

10 May 2017

**Freedom of Information Request – Ref: FOI 014-1718**

Thank you for your recent Freedom of Information request about Mental Health Nursing Competencies. Please find the Trust's response below.

Name of Trust 2gether NHS Foundation Trust		
Information required	Information available (YES/NO)	Information content provided (list what has been provided)
Competency Frameworks for Mental Health Nurses Band 3, 4, 5, 6, 7, 8 range.	Yes	Competency frameworks are built into nurses particular job descriptions, person specifications, Knowledge and Skills Framework outlines and individual appraisal meetings with line managers.
Any career pathway frameworks for Mental Health Nursing	Yes	Career pathways for nurses are clearly described by Health education England: all new HCA's are provided a care certificate programme by the Trust practice development team who also then provide health and social care level 2 and 3 courses. 7 HCAs in Gloucester and x1 HCA in Hereford places have been offered places on the two year 'trainee nursing associate course' which allows progression from band 3 to band 4 and then a springboard onto nurse training at level 6 degree. 6 HCAs in Gloucester and x2 HCAs in Hereford seconded to undertake their RMN training at degree level. Student placements are provided for RMN and RNLD students with the University of West of England and the University of Worcester as well as many other students from

		different disciplines. Placements are also provided to return to practice nurses who have let their registration lapse.
Your Preceptorship Policy and Programme Curriculum	Yes	Following registration all registered professionals are offered a 12 month preceptorship programme and a range of professional training opportunities to satisfy revalidation, to meet their job requirements and to allow professional growth and further promotion should they require that. The Trust has a leadership / management trainer who supports further career development. (Preceptorship policy and curriculum attached.)
Any arrangements for accelerated pay for mental health nurses Band 3-8	No	All staff are subject to Agenda for Change Terms and Conditions.
Any models for pay progression for mental health nurses Band 3-8	Not specifically for mental health nursing	All staff are subject to Agenda for Change Terms and Conditions. Pay scales allow for pay progression within each pay band.

Should you have any queries in relation to our response in this letter, please do not hesitate to contact me. If you are unhappy with the response you have received in relation to your request and wish to ask us to review our response, you should write to:-

Anna Hilditch  
Assistant Trust Secretary,  
<sup>2</sup>gether NHS Foundation Trust  
Rikenel  
Montpellier  
GLOUCESTER GL1 1LY  
Tel: 01452 894165  
E-mail: [anna.hilditch@nhs.net](mailto:anna.hilditch@nhs.net)

If you are not content with the outcome of any review, you may apply directly to the Information Commissioner's Office (ICO) for further advice/guidance. Generally, the ICO will not consider your case unless you have exhausted your enquiries with the Trust which should include considering the use of the Trust's formal complaints procedure. The ICO can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

Yours sincerely,

*Lisa Evans*

**LISA EVANS**

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or write to: OPSI, 102 Petty France, London SW1H 9AJ.

# Preceptorship Policy

(Guidance on the 12 months of support required for all newly registered professionals)

Version:	1
Consultation:	<i>Director of Quality Deputy Director of Nursing Lead Professionals</i>
Ratified by:	
Date ratified:	
Name of <b>originator</b> /author:	<i>Chris Betteridge, Lead Nurse for pre-reg nurse education and widening access programmes</i>
Date issued:	<i>20<sup>th</sup> April 2017</i>
Review date:	<i>20<sup>th</sup> April 2020</i>
Audience	<i>Any clinicians/Managers responsible for newly registered professionals and the new registrants themselves.</i>

## Version History

Version	Date	Reason for Change
1	20/04/17	No change this is the first version

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## **1. Policy Statement**

2gether Trust is committed to the provision of preceptorship for newly registered practitioners and requires all employees to contribute to the support of staff under preceptorship.

Similarly, the Trust expects newly registered practitioners will assume their responsibilities as registered practitioners and commit to meeting any agreed requirements and learning outcomes set out during their preceptorship period.

For preceptorship to be effective it must be a reciprocal relationship between the newly registered practitioner, their line manager and the preceptor. All parties involved must undertake the roles and responsibilities set out in this policy and associated procedures.

## **2. Introduction and purpose**

Preceptorship is a period of structured transition for all newly registered practitioners during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, consolidate skills, values and behaviours and to continue on their journey of life-long learning (DOH, 2010).

The benefits of supporting newly registered practitioners within the clinical setting are well documented and include the reduction of transition shock, enhancement of safe quality care, improved recruitment and retention, developing an understanding of the organisational objectives, supporting the concept of lifelong learning, making care the priority and enhancing the image of healthcare professionals. (DoH 2009)

The role of the preceptor for newly registered practitioners is a significant role. The quality of the preceptorship relationship can have a long term impact on the newly registered practitioner's career. Preceptors should therefore be aware that this is a privileged and important role.

2gether NHS Foundation Trust is committed to supporting newly registered practitioners to build professional confidence and mature into their new role during the transition from student to newly registered practitioner.

## **3. Scope**

### **3.1 Nursing**

- Newly registered nurses with the NMC who have completed a pre-registration programme in the UK for the first time
- Nurses entering a new part of the NMC register
- Newly admitted Nurses from other European Economic Area States and other nation states
- Registered Nurses who are returning to practice following a significant period of absence from practice.

### **3.2 Occupational Therapy**

- Newly registered occupational therapists.
- Occupational therapists new to the NHS after working in another field or, those from other countries.

### **3.3 Social Work**

Newly registered social workers undertake the Assessed and Supported Year in Employment (ASYE) scheme but they are also encouraged to engage in the 2gether preceptorship programme whilst being mindful of areas of unnecessary duplication.

### **3.4 Physiotherapy**

The chartered society of physiotherapy does not have any specific guidelines but supports the following of the Department of Health Preceptorship Framework.

### **3.5 Speech and Language Therapy**

Speech and Language Therapists governed by the HCPC attend trust preceptorship.

### **3.6 Registered Bank Employees**

It is not usual for a newly registered professional to move straight into a temporary working arrangement as there are some challenges around consistency in delivering preceptorship. For exceptional circumstances where newly registered practitioners are employed exclusively on the bank and those substantive staff working bank shifts during their preceptorship period please refer to the relevant discipline specific procedure above and be mindful that all preceptorship standards still need to be adhered to.

## **4. Context**

Public confidence and safety is of paramount importance and this can only be guaranteed by a workforce that is highly skilled and fit for purpose. Preceptorship is an essential component in ensuring that all newly registered professionals deliver safe, high quality care at the point of registration and thereafter.

## **5. Duties**

### **5.1 Director of Quality**

Responsible for the development, maintenance and review of this document lies within the Director of Quality. The Director of Quality has board level responsibility for the development of this document and may delegate this responsibility to a subordinate.

### **5.2 The Governance Committee**

The Governance Committee will be notified of the ratification of this policy.

### **5.3 All employees' responsibilities to preceptorship**

All trust clinical staff working in Gloucestershire and Herefordshire have a duty to abide by and promote the use of this policy.

## **6. Definitions**

### **6.1 Preceptor**

A preceptor is an experienced and credible registered practitioner who has taken on the responsibility to support a newly registered practitioner through their first 12 months in post. They will be familiar with this policy, the preceptorship handbook and the Health Education England standards for preceptorship (appendix 1).

### **6.2 Preceptee**

A preceptee is a newly registered professional in their first job, a professional returning to clinical practice after a significant break or an overseas professional or professional very new to a specialist area requiring a supported transition.

## **7. Ownership & Consultation**

- Responsibility for the development, maintenance, review and ratification of this document lies within the **Director of Quality and Medical Director**; however this has been delegated to the Deputy Director of Nursing.
- Each policy will be sent to the Trusts Clinical policy consultation group, locality and clinical directors for consultation. This will be for a one month period. This will then be notified to the Trust Governance Committee. The Trust is developing a mechanism for consulting service users and carer reps regarding policy development.
- Where a review only results in minor changes to a policy or procedure there will be no formal consultation and the review will be uploaded on to the intranet and notified at the next update.



## **8. Ratification Details**

The Director of Quality has the authority to ratify policies. This can be delegated to the Deputy Director of Nursing. The governance committee will be notified of any clinical policy reviews.

## **9. Release Details**

Clinical policies are not routinely placed on the trust public website. Upon request most are available to members of the public if requested. This policy is available on the Trust intranet under Clinical Policies. The Trust intranet indicates to staff that a policy have been reviewed and uploaded.

## **10. Review Arrangements**

The policy will be reviewed every 3 years to ensure that it is contemporaneous to modern mental health practice and research. All policies are subject to earlier review if significant changes in legislation or national best practice indicates.

## **11. Process for Monitoring Compliance**

The Director of Quality and performance is responsible for the delivery of the Trusts preceptorship policy and preceptorship programmes within the Trust. They will monitor this through relevant board meetings.

## **12. Training**

Any clinician acting as a preceptor must read this policy in conjunction with the preceptorship handbook which gives clear guidance on roles, responsibilities and purpose of preceptorship. Preceptor training is 'one off' training that is delivered by the Lead nurse for pre reg education and widening access programmes.

## **13. Policy Guidance**

### **13.1 Supernumerary status**

Best practice indicates that on commencement of the preceptorship period all newly registered practitioners will have up to two weeks supernumerary status within the clinical environment depending on confidence and previous exposure to the same or similar clinical areas.

### **13.2 Protected time**

Protected time for the preceptor and newly registered practitioner to work and meet together must be agreed with and supported by the line manager. Time must be sufficient to meet all the requirements of the preceptorship period and in order to allow the preceptor/preceptee relationship to develop and strengthen. It is recognised that more time will be required in the initial stages, reducing as preceptee confidence grows.

### **13.3 Preceptorship duration and content**

2gether trust endorses a 12 month preceptorship period. During this period a preceptee receives 'on the job' support from a preceptor as well as up to x5 classroom days supported by guest lecturers who deliver sessions that support the HEE standards for preceptorship. Group reflective supervision is also delivered on these classroom based days.

### **13.4 Preceptorship and Appraisal**

Preceptorship is not to be undertaken in isolation and should be considered alongside the Appraisal Policy, Probationary Period Policy and Supervision Policy.

### **13.5 Interruption to the Preceptorship period**

- If, at any time, the existing preceptor is unable to continue as preceptor to the newly registered practitioner, the line manager should ensure that a replacement or interim preceptor is identified to ensure a seamless continuation of the programme.
- If the preceptee moves to a different clinical team or leaves the employment of 2gether prior to finishing the preceptorship programme, a hand over of progress should be undertaken by the preceptor to the new preceptor where known.
- The period of preceptorship can be extended if there are significant periods of absence, for example, long term sickness leave or maternity leave.
- Where it is known that the newly registered practitioner is likely to be absent within the preceptorship period for a significant period of time (i.e., for four weeks or more), the preceptor will review the progress made. The preceptorship period will recommence on return giving due regard to the pause in the programme and the need for any 'refresher' learning and development.

### **13.6 Managing Poor Performance**

The Preceptorship programme is not designed to manage poor performance. Concerns in relation to capability are to be addressed using other capability and performance procedures.

## **13.7 Roles and responsibilities in delivering preceptorship**

### **13.7.1 Professional Leads**

- Professional leads will ensure the infrastructure to support Preceptorship for newly registered practitioners in their area is implemented, sustained and regularly reviewed.
- To act as a source of knowledge of the Preceptorship Programme Trust-wide and ensure there is clarity and a shared understanding of the process amongst all stakeholders.
- To provide on-going support, guidance and advice to line managers and preceptors to ensure the Preceptorship policy is implemented Trust-wide.

### **13.7.2 Lead Nurse for Pre reg Education and widening access**

- To ensure the Preceptorship classroom based programme is up-to-date and reflects best practice.
- Maintain a database of those undergoing preceptorship. Monitor and identify individuals and areas requiring additional support and take all appropriate steps to enhance and encourage the retention of newly registered practitioners.
- Deliver preceptor training

### **13.7.3 Human Resources**

Provide Professional Leads with details of new starters who are newly registered so that they can be enrolled onto preceptorship programmes.

### **13.7.4 Ward / Team Managers**

- Ensure newly registered practitioners joining the team are informed about this policy and the relevant preceptorship programme.
- Ensure there are adequate numbers of preceptors suitable for the role to provide preceptorship for any newly registered practitioner appointed to the team.
- Ensure the team are made aware of newly registered practitioners joining the team so that appropriate support and guidance can be promoted.
- The manager is required to inform both the newly registered practitioner and the preceptor of any concerns as soon as they are identified.
- The manager is responsible for completing final sign off following the successful completion of the Preceptorship programme.
- Seek guidance from Professional Leads and HR if there concerns relating to the capability of the newly registered practitioner.

### **13.7.5 Preceptors**

- Preceptors are required to support and assess the newly registered practitioner during the first 12 months of their employment through the relevant Preceptorship programme.
- The preceptor is not accountable for the actions or omissions of the newly registered practitioner
- The preceptor is required to keep the line manager informed of :-
  - 1) progress with the preceptorship programme
  - 2) any concerns as soon as they are identified
  - 3) Newly registered practitioners' successful completion of the relevant preceptorship programme

### **13.7.6 Newly registered practitioner (preceptee)**

The newly registered practitioner who is progressing through the Preceptorship Programme is responsible for:-

- Practicing in accordance with their professional standards.
- Ensuring they understand and engage in undertaking the Preceptorship Programme, completing the required learning outcomes within the identified time frames.
- Engaging in management supervision, which is considered to be separate from, but complementary to preceptorship.
- Being assertive in ensuring that they have access to and make use of the resources, guidance and support required to complete the preceptorship programme.
- Raising any concerns about completing the preceptorship programme with the preceptor and line manager.

### **13.7.7 All 2gether Employees**

All members of 2gether trust have a responsibility to support and nurture preceptees to reduce transition shock, to ensure safety and to ensure quality care delivery.

## **14. References**

Department of Health (2010) Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals. London: Department of Health.

Health Education England Preceptorship standards (2015)

Department of Health (2009) Preceptorship Framework for Nursing. London: Department of Health.

Nursing and Midwifery Council (2008) Preceptorship Guidelines. NMC Circular 21/2006. London Nursing and Midwifery Council.

**15. Equality Impact Assessment (EIA)**

**Comment [SM1]:** Please complete this section

Initial Assessment – <i>does the document affect one group less or more favourably than another on the basis of:-</i>	Yes/No	Comments
<ul style="list-style-type: none"> <li>• Race</li> <li>• Ethnic origins (including gypsies and travellers)</li> <li>• Nationality</li> <li>• Gender</li> <li>• Culture</li> <li>• Religion or belief</li> <li>• Sexual orientation including lesbian, gay and bisexual people</li> <li>• Age</li> <li>• Disability – <i>learning disabilities, physical disability, sensory impairment and mental health problems</i></li> </ul>	N N N N N N N N N	
Is there any evidence that some groups are affected differently?	N	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
Is the impact of the document likely to be negative?	n	
<ul style="list-style-type: none"> <li>• If so can the impact be avoided?</li> <li>• What alternatives are there to achieving the document without the impact?</li> <li>• Can we reduce the impact by taking different action?</li> </ul>	n/a	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.	n/a	

*If you have identified a potential discriminatory impact of this procedural document, please refer to .....*

**Comment [SM2]:** Please complete or delete as appropriate.

*For advice in respect of answering the above questions, please contact .....*

*Equality Impact Assessment for this policy – see also Overarching Care Practice Policy EIA.*

*The Outcome of the Initial Screening Assessment was that the policy does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age religious beliefs or sexual orientation.*

*Please see 2GNHSFT Policy, Procedure and Guidance for the Development and Management of Policy, Procedure and Guidance documents.*

## **Appendix 1**

### **Health Education England Preceptorship Standards (2015)**

1. The organisation has a preceptorship policy, which has been formally approved by the appropriate Education Governance structures.
2. There is an organisational wide lead for preceptorship
3. There is a structured preceptorship programme that has been agreed by the Executive Nurse and other professional leads given preceptorship should be available for all new registered practitioners.
4. The organisation facilitates protected time for preceptorship activities
5. There is a clearly defined purpose of preceptorship that is mutually understood by preceptors and preceptees
6. Preceptorship is informed by and aligns with the organisational appraisal framework
7. Preceptors have undertaken training and education that is distinct from mentorship preparation
8. There is a central register of preceptors
9. Systems are in place to identify all staff requiring preceptorship
10. Systems are in place to monitor and track newly registered practitioners from their appointment through completion of the preceptorship period
11. Every newly qualified nurse/midwife/allied health professional has a named preceptor allocated from first day of employment
12. Preceptorship is tailored to meet the need of the individual preceptee
13. The preceptee undertakes a transitional learning needs analysis
14. Preceptorship is monitored and evaluated on a scheduled basis
15. A range of relevant skills training and assessments are available to meet the needs of preceptees
16. Action learning, group reflection or discussion are included in the preceptorship process
17. Preceptees contribute to the development of preceptorship programmes
18. The preceptorship programme includes the following elements:
  - Accountability
  - Career development
  - Communication
  - Dealing with conflict/managing difficult conversations
  - Delivering safe care
  - Emotional intelligence
  - Leadership
  - Quality Improvement
  - Resilience
  - Reflection
  - Safe staffing /raising concerns
  - Team working
  - Medicines management (where relevant)
  - Interprofessional learning



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# PRECEPTORSHIP HANDBOOK

'A simple and concise plan for your first 12 months as a registered professional'

Chris Betteridge  
July 2016  
Revised 21/04/17

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<b>Your name as 'Preceptee'</b>					
<b>Your Job title</b>					
<b>Place of work</b>					
<b>Contact details</b>					
<b>Date of employment (start date)</b>					
<b>Name of your mentor/Preceptor?</b>					
<b>Dates of your x5 classroom days</b>					
<b>Anticipated end date of your preceptorship programme (generally 12 months post the first classroom day)</b>					

## **Introduction**

The first year of practice following registration as a health care professional can be a demanding time. Robust support during this period is vital. Newly registered practitioners who manage the transition successfully are able to provide effective care more quickly, feel better about their role and are more likely to remain within their profession long term.

This handbook has been largely informed by the Department of Health's (2010) Preceptorship Framework document. This guidance represented a significant change in preceptorship policy as it clearly sets out expectations for organisations to provide a preceptorship framework for all newly registered professionals inclusive of nurses, social workers and allied health professionals. It is the purpose of this handbook to practically apply this framework in a meaningful way to enable new registrants to fulfil their potential and become an effective employee of 2gether NHS Foundation Trust. The purpose of this document is:-

- To support individuals transition from student to accountable practitioner
- To support new professionals to practise in accordance with their relevant code of professional conduct and to demonstrate the same through clinical care and also through CPD portfolios.
- To support new professionals to develop confidence in their competencies as a health professional
- To provide the foundation blocks for implementation of the annual Appraisal system.
- For preceptees to become familiar with Job descriptions, KSF Outlines and to feel confident in undertaking responsibilities associated with their post.

## **Preceptorship – what it is and what it is not**

Newly registered professionals have been deemed competent to practice via pre-registration education so preceptorship is not about competence but more about building confidence. Preceptorship is not about statutory and mandatory training but more about moving from novice to expert in practice. Preceptorship aims to reduce stress, minimise mistakes and support the newly registered professional to realise their potential.

The following quotes can be found in the DoH (2010) Preceptorship Framework

**‘A foundation period [of preceptorship] for practitioners at the start of their careers which will help them begin the journey from novice to expert’.**

DoH (2010) Preceptorship Framework, p8

The NMC are quoted on the same page:-

**‘A period [of preceptorship] to guide and support all newly qualified practitioners to make the transition from student to develop their practice further’.**

The Modernising Allied Health Professional Career Group concludes that:-

**‘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’.**

DoH (2010) Preceptorship Framework, p 10

## Programme content

The programme consists of two parts, the first being the 12 month support that the preceptor / mentor gives in the workplace using this handbook as a guide. The second part consists of x5 classroom days generally delivered in the first 5 months of the 12 month programme. These classroom days are delivered predominantly by the practice education facilitator supported by guest speakers. The mornings consist of taught content and the afternoons focus on reflective group supervision. Please see an example of the 5 days curriculum which is often updated and amended to meet the needs of attendees. Every effort is made to cater for the diverse audience who are often from OT, Physio, SALT, Social Work and Nursing professions.

	Day 1	Day 2	Day 3	Day 4	Day 5
AM	Introduction to the purpose of preceptorship and what it aims to achieve. The day is designed to allow participants to get to know one another, to lay the foundations for group reflective supervision sessions and to prepare for day 2.	Portfolio construction, professional revalidation and a study of responsibilities in relation to Job descriptors and professional codes of conduct.	Psychological and physical resilience and what support mechanisms are available to help us maximise our 'resilience'. At the end of the day participants will have a list of useful tips and ideas about how they can gain the support required to remain fit and healthy as well as a plan to promote a healthy work / home life balance.	Management of self, caseloads, resources and time to ensure safe and effective care. Nurses will receive a specific session on safe administration of medication.	Consolidation of what has been achieved on the previous four days and planning for ongoing support and supervision for the remaining time of preceptorship and beyond.
PM	Group Supervision	Group Supervision.	Group Supervision.	Group Supervision.	Group Supervision.

## **Preceptor/Mentor**

A preceptor is an experienced registered practitioner who has taken on the responsibility to support a newly registered practitioner through the first 12 months in post.

## **Newly Registered Practitioner/Preceptee**

This is someone who has registered and is entering employment for the first time following registration with their regulatory body. A preceptee may be newly qualified within the profession or having completed either a Return to Practice course or a course to undertake work different from that which they have been doing or newly employed in this country but qualified elsewhere.

## **The Preceptorship Relationship**

The Preceptorship is an enabling and developmental one. It is linked closely to the job description and KSF Outline for the post the preceptee holds. It is neither training, nor coaching but has elements of both as well as the practice of skills already acquired to start the journey along the continuum from novice towards eventual expert practitioner. It does not address performance management but does look to develop performance and confidence. It does not replace structured clinical supervision but has elements of this within its structure and it does not stand instead of appropriate induction or mandatory training although both should be addressed during the preceptorship period.

## **Importance of Supervision**

Supervision is extremely important for all registered clinicians, and especially for the newly registered. Some Preceptees find it helpful to combine clinical supervision meetings with the regular meetings with their mentor. Others choose to separate the two concepts. Please see the trusts policy on supervision.

## **Reflection and Reflective Models**

Reflection is a fundamental component of health care and forms the cornerstone of practice and learning from clinical or other experiences. While Preceptorship includes elements of various work based developmental activities reflection is a central part of how we develop as professionals. The use of an identified Reflective Model can enhance this process and it may be very useful especially in the early stages of your new job to identify and utilise one that meets your needs. (see page13)

## **Expected achievements during the 12 month Preceptorship Programme**

- At the earliest opportunity be appointed a preceptor, and have an initial meeting during which you complete swat analysis, action plan, preceptorship contract and both sign the preceptorship handbook.
- A minimum of monthly meetings with preceptor for one hour duration each. These meetings must be recorded and can be incorporated into your CPD portfolio.
- Corporate and Local Induction need to be achieved.
- All Mandatory training to be booked and/or attended.
- To attend all x5 classroom days facilitated by Practice Education Facilitator and to contribute to the group reflective supervision sessions.
- To be familiar with your own Job description, person specification and Knowledge Skills Framework. Discuss these with your preceptor and plan how you can slowly improve confidence in all the roles / responsibilities unique to your post.
- At the end of 12 months you will have created a continuing professional development portfolio which will satisfy the re-validation requirements of your own professional governing body.
- At the end of the 12 month preceptorship programme you will be prepared for your first appraisal meeting with your line manager.
- At the end of 12 months you will have supervision arrangements in place for your ongoing support.
- At the end of the 12 month preceptorship programme you will have a final meeting with your preceptor to re-visit the swat and action plans and discuss future developmental needs.

## Preceptorship Contract

Please record and sign your plan for preceptee support including arrangements for meetings, preferred styles of communicating, working and learning. Recorded monthly meetings for one hour are a minimum requirement.

Signature of Preceptee: ..... Date: .....

Signature of Preceptor/Mentor: ..... Date: .....

**SWOT Analysis – Date:**

<p><b><u>Strengths</u></b></p>	<p><b><u>Weaknesses</u></b></p>
<p><b><u>Opportunities</u></b></p>	<p><b><u>Threats</u></b></p>



**Action Plan – Date:**

Developmental Needs:

How this will be addressed and by when:

**Template for Initial, Mid-point and Final Preceptorship Meetings**

**Meeting record and associated actions**

Signature of preceptee: ..... Date .....

Signature of preceptor/mentor:..... Date:.....

## Model for Structured Reflection - adapted from Johns (2000)

### Looking in:-

Find a space to focus on self and pay attention to your thoughts and emotions.

Write down these thoughts and emotions

### Looking out:-

Write a description of the situation

What issues seem significant

### Aesthetics:-

What was I trying to achieve?

Why did I respond as I did?

What were the consequences for myself and others?

How were others feeling?

How did I know this?

### Personal

Why did I feel the way I did within this situation?

### Ethics:-

Did I act for the best?

What factors were influencing me?

What knowledge did or could have informed me?

### Reflexivity:-

How does this situation relate to previous experiences?

How could I have handled this better?

What would have been the consequences of alternative actions?

How do I feel now about the experience?

How can I support myself and others better in the future?

Benner's Stages of Clinical Competence
In the acquisition and development of a skill, a clinician passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert.
Stage 1: Novice
The Novice or beginner has no experience in the situations in which they are expected to perform. The Novice lacks confidence to demonstrate safe practice and requires continual verbal and physical cues. Practice is not time efficient and the novice is unable to use discretionary judgement.
Stage 2: Advanced Beginner
Advanced Beginners demonstrate marginally acceptable performance because of some prior experience in actual situations. They are skilful in parts of the practice area, requiring occasional supportive cues. Time efficiency is sometimes displayed and knowledge is developing.
Stage 3: Competent
Competence is demonstrated by the clinician who has been on the job in the same or similar situations for two or three years. The clinician is able to demonstrate efficiency, is coordinated and has confidence in his/her actions. The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organisation. Care is completed within a suitable time frame without supporting cues.
Stage 4: Proficient
The Proficient clinician perceives situations as whole rather than in parts. Proficient clinicians understand a situation as a whole because they perceive its meaning in terms of long-term goals. The Proficient clinician learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The Proficient clinician can now recognise when the expected normal picture does not materialise. This holistic understanding improves the Proficient clinicians decision making; it becomes less laboured because the clinician now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones.
Stage 5: The Expert
The Expert clinician has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The Expert operates from a deep understanding of the total situation. His/her performance becomes fluid and flexible and highly proficient. Highly skilled analytic ability is necessary for those situations with which the clinician has had no previous experience.

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## **Health Education England Preceptorship Standards (2015)**

1. The organisation has a preceptorship policy, which has been formally approved by the appropriate Education Governance structures.
2. There is an organisational wide lead for preceptorship
3. There is a structured preceptorship programme that has been agreed by the Executive Nurse and other professional leads given preceptorship should be available for all new registered practitioners.
4. The organisation facilitates protected time for preceptorship activities
5. There is a clearly defined purpose of preceptorship that is mutually understood by preceptors and preceptees
6. Preceptorship is informed by and aligns with the organisational appraisal framework
7. Preceptors have undertaken training and education that is distinct from mentorship preparation
8. There is a central register of preceptors
9. Systems are in place to identify all staff requiring preceptorship
10. Systems are in place to monitor and track newly registered practitioners from their appointment through completion of the preceptorship period
11. Every newly qualified nurse/midwife/allied health professional has a named preceptor allocated from first day of employment
12. Preceptorship is tailored to meet the need of the individual preceptee
13. The preceptee undertakes a transitional learning needs analysis
14. Preceptorship is monitored and evaluated on a scheduled basis
15. A range of relevant skills training and assessments are available to meet the needs of preceptees
16. Action learning, group reflection or discussion are included in the preceptorship process
17. Preceptees contribute to the development of preceptorship programmes
18. The preceptorship programme includes the following elements:
  - Accountability
  - Career development
  - Communication
  - Dealing with conflict/managing difficult conversations
  - Delivering safe care
  - Emotional intelligence
  - Leadership
  - Quality Improvement
  - Resilience
  - Reflection
  - Safe staffing /raising concerns
  - Team working
  - Medicines management (where relevant)
  - Interprofessional learning