Healthier Communities, Outstanding Care

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

PRECEPTORSHIP POLICY FOR REGISTERED NURSES AND NURSING ASSOCIATES

	POLICY
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Sponsor (Position)	Chief Nurse
Author (Position & Name)	Emma Bartle, Clinical Educator
Lead Division/ Directorate	Corporate
Lead Specialty/ Service/ Department	Nursing/ Professional Practice Development Team
Position of Person able to provide Further Guidance/Information	Professional Practice Development Team
Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
Not Applicable	Not Applicable

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1.0 INTRODUCTION

The Nursing and Midwifery Council (NMC) (2018) requires all its registrants to practice effectively and highlights that each individual should provide support to their colleagues in order to help them develop their professional competence and confidence. In a new role registrants are required to demonstrate a level of competency and must be actively seeking to maintain and improve their knowledge and skills in order the meet the requirements of Revalidation.

The NMC (2006) previously recognised that nurses and midwives who are newly registered need an additional period of support in their new role. This support is designed to help them develop their confidence and enhance their competence, including their critical thinking and decision-making skills. The Care Quality Commission(CQC, 2017 regulation 19.1(b) states that "Providers may consider that a person can be engaged in a role based on their qualifications, skills and experience with the expectation that they will become competent within a specified timeframe once in the role. This means that they may work for the provider and undergo training at the same time in order to become competent being supported and appropriately managed." They suggest that all staff receive a comprehensive induction, taking account of recognised standards within the sector and which are relevant to their workplace and their job role. At Sherwood Forest Hospitals NHS Foundation Trust this support is delivered as Preceptorship.

Preceptorship is a structured programme for the newly qualified Nurse, Nursing Associate, Registered Nurses practicing for the first time in the United Kingdom, Registrants returning to practice and practitioners significantly changing their area of practice e.g. moving from a nursing home into an acute hospital. During this time, they should be supported by an experienced practitioner (a preceptor), to develop their confidence as an independent professional, in order to refine their knowledge, skills, values and behaviours. Having this level of expert support, and learning from best practice in a dedicated time frame gives a foundation for lifelong learning and allows nurses to provide effective patient-centred care.

2.0 POLICY STATEMENT

The Trust is committed to providing all Preceptees with a structured Preceptorship programme, which supports their transition into acute care, embedding a solid foundation for lifelong learning. Preceptorship should be considered as a transition phase for all participants as a continuation of their professional development, building their confidence and further developing competence to practice, and not as a way to meet any shortfall in pre-registration education.

This Preceptorship Policy provides a formalised and standardised approach to Preceptorship within the organisation. It defines a common framework to ensure consistency and equality of access across services for all Preceptees.

Staff

This Policy applies to all newly qualified nurses, Nursing Associates, international nurses, return to practice nurses (subject to successful completion of their return to practice course and reinstatement on the NMC register), and nurses who are new or unfamiliar with working in an acute setting

Exclusions

This Policy does not relate to Midwives, Operating Department Practitioners or Allied Health Professionals as they are required to access policies within their specific area of practice.

3.0 DEFINITIONS/ ABBREVIATIONS

Term	Definition
The Trust (SFHFT)	Sherwood Forest Hospitals NHS Foundation Trust Incorporating: Kings Mill, Newark and Mansfield Community Hospitals
Newly qualified Nurses/ Nursing Associates, registrant/s Practitioners.	A person who has successfully completed a period of nurse training /diploma/degree course in a higher education institution (HEI) and is entered onto the NMC register.
Return to practice nurses	A Return to Practice course is designed to enable qualified nurses, who have worked fewer than 100 working days or 750 hours in the preceding five years in nursing, to demonstrate both clinical and academic competence in order to re-register with the NMC and to return to practice with confidence and competent skills and knowledge. They are required to complete a period of study with an approved programme provider (3 months) and practical placements of between 75 - 450 hours (must be completed in 3 months) (NMC,2019) **Following successful completion and entry onto the NMC register the nurse will begin their preceptorship on substantive employment at the Trust**.
Preceptorship	A period of structured transition for the Preceptee during which time he or she will be supported by a named Preceptor. They will develop their confidence as an autonomous professional, refine and improve knowledge, skills, values and behaviours and to continue on their journey of life-long learning
Preceptor/ associate Preceptor	A registered practitioner with a minimum twelve months clinical experience in the same area of practice as the Preceptee. The Preceptor must have the necessary knowledge and skills to help build confidence, be sensitive to the needs of the Preceptee, possess the ability to teach assess and appraise competency and at all times act as an exemplary role model. The preceptor will be identified as suitable to undertake the role by their line manager

Preceptee	A newly registered practitioner/ qualified practitioner, nurse returning to practice after a career break/ international practitioner registering with a UK regulatory body/ individuals changing their area of work or field of practice/ a qualified practitioner who has not worked in an acute setting for a long period of time
Induction/ Supernumerary period	A supernumerary member of staff, although part of the team, is not counted in the team's establishment figures. The supernumery role frees the individual to learn unencumbered by other responsibilities. The preceptee will undertake a minimum period of 4 weeks supernumerary practice. This will include the Trust Orientation Day and Nursing and Midwifery Induction Programme. During this supernumerary period the preceptee should be provided with a local induction pertinent to their ward/department as indicated in the SFHFT Induction Policy
Preceptorship Support Nurse	A senior registered nurse who facilitates and supports the development of the Preceptee in the clinical area and the learning environment. The Preceptorship Support Nurse is responsible for the implementation of the Preceptorship programme and oversees the content of Preceptor focused study days, they also ensure that registrants are fully enrolled on the programme and facilitate a degree of pastoral support. Where needed the Preceptorship Support Nurse may spend time working clinically alongside preceptees as a means of additional support. The Preceptorship support Nurse additionally maintains records of progress through the programme to its completion and intervenes and supports where issues arise.
Practice Development Matron	A senior registered nurse who is responsible for delivering education and training in the classroom and in practice to encourage and assist frontline nursing and midwifery teams to improve the quality of person centred care in safe and effective practice. They assist the Preceptorship Support Nurse as available to do so and support to deliver training in the Preceptor focused study days. They may also support Preceptees in practice.
Clinical Educator	A registered nurse who can provide clinical/practical support to the Preceptee and Preceptor in the ward/ clinical area.

4.0 ROLE AND RESPONSIBILITIES

4.1 Chief Nurse
Has overall responsibility for ensuring that all appropriate staff have undertaken a formal Preceptorship period as part of their introduction to the organisation.

4.2 Heads of Nursing
Have the responsibility for ensuring there are available resources including time and availability of Preceptors for the implementation of this policy. This includes the monitoring of the effectiveness of the Preceptorship programme and the enforcement of this policy.

4.3 Matrons
Ensure that all staff within their areas comply with the policy. They must make certain that all staff are supported and released to attend required statutory/ mandatory training as part of their Preceptorship period.

Matrons will monitor rosters to ensure compliance with the Trust's Roster Management Policy for Nurses, Midwives, Operating Department Practitioners and Advanced Clinical Practitioners (Agenda for Change)

Will work with the Preceptorship Support Nurse where issues relating to non-compliance with the policy are having a detrimental effect on the experience of the Preceptee or Preceptor.

4.4 Preceptorship Support Nurse
Is a key point of contact for Preceptees and Preceptors, working in partnership with the clinical teams by providing an educational programme and facilitating all of the required preceptorship programme outcomes to become a fully functioning competent practitioner.

This is achieved by:
- Ensuring that Preceptorship remains a positive and supportive experience, sharing best practice within and outside of the organisation.
- Delivery of an educational training and support program for Preceptees
- Act as an advocate and role model providing pastoral support.
- Ensuring that there are relevant support mechanisms/resources in place to support the Preceptee and Preceptor. This includes Preceptorship paperwork, training and Preceptor programmes and access to IT resources (this list is not exhaustive).
- Providing verbal and written feedback to Ward Sisters/Charge Nurses, Matrons and Heads of Nursing on individual progress,
- Working clinically with Preceptees.
- Keeping contemporaneous records of the Preceptees progress.
- Providing support with all Preceptorship documentation including the Preceptorship Competency Pack and Medicines Optimisation Pack to Preceptees
- Verifying the quality and consistency of evidence provided within the Preceptorship Competency Pack on completion of an individual's Preceptorship Programme.
- Submitting evidence of completion to the ward/department sisters/charge nurses and updating details on Preceptorship database.
- Working in collaboration with the Human Resources team, and assisting where possible, in the recruitment process with a focus on the Preceptorship Programme.

4.5 Ward / Dept Sisters / Charge Nurses

Direct line management, performance monitoring and capability management remains the responsibility of employing wards and departments. The Preceptorship team will provide support and guidance as required and in conjunction with the Ward/Department Sister and Matron.

Ward / Dept Sisters / Charge Nurses will:

- Ensure all Preceptees are allocated a named Preceptor who has the appropriate skills.
- Allocate an associate Preceptor where possible and appropriate.
- Make contact with the Preceptee before their start date to welcome them to the team and provide relevant information with regard to the clinical area.
- Ensure duty rosters are completed which maximize Preceptee and Preceptor contact time including review meetings.
- Ensure Preceptees are released from the working environment to attend study sessions and any further training required by the Trust.
- Ensure all Preceptee reviews are conducted at 30, 60 and 90 days into their Preceptorship Programme in line with appraisal guidelines**.** This will ensure that the Preceptee receives regular support and feedback.
- Ensure that the Preceptorship documentation is completed and a statement of completion is placed in the Preceptees personal file.
- Ensure the Preceptee completes the relevant competency documentation and assessments associated with medicines administration, undertaking the final assessment of competency.
- If it becomes apparent that an individual's performance is considered to be below the required standard, take action as per the Trust's Capability Policy.

4.6 Preceptor

The Preceptor is a nurse/nursing associate from the same part of the NMC register as the Preceptee, who has been identified to support a Preceptee through the programme.

The Preceptor will:

- Be a substantive team member with at least 12 months post–registration experience. They must be entirely familiar with the clinical area and the team.
- Will be a role model demonstrating high standards of clinical and professional practice for the patient/client group.
- The Preceptor will identify potential learning opportunities for the new staff member, through the utilisation of any competency assessment framework developed by the ward area.
- Integrate Trust standards, competencies, objectives and CARE values into practice and contribute to an environment which facilitates learning for the Preceptee.
- Provide honest and objective feedback on those aspects of performance that are a cause for concern and assist the Preceptee to develop a plan of action to remedy these in collaboration with Ward /Dept Sisters/Charge Nurses

4.7 Preceptee

The Preceptee has a responsibility to:

- Adhere to the NMC Code and ensure that they additionally understand the Trust CARE values and incorporate these into their practice.
- Identify any of their individual learning needs applicable to their practice and seek support to ensure that these are met.

- Reflect on their practice and experience and are able to evidence this.
- Demonstrate adherence to the Contract of Preceptorship (p4 of Preceptorship Programme competency document.
- Be available for regular reviews with their Preceptor to address any concerns.
- Attend planned study days and focus groups
- Fully complete the Preceptorship Programme competency document.
- Complete the programme in **22 weeks** for those Preceptees working full time. Preceptees working part time can negotiate an extension with their Ward Sister/Charge Nurse but this must not be disproportionately long.

4.8 Human Resources Recruitment Team
- The Human Resources department will provide advice on the implementation of this policy to ensure that it is applied consistently across the Trust
- Are responsible for ensuring all individuals eligible to take part in the Preceptorship programme are notified to the Preceptorship Support Nurses on confirmation of their start date.

4.9 Practice Development Matrons:
- Support the ward Sisters/Charge Nurses to ensure that the Preceptees and Preceptors are fully supported in the working environment
- Support the Ward Sister /Charge Nurses to ensure that the Preceptors have the relevant knowledge and resources to support the Preceptee
- Support the Preceptees and Preceptors in the clinical area.

5.0 APPROVAL

This policy has been approved by the Nursing, Midwifery and Allied Health Professional Board

6.0 DOCUMENT REQUIREMENTS

(See also Appendix A – Preceptorship Guidance)

General principles

To ensure the maximum benefits to the individual and the organisation the following principles must be applied consistently:
- To ensure continuing support for the Preceptees and in comparison with the recommendations stated within the national guidelines for student nurses it is recommended that Preceptees work a minimum of 40% of their rostered shifts with their Preceptor while the Preceptee is in Preceptorship (NMC, 2018)
- To ensure safe and effect practice all Preceptees must ensure they fully comply with the Trust's Roster Management Policy for Nurses, Midwives, Operating Department Practitioners and Advanced Clinical Practitioners (afc)
- Adherence to the minimum three weeks supernumerary status - this includes the corporate induction and a ward program study day. This provides additional support and training from a variety of stakeholders, and allows the Preceptee to work clinically under the direct supervision of their Preceptor and senior members of staff.

Preceptorship Programme

The Preceptorship Programme is 22 weeks in duration.
It is mandated by the Trust and consists of:

- Trust Orientation.
- Trust Induction.
- Ward programme study day.
- 3 weeks supernumerary status
- Completion of the medicines Management Competency Assessment Pack
- 3 Focus Support Days throughout their Preceptorship, in addition to providing peer support and on-going support from the Preceptorship Support Nurse
- Attendance at study sessions as advised or required for their development and learning.

Nurses in Preceptorship working on the nurse bank

- Following completion of their supernumerary period Preceptees may, with the permission of their ward sister/charge nurse work shifts through the nurse bank on their base ward only.
- Ward sisters/charge nurses must inform the Temporary Staffing Office that the individual has completed their supernumerary period and confirm that they may work in their clinical area.
- The Temporary Staffing Office will allow access for the Preceptee nurse to book shifts on their base ward only.
- Following completed sign off of their Preceptorship programme competency documentation, the Preceptorship Support Nurse will inform the Temporary Staffing Office that the individual has completed their preceptorship – allowing them to book on all available registered nurse shifts in all Trust areas.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Attendance of Preceptees at ward programme and Focus Support Days	Preceptorship Support Nurse	Registers	Monthly	Matrons and Ward Leaders
Completion of Preceptorship programme	Preceptorship Support Nurse	Database	Monthly	Matrons Ward Leaders Head of Professional Practice Development.
Rostered Shifts – minimum 40% with Preceptor	Ward Sisters/Charge Nurses	Health Roster	4 weeks	Matron

8.0 TRAINING AND IMPLEMENTATION

- The Preceptorship support Nurse will provide education and advice for the Preceptors in the clinical area
- The Preceptorship support Nurse will provide education and advice for the Ward Sisters/Charge Nurses.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix B.
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

Care Quality Commission: Regulations for service providers and managers (2017) https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-19-fit-proper-persons-employed#guidance accessed 24th April 2019

NMC (2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates https://www.nmc.org.uk/standards/code/ accessed 24th April 2019

NMC (2018) https://www.nmc.org.uk/standards-for-education-and-training/standards-to-support-learning-and-assessment-in-practice/ accessed 24th April 2019

NMC (2019) Return to Practice Course. https://www.nmc.org.uk/registration/returning-to-the-register/return-course/ accessed 24th April 2019

Related SFHFT Documents:

- Roster Management Policy for Nurses, Midwives, Operating Department Practitioners (odp) and Advanced Clinical Practitioners (acp) (afc))
- Trust Capability policy

11.0 KEYWORDS

- Newly registered staff; new nurses; bank nurses;

12.0 APPENDICES

- Appendix A – Preceptorship Guidance
- Appendix B – Equality Impact Assessment

Preceptorship Guidance

The Preceptorship Programme is 22 weeks in total and is undertaken by all newly qualified nurses, nursing associates, international and return to practice nurses. Each one is assigned a named Preceptor. The Preceptor provides on-going support and signs off all the competencies in the Preceptorship programme competency pack.

The Preceptorship Programme is mandatory and consists of:
- The Trust orientation and induction programme
- 3 weeks supernumerary which includes additional support and training from a variety of stakeholders as well as working on the ward /department areas under close supervision from their Preceptor and senior members of staff
- Regular reviews by the Preceptor and Ward /Department Leader /Clinical Educator (6 reviews in total, 3 from each)
- 3 Focus Support Days and a ward programme study day providing on-going support from the Preceptorship Support Nurse and the Practice Development Team.
- Intravenous Fluid and Medication Infusion Study Day (if applicable to their area)
- Conflict Resolution (Preceptee to arrange)
- Acute Illness Management or Paediatric Immediate Life Support (if applicable to their competareas
- Mental capacity and deprivation of liberty study day

What we expect from the Preceptee:
- That they adhere to the Trust Values and Behaviours at all times.
- They attend all study sessions as arranged.
- Use the mechanisms of support available.
- Complete the Medicines Management Competency Assessment pack during their supernumery period.
- Complete their Preceptorship in a timely manner within the 22 week from start of contract.

Preceptees are prohibited from:
- Being the 2nd nurse checker for 2 nurse check medication until they have completed the medication optimisation pack including all assessments
- Being the 2nd nurse checker for IV medication until they have passed the IV calculation test
- Giving IV medication until they have passed the IV calculation test, have attended the IV study day and have completed the IV competency pack.
- Undertaking extended roles until they have attended appropriate trust study days and completed appropriate competency packs.

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Sherwood Forest Hospitals
NHS Foundation Trust

22 WEEK PRECEPTORSHIP

STRUCTURED SUPPORT

3 WEEKS SUPERNUMERARY

GIVING PRECEPTEES THE BEST POSSIBLE START TO THEIR CAREERS AT SHERWOOD FOREST HOSPITALS

3 FOCUS SUPPORT DAYS PLUS STUDY DAYS

REGULAR REVIEWS BY WARD/DEPARMENT LEADER AND PRECEPTOR

APPENDIX B – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Preceptorship Policy for Registered Nursing and Nursing Associates			
New or existing service/policy/procedure: Existing Preceptorship Policy but now includes Nursing Associates			
Date of Assessment: 26th April 2019			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	n/a	None
Gender	None	n/a	None
Age	None	n/a	None
Religion	None	n/a	None
Disability	None	n/a	None
Sexuality	None	n/a	None
Pregnancy and Maternity	None	n/a	None
Gender Reassignment	None	n/a	None
Marriage and Civil Partnership	None	n/a	None

Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	n/a	None

What consultation with protected characteristic groups including patient groups have you carried out?
- **None**

What data or information did you use in support of this EqIA?
- **Consideration of Job Descriptions and person specifications**

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?
- **No**

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:

Low Level of Impact

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment:
Alison Davidson

Signature:

Date:
26/04/2019