

**Preceptorship Policy for Registered Nurses, Operating Department Practitioners and Midwives**

Date	Version
October 2017	1

**Purpose**

To outline a clear and structured period of preceptorship for newly Registered Nurses, Operating Department Practitioners (ODPs) and Midwives during which time the Preceptee will be able to develop their confidence as an autonomous professional. This policy will outline roles and responsibilities associated with individuals involved in the support of the Preceptee as well as the responsibilities of the Preceptee themselves.

**Who should read this document?**

All Preceptees  
All ward and department managers who have Preceptees working in their wards/departments.  
Preceptors.  
Clinical Educators

**Key messages**

The transition from student to registered practitioner is challenging and often a daunting experience. Governing bodies: the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) strongly recommend that all new registrants have a period of preceptorship on commencement of their first post.

**Accountabilities**

<b>Production</b>	Preceptorship Team
<b>Review and approval</b>	HR & OD Committee JSNC
<b>Ratification</b>	Deputy Director of Nursing
<b>Dissemination</b>	Preceptorship Team
<b>Compliance</b>	Director of Nursing

**Links to other policies and procedures**

Supervision Policy  
Supporting Staff Policy  
Appraisal Guidance  
Performance and Conduct Policy  
Recruitment and Selection Policy  
Leave Policy  
Workforce and Induction Training Policy  
Uniform and Dress Code Policy  
Staff Study Leave Policy

**Version History**

1	New Policy	October 2017
<b>Last Approval</b>		<b>Due for Review</b>
October 2017		October 2022

*The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on the Trust Documents. Larger text, Braille and Audio versions can be made available upon request.**

<b>Section</b>	<b>Description</b>	<b>Page</b>
1	Introduction	1
2	Purpose, including legal or regulatory background	1
3	Definitions	2
4	Duties	2
5	Key Principles for Preceptorship	5
6	Overall Responsibility for the Document	8
7	Consultation and ratification	8
8	Dissemination and Implementation	8
9	Monitoring Compliance and Effectiveness	9
10	References and Associated Documentation	9
Appendix 1	Dissemination Plan	10
Appendix 2	Review and Approval Checklist	11
Appendix 3	Equality Impact Assessment	12
Appendix 4	HEE Standards for Preceptorship	14

## **1 Introduction**

It is widely recognised that the transition from student to registered practitioner and integration into a new practice setting can be difficult. “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 the profession” (Department of Health, 2009).

The Department of Health (DoH) identifies that “Preceptorship is a period of structured transition for the newly qualified practitioner during which (s)he 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” (DoH, 2010).

The DoH identifies a ‘newly registered practitioner’ as a nurse, midwife, or Allied Health Professional (AHP) who is entering employment in England for the first time following professional registration with Nursing and Midwifery Council (NMC) or Health Care Professions Council (HCPC). It includes those who are recently graduated students, those returning to practice, those entering a new part of the register e.g. community public health specialists and overseas-prepared practitioners who have satisfied the requirements of, and are registered with, their regulatory body. While engaged in preceptorship newly registered health professionals are sometimes referred to as ‘Preceptee’.

## **2 Purpose, including legal or regulatory background**

This policy is relevant Trust-wide where newly registered practitioners are employed. It provides a formalised and standard approach to preceptorship within the organisation. It defines a common framework to ensure consistency and equity of access across services for all newly registered practitioners, following the achievement of professional registration.

Preceptorship is embedded in a range of professional regulatory and employment guidelines such as the NMC.

Whilst the HCPC does not formally define preceptorship, members of the Modernising Allied Health Professional Careers Steering Group agreed with the Council of Deans of Health that ‘Preceptorship should be seen as a model of enhancement, which acknowledges new graduates/registrants are 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.’

Preceptorship supports Care Quality Commission (CQC) requirements that require providers to take reasonable steps to ensure that workers are appropriately supported, thereby enabling them to deliver care and treatment to service users safely and to an appropriate standard (including appropriate training, professional development, supervision and appraisal).

### 3 Definitions

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

Preceptee – A newly registered practitioner who is a nurse, midwife or AHP who is entering employment in England for the first time following professional registration with NMC or HCPC. It includes those who are recently graduated students, those returning to practice, those entering a new part of the register e.g. community public health specialists and overseas-prepared practitioners who have satisfied the requirements of, and are registered with, their regulatory body. While engaged in preceptorship newly registered health professionals are sometimes referred to as ‘Preceptee’.

Preceptor – A registered practitioner who has been given a formal responsibility to support a newly registered practitioner through preceptorship.

Supernumerary- not within the staff establishment numbers

Supervision-practice supported by another registered practitioner

### 4 Duties

Duties for the following staff groups must be adhered to in conjunction with section 5 – Key Principles for Preceptorship.

#### **Deputy Director of Nursing**

- Ensures that the Trusts preceptorship programme remains current and contemporary in line with recent and future statutory requirements, guidance and recommendations and communicates the process for preceptorship at a high level within the organisation.

#### **Lead for Preceptorship**

- Ensures that the preceptorship policy and preceptorship programme remain up to date in line with statutory requirements, guidance and recommendations and ensures that internal and external processes affecting the programme are streamlined e.g. recruitment, programme management and Health Education England (HEE) standards.

#### **Ward or Department Managers**

- Ensure that newly appointed Preceptees are allocated to a preceptorship programme and are enabled to attend.
- Ensure that annual leave requests within the preceptorship period do not impact on achievement of the preceptorship programme or attendance to taught days.

- Identify an appropriate preceptor and ensure that they are adequately prepared for the role. Allow the preceptor time to attend preceptor training.
- Preceptors do not require to have the full mentorship qualification
- Inform the preceptorship team of any changes to Preceptors within their ward or department.
- Line manage the Preceptees performance and development within the programme.
- Ensure at least once a month support and supervision for the Preceptee .
- Ensure support from the whole team and advise re: other support across the organisation.
- Arrange protected time for Preceptor/Preceptee working and supervision.

### **Recruitment Team**

- On gaining information that a new appointee to the organisation will require preceptorship, inform the preceptorship team at the designated time within the recruitment process.
- Have a good understanding of which staff groups require preceptorship so that they can highlight specific individuals to appointing managers if they have not already done so.
- Ensure that Preceptees are booked to attend Trust Induction.

### **Preceptorship Team**

- Provide a preceptorship programme to meet the numbers of Preceptees entering the organisation and respond to organisational needs. Ensure timely evaluation of the programme.
- Ensure that the preceptorship handbook and competency documentation is current and contemporary.
- Maintain a database of Preceptees and monitor Preceptee progress and keep clear records of achievement during the programme and at the 12 month point.
- Deliver preceptor training and maintain an active database of Preceptors for the organisation and any Preceptor training they have attended.
- Give feedback to managers in relation to Preceptees behaviour, attitude and attendance and time keeping on the taught study days of the programme.

### **Service Line Clinical Educators**

- Ensure that Preceptees are orientated to the service line and ward/department areas.
- Support the taught preceptorship programme.
- Support the development of Preceptees within clinical practice.

### **Preceptors**

A registered practitioner with at least 12 months experience within the same area of practice as the Preceptee whose role it is to offer guidance and support to the newly

registered practitioner. Staff who can undertake this role will be identified and supported by their line manager.

The Preceptor must support the Preceptee by:

- Ensuring that their practice is up to date and evidence based.
- Acting as a role model through demonstrating safe and effective care according to their own professional regulator.
- Attending Preceptor training.
- Identifying learning needs of the Preceptee to meet the outcomes of the role and identify training and development opportunities for the Preceptee. Preceptee progress must be clearly documented and fed back to the manager.
- Having formal monthly meetings to discuss Preceptee progress and record activities that have occurred. Develop ongoing action plans and communicate these to the manager.
- Ensuring that they progress any issues with the Preceptee and discuss them in a timely manner and that the line manager is informed of progress/issues and any actions being taken.
- Ensuring timely communication with the preceptorship team if the Preceptee is not achieving clinical competencies and educational outcomes in order to formulate an action plan.

## **Preceptees**

A newly registered practitioner undertaking a period of transition within their first post, on completion of their professional registration.

The Preceptee must ensure that they:

- Adhere to the appropriate regulatory body's requirements. For example the Nursing and Midwifery Council Code.
- Attend Trust Induction and other mandatory training as required.
- Are aware of their role and responsibility within the preceptorship programme and engage with the process.
- Commit time to the preceptorship process and work collaboratively with the Preceptor to identify and achieve learning needs and reflect on practice and experience.
- Identify learning needs with their manager and Preceptor.
- Inform the line manager, Preceptor and preceptorship team member, if appropriate, of any issues such as disability that will impact on abilities to carry out their role or learning required within the preceptorship period.
- Arrange and attend regular meetings with their Preceptor.
- Are proactive in achieving their learning outcomes and completion of competencies.
- Ensure that the relevant documentation is available to their Preceptor, manager and preceptorship team so that progress can be clearly demonstrated.
- Ensure that they attend all programmed sessions in the preceptorship programme and complete any on-line learning and other essential training that is scheduled as per programme deadlines.

- Adhere to their Professional Code of Conduct.
- Ensure that any annual leave booked within the preceptorship period does not impact on achievement of the preceptorship programme or attendance to taught days.
- Preceptees are permitted to work NHSP bank shifts but only across their own Service Line with the agreement of the Matron during the period of time that they are undertaking the preceptorship programme. Preceptees need to notify NHSP as soon as they complete preceptorship as the assignment code will change.

## **5 Key Principles for Preceptorship**

### **Principles**

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

- Equity of access.
- All eligible staff will receive preceptorship.
- Consistency in terms of the competencies and outcomes that Preceptees are required to meet across the organisation.
- During operational pressures preceptees should only be moved to other clinical areas within their service line.
- Preceptees complete their preceptorship learning outcomes prior to applying for any other educational activity/programme.
- Each Preceptee will be allocated a Preceptor.
- There needs to be close working between the Preceptor and Clinical Educator to ensure appropriate support to the Preceptee in terms of further training and skill development.
- Service Line Clinical Educators will support the preceptorship programme.
- The preceptorship programme will adhere to Health Education England (HEE) Preceptorship Standards (2015).

### **Allocation of a Preceptor**

Within the first full week in the clinical area the Preceptees line manager will ensure that the Preceptee is allocated a preceptor.

The Preceptor and Preceptee will need to meet as soon as is practicable to discuss in detail the preceptorship programme and agree:

- The frequency of any formal support or supervision sessions.
- Identify areas that may require direct supervision e.g. Medicine Rounds.
- Ways of accessing support if the preceptor is unavailable by utilising a team approach.
- How the Preceptee and Preceptor will work together to ensure that competencies and learning outcomes are met within the required timeframe.
- The process of recording formal discussions.

## **Supernumerary status**

The ward based Preceptee will be supernumerary/ supervised for the first 2 – 4 weeks in clinical practice according to their developmental needs e.g. some new registrants who have never worked within our Trust as a student or EU nurses may require more time to become more familiar with documentation and the organisation. The time spent in the clinical area during this period will be spent familiarising themselves with the roles of colleagues and observing the routine and day to day work of the team, and familiarising themselves with the Trust policies and procedures.

Preceptees within specialty clinical environments will have their supernumerary / supervision tailored to their individual needs and the needs of the clinical environment:

Within Critical Care, in addition to the Trust preceptorship programme, the preceptees have 6 weeks of supernumerary time working with their mentors, clinical educators and attend extra study sessions .

Within Theatres, Anaesthetics & Scrub - the preceptees have 6-8 weeks supernumerary time which will include the Foundations of Perioperative Practice Programme. Additionally in the first 3 months the preceptee is doubled up with an experienced practitioner for out of hours shifts or during complex cases.

Recovery- the preceptees have 6 weeks supernumerary time after which individual assessments are undertaken to ascertain the support required for each preceptee. Preceptee Operating Department Practitioners (ODP's) have spent 2-3 years training within the theatre environment therefore supernumerary/ supervised practice will be tailored to the individual's needs.

Paediatrics- the preceptees will have 2-4 weeks supernumerary with an additional bespoke paediatric training programme.

Midwifery-the preceptees will have 3 weeks supernumerary with an additional bespoke maternity training programme.

## **Protected time**

Protected time for the Preceptor and Preceptee to work and meet together must be agreed with the line manager and must be sufficient to meet all of the requirements of the preceptorship period. The Preceptee should also receive protected time in order to attend study days outlined in the Preceptorship programme.

## **Team approach**

The manager of the team or clinical area 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.

## **Addressing concerns**

Should either the Preceptee or the Preceptor 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 professional lead as soon as possible .

Ensure timely communication with the preceptorship team if the Preceptee is not achieving clinical competencies and educational outcomes in order to formulate an action plan.

## **Change of clinical area of Preceptee or Preceptor**

Where it is unavoidable that a Preceptee moves to a different clinical area during the preceptorship period a new Preceptor must be identified. A meeting must be held between the two Preceptors and the Preceptee to ensure that all the information about the progress to date is handed over and how any additional requirements that relate to the new clinical area may be met. The preceptorship team must be informed of the new arrangements.

If an existing Preceptor is unable to continue supporting a Preceptee, for example, due 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 Preceptors should meet if possible to ensure a smooth handover. The Preceptee should not be without a Preceptor for more than 2 weeks. The preceptorship team must be informed of the new arrangements.

## **Preceptorship Process within the Organisation**

The preceptorship period will be 6 -8 months and the Preceptee will be reviewed at 3 and 12 month points in line with the Trust appraisal policy and at 6 months within the requirements within the preceptorship programme. The Preceptee needs to demonstrate to their manager evidence of performance, competence and achievement at the 6 and 12 month points. There should be no 'surprises' at the review meetings as the Preceptee will have been given regular feedback on their achievement and progress.

The Preceptee and Preceptor should be given protected time in order to meet and work together. They should be able to discuss and document progress. On completion of the programme a copy of the final sign off sheet must be sent to the Preceptorship team.

## **Six Month Review**

It is recommended that all new staff should have an appraisal at the three month stage with their line manager/appraiser and a review meeting at six months to assess their development within the preceptorship programme. At this meeting relevant documentation will be reviewed and completed with the individual. The outcome of this meeting will be the development of an agreed personal development plan to ensure that the individual progresses to achieve all the requirements of the Preceptee training programme and job role requirements within 6-8months of commencing the period of preceptorship.

## **Failure to meet outcomes at 6 month review**

If the Preceptee has not provided sufficient evidence that they are making progress and has not achieved their preceptorship outcomes, despite regular support and intervention, the line manager and Preceptor will discuss this with the individual and set an action plan with timescales for achievement. The Preceptorship team should be informed at this point so that relevant support can be offered.

If unsafe practice is identified at any stage – intervention and supervision must be implemented.

If poor performance persists following the 6 month review and prior to the 12 month appraisal the manager should take action in line with the Performance and Conduct Policy.

## **Twelve Month Review**

This will take place in accordance with the Trust Appraisal Policy. Achievement of the preceptorship programme and outcomes will result in payment of the first increment on Band 5 in accordance with the Agenda for Change Terms and Conditions of Service.

If the Preceptee has not provided sufficient evidence that they have achieved the outcomes set out within the preceptorship programme, the process outlined in the Trust Performance and Conduct Policy must be followed and their incremental pay progression will be deferred until the required standards are achieved. The Preceptorship team should also be informed.

### **6 Overall Responsibility for the Document**

Matron for Resuscitation & Clinical Education and the Preceptorship Team will be responsible for developing, implementing and reviewing this policy.

### **7 Consultation and Ratification**

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The interim review period for this document is set at three years with a final review set at five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Nursing and Midwifery Operational Committee (NMOC) and ratified by the Deputy / Director of Nursing.

Non-significant amendments to this document may be made, under delegated authority from the Matron for Resuscitation & Clinical Education, by the nominated author. These must be ratified by the Deputy /Director of Nursing and should be reported, retrospectively, to the approving NMOC committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

### **8 Dissemination and Implementation**

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Deputy /Director of Nursing and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## 9 Monitoring Compliance and Effectiveness

- Monitoring of recruitment, attrition, retention and outcomes of the preceptorship programme will be undertaken by the preceptorship team following each preceptorship programme.
- Monitoring of the programme and final reports will be forwarded to the Deputy / Director of Nursing and disseminated to the Heads of Nursing, NMOC and Ward/ Departmental Managers after each preceptorship programme.
- Feedback from the learner voice, preceptors, clinical educators and ward /department managers will be noted to maintain the contemporary status of the programme and relevant changes will be implemented.

## 10 References and Associated Documentation

Council of Deans of Health (2009) Report from the preceptorship workshops retreat. Bristol 2009 (Unpublished)

Department of Health (2004) The Knowledge and Skills Framework and Development Review Process

Department of Health (2005, 2009) Agenda for Change, Terms and Conditions Handbook. London, Department of Health

Department of Health (2008) A High Quality Workforce: NHS Next Stage Review. London. Department of Health

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

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

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

<b>Core Information</b>				
<b>Document Title</b>	Preceptorship Policy for Registered Nurses, Operating Department Practitioners and Midwives.			
<b>Date Finalised</b>	January 2018			
<b>Dissemination Lead</b>	Jackie Williams			
<b>Previous Documents</b>				
<b>Previous document in use?</b>	N			
<b>Action to retrieve old copies.</b>				
<b>Dissemination Plan</b>				
<b>Recipient(s)</b>	<b>When</b>	<b>How</b>	<b>Responsibility</b>	<b>Progress update</b>
All staff	January 2018	Email / Vital Signs	Document Control	

<b>Review</b>		
<b>Title</b>	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
<b>Rationale</b>	Are reasons for development of the document stated?	Y
<b>Development Process</b>	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
<b>Content</b>	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
<b>Approval</b>	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
<b>Document Control</b>	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
<b>Review Date</b>	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Core Information	
<b>Manager</b>	Jackie Williams
<b>Directorate</b>	Nursing and Quality
<b>Date</b>	July 2017
<b>Title</b>	Preceptorship Policy
<b>What are the aims, objectives &amp; projected outcomes?</b>	This policy is relevant Trust-wide where newly registered practitioners are employed. It provides a formalised and standard approach to preceptorship within the organisation. It defines a common framework to ensure consistency and equitable access across services for all newly registered practitioners, following the achievement of professional registration.
Scope of the assessment	
The assessment covers all protected characteristics	
The EIA was produced by the Trust's Equality & Diversity Lead	
Collecting data	
<b>Race</b>	<p>There is no evidence to suggest there is disproportionate impact on race regarding this policy.</p> <p>Monitoring of recruitment, attrition, retention and outcomes of the preceptorship programme will be undertaken by the preceptorship team following each preceptorship programme.</p> <p>Feedback from the learner voice, preceptors, clinical educators and ward /department managers will be noted to ensure this is monitored</p>
<b>Religion</b>	<p>There is no evidence to suggest there is a disproportionate impact on religion or belief and non-belief regarding this policy.</p> <p>Monitoring of recruitment, attrition, retention and outcomes of the preceptorship programme will be undertaken by the preceptorship team following each preceptorship programme.</p> <p>Feedback from the learner voice, preceptors, clinical educators and ward /department managers will be noted to ensure this is monitored</p>
<b>Disability</b>	<p>There is no evidence to suggest there is a disproportionate impact on disability regarding this policy.</p> <p>Monitoring of recruitment, attrition, retention and outcomes of the preceptorship programme will be undertaken by the preceptorship team following each preceptorship programme.</p> <p>Feedback from the learner voice, preceptors, clinical educators and ward /department managers will be noted to ensure this is monitored</p> <p>Consideration will be made for preceptees who have special requirements.</p>
<b>Sex</b>	<p>There is no evidence to suggest there is a disproportionate impact on sex regarding this policy. Monitoring of recruitment, attrition, retention and outcomes of the preceptorship programme will be undertaken by the preceptorship team following each preceptorship programme.</p> <p>Feedback from the learner voice, preceptors, clinical educators and ward /department managers will be noted to ensure this is monitored</p>

<b>Gender Identity</b>	<p>There is currently no data collected for this area.</p> <p>Monitoring of recruitment, attrition, retention and outcomes of the preceptorship programme will be undertaken by the preceptorship team following each preceptorship programme.</p> <p>Feedback from the learner voice , preceptors, clinical educators and ward /department managers will be noted to ensure this is monitored</p>
<b>Sexual Orientation</b>	<p>There is no evidence to suggest there is disproportionate impact on sexual orientation regarding this policy.</p> <p>Monitoring of recruitment, attrition, retention and outcomes of the preceptorship programme will be undertaken by the preceptorship team following each preceptorship programme.</p> <p>Feedback from the learner voice , preceptors, clinical educators and ward /department managers will be noted to ensure this is monitored</p>
<b>Age</b>	<p>There is no evidence to suggest there is a disproportionate impact on age regarding this policy.</p> <p>Monitoring of recruitment, attrition, retention and outcomes of the preceptorship programme will be undertaken by the preceptorship team following each preceptorship programme.</p> <p>Feedback from the learner voice , preceptors, clinical educators and ward /department managers will be noted to ensure this is monitored</p>
<b>Socio-Economic</b>	<p>There is currently no data collected for this area.</p> <p>Monitoring of recruitment, attrition, retention and outcomes of the preceptorship programme will be undertaken by the preceptorship team following each preceptorship programme.</p> <p>Feedback from the learner voice , preceptors, clinical educators and ward /department managers will be noted to ensure this is monitored</p>
<b>Human Rights</b>	<p>Monitoring of recruitment, attrition, retention and outcomes of the preceptorship programme will be undertaken by the preceptorship team following each preceptorship programme.</p> <p>Feedback from the learner voice , preceptors, clinical educators and ward /department managers will be noted to ensure this is monitored</p>
<b>What are the overall trends/patterns in the above data?</b>	<p>No comparative data has been used to date which means that no trends or patterns have been identified.</p>
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>	<p>Monitoring of recruitment, attrition, retention and outcomes of the preceptorship programme will be undertaken by the preceptorship team following each preceptorship programme.</p> <p>Feedback from the learner voice , preceptors, clinical educators and ward /department managers will be noted to ensure this is monitored</p> <p>Consideration will be made for preceptees who have special requirements.</p>
<b>Involving and consulting stakeholders</b>	
<b>Internal involvement and consultation</b>	<p>Heads of Nursing and Midwifery, Modern Matrons, Ward/ Department Managers, Clinical Educators and Preceptees.</p>
<b>External involvement and consultation</b>	
<b>Impact Assessment</b>	
<b>Overall assessment and analysis of the evidence</b>	

Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Monitoring of outcomes and feedback	Jackie Williams			

## Appendix 4



HEE Preceptorship Standards 2015

## Health Education England Preceptorship Standards

The organisation has a preceptorship policy, which has been formally approved by the appropriate Education Governance structures.
There is an organisational wide lead for preceptorship
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.
The organisation facilitates protected time for preceptorship activities.
There is a clearly defined purpose of preceptorship that is mutually understood by preceptors and preceptees
Preceptorship is informed by and aligns with the organisational appraisal framework
Preceptors have undertaken training and education that is distinct from mentorship preparation
There is a central register of preceptors

Systems are in place to identify all staff requiring preceptorship
Systems are in place to monitor and track newly registered practitioners from their appointment through completion of the preceptorship period
Every newly qualified nurse/midwife/allied health professional has a named preceptor allocated from first day of employment
Preceptorship is tailored to meet the need of the individual preceptee
The preceptee undertakes a transitional learning needs analysis
Preceptorship is monitored and evaluated on a scheduled basis
A range of relevant skills training and assessments are available to meet the needs of preceptees
Action learning, group reflection or discussion are included in the preceptorship process
Preceptees contribute to the development of preceptorship programmes
<p>The preceptorship programme includes the following elements:</p> <ol style="list-style-type: none"> <li>1. Accountability</li> <li>2. Career development</li> <li>3. Communication</li> <li>4. Dealing with conflict/managing difficult conversations</li> <li>5. Delivering safe care</li> <li>6. Emotional intelligence</li> <li>7. Leadership</li> <li>8. Quality Improvement</li> <li>9. Resilience</li> <li>10. Reflection</li> </ol>

11. Safe staffing /raising concerns

12. Team working

13. Medicines management (where relevant)

14. Interprofessional learning