PRECEPTORSHIP CLINICAL GUIDELINE

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VERSION NUMBER: 1
REPLACES SEPT DOCUMENT Preceptorship Clinical Guideline
REPLACES NEP DOCUMENT
KEY CHANGES FROM PREVIOUS VERSION Adoption of new Preceptorship pathway flowchart. Integration of NEP and SEPT Clinical Guidelines
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POLICY SUMMARY

This Clinical Guideline and workbooks (Appendix 1) set the standards for preceptorship within EPUT, ensuring that professionals working within EPUT deliver the very highest standards of treatment and care.

The Trust monitors the implementation of and compliance with this policy in the following ways:

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The Director responsible for monitoring and reviewing this Clinical Guideline is Andy Brogan - Executive Director of Mental Health and Deputy Chief Executive
PRECEPTORSHIP CLINICAL GUIDELINES

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APPENDICES

APPENDIX 1: Workbook (Generic / Nursing)
This Clinical Guideline and workbooks (Appendix 1) set the standards for preceptorship within EPUT, ensuring that professionals working within EPUT deliver the very highest standards of treatment and care.

The Trust will ensure that each newly registered or re-registered practitioner, including practitioners returning to practice, complete a 6-12 month period of preceptorship with the guidance and support of a dedicated preceptor.

The anticipated benefits of a robust multi professional preceptorship policy are that it will ensure that staff feel valued and are competent and confident in their work. It will aim to ensure parity across professions within the Trust.

1.0 INTRODUCTION

1.1 The fundamental aim of preceptorship is to enable a smooth transition for newly registered practitioners and those returning to practice. The following of a structured pathway will help support practitioners to become competent and accountable in their professional practice.

1.2 The preceptorship period is viewed as the starting point for the staff development process defining the knowledge, skills and competencies required for them to become effective competent practitioners.

1.3 This Clinical Guideline includes a workbook (Appendix 1) for use by the Preceptor and Preceptee throughout the period of preceptorship. Its purpose is to provide a clear understanding of roles and supports the implementation of preceptorship.

2.0 DUTIES

2.1 The Chief Executive is responsible for:

- Ensuring that the principles of this Clinical Guideline and other associated documentation is implemented across the organisation;
- Ensuring the necessary financial resources.
2.2 The Executive Director of Clinical Governance & Quality and Executive Nurse will ensure:

- That these Clinical Guidelines are embedded within clinical practice.
- That this Clinical Guideline is reviewed and updated regularly, in accordance with recommended best practice and national guidance.
- That the implementation of this Clinical Guideline is monitored through quality assurance activities.

2.3 Directors and Associate/Deputy Directors/Senior Managers will ensure:

- That the principles contained within this Clinical Guideline are implemented.
- That all staff, including new employees, whether temporary or permanent, are made aware of the principles detailed within this guideline and that the related procedural guideline is implemented
- That action learning sets are considered within the locality for newly qualified practitioners to aid in the preceptorship process.

2.4 Workforce Development and Training Service will ensure:

- The provision of training and education to meet identified needs.
- A central register of all newly qualified clinical staff (Preceptee’s) will be maintained by the Workforce Development and Training Service.
- A central register of Preceptors will be maintained by the Workforce Development and Training Service (WDTS)
- WDTS will ensure that staff have the opportunity to complete training around the Enhanced Practice Support Framework and other training so that they will have the knowledge to become mentors/coaches of the future workforce.
- Letters to be sent out to each new member of staff setting out the Trust’s requirements

2.5 Human Resource Department will ensure:

- That Workforce Development & Training Service (WDTS) is notified when there are newly qualified staff recruited within the Trust so that they may be added to the central register. This will be provided on a monthly basis to the Workforce Development and Training Service.
2.6 **The Unit Manager / Team Lead will ensure that:**

- A suitably experienced registered practitioner is allocated as a named Preceptor for each Preceptee from day one of employment.
- Inform the new member of staff of the name of the allocated Preceptor and inform the WDTS.
- They meet with the Preceptor and Preceptee at the beginning of the preceptorship programme and again after six months to agree / review the Preceptee’s personal development plan and ensure that all the review meetings are being conducted as per pathway.
- They maintain overall responsibility for the preceptorship process.
- The Preceptee/ Preceptor have time allocated to be able to complete all the preceptorship requirements.
- They undertake a preceptorship outcome review upon the completion of the preceptorship period and audit the progression of development plans.
- The Team Lead will help facilitate the Preceptee undertaking rotations between departments during the preceptorship period in order to gain additional competencies. If the Preceptee has not been given the opportunity to rotate or spend time in other departments as required, a rationale must be given as to why in the Preceptee’s workbook.

- **The Team lead must ensure that the Preceptee is not left with sole responsibility of being in charge of the environment or caseload until the manager is confident that they have the competencies to undertake this level of responsibility and they have completed the sections in the workbook covering the areas of**
  1. Medication management
  2. Delivering safe care
  3. Risk assessments

- The Team lead will liaise with the Preceptor and Preceptee when the above has been achieved.

2.7 **The Preceptor will ensure that:**

- They will provide an overview of the preceptorship process and identify the Preceptee’s learning and development needs in the context of the individual’s professional responsibilities and the needs of the employer (Department of Health, 2010)
- They assist the Preceptee to achieve the competencies as required by their individual service, and will help the Preceptee develop their role supporting the transition from student to registered practitioner. The preceptor will monitor the Preceptee’s progress in line with this policy and the Preceptorship Pathway.
• Use a variety of learning and assessment methods to enable the Preceptee to demonstrate their knowledge, skills and competencies and provide guidance as is required.
• Preceptor will ensure that accurate records of the Preceptee’s progress are maintained and ensure that the service appropriate preceptorship workbook is completed with the Preceptee.
• The Preceptor will help the Preceptee identify any learning objectives to use when rotating to other departments and liaise with the Team Manager regarding the additional placements required in order to enhance the Preceptee’s experience.
• The Preceptor will ensure that the Team lead is informed of the Preceptee’s progress.

2.8 The Preceptee will ensure that they:

• Attend Trust induction.
• Complete relevant mandatory training programmes.
• Work collaboratively with his/her Preceptor following the Preceptorship Pathway (See Figure1) and complete the appropriate workbook for their service in order to achieve their competencies.
• Meet with their Preceptor on a minimum of a 2 weekly basis and have formal reviews as per Preceptorship Pathway.
• Take responsibility for his/her own learning to include the use of a range of learning resources and methods in meeting his/her own learning development.
• Take the opportunity to work regularly with the Preceptor.
• Undertake rotation opportunities within the Trust as identified by their Preceptor or Team Lead.
• During the period of preceptorship the Preceptee will be required to undertake learning around:
  1. The support of learners (Bands 1-4) undertaking the care certificate.
  2. The coaching model to support all pre-registration students undertaking a health care qualification.
  3. Attend the Trust run workshops on Leadership and Resilience building.
  4. Attend a suicide prevention programme.
  5. Undertake training in medicines management specific to their field of work.
3.0 DEFINITIONS

3.1 **Preceptorship** is defined as: ‘a period of structured transition for the newly registered practitioner during which she/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 lifelong learning’ (Department of Health, 2010)(DH)

3.2 The *newly registered practitioner* is ‘a nurse, midwife or Allied Health Professional who is entering employment for the first time following professional registration with the NMC or HCPC. While engaged in preceptorship, a newly registered health professional is referred to as a preceptee’ (DH, 2010)

3.3 A **Preceptor** is ‘a registered practitioner who has been given a formal responsibility to support a newly registered practitioner (or Preceptee) through preceptorship’ (DH, 2010). The preceptor will have a minimum of twelve months post registration experience and be able to demonstrate the competencies and attributes required of the role within the clinical area (DH, 2010). The preceptor will also have undertaken the relevant training as indicated by the Trust undertake the role of preceptor.

3.4 Preceptorship is **NOT**:

- a replacement for mandatory training programmes;
- a substitute for performance management processes;
- a period during which another registered practitioner takes responsibility and accountability for the Preceptee’s responsibilities and actions, formal coaching (though coaching skills may be used),
- mentorship, statutory or clinical supervision, or a replacement to induction processes,
- a distance or e-learning package (DH, 2010)

4.0 PRINCIPLES

4.1 It is recommended that a variety of learning methods are integrated within preceptorship so that the programme can be personalised to meet the needs of the Preceptee in building their confidence as a practising professional (for example: self-directed learning, clinical practice focus days, reflective practice, shadowing, individual support, portfolio building, e-learning and role-modelling).

4.2 Upon completion of the Preceptorship period, the practitioner’s competency to practice will be reviewed by the Preceptor and Line Manager prior to the appraisal.
4.3 The Preceptee and Preceptor will follow the format as set out in the Preceptorship Pathway (Figure 1) and the additional workbooks as agreed by the professional leads for all services.

4.4 In the event of concerns regarding competence to practice the Preceptor will:

- Identify and explain where the Preceptee has not met the required level of achievement and escalate to line manager.
- Develop a further personal learning and development plan with the practitioner to ensure that she/he is given the opportunity to develop and demonstrate competency.
- Provide opportunities for accessing any additional training and support that may be required.
- Line manager to set review date with Preceptor and Preceptee.

4.5 The implementation of Preceptorship must be based upon the Code of Professional Practice relevant to each service.

4.6 The Preceptorship programme will also be link into the probation review process.

4.7 During the period of preceptorship the Preceptee will be required to undertake:

- The support of learners (Bands 1-4) undertaking the care certificate or Apprenticeship programmes.
- Participation in the coaching model to support all pre-registration students undertaking a health care qualification.
- Attend the Trust run workshops on Leadership and Resilience building.
Outline of Preceptorship Pathway

Figure 1

Newly Qualified Appointed

Preceptorship explained through induction process with future review dates agreed. Preceptor and learning outcomes identified, documented and agreed to comply with timeframe

Preceptorship sessions are to be mapped to take place a minimum of two weekly intervals, rotation opportunities to be identified and allocated

Preceptorformal review at months 1 and 3 incorporating feedback from colleagues, carers and patients and action plan (if required)

Preceptorformal review at 6 months incorporating feedback (as above). Review of agreed learning objectives in line with any action plan that is in place. Review by Team Lead if appropriate.

Preceptor and Line Manager review all documentation and review all feedback prior to appraisal, agree future CPD activity and review learning activities undertaken such as:

- Enhanced Practice Support Framework/ Coaching Model
- Leadership Development
- Support of care Certificate
- Attendance of suicide prevention programme

Preceptorship outcome review completion of workbook at 6-12 months incorporating:
- Reviewing achievements / competencies
- Review of learning needs
- Review of learning contract
- Completion of workbook and evaluation of preceptorship/ CPD activities Preceptor will have observed and assessed colleagues in their completion of the Care Certificate
5.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE

5.1 This Clinical Guideline will be monitored by undertaking a sample audit of newly qualified nursing and AHP employees and will be coordinated by the Clinical Governance and Quality directorate. Operational monitoring will be through supervision and appraisal.

5.2 The findings of quality monitoring and any associated audit activities will be reported to the Executive Director of Clinical Governance and Quality and presented at the EPUT Clinical Governance forums.

5.3 The Executive Nurse will ensure that this clinical guideline is reviewed as appropriate.

6.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION


7.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

7.1 The following policies and procedural guidelines must be read in conjunction with this policy:
   - Supervision and Appraisal Policy
   - Induction / Mandatory Training Policy
   - Disciplinary Procedure
   - Capability Procedure

END