

## QS 25

### Preceptorship Policy for Newly Registered Nurses and Allied Health Care Professionals

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<b>Current review changes:</b> This policy has been reviewed as required by date but will be re reviewed when new Framework published.	

<b>Executive Summary:</b> The policy is for Newly Registered Practitioners in Nursing and Allied Health Professionals (AHPs), Managers, Preceptors and educationalists employed by Velindre University NHS Trust. The policy is intended to support the transition from Pre-registration student to autonomous practitioner.					
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## 1. Introduction

The transition from pre-registration student to autonomous practitioner can be a stressful and challenging experience for many newly registered nurses, midwives and allied health professionals. Although new registrants (preceptees) are competent and knowledgeable, at the point of registration, they require support and guidance from experienced professionals to assist them to integrate into their new roles and new teams. The Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals (Department of Health (DOH) 2010) articulates the benefits of preceptorship programmes stating,

*“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 in the profession”*

*(DOH, 2010:4)*

Preceptorship enables a period of structured transition that provides the foundations for professional development and prepares preceptees to be safe, confident and competent practitioners.

## 2. Policy Statement

Velindre University NHS Trust is committed to supporting preceptorship of new registrants so that their transition from undergraduate student to registered professional is a positive experience that enables them to provide high quality safe and effective care for service users.

This policy is mapped to the following standards:

- Fundamentals of Care (Welsh Government (WG) 2003 standards 1,2,3,5)
- Health & Care Standards 2015 (2, 3, 4, 6)
- Health and Care Professions Council (2016) Standards of Conduct, Performance and Ethics
- Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals (DH 2010)
- The Core Principles of preceptorship (WG 2014)
- NMC (2016) The Code: Professional Standards of practice and behaviour for nurses and midwives

## 3. Definitions/Glossary of Terms

Definitions, in the context of this policy, in relation to preceptorship are outlined below:

### **3.1 Preceptorship**

Preceptorship focuses on supporting the development and growth of newly registered staff with a formal agreement amongst individuals to engage in a time limited relationship, typically 6 months to 1 year. This time is an orientation period whereby newly registered staff are familiarised with policies, procedures, clinical skills and consolidate competencies. Preceptorship is defined as follows:

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

(DH, 2010: 11)

Preceptorship does not exclude the preceptee accessing other support, which may include clinical supervision, mentoring, coaching.

### **3.2 Preceptor**

A registered practitioner with the responsibility of supporting a newly registered practitioner (preceptee) through preceptorship. There are currently no formal qualifications required to undertake the preceptor role, but the preceptor would normally be expected to have gained competence and experience within the same area of practice of the preceptee they are supporting and have undertaken formal assessed mentorship training or a preceptor preparation workshop.

### **3.3 Preceptee**

A newly registered nurse or allied health professional who is entering employment in Velindre University NHS Trust for the first time following professional registration with the Nursing and Midwifery Council, Health Care Professionals Council or other appropriate professional bodies.

## **4. Scope**

This policy applies to preceptees working as registered nurses or AHP's and their preceptors. It is also applicable to other individuals such as managers and supervisors who support the preceptorship process.

## **5. Aims and Objectives**

This policy will provide clarity for preceptees, preceptors and line managers within Velindre University NHS Trust regarding preceptorship. This policy will:

- Identify robust processes for preceptorship for newly registered nurses and AHP's working in Velindre Cancer Centre or the Welsh Blood Service
- Ensure a consistent and equitable approach for the provision of preceptorship programmes

- Support preceptees to develop skills, knowledge, competence behaviours and experience that will enhance their personal development and support high quality patient/client/service user care

## **6. Benefits of Preceptorship**

The benefits of preceptorship programmes contribute not only to preceptors and preceptees but enhance the overall patient/client/service user experience (DH 2010). The model of preceptorship is tripartite between preceptee, preceptor and manager. This model will be supported by other individuals e.g. education leads, practice educators, clinical supervisors.

The benefits of preceptorship include the following:

### **6.1 For the Preceptee**

- Develops confidence, skills and abilities through provision of support
- Ensures professional socialisation into the working environment
- Increase job satisfaction leading to improved patient/client/service user satisfaction
- Feels valued and respected by the organisation
- Develops understanding of the commitment to working within the profession and regulatory body requirements
- Facilitates personal responsibility for maintaining up to date knowledge
- Enhances skills, and a caring and compassionate philosophy

### **6.2 For the Preceptor**

- Professional development
- Job enrichment
- Supports lifelong learning
- May enhance future career aspirations
- Will promote respect for dignity, equality and diversity through the development of core values and behaviours

### **6.3 For the Organisation**

- Enhanced quality of patient/donor/service user experience
- Enhanced recruitment and retention and positive organisational reputation

- Reduced sickness and absence
- Enhanced staff satisfaction
- Reduced risks of complaints
- Opportunity to recognise succession planning to meet the leadership agenda
- Identify staff that require further/additional support
- Will promote respect for dignity, equality and diversity through the development of core values and behaviours
- Improved standards of care and governance

## **7. Roles and Responsibilities**

The preceptorship process is based on mutual relationships between individuals as outlined below.

### **7.1 Programme Facilitator/s**

Programme facilitator/s within nursing and AHPs in their respective service areas, will:

- Plan and manage programmes and where applicable liaise with a range of individuals with various areas of expertise that may provide updates throughout the programme. Learning opportunities may range from blended learning, taught sessions/study days, reflective activities
- Ensure that any learning opportunities are current and reflect the needs of newly recruited registrants and the organisation
- Evaluate the preceptorship programme and notify key stakeholders e.g. service leads/team leaders/speakers/professional leads of key findings
- Record and maintain data bases and registers of attendance by preceptees
- Ensure that line managers and preceptors are notified of any nonattendance by preceptees
- Maintain an up-to-date list of preceptors

### **7.2 Preceptees**

From the moment of registration practitioners are autonomous and accountable for their acts and omissions, as regulated by the NMC and HCPC. During preceptorship preceptees will be building their confidence and further developing competence to practice. Therefore, engagement with and completion of programmes are instrumental in supporting their development.

Consequently, it is an expectation that preceptees will:

- Commence a preceptorship programme on recruitment to Velindre Cancer Centre or the Welsh Blood Service and reviewed on an individual basis
- Take responsibility for individual learning and development and commit to learning by completing preceptorship programmes within 6 months to 1 year.
- Notify Preceptor and Line Manager / Professional Lead if any difficulties are experienced in accessing or completing any part of the programme
- Use this time to develop their portfolio towards NMC revalidation (nursing only)
- Engage in various learning activities, such as e-learning, reflection and working with others
- Engage fully in the preceptorship programme and respond appropriately to constructive feedback
- Maintain responsibility for documentation of preceptorship processes and learning resources e.g. assessment workbooks
- Liaise with the named preceptor to complete any learning resources e.g. competency record documents and present this as evidence to their reviewer during the Personal Appraisal Development Review (PADR) process
- Apply and develop the knowledge and skills already learned and develop competences that relate to the role

### **7.3 Preceptors**

A named preceptor will support each registrant throughout the programme. If they are not available, for example due to sickness, then another preceptor will be appointed. This will be arranged locally between registrant and line managers. Preceptors have a responsibility to support new registrants with their transition from student to registered practitioner and the role of the preceptor is clearly stated in the Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals (DH 2010) and the All Wales Core Principles for Preceptorship (WG 2014).

Preceptors will:

- Support the preceptee with their professional development
- Share individual knowledge and experience with the preceptee
- Maintain responsibility for documentation of preceptorship processes and learning resources e.g. assessment workbooks
- Recognise and respect cultural and individual diversity

- Discuss individual practice with the preceptee and provide regular and constructive feedback
- Have insight, compassion and empathy with the preceptee
- Facilitate the development of the preceptee through reflective learning
- Act as an exemplary role model
- Facilitate protected time to undertake preceptorship activities such as meetings between preceptor and preceptee
- Ensure sufficient supernumerary status in order to undertake a meaningful induction into the organisation
- Allow the preceptee to work alongside them whilst completing their preceptorship competencies where possible

#### **7.4 Line Managers**

Managers within their respective service areas will:

- Ensure, in conjunction with programme facilitator/s, that all preceptees are allocated a preceptor and ensure all relevant parties are informed
- Ensure that preceptors are suitably selected, ensuring they meet their required attributes
- Liaise with programme facilitator/s to ensure that preceptors and preceptees have appropriate documentation and are aware of their roles and responsibilities
- Ensure that preceptors and preceptees are given adequate protected time to achieve preceptorship requirements.
- Support preceptors and preceptees as appropriate

### **8. Standards for Preceptorship**

The standards for preceptorship will ensure that the benefits that have been identified can be most effectively delivered for all newly registered nurses and allied health professionals, regardless of their work environment or the design of preceptorship arrangements. The following standards are viewed as core principles of preceptorship (DH 2010) and will be implemented, managed and evaluated within Velindre Cancer Centre and The Welsh Blood Service.



<b>Standards for Preceptorship</b>
Systems are in place to identify staff requiring preceptorship
Systems are in place to monitor and track preceptees from their appointment through to completion of the preceptorship period e.g. a competency framework or protocol
Preceptors are identified from the workforce within relevant clinical area
Organisations have sufficient numbers of preceptors in place to support the number of preceptees employed
Organisations demonstrate that preceptors are appropriately prepared and supported to undertake the role and that the effectiveness of the preceptor is monitored through appraisal
Organisations ensure that their preceptorship arrangements meet and satisfy professional regulatory body
Organisations ensure that preceptees understand the concept of preceptorship and fully engage
An evaluation framework is in place
Organisations ensure that evidence produced during preceptorship is available for submission for verification by the NMC/HCPC if selected for audit

## **8.1 Structured Preceptorship**

Structure preceptorship within Velindre cancer centre and the Welsh Blood Service will be documented in the preceptorship protocol or competency framework.

## **8.2 Preceptorship Protocol**

Preceptorship programme will be managed and facilitated in partnership with Educational Leads for Departments and the Trust Education and Development Departments Velindre University NHS Trust.

Programmes will be mapped to Standards for Health Services in Wales.

Preceptorship programme will include underpinning knowledge and assessment of competencies. A blended learning approach will underpin the preceptorship programme to maximise effective use of preceptors' and preceptees' time to enhance development of skills and knowledge. Teaching and learning activities can take place in classroom environments and work areas. Methods may include:

- Formal classroom sessions/study days
- 1:1 tutorials/support from peers
- Group discussions
- Reflections
- Work based learning
- Action learning sets
- Self-directed learning
- Shadowing
- Portfolio development

The period of preceptorship will typically last for 6-12 months and during this time the preceptor and preceptee will meet at least bi-monthly to plan, assess and map competencies.

Throughout the preceptorship period preceptees will remain accountable for their own practice within the context and limitations of their knowledge as set out in their professional codes of practice and escalate any concerns regarding competency and abilities.

### **8.3 Learning Records**

Preceptorship learning records will be held by the preceptee and a record of completion and will be held by the relevant training department.

### **8.4 Evaluations**

Clinical Educators/facilitators will be responsible for evaluating programmes. The content of programmes will be updated and amended, as required and based on evaluation and feedback. Evaluations will be shared with staff who contribute to teaching and learning activities e.g. speakers at study days/sessions.

### **8.5 Certification**

Certificates of completion will be awarded to preceptees by Clinical Educators and will provide evidence at PADR.

### **8.6 Preceptor Preparation**

A preceptor development session will be offered to all identified preceptors. The expectation is that a practice assessor or for AHPs a senior practitioner with team leading responsibilities would usually be a mentor/sign-off mentor and would draw on their generic skills in this capacity. In clinical areas where there are no trained mentors, preceptors will be required to attend preceptor preparation training. However, there are critical additional aspects about being a preceptor for new registrants which distinguish this role as different to mentorship of pre-registration student

- Giving constructive feedback
- Setting goals and assessing competency
- Facilitating problem solving
- Active listening skills

- Understanding, demonstrating and evidencing reflective- practice ability in the working environment
- Prioritising care
- Demonstrating appropriate clinical decision making and evidence-based practice
- Recognising their own limitations and those of others
- Knowing what resources are available and how to refer a newly registered practitioner appropriately if additional support is required, for example, pastoral support or occupational health services
- Being an effective and inspirational role model and demonstrating professional values, attitudes and behaviours
- Demonstrating a clear understanding of the regulatory impact of the care that they deliver and the ability to pass on this knowledge
- Providing a high standard of practice at all times

### **8.7 Personal Appraisal Development Review (PADR)**

In some circumstances the preceptor may not necessarily be the preceptee's reviewer. However, it is extremely important that the preceptor, reviewer and preceptee's manager maintain effective communication in order for the PADR to be a valuable experience for the preceptee. Regular communication between all parties means that the PADR process would hold 'no surprises'.

## **9. Equality**

All preceptorship programmes will be inclusive with the integration of a range of teaching and learning methods to cater for individual preceptee's needs e.g. disabilities, dyslexia. The Trust realises that some staff may require additional support due to specific needs, as such the Trust will aim to meet reasonable adjustments and take account of protected characteristics under the Equality Act.

The Trust is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats its Employees reflects their individual needs and does not discriminate against individuals or groups. Staff members who are pregnant or on maternity will be signposted to the Trust policy to support them.

## **10. Monitoring and Effectiveness**

This policy will be reviewed using the following indicators:

- Percentage of new registrants successfully completing the preceptorship process annually
- Preceptee evaluation forms
- Feedback from facilitators at taught study days
- Feedback from preceptors and line managers

The results of the monitoring will inform an annual review of preceptorship which will be undertaken by the relevant education lead for each professional group.

## **11. Further Information**

For further information on this policy contact:

Clinical Educators  
Welsh Blood Service and Velindre Cancer Centre.  
Velindre University NHS Trust

## **12. Review**

The Education leads will review the operation of the policy as necessary and at least every 3 years, However, in the first instance 12 months as new Framework publication is expected.

## **13. References**

DH (2010), Preceptorship Framework for newly registered nurses, midwives and allied health professionals.

Health Care Professionals Council (HCPC) (2016), Standards of conduct, performance and ethics.

NMC (2015), The code: Professional Standards of practice and behaviour for nurses and midwives.

Velindre University NHS Trust (2016) PADR policy

Welsh Government (2014), NHS Wales Core Principles for Preceptorship

Welsh Government (2015) Health and Care Standards.