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Section	Contents	Page
1	Introduction/ Definition	3
2	Purpose	3-4
3	Roles and Responsibilities	4-7
4	Preceptorship Process	7-10
5	Equality, Diversity and Human Rights Impact Assessment	10
6	Consultation, Approval and Ratification Process	10
7	Dissemination and Implementation	10-11
8	Monitoring Compliance of the CMFT Multiprofessional Preceptorship Policy	11
9	Standards and Key Performance Indicators 'KPIs'	11
10	References and Bibliography	12
11	Associated Trust Documents / Useful contacts	12
12	Appendices	13-14

Introduction

It is recognised that the transition from student to registered practitioner and integration into a new practice setting is a challenging time. Newly qualified health professionals often feel like they have been thrown in at the deep end fearing that they may not be adequately prepared for the realities and rigors of professional practice (Cole, 2004). There is some evidence that during their transitional period newly qualified professionals may experience stress, feelings of inadequacy and uncertainty about their developing professional identity (Rugg 1999, Mandy 2000). This transitional period will be referred to as 'Preceptorship'.

The DH Preceptorship Framework (2010) defines preceptorship as:

'A period of structured transition for the newly registered practitioner (preceptee) 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 lifelong learning'.

(DH 2010)

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.

In addition to new registrants at band 5 the Trust recognises the need for a Preceptorship framework to be in place for newly qualified band 6 Health Visitors in response to delivering the DH (2011) 'Health Visitor Implementation Plan 2011-15: a call to action' The recent national changes allow the Trust to develop in partnership with staff side, local competencies and objectives for these professional groups.

The Trust acknowledges that preceptorship may also be applicable to identified professions outside of nursing, midwifery, AHP's & healthcare scientists who commence employment at band 5. The suitability of the staff groups that can utilise the resources from the preceptorship programme is to be determined via departmental managers and the Preceptorship Implementation and Monitoring Group (IMG) members.

2. Purpose

This preceptorship policy 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 clinical practitioners, following the achievement of professional registration.

The preceptorship policy applies to all clinically qualified practitioners, band 5 and above only, who are newly registered and/or who have not worked previously as a qualified practitioner.

It is recommended that any practitioner who is returning to practice after a period of 5 years absence will undertake a period of Preceptorship. However this will be

determined by the requirements of individual professions, governing bodies and departmental managers in clinical areas.

Roles and Responsibilities

Heads of Nursing/Midwifery /Professional/Service Leads

Heads of Nursing/Professional/Service Leads will have overall responsibility for ensuring that the Trust meets its contractual requirements in terms of preceptorship through audit of procedures, processes and compliance with this policy.

Heads of Nursing/Professional/Service Leads will ensure that new registrants have access to a named preceptor, who is on the same professional register, who can be called upon to provide guidance, advice and support to the preceptee.

Heads of Nursing/Professional/Service Leads will ensure there are sufficient numbers of preceptors in place to support the number of newly registered practitioners employed.

Heads of Nursing/Professional/Service Leads will ensure a mechanism is in place whereby all preceptees complete the required preceptorship programme.

Heads of Nursing/Professional/Service Leads will ensure their profession/division is represented on the Preceptorship IMG, as indicated in the Terms of Reference to confirm the programme is meeting the needs of their preceptees/preceptors/managers.

Service/Ward/Line Managers

The line manager is the person ultimately responsible for managing the preceptorship process within their service/clinical area.

Service/Ward/Line Managers will:

- On appointment of a newly registered practitioner complete the appropriate sections on the Terms & Conditions form to inform Recruitment that the new starter is a newly registered practitioner and will need to attend the preceptee induction session
- Facilitate an induction/supernumerary period to allow the preceptee to be adequately inducted to the clinical area by experienced staff. (As outlined later in this policy)
- Identify appropriate preceptors and ensure they are adequately prepared for the role. It is recommended that a minimum of 2 preceptors per ward/department or service area selected to attend the preceptor training day to gain an insight into the Preceptorship framework and to act as a resource in their clinical areas.
- Ensure that preceptors and preceptees understand the concept of preceptorship and engage fully with the processes required
- Ensure that their preceptee is allocated to and meets with their preceptor within their first week in post.
- Keep an active database of preceptors in their work areas
- Provide the required protected time for preceptor/preceptee review meetings

- Be aware of any special requirements the preceptee or preceptor may have so that positive consideration can be given to meeting their learning needs inclusively
- Provide support and supervision to the preceptorship relationship and ensure that documentation pertaining to the preceptorship period is maintained
- In accordance with the Trust Appraisal Policy ensure that the new registrant undergoes a development review in line with the Trust appraisal requirements at 6 and 12 months
- Document successful completion of the preceptorship programme within the 12 month appraisal

Preceptor

A registered professional 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 the role will be identified and supported by their line manager.

The preceptor will identify potential learning opportunities for the new staff member, through the utilisation of a robust competency assessment framework.

As required by the service area undertakes the Trust Preceptor training to ensure adequate preparation for the role.

Ensure own support needs are met through clinical supervision and/or other structured support mechanisms.

The preceptor will ensure that the initial meeting between the preceptor and preceptee takes place in the first week of employment. This meeting will establish the preceptorship partnership and discuss the preceptorship outcomes.

The preceptor is responsible for ensuring that the preceptee:

- Is orientated to the ward/department/service area.
- Has the opportunity to work with their preceptor on a minimum basis of one shift/day per month, please note this is not applicable to newly qualified health visitors (The newly Qualified Health Visitor will have opportunities to discuss relevant cases with their Preceptor. No formal shadowing is expected as the practitioner has been assessed competent by their Practice Teacher. During the Preceptorship period the meetings will be documented in the paperwork. The E-Learning package will be completed within this period)
- Is supported in identifying learning needs to meet the outcomes of the role, producing action plans to ensure these needs are met
- Is supported in identifying opportunities for training and development, including reflection
- Is provided with feedback on their performance
- Is competent in the skills required to fulfil the duties of the role

The preceptor must ensure that:

- A formal meeting occurs with the preceptee at least once per month to discuss progress and formally record activities occurring during the preceptorship period
- The progress and any issues with the preceptee are discussed in a timely manner, and the line manager is informed of progress/issues and any actions being taken
- They make formal records of the preceptee's progress and feedback to the line manager to inform the appraisal process
- They support their preceptee if they declare any disability, illness or communication issue and require extra support in terms of IT or access, by accommodating any required reasonable adjustments which have been recommended by Occupational Health and/or agreed by the manager.

Preceptee

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:

- Are aware of their role and responsibility within the preceptorship partnership and engage fully in the process
- Identify their learning needs to meet the outcomes of their role
- Arrange regular meetings with their preceptor
- Are proactive in achieving their learning outcomes and completion of relevant documentation
- Demonstrate commitment to their development through participation in preceptorship learning opportunities and planned events
- Access support and guidance if they are concerned that the preceptorship relationship standards are not being met
- Ensure that the relevant documentation is available to their preceptor and progress is clearly documented to inform their appraisal.
- To ensure attendance at the mandatory study days as outlined in the programme and inform their manager if they are unable to attend due to unforeseen reasons.
- Discuss the need with their preceptor /manager for extra support due to disability, illness or a communication issue so that extra support can be offered to them.

Professional Development & Education Team

The PDE team will ensure appropriate provision of preceptor and preceptee training to support the implementation of this policy.

The PDE team will oversee the maintenance of a database of preceptors who have completed the preceptor training, and provide reports in relation to this to Professional Forum/Professional Leads

The PDE team will in partnership with the preceptorship champions participate in the preparation of identified registrants to become preceptors

The PDE team will lead on the quality assurance process and ensure a mechanism for ongoing review

The PDE team will chair and lead the Preceptorship IMG to guarantee continual improvements and development of the programme.

Education and Development Practitioners (EDPs)/Allied Health Professions Professional Leads

The EDPs/AHP Professional Leads will ensure participation in the training and preparation of prospective preceptors and preceptees through acting as a Preceptorship Champion for their respective areas of responsibility.

Human Resources/ Recruitment Department

The HR department will provide advice on the implementation of this policy to ensure that it is applied consistently across the Trust.

The recruitment department will be responsible for informing the new starter of their requirements to attend the preceptee induction session

The recruitment department will inform the PDE team when newly registered practitioners are due to commence employment.

Preceptorship Process within the Organisation

Preceptorship Period

The preceptorship process for all newly qualified registrants will be 12 months and the preceptee will be reviewed against locally/professionally agreed outcomes at their 6 and 12 month appraisal.

This policy applies to the arrangements for preceptorship within the first 12 months of employment and completion of the study days/competencies and documentation is a mandatory requirement.

Protected Time

A minimum of 2 hours per month will be protected in order for the preceptee to meet with their preceptor. This is defined as a designated period when the preceptee/preceptor meet or work together where there is the opportunity to discuss and document progress and allow the preceptee an opportunity for reflection.

The preceptee will receive protected time in order to attend the study days outlined in the preceptee development programme.

Induction/ Supernumerary period

Best practice indicates that the preceptee will undertake a minimum period of 2 weeks supernumerary in which they will not be counted as part of the workforce numbers. During this 2 week supernumerary period the preceptee should be

provided with a local induction as indicated in the CMFT Induction Policy. The policy states *'The Trust will also ensure that every new employee receives a full induction to their local area of work which will be specifically tailored to meet the service needs of that area / department within the first month of employment'*.

Furthermore in some cases the preceptees may carry an adjusted workload to enable them to work more closely with their preceptor/experienced staff during their first 4 weeks. This will allow newly qualified practitioners to adjust to new ways of working and enable them to settle into the new working environment with ease.

The Trust recognises that it may be necessary to extend the supernumerary/induction period beyond the minimum 2 weeks. This will be determined locally, and may be dependent upon the speciality/profession.

Documentation

All documentation relating to preceptorship must be kept in the preceptee personal development file/ portfolio.

A record of the 6 month and 12 month reviews will be documented and signed.

On completion of the preceptorship programme the sign-off form must be held within the preceptee personal file by the line manager and a copy returned to the PDE administration team to input onto OLM.

Preceptorship Outcomes

The profession specific outcomes for 6 and 12 months will be defined by Heads of Professions and will be aligned with the core job description and preceptorship programme. The Head of Profession will set out the expectations for the standards of performance and identify the evidence or application to the role the preceptee will need to achieve to demonstrate that they have met their outcomes.

Preceptorship Meetings

The initial meeting between the preceptee and preceptor should take place in the preceptee's first week of employment. This meeting will establish the preceptorship partnership and the preceptee's learning and development needs within the first 12 months of being qualified. Identified learning needs to meet the preceptorship outcomes and fulfil the requirements of the job description will be agreed and documented giving clear timescales for completion and agreed evidence needed to demonstrate achievement. Any personal development needs should be recorded within the individual personal development plan.

Subsequent monthly meetings will review progress against agreed outcomes, updating documentation and agreeing with the preceptee further outcomes. All meetings with the preceptee must be documented and will form part of the preceptee's evidence for their 6 monthly and annual appraisals.

Six Month Review

It is recommended that all new staff should have an appraisal at the 6 month stage with the initial review for new starters at 3 months, with their line manager/appraiser. 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 12 months 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, the line manager and preceptor will discuss this lack of progress with the individual and set an action plan with timescales for achievement. The PDE team should be informed at this point so the relevant support can be offered. This will ensure that the individual is supported to achieve the requirements of the role within the first 12 months. In these instances the regularity of preceptorship meetings should be increased to review ongoing development against the defined action plan.

A further progress review at 9 months must be undertaken with the preceptee in order to ascertain whether the 6 month outcomes have been achieved. If the outcomes have been achieved the preceptee can continue to progress as planned with the programme.

At 9 months if the preceptee has not provided sufficient evidence that they have achieved the outcomes as set out within the preceptorship programme for the 6 month review, the individual must be informed of the following. *In accordance with the Trust Appraisal Policy failure to achieve the requirements of the job description and achieve their outcomes for the role may result in deferment of progression through the annual increment point. Formal action may be taken in accordance with the Trust's Performance Capability Management Policy.* The PDE team should also be informed at this point.

Twelve Month Review

After the 6 month review the preceptorship process will continue, and the preceptor and preceptee will revisit the existing development plan to determine ongoing learning needs in order for the individual to achieve the requirements of their job description. The preceptee will continue to work toward their 12 month development review, which will have taken place by 12 months after commencement of their role. This will be conducted in accordance with the Trust Appraisal Policy, allowing the individual time to achieve any recommendations made within the professional development plan/action plan.

In line with the Trust Appraisal Policy, achievement of the preceptorship programme and outcomes will result in the payment of the first increment on band 5 in accordance with the Agenda for Change Terms and Conditions of Service. Midwives will commence on the band 6 pay scale on successful completion of their Preceptorship period in line with national recommendations.

If the preceptee has not provided sufficient evidence that they have achieved the outcomes as set out within the preceptorship programme, the process outlined in the Trust Appraisal Policy should be followed. The PDE team must also be informed at this point for monitoring purposes.

End of Preceptorship Process

The period of preceptorship ends after the preceptee has successfully met the requirements of the band 5 (band 6 HV) job description. The individual will then be supported in their development through the identification of a personal development plan in accordance with the Trust and department outcomes.

Managing Poor Performance

The newly registered practitioner and the employer should be aware that other processes and systems outside of preceptorship are in place to manage ability and performance in relation to the competency of the newly registered practitioner.

Preceptorship is not intended to be a substitute for the performance management process or to replace regulatory body processes to deal with under performance. It does however link into the Trust's Performance Capability Management Policy.

Failure to meet the required standards of the role of a newly registered practitioner will be addressed through the Trust Performance Capability Management Policy. Poor performance and/or lack of ability will also be managed through this policy with support from the Human Resources Department

5. Equality Impact Assessment.

5.1. This Policy has been equality impact assessed by the author using the Trust Equality Impact Assessment (EqIA) framework.

5.2. The completed Equality Impact Assessment has been completed and submitted to the Equality and Diversity Department for 'Service Equality Team Sign Off'

5.3. The EqIA score fell into low priority (0-20); no significant issues in relation to equality, diversity in terms of -
Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation
EqIA Registration No. 192/13

6. Consultation, Approval and Ratification Process

All professional leads will be consulted about the policy prior to its adoption; this will include the Nursing and Midwifery Professional Forum and associated AHP forums / Healthcare Scientists and the Staff Side Committee.

The policy will be ratified by the Trust's Education Governance Forum and TJNCC.

7. Dissemination and Implementation

The policy will be tabled at the Trust and Divisional Operational Managers Groups (OMG)

The policy and associated documents will be available for all staff on the Trust's intranet site

The policy will be launched through Team Brief/WWN

This policy will be cascaded throughout Lead Nurses/ Services managers' Forum and Divisional meetings.

The policy will be implemented on a Trust wide basis through the provision of briefings to raise awareness of the policy and ensure understanding of individual responsibilities

All newly registered clinical staff on commencement of employment will receive information detailing the principles of the policy.

8. Monitoring Compliance of the CMFT Multiprofessional Preceptorship Policy

NHS Health Education North West will monitor through the Learning and Development Agreement (LDA) the number of newly qualified staff recruited by the Trust.

Compliance with the Multiprofessional Preceptorship policy will be monitored by Heads of Nursing/Midwifery/Professional /Service Leads.

Effectiveness of the preceptorship process demonstrating added value will be monitored through annual auditing:

- Percentage of newly registered practitioners who have completed the preceptorship programme
- Time taken for newly registered practitioners to achieve successful appraisal or other indicators of preceptorship completion.
- Retention rates for newly registered practitioners – successful retention will support the Trust investment into preceptorship and lead to cost reduction associated with recruitment and temporary replacement
- Sickness/Absence levels of newly qualified registered practitioners- lower sickness/absence rates would support improved staff satisfaction and confidence following preceptorship

The effectiveness of the policy will be audited by the Preceptorship Implementation and Monitoring Group and the report will be tabled for discussion at Professional Forum and appropriate AHP/Healthcare Scientist Professional Group Forum.

9. Standards and Key Performance Indicators 'KPIs'

The policy will be reviewed every three years or when there are significant changes to the document, or following new guidance or regulations.

100% of qualified practitioners who are newly registered will engage the preceptorship process

100% of qualified practitioners who are newly registered will complete the preceptorship programme; this will be dependent on exceptional circumstances.

100% of qualified practitioners who are newly registered will have an identified preceptor

100% of qualified practitioners who are newly registered will engage in the PDP process

10. References and Bibliography

Cole (2004) Support system. *The Nursing Times Guide 2003/4 Emap Healthcare* London

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

Department of Health (2011) *Health Visitor Implementation Plan 2011–15 A Call to Action*. London. Department of Health.

eWin NHS North West (2011) Preceptorship why is this a hot topic
<http://www.ewin.northwest.nhs.uk/>

Mandy, A (2000) 'Burnout' and work stress in newly qualified podiatrists in the NHS, *British Journal of Podiatry* **3** (2): 31-34

Rugg, S (1999) Junior occupational therapists' continuity of employment: what influences success? *Occupational Therapy International* **6** (4): 277-297

The NHS Staff Council AFC (2013) NHS terms and conditions of service handbook

11. Associated Trust Documents

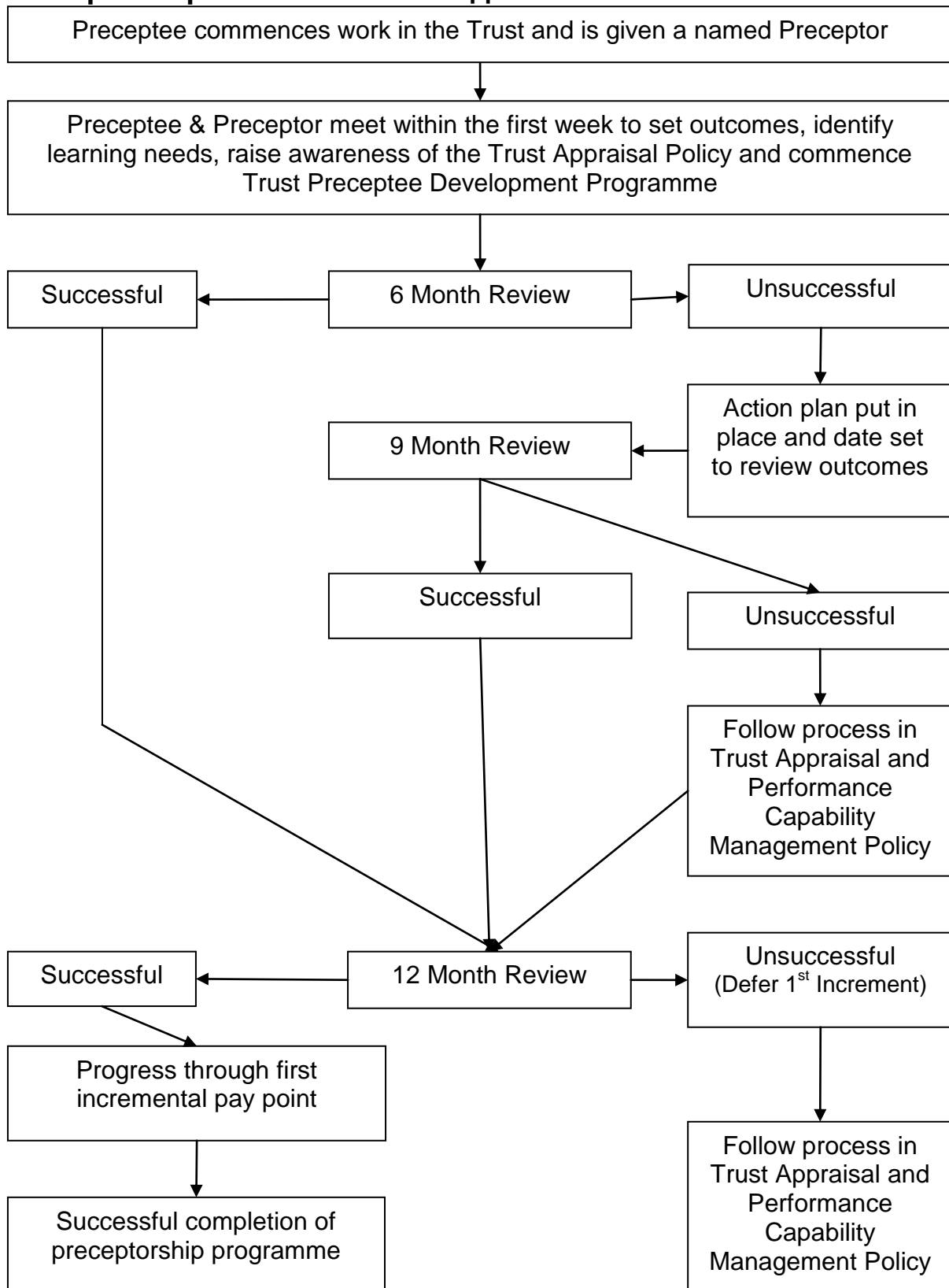
CMFT Induction Policy
CMFT Performance Capability Management Policy
CMFT Appraisal Policy
CMFT Preceptee Development Programme
CMFT Preceptor Training Package

12. Appendices

Appendix A Preceptorship Process Flow Chart
Appendix B Deferment of Pay Form

Preceptorship Process

Appendix A



Monthly meetings between the preceptor and preceptee will occur throughout the process

Deferment of Pay Increment

Appendix B

Part 1 – To be submitted to payroll no later than the 6th of the month in which the increment is due to be paid.

Notification to Payroll

Full name of employee	
Pay roll number	
Department/area of work	
Band	
Line Manager	
Preceptor	
Date increment due	
<p>The above individual has undergone a 6 month / 12 month preceptorship review, and has not yet achieved the standard of practice and/or preceptorship outcomes that are required for their post. Their pay should not therefore be adjusted and they should not receive their increment on the Agenda for Change pay scale. (NB. Annual inflation pay awards will still apply)</p>	
<p>*In signing this form I acknowledge that I will not receive my pay increment and have had the reasons for this explained to me by my line manager.</p>	
Employee*	Date
Preceptor signature	
Line Manager signature	

Application of Deferred Pay Increment

Part 2 - To be completed when a further review has been undertaken and the individual has achieved the standard of practice and/or preceptorship outcomes required

Notification to Payroll

<p>The above individual has undergone a further preceptorship review and has now achieved the standard of practice and/or preceptorship outcomes required for their post. Their pay should now be adjusted and they should receive their increment on the Agenda for Change pay scale from the date below.</p>	
Preceptor signature	Date
Line Manager signature	
Employee	
Date increment due	