

Multi-Professional Preceptorship Policy (N-070)

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Executive Lead (name & job title):	Hilary Gledhill, Director of Nursing
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<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
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Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

Humber Teaching NHS Foundation Trust strives for quality in all services that contribute to effective, efficient and safe functioning of the organisation to meet the health & social care needs of the patients and their carers it serves.

The Multi-professional preceptorship policy aims to enhance the competence and confidence of newly registered practitioners as autonomous professionals. HTFT is committed to supporting all new registrants, returners to practice, overseas nurses to have access to a period of preceptorship and consolidation of prior learning. Newly qualified social workers will undertake the Assessed and Supported Year in Employment Programme.

Executive Director of Nursing, Allied Health, and Social Care Professionals
Supports that a preceptorship programme is mandatory for newly registered practitioners.

The purpose of preceptorship is 'to provide support, guidance and development for all newly registered practitioners to build confidence and develop further competence as they transition from student to autonomous professional'. (National Preceptorship Project, 2022). Preceptorship may also be provided for nurses transitioning from one role or setting to another

2. SCOPE

The preceptorship policy provides a framework and set of common standards and support (cultural, pastoral and wellbeing) which apply to all newly registered nurses, allied health professionals, nursing associates, returners to practice, overseas nurses, transitioning practitioners from one setting to another.

aims to promote consistency by providing information for service managers and professional leads on common standards required in order to implement preceptorship programmes in their areas.

Whilst newly qualified Clinical Psychologists do not complete a formal period of preceptorship their line manager and professional lead will ensure they have a development plan in place in line with Trust's appraisal policy.

Newly qualified social workers to undergo Assessed and Supported Year in Employment (ASYE) programme overseen by Skills for Care.

Preceptorship should be integrated with professional standards, supervision, continuing professional development (CPD) and appraisals

The preceptorship period for HTNHSFT mandates a preceptorship period of 6 months (core) up to 12 months. This will vary according to each individual's progress.

This preceptorship policy is intended as a resource for all those involved in the preceptorship of new registrants within the organisation and to promote consistency by providing information for service managers and professional leads on common standards required to implement preceptorship programmes in their areas.

Where staff are working within another organisation or within partnership arrangements the respective employing agency/authority preceptorship policy must be followed.

3. POLICY STATEMENT

Preceptorship is a period of structured transition for newly registered practitioners during which they will be supported to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue their journey of lifelong learning.

From registration practitioners are autonomous and accountable for their practice.

Preceptee

Newly qualified Nurses / Nurse Associates and Allied Health Professionals or Nurses/AHP's returning to practice.

Preceptor

Identified member of staff to provide preceptorship that holds a relevant professional registration and has a minimum of 12 months post registration experience and clinical practice experience within the same or associated field. Nursing associates (with a minimum of 12 months' experience post registration) may act as preceptors for nursing associates.

Nurse Preceptors should attend initial training/development and have 8 hrs per year protected time for learning to maintain their role as a preceptor as recommended by the NHS National Preceptorship Framework for Nursing.

Preceptorship should be seen as a model of enhancement, which acknowledges new graduates/registrants as safe, competent but novice practitioners who will continue to develop their competence as part of their career development/continuing professional development, not as individuals who need to address a deficit in terms of education and training. (HCPC 2009)

Preceptorship Champion

This role of preceptorship champion is to promote the value and benefit of preceptorship within the organisations and different settings and offer additional support to both preceptees and preceptors.

Recording

The approved Trust documentation for preceptorship must be used to evidence occurrence of preceptorship (unless specific national professional documentation is required) all of which is available within the most current version of the Preceptorship Academy Handbook.

4. ROLES AND RESPONSIBILITIES

The Chief Executive retains overall responsibility for ensuring effective implementation of all policies.

The Trust Board will ensure that this policy is acted on through delegation of implementation to assistant directors or equivalent general managers/service managers/modern matrons/lead professionals.

Service Managers, Modern Matrons and appropriate professional leads will ensure dissemination, and implementation of the policy within the sphere of their responsibility. They should also ensure staff attend relevant training and that time is dedicated to the provision and uptake of Preceptorship. This will include a two-week supernumerary period from date of receiving their Personal Identification Number (PIN), as recommended by Department of Health (DoH) and Health Education England (HEE). Supporting preceptors to have 8 hours protected time per year to access updates, additional training as required.

Barriers to the provision of Preceptorship will be reported to immediate managers and where the policy or elements of the policy cannot be implemented within respective teams or by practitioners,

this will be reported as per the Trust's Risk Management Strategy. (Check policies escalated to Director of Nursing)

Charge nurses/team leaders will disseminate and implement the agreed policy. They will maintain an overview of associated training needs for their respective teams. The charge nurse/team leader will ensure mechanisms and systems are in place to facilitate staff to attend relevant training as part of their performance and development review (PADR) process in order to undertake Preceptorship.

Preceptorship lead is responsible for evaluating the Trust preceptorship programme, including review of course evaluations, feedback from preceptees and preceptors, retention statistics 12- & 24-months post registration. The preceptorship report will be completed annually and incorporate a review of the programme as well. This will be shared with the Director of Nursing & AHP and also via clinical networks and through governance groups.

All clinical staff employed by the Trust will familiarise themselves and follow the agreed policy and associated guidance document. They will use approved documentation and complete Preceptorship paperwork as per policy. They will make their line managers and preceptorship lead aware of barriers to implementation and/or access to Preceptorship.

It is the employee's responsibility to comply with this and any other associated policy and procedures.

5. EQUALITY AND DIVERSITY

An equality and diversity impact assessment has been carried out as per appendix 3.

6. IMPLEMENTATION

This policy will be disseminated by the method described in the Policy and Procedural Documents Development and Management Policy.

An electronic version of the updated policy will be available on the Policies page of the Trust Intranet under the heading – Preceptorship.

Training

All new registrants, employed by the Trust will be supported to attend the Trust Preceptorship Programme. Which incorporates Profession specific preceptorship. The details of the Trust Preceptorship programme can be found on the Trust intranet. Attendance of the relevant training will be recorded on individual training records. Those new registrants who are not required to complete a formal preceptorship programme will still have full access to any study days deemed appropriate by their manager or professional lead.

All preceptors will have access to initial training on the role of the preceptor and annual practice assessor/supervisor sessions.

7. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

National Preceptorship Framework (2022)

- NMC Principles for Preceptorship (2020)

- Capital Nurse Preceptorship Framework (2018) for London organisations

- HEE Preceptorship Standards (2015)

8. RELEVANT TRUST POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

Employee Appraisal Policy and Procedure (HR-010)
Risk Management Policy (N-064)
Access to Health Records Policy (N-011)
Policy and Procedural Documents Development and Management Policy
Equality, Diversity and Inclusion Policy (HR-026)
Disciplinary Policy (HR-006)
Supervision Policy (Clinical Practice and Non-Clinical) (N-039)
Probation Policy and Procedure (HR-042)

9. PROCESS

Each newly registered practitioner will participate in the preceptorship programme and the line manager is responsible for ensuring that the appropriate arrangements are made:

- The line manager is responsible for enrolling the new starter on the appropriate induction, mandatory and statutory training, and into the Preceptorship programme. The line manager also advises the preceptorship lead of each newly registered professional with start date and name of preceptor via return of enrolment form (See Appendix 1.)
- Each preceptee will be allocated a nominated preceptor within the first week of joining the organisation by their line manager
- The preceptee will meet with their allocated preceptor within the first two weeks of joining with the purpose of agreeing a charter, the contract for preceptor/tee meetings and developing learning objectives for the preceptorship period – a copy of the charter and contract must be returned to hnf-tr.preceptorshipacademy@nhs.net
- Meetings between the preceptee should take place monthly as a minimum requirement. These should be documented using the standard templates in the handbook.
- The line manager will support attendance and participation in the organisation's preceptorship education programme
- By the end of the preceptorship period, the preceptee will have completed their programme of learning, have developed confidence and competence and achieved final sign-off as an autonomous practitioner.

For some preceptees (international registrants / returners to practice / transition to new post-registration specialist role) an extension to the preceptorship programme may be offered upon commencing employment, however support should continue throughout up to the first six months in post.

- Enrolment form completed and returned to The Preceptorship Academy team hnf-tr.preceptorshipacademy@nhs.net for formal allocation to a cohort and notifies the team of the allocated preceptor/co-preceptor
- Registrant starts with Trust and attends “New Starter Welcome” (1st Monday of every month - contact – hnf-tr.recruitment@nhs.net)

- Workplace induction checklist is completed by Manager
- Service specific priorities also discussed at this time
- Checklist is returned to Human Resources (HR) department
- Copy placed in personal file and portfolio

- 2-week supernumerary period commences from Day 1 of receipt PIN/registration. Preceptorship will start on the day the registrant receives their PIN/registration and confirms this with the employing organisation

N.B. If employed as a HCA or support worker awaiting registration, the registrant can start the training element of preceptorship prior to receiving their PIN

- The preceptor and preceptee use the final learning and development needs/ action plan within student/trainee documentation and SOAR analysis in the handbook as a basis to identify individual learning needs.
- A preceptorship contract and charter is completed within the first 2 weeks and mutually convenient times to meet are arranged (minimum monthly meets as per Supervision policy). Within these meetings evidence is reviewed against activities within the handbook/ role-specific objectives/ competencies. These meetings also provide the preceptee with an opportunity to raise any concerns about their progress.

- Preceptee attends all required training, development and timetabled review points with the Preceptorship Academy team and peers
- Triangulation meeting is recommended to be held in month 4 (or at month 6 if preceptee part time) to review progress with preceptor and manager in attendance, this also provides an opportunity for the preceptee to raise any concerns they have about their progress.
- If preceptee has made insufficient progress towards objectives **a further review** will be held at the 5 months point (up to 8 months for part time employee)

- **If the objectives have been achieved** at month 6 (or month 8 if part-time or an extension has been agreed) and the Preceptee has successfully completed the Preceptorship programme this will be recorded in the staff members Personal Appraisal & Development Review and ESR updated to reflect this.
- Completion form to be completed and sent to hnf-tr.preceptorshipacademy@nhs.net, certificate and badge will then be sent.

- **If the objectives are not being achieved** satisfactorily at this point an action plan will be formulated to identify areas and levels still to achieve, identify training and development required to enable preceptee to achieve outcomes and establish further date for review of 1 month hence. Please note that the process in certain cases, may take up to a year (periods of absence, workload pressure etc).

Appendix 1 - Preceptorship Academy Application Form

Please complete and return to hnf-tr.preceptorshipacademy@nhs.net as soon as possible to enrol your new starter into the Preceptorship Academy

Name and job title of Preceptee	
Team name and address	
Start date of Preceptee	
Trust induction date <i>(if known)</i>	
DMI/PATS training date/s <i>(if known/applicable)</i>	
Name of Preceptor	
Team name and address <i>(if different from Preceptee)</i>	
Manager's name	

Appendix 2 Document Control Sheet:

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy		
Document Purpose	The Multi-professional preceptorship policy aims to enhance the competence and confidence of newly registered practitioners as autonomous professionals. HTFT is committed to supporting all new registrants, returners to practice, overseas nurses to have access to a period of preceptorship and consolidation of prior learning. Newly qualified social workers will undertake the Assessed and Supported Year in Employment Programme.		
Consultation/ Peer Review:	Date:	Group / Individual	
<i>list in right hand columns consultation groups and dates -</i>	29/09/2022	Professional Leads, Matrons	
	Oct-22	QPAS	
Approving Body:	Quality Committee	Date of Approval:	August 2014
Ratified at:	Trust Board	Date of Ratification:	September 2014
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>	Training as per national framework	Financial Resource Impact	Preceptors require 8 hrs per year protected time to support preceptee and attend updates
Equality Impact Assessment undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/> Rationale:
Publication and Dissemination	Intranet <input type="checkbox"/>	Internet <input checked="" type="checkbox"/>	Staff Email <input checked="" type="checkbox"/>
Master version held by:	Author <input type="checkbox"/>	HealthAssure <input checked="" type="checkbox"/>	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	Notification of update will be circulated through the Trust global email and document will be available on the Trust intranet. Managers and staff are responsible to ensure the policy is read and followed		
Monitoring and Compliance:	As stated in section 7 within the policy document		

Document Change History:

Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
<i>Policy under HR with reference P201 / HR-020</i>			
1.0	New policy	Aug-14	New policy separated from Guidance, & HealthCare Professional Council agreement
1.1	Review	July-17	Document formatted and slight changes to wording to reflect current practice
1.02	Review	Jan-19	Reviewed with Minor changes Approved EMT Jan-19
1.03	Review	May-19	Reviewed with minor amendments 3 May 2019 (QPAS)
1.04	Review	Oct-22	Policy reference updated to show under Nursing directorate N-070 Minor changes in wording to reflect current practice Approved at QPaS 5-Oct-22 (minor amends)

Appendix 3 - Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

- Document or Process or Service Name: **Preceptorship Policy**
- EIA Reviewer (name, job title, base and contact details) **Mel Barnard**
- Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

Main Aims of the Document, Process or Service		
To set out the requirements that must be met for approval, ratification and dissemination of all Humber Teaching FT policies.		
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma		
Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
Age	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	1. who have you consulted with 2. what have they said 3. what information or data have you used 4. where are the gaps in your analysis 5. how will your document/process or service
Disability		
Sex		
Marriage/Civil Partnership		
Pregnancy/Maternity		
Race		
Religion/Belief		
Sexual Orientation		
Gender re-assignment		

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people, Young people, Children, Early years	Low	There is no evidence that this equality group is negatively affected by the policy
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	low	There is no evidence that this equality group is negatively affected by the policy
Sex	Men/Male, Women/Female	Low	There is no evidence that this equality group is negatively affected by the policy
Married/Civil Partnership		Low	There is no evidence that this equality group is negatively affected by the policy
Pregnancy/ Maternity		Low	There is no evidence that this equality group is negatively affected by the policy
Race	Color, Nationality, Ethnic/national origins	Low	There is no evidence that this equality group is negatively affected by the policy
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	There is no evidence that this equality group is negatively affected by the policy
Sexual Orientation	Lesbian, Gay Men, Bisexual	Low	There is no evidence that this equality group is negatively affected by the policy
Gender re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	There is no evidence that this equality group is negatively affected by the policy

Summary

<i>Please describe the main points/actions arising from your assessment that supports your decision above</i>			
EIA Reviewer	Melanie Barnard Professional Education lead		
Date completed;	29/09/2022	Signature	M Barnard