibility of roles indicated in the Preceptorship Policy. Demonstrated through joint working with Lead nurse for the Department of nursing research, education and development, the allied health professional lead and the Lead Recruitment Advisor for Nursing. | ✓ | |

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| 2.2 | There is sufficient preceptor capacity to support all of those who require preceptorship | Covered in the Preceptorship Policy- Preceptor role recorded and monitored by preceptorship programme lead. Preceptor roles come under Supporting Learners in Practice quality assurance processes. Preceptor attends yearly update and a database is held to monitor attendance and level of support available in each practice area. | ✓ | |
| 2.3 | The employer, preceptees and preceptors understand and comply with national and local policies, and the relevant governance requirements required by the four countries of the UK | Recruiting manager are responsible for ensuring new starters attend a trust and local induction and meet the mandatory training requirement of their role. This is monitored by the recruiting manager. | ✓ | |
| 2.4 | Preceptorship activities should complement the preceptees' induction and orientation into the local workplace | All preceptorship study days have been mapped to the four pillars of Advanced Clinic Practice. The workbook is designed to be used to record continued professional development and support the appraisal process. | ✓ | |
| 2.5 | There is recognition of the impact of system challenges on effective preceptorship and how to mitigate these | This is covered by the Preceptorship Policy and the tripartite learning agreement signed between preceptee, preceptor and line manager | ✓ | |
| 2.6 | Processes are in place to monitor, evaluate and review preceptorship programmes | All study sessions are evaluated and preceptees are invited to an end of programme evaluation event. | ✓ | |
| 2.7 | There is a governance framework around preceptorship which allows the process to be audited and reported. | The end of programme report is presented to the Directorate of nursing research, training and development team, lead to support any future development of the programme structure and content. | ✓ | |
| Preceptee Empowerment | | | | |
| 3.1 | Are provided with the appropriate resources to enable them to develop confidence as newly registered nurses, midwives and nursing associates | Personal work book, pastoral support from line manager, Preceptor, Preceptorship Programme lead, offered through reflective practice sessions and access to peer support. | ✓ | |

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| 3.2 | Are supported according to their individual learning needs | Individual learning needs are agreed at commence of preceptorship period between the preceptee, preceptor and line manager. | ✓ | |
| 3.3 | Are supported by a nominated preceptor | recruiting managers are responsible to allocate a suitable preceptor. This is demonstrated in the preceptorship programme monitoring forms, the work book and the preceptorship policy | ✓ | |
| 3.4 | Have opportunities for reflection and feedback to support their approach to preparing for revalidation | six reflective practice sessions are available within the preceptorship programme study days. Staff also have access locally to reflective practice groups and individual preceptorship supervision (this is separate from clinic supervision) | ✓ | |
| 3.5 | Are empowered to work in partnership with preceptors and are able to influence the content and length of their preceptorship programme to meet both individual and organisational needs | Preceptee and preceptor work together to identify when the period of preceptorship is no longer required, this is set out in the preceptorship policy and can be between 6 and 12 months in length. | ✓ | |
| Preparing preceptors for their supporting role | | | | |
| 4.1 | Act as professional role models | All staff have responsibility to abide by their professional code of conduct. This is reflected in the workbook preceptorship contract. This is monitored at a local level. Any identified concerns around preceptorship support is followed up by the preceptorship programme nursing and allied health professional leads | ✓ | |
| 4.2 | Receive ongoing support and actively engage in professional development | Programme study days are mapped to the Advanced Clinical Practitioner Pillars. Careers session is offered within the study day programme. The work book is used to evidence continued professional development, reflection and identifying individual development needs in preparation for the first appraisal. | ✓ | |
| 4.3 | Are supportive and constructive in their approach to the preceptee | Nurses and Nursing associate attend a Supporting Learners in Practice Session that covers giving constructive feedforward and developing staff confidence. Allied Health Professionals attend an equivalent training session within their pre reg programme. | ✓ | |

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| 4.4 | Share effective practice and learn from others | All staff have responsibility to abide by their professional code of conduct, work co-operatively and be supportive of colleagues learning. | ✓ | |
| 4.5 | Seek and are given feedback on the quality of all aspects of their preceptorship role. | Preceptor feedback section in the new work book. Preceptors are encouraged to seek feedback from learners. | ✓ | |
| The Preceptorship Programme | | | | |
| 5.1 | Be timely and align with the start of a new employment role | Retention and recruitment team work closely with Preceptorship lead to provide regular updates of new employment of Nurse and Allied Health Professionals. All new starters are followed up by human resources until recruited and a welcome contact made by the preceptorship programme leads for Nursing and Allied Health Professionals. | ✓ | |
| 5.2 | Recognise the knowledge, skills, attributes and competence nurses, midwives and nursing associates have at the point of registration | Preceptorship Study days are cross mapped to programme competencies and mandatory requirements to avoid any repetition. Study days are designed to supplement existing learning. The preceptorship lead has a good understanding of the nursing and nursing associate programme content. | ✓ | |
| 5.3 | Seek to ensure that activities within the programme are agreed with the individual preceptee | Individual learning contract demonstrates personal development needs. This is reflected in the initial meeting documented in the work book. | ✓ | |
| 5.4 | Vary in length and content according to the needs of the individual nurse, midwife and nursing associate and the organisation. Individual countries, regions or organisations may set minimum or maximum lengths for preceptorship | Preceptorship period is set as between 6 and 12 months in length depending on individual need. | ✓ | |
| 5.5 | Include activities designed to welcome and integrate the preceptee into the team and place of work | orientation and a period of two weeks supernumerary are integrated into the start of the preceptorship period. This is also demonstrated in the Preceptorship Policy and the individual's workbook. | ✓ | |

Preceptorship policy and procedure

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| 5.6 | Be designed to ensure that it is possible for the preceptee to meet the aims and outcomes of the preceptorship programme within the agreed timeframe. | Demonstration of the aims and outcomes of the Preceptorship Programme are factored into the preceptorship study day content and through the work book. | ✓ | |
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Preceptorship Process Map

