WIN HOT TOPIC



PRECEPTORSHIP WHY IS THIS A HOT TOPIC?

The NHS Constitution makes a pledge to all staff that it "commits to provide support and opportunities for staff to maintain their health, well-being and safety."

Preceptorship is a well evidenced mechanism to support the transition of newly qualified Health Care Professional to competent practitioner. It can reduce transitional stress associated with realising their full accountability whilst being a novice competent Health Care Practitioner by being provided with structured support, advice and from a colleague.

The NHS Constitution also sets out the expectation that staff will set an example and support colleagues in maintaining high standards of care and service and to contribute to the training of others.

WHAT IS PRECEPTORSHIP?

When they first qualify as a registered practitioner, many people find the transition from being a student to an accountable individual practitioner a daunting prospect and although they are competent and knowledgeable, it is both felt and evidenced that the support and guidance of more experienced professional colleagues is beneficial to the enablement of this transition. It is this initial support that is considered Preceptorship.

The Department of Health in the NHS Next Stages Review (2008) reinforced this view defining Preceptorship as the initial foundation period that enables the novice practitioner begin the journey from novice to expert. It sets the expectation of continued lifelong learning for both practitioner and organisation. Although commonly associated with Nursing and Midwifery both the Department of Health in their guidance (March 2010) and NHS North West (January 2009) are clear that this support for newly qualified benefits all clinical practitioners.

> NHS Employers argue that investing in a preceptorship programme can deliver a variety of benefits for the individual, preceptor and organisation, such as:

- Enhanced patient care and experience
- Improved recruitment and retention
- Reduced sickness absence
- More confident nurses
- Increased staff satisfaction and morale.

The requirement for support and supervision is inherent within lifelong learning of the professional and as stated it is expected that all practitioners will contribute to providing this support and supervision and to this extent it may be considered that all practitioners will give and receive some degree of support throughout their career. Furthermore for some professionals it is embedded in their regulatory code that they do so.

Preceptorship is not a replacement for any statutory or clinical supervision nor is it a replacement for preregistration mentorship, all of which will continue to play their role in meeting the constitution commitments. Rather it is the structured support programme for this novice Health Care Professional above and beyond initial induction into the organisation. It is important therefore to consider when the structured support to the newly qualified professional is replaced by these broader supervisory mechanisms and although the NMC (2006) define preceptorship as a minimum of four months it is widely acknowledged and argued that access to a preceptor should be available throughout the first year of qualification.

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LOCAL APPROACHES AND RESOURCES

PERSONAL ACCOUNTS FOR LEARNING

The needs of the Preceptee will be different based on the experiences made available during their initial training programme and as such NHS North West acknowledges that a range of approaches will be applied by employers. The important aspect is that it is targeted at the individual need and reflections within the context of their current job role and functions. Support has been made available to all NHS organisations of a personal account for learning (PAL) for the preceptee of £550 per newly qualified Health Care Professional. The payment is made automatically retrospectively monthly from information drawn from the Electronic Staff Record, i.e. new addition to band 5 who have never been on ESR and have a health professional qualification.

Some organisations have used this resource to support peripatetic Preceptors or the delivery of a structured

internal programme that rely on the preceptee reflecting on their specific needs and knowledge/skill gaps and the preceptor acting as a facilitator to acquire these skills and/or knowledge. Others have made the resource available to the individual to secure their own learning resources under the guidance of their preceptor.

During 2010-11 it has been noted that the numbers of newly qualified staff employed by organisations has dramatically fallen and that significant numbers of students are now employed outside of the NHS or unemployed so for 2011-12 NHS North West is making a resource available equivalent to the PAL to Universities who will be able to support outreach programmes to these students, thus supporting their development and maintenance of their skills. Universities will be responsible for accounting for their spend of this provision through the quarterly contract meetings with NHS North West and marketing the availability of the resource to the graduates.

FLYING START ENGLAND

In addition to the PAL a structured virtual programme has been made available through Flying Start England. NHS North West has a contract through the West Midlands Strategic Health Authority that enables all newly qualified staff in the North West right of access. This programme provides a range of knowledge areas including:

- Clinical Skills
- Communication
- Equality and Diversity
- Research
- Safe Practice
- Team Work

Furthermore it will continue to shape the development of the programme through its membership of the editorial board.



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AN ORGANISATIONAL STANDARD FOR PRECEPTORSHIP

The Department of Health Framework also sets out a standard for NHS organisations in delivering Preceptorship. This standard is set out in table 1 below.





THE STANDARD CONTAINS THE FOLLOWING ELEMENTS:

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 to completion of the preceptorship period.
- Preceptors are identified from the workforce within clinical areas and demonstrate the attributes outlined in the box (see right).
- Organisations have sufficient numbers of preceptors in place to support the number of newly registered practitioners 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 and the KSF requirements.
- Organisations ensure that newly registered practitioners understand the concept of preceptorship and engage fully.
- An evaluative framework is in place that demonstrates benefits and value for money.
- Organisations publish their preceptorship framework facilitating transparency of goals and expectations.
- Organisations ensure that evidence produced during preceptorship is available for audit and submission for potential verification by the NMC/HPC.
- Preceptorship operates within a governance framework.

FURTHER INFORMATION

Further information and guidance can be found from a range of sources. These include the following Organisations:

DEPARTMENT OF HEALTH

The Department of Health Preceptor ship Framework can be found <u>here</u>. This guidance published March 2010 covers

FLYING START ENGLAND

As described NHS North West will continue to support all organisations to access Flying Start England. Individual practitioners can register for this virtual programme <u>here</u>

NHS EMPLOYERS

NHS Employers cite examples from across the country of successful approaches to Preceptorship. This can be found <u>here</u>

NURSING AND MIDWIFERY COUNCIL

The Nursing and Midwifery Council both in the new standards for pre-registration nurse education outline the importance of Preceptorship going forward as the new graduate nurse has a different broader skill base. Its current Preceptorship guidance published in 2006 can be found <u>here</u>.