**National Preceptorship Project for Nursing**

**Standard Policy**

**Version 1.6 – June 2022**

The following standard document has highlighted areas which are for tailoring to organisations.

Document information

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This policy should be read in conjunction with other organisational human resource policies, which include:

* Equality and diversity policy
* Disciplinary policy
* Appraisal and supervision policy
* Probation period guidance
* Staff development policy
* CPD policy

Definitions

|  |  |
| --- | --- |
| **Preceptorship** | The purpose of preceptorship is to provide support, guidance and development for all newly registered practitioners to build confidence and further develop competence as they transition to autonomous professional. |
| **Preceptorship period** | Designated period of support and guidance for new practitioner in 6-12 months post registration. |
| **Preceptor** | Person providing support and guidance to the preceptee. A qualified practitioner with a minimum of 12 months’ experience and working in the same work area as the preceptee. |
| **Preceptee** | The newly registered practitioner receiving support and guidance from the preceptor. |
| **Preceptorship lead** | Central point of contact and lead for preceptorship within organisation or integrated care system (ICS). |

Introduction

This preceptorship policy is intended for all newly registered nurses, nursing associates / newly qualified practitioners, preceptors, preceptorship leads, line managers, practice educators and all those involved directly or indirectly in the preceptorship of newly registered staff.

Preceptorship is a programme of structured support for newly qualified practitioners as they transition from student to registered practitioner. The Nursing and Midwifery Council[[1]](#footnote-1) has set out a number of principles for ‘preceptorship’ following on from the standards and proficiencies for registration. These principles form the basis of a framework and set of standards for preceptorship programmes, developed through Health Education England. These have been incorporated into the National Preceptorship Framework and approach.

This policy is based on the guidance and standards established by the NHSEI National Preceptorship Framework (2022), Health Education England preceptorship standards (2015), and the Department of Health guidance (2010). It complies with the guidance set out by the Nursing and Midwifery Council (NMC, 2020).

The Chief Nurse / CEO / ICS Lead / GP Practice Lead / Board of Directors of (name of organisation) state that a preceptorship programme is mandatory for newly registered practitioners.

Purpose of preceptorship

The purpose of preceptorship is to provide support, guidance and development for all newly registered practitioners to build confidence and competence as they transition from student to autonomous professional.

Preceptorship is provided by trained preceptors for each preceptee for a minimum period of six months.

Scope

The preceptorship policy provides a framework and set of common standards and support (cultural, pastoral and wellbeing), which apply to all newly registered nurses / nursing associates / international nurses / returners to practice / transitioning practitioners from one setting to another.

The preceptorship period for (name of organisation) mandates a preceptorship period of six months (core) / 12 months. This will vary according to each individual’s progress.

This preceptorship policy is intended as a resource for all those involved in the preceptorship of new registrants within the organisation.

Process

Each newly registered practitioner will participate in the preceptorship programme and the line manager is responsible for ensuring that the appropriate arrangements are made:

* The line manager is responsible for enrolling the new starter on the appropriate induction, mandatory and statutory training, and the preceptorship development programme. The line manager also advises the preceptorship lead of each newly registered professional with start date and name of preceptor.
* Each preceptee will be allocated a nominated preceptor, within the first week of joining the organisation, by their line manager / preceptorship lead.
* The preceptee will meet with their allocated preceptor within the first two weeks of joining, with the purpose of agreeing a charter and developing learning objectives for the preceptorship period.
* Meetings between the preceptee and preceptor should take place monthly / bi-monthly / every three months as a minimum requirement. These should be documented using the standard templates.
* The line manager will support attendance and participation in the organisation’s preceptorship education programme.
* By the end of the preceptorship period, the preceptee will have completed their programme of learning, have developed confidence and competence, and achieved final sign-off as an autonomous practitioner.

For some preceptees (international registrants / returners to practice / new to clinical settings) an accelerated preceptorship programme may be offered upon commencing employment, however support should continue throughout the first six months.

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| --- |
| New starter accepts offer and start date agreed  Line manager allocates preceptor  Line manager enrols NRP on development programme  Line manager notifies preceptorship lead of new starter and expected date of joining |
|  |
| New starter joins and has minimum supernumerary period  NQP completes induction, mandatory and statutory training  Preceptor and preceptee meet during first two weeks  Training needs analysis / SLOT completed  Individual learning plan with objectives established for preceptorship  Agree charter between preceptor and preceptee |
|  |
| Preceptee attends all required training and development  Preceptee maintains portfolio and completes reflections  Preceptee receives clinical supervision  Preceptee and preceptor meet monthly / bi-monthly / quarterly |
|  |
| End of preceptorship:  Preceptee and preceptor meet for final sign-off  Preceptorship lead and line manager advised  Evaluation of preceptorship programme completed |

The preceptor

The preceptor should be a registered professional with a minimum of 12 months' experience and working in the same profession as the preceptee. They should have a minimum of 12 months’ working in the work area or setting and have completed their preceptor development.

The preceptor development includes completion of the organisation’s development programme (face-to-face or virtual) or completion of the e-learning for health preceptor development programme.

The preceptor should participate in preceptorship forums and support networks to maintain up-to-date knowledge, and will receive X hours of protected time for preceptorship duties.

Role of the preceptor

The role of the preceptor is to provide guidance to the preceptee by facilitating the transition from student to registered practitioner (or transitioning professional) by gaining experience and applying learning in a clinical setting during the preceptorship period. A minimum of eight hours' protected time is allocated to each preceptor (inclusive of training) to carry out preceptorship responsibilities:

* Plan, schedule, conduct and document regular meetings with the preceptee
* Assess learning needs and develop an individual learning plan with the preceptee
* Act as a role model for professional practice and socialisation
* Possess a good understanding of the preceptor framework requirements and communicate these to the preceptee clearly and concisely
* Act as a professional friend, peer and advocate
* Participate in preceptorship forums, clinical supervision and support networks to maintain up-to-date knowledge.

Full details can be found in Appendix Two.

Role of the preceptee

The preceptee is responsible for their development and commitment to their preceptorship programme. Protected time is given for all responsibilities to:

* Attend all organised training and participate in all learning opportunities
* Prepare for and attend meetings with their preceptor at the agreed times
* Work in collaboration with their preceptor to identify, plan and achieve their learning objectives, which includes developing an individual learning plan and completing all documentation within required timeframes
* Escalate concerns, reflecting on own practice, and taking ownership of own professional development.

Full details can be found in Appendix Two.

Role of the preceptorship lead

The preceptorship lead is responsible for leading the programme within their organisation/ICS/ICB and overseeing the preceptorship programme. The responsibilities of the preceptorship lead are to:

* Maintain a register of preceptors and ensure there are sufficient trained preceptors
* Provide development and support for preceptors
* Allocate or delegate the responsibility for identifying preceptors in time for the preceptee’s start date
* Monitor and track completion rates for all preceptees
* Measure the effectiveness and impact of preceptorship programmes on retention and staff engagement
* Act as point of escalation to maintain the relationship between preceptor and preceptee.

Full details can be found in Appendix Two.

Role of the preceptorship champion

The role of the preceptorship champion may be taken up by any registered nurse / healthcare professional and is to promote the value and benefit of preceptorship for nursing and support implementation within their area and/or organisation/ICS/ICB, and to:

* Raise the profile of the preceptorship programme, the value and benefits within own clinical area or organisation
* Engage with the organisation's preceptorship team to continue the evolution of the preceptorship work internally and across region as appropriate
* To liaise with other preceptorship champions and facilitate development and delivery of preceptorship communities of practice
* Provide feedback to organisation's preceptorship team when improvement and education is required in areas, or where newly qualified staff require additional input.

Role of the line manager

The role of the line manager is to ensure the implementation of the preceptorship policy within their own area. The responsibilities are:

* To allocate a preceptor to each newly registered practitioner within one week of their joining date
* To ensure completion of all induction, mandatory and statutory training for the preceptee
* To provide a minimum supernumerary period of 75 hours for the preceptee
* To ensure the preceptee and preceptor are given protected time for meetings at the outset of the programme and every three months
* To work collaboratively with preceptorship lead to ensure there are sufficient trained preceptors within work area to provide support and evaluate the impact of preceptorship.

Concerns

Concerns regarding the preceptor or preceptee performance must be addressed as soon as possible with the line manager. Where appropriate, escalation processes may be followed or referral may be made to the human resources department or senior responsible officer (SRO). The escalation process can be found in Appendix Three.

Programme structure

This should include information on the education programme provided by the organisation for the preceptee.

Evaluation

Evaluation of the preceptorship programme should be completed annually by the preceptorship lead. This will include:

* Evaluation of preceptorship experience from preceptee feedback questionnaires at end point
* Feedback from preceptors
* Feedback from line managers / practice educators / preceptorship champions
* Course evaluations
* Analysis of retention statistics at 12 months and 24 months post-registration / start date with organisation.

Compliance

The preceptorship programme and policy should comply with:

* National Preceptorship Framework (2022)
* NMC Principles for Preceptorship (2020)
* HEE Preceptorship Standards (2015)
* Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals, DH (2010).

Appendices

The following documents form part of the preceptorship policy:

* National Preceptorship Framework Model
* Role descriptors for preceptor, preceptee, preceptorship lead and preceptorship champion
* Escalation process
* Glossary of terms and abbreviations
* Document control.

Appendix One – National Preceptorship Model for Nursing v1.6 – June 2022

The following National Preceptorship Model is based on the National Preceptorship Framework for Nursing (June 2022), which provides full details.

The purpose of preceptorship is to provide support, guidance and development for all newly registered practitioners to build confidence and develop further competence as they transition from student to autonomous professional. Preceptorship may also be provided for nurses transitioning from one role or setting to another.

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| Criteria | **Core standard** | **Gold standard** |
| Intended recipients | All newly registered nurses and nursing associates | All newly registered practitioners |
| Length of preceptorship programme\* | Minimum of six months on joining the organisation or receiving PIN | 12 months on joining the organisation or receiving PIN |
| Supernumerary period | Minimum of two weeks’ supernumerary for preceptee (or equivalent to 75 hours) | Additional protected time throughout the programme for preceptor and preceptee included in preceptorship policy for organisation |
| Meeting requirements (preceptor and preceptee) | Minimum of three meetings:   * Within first two weeks * Middle of programme * Completion of preceptorship programme | As a minimum, every two months including:   * Within first week * Middle of programme * Completion of preceptorship programme |
| Roles (with expectations) | * Preceptor (protected time of eight hours per year) * Preceptee | * Preceptor (protected time of 12 hours per year) * Preceptorship lead * Preceptorship champion / ambassador / link |
| Preceptor | * Equivalent level or senior to preceptee * Minimum 12 months' experience post-registration * Attending initial training * Refer to role descriptor for detail | * Equivalent level or senior to preceptee * Minimum 12 months' experience post-registration * Role expectations * Minimum 12 months’ experience in setting * No more than one preceptor to two preceptees * Initial training * Ongoing support and training |
| Preceptorship lead | * Central point of contact within organisation / ICS * Responsible for programme co-ordination * Monitoring and evaluating preceptorship * Development and review of programme and policy | Plus:   * Development programme for preceptors * Support for preceptors * Develop and deliver support network for preceptors * Maintain register of preceptors * Promotion of value and benefits of preceptorship within own organisation * Develop and support network of preceptorship champions |
| Core elements | * Preceptorship policy * Formal, structured programme of learning * Standard documentation across organisation * Role descriptions * Protected time * Monitoring and evaluation * Development of preceptors / preceptor training | * Senior responsible officer (SRO) at board level * Protected time for preceptors (minimum 12 hours) * Meeting templates * Development and support for preceptors * Preceptorship mandated across organisation * Audit trails to demonstrate compliance, evaluation and feedback |
| Indicative content of development programme | * Facilitated learning / study days (flexible dependent on work area and individual requirements) * Preceptee individual learning and development plans * Wellbeing initiatives * Reflection * Pastoral care and support * Clinical supervision | May include:   * Action learning * Peer support forums for preceptor and preceptee * Coaching * Mentoring * PNA / restorative supervision |
| Compliance | * National Preceptorship Framework (2022) * NMC Principles for Preceptorship (2020) * HEE Preceptorship Standards (2015) * Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals, DH (2010) | |
| Evaluation | * Course evaluations * Retention statistics (12 and 24 months post-registration) * Feedback questionnaire on preceptorship experience at end point * Annual review of the programme * Feedback mechanism for preceptors to support them * Feedback from preceptor and preceptees | * Session feedback * Feedback questionnaire on preceptorship experience at mid point and end point * Preceptee involvement in design and development of programme * Stakeholder feedback |

Recommendation of senior responsible officer at board level within organisations/ICSs.

\* where accelerated programmes are used, support should be available for six months

Appendix Two – Role Descriptors

## Preceptor role descriptor

To provide guidance to the preceptee by facilitating the transition from student to registered practitioner. This should be achieved by gaining experience and applying learning in a clinical setting during the preceptorship period. The role of preceptor should be provided with protected time as set out in the preceptorship policy.

It is the responsibility of the preceptor to:

* Possess a good understanding of the preceptor framework requirements and communicate these to the preceptee clearly and concisely
* Understand the scope and boundaries of the roles of the preceptee
* Act as a professional friend, peer and advocate
* Act as a role model for professional practice and socialisation to the profession
* Ensure all induction has been completed and check that the preceptee is fully aware of local ways of working and appropriate policies
* Facilitate introductions for the newly registered practitioner to colleagues, multi-disciplinary team, peers and others (internal and external to the organisation, as appropriate)
* Promote networking and development of effective working relationships
* Agree learning needs with preceptee, and develop a learning plan with achievable goals
* Carry out regular and confidential review with the newly registered practitioner
* Use coaching and mentoring skills to enable the newly registered practitioner to develop clinically and professionally, and to develop confidence
* Facilitate a supportive and inclusive learning environment by signposting resources and actively planning learning opportunities for clinical, professional and personal growth of the newly registered practitioner
* Give timely and appropriate feedback to the newly registered practitioner on a regular basis
* Liaise with the line manager to monitor progress and address areas of poor performance or areas requiring further development through objective setting and regular review, keeping preceptorship lead involved.

## Preceptorship lead role descriptor

An appointed preceptorship lead should be responsible for overseeing the preceptorship programme at each organisation or ICS. The role may be combined with another role, depending on the organisation and the number of newly registered practitioners.

It is the responsibility of the preceptorship lead to:

* Coordinate the identification of preceptors, know who they are and provide the appropriate level of preparation and support
* Identify all NRNs/NRNAs requiring preceptorship and others for whom preceptorship is deemed beneficial
* Allocate or delegate the responsibility for identifying preceptors in time for the preceptee’s start date, which may include involvement in the recruitment process
* Monitor and track completion rates for all preceptees
* Perform regular checks that the preceptor/preceptee relationship is working satisfactorily
* Identify any development or support needs of preceptors
* Measure the effectiveness and impact of preceptorship programmes on retention and staff engagement, and to evaluate programmes after each cohort
* Ensure there are sufficient trained preceptors
* Support and prioritise staff retention
* Act as the point of escalation to maintain the relationship between preceptor and preceptee
* Use coaching skills and techniques to facilitate as appropriate
* Develop the Preceptorship Champion Network if required
* Liaise with other local and national preceptorship leads
* Ensure preceptorship operates within the DH framework (2010), HEE Standards (2017), NMC Principles of Preceptorship (2020) and National Preceptorship Framework (2022).

## Preceptorship champion role descriptor

The role of the preceptorship champion is to promote the value of preceptorship and support implementation within their area, organisation and/or ICS. The role should be held by an experienced preceptor who is passionate about preceptorship.

It is the responsibility of the preceptorship champion to:

* Raise the profile, the value and the benefits of the preceptorship programme within their own clinical area or organisation
* Act as a role model for best practice in support of newly qualified staff or act as a role model for best practice undertaking the preceptorship programme (this will depend who the champion is)
* Engage with the organisation's preceptorship team to continue the evolution of preceptorship work internally and across the region as appropriate
* Liaise with other preceptorship champions and facilitate development and delivery of preceptorship communities of practice
* Feedback to their organisation's preceptorship team when improvement and education are required in areas, or where newly qualified staff require additional input
* Share knowledge and skills with others to help them develop their thinking and practice.

## Preceptee role descriptor

The preceptee is responsible for their own development and commitment to their preceptorship programme.

It is the preceptee's responsibility to:

* Attend all organised training and participate in all learning opportunities, including induction
* Organise and attend meetings with their preceptor at the agreed times and within the requirements of the framework
* Have a clear understanding of the objectives and learning outcomes of the preceptorship framework
* Work in collaboration with their preceptor to identify, plan and achieve their learning objectives
* Develop an individual learning plan and complete all documentation within required timeframes
* Promote the role to a high standard
* Maintain timely and professional behaviour at all times
* Adhere to their individual code of professional practice
* Escalate concerns, reflecting on their own professional practice, and take ownership of their own development.

Appendix Three – Escalation Process

The following National Preceptorship for Nursing escalation process is a sample chart to be adapted by organisations for preceptees who have concerns.

The NMC offers guidance for nurses and midwives at [www.nmc.org.uk/raisingconcerns](http://www.nmc.org.uk/raisingconcerns)

The RCN offers comprehensive guidance on escalation process for nursing staff. This is available at [Raising concerns | Guidance for RCN members | Royal College of Nursing](https://www.rcn.org.uk/employment-and-pay/raising-concerns/Guidance-for-RCN-members)

Are they comfortable talking to preceptor?

Can they talk to manager or preceptorship lead?

No

Yes

Talk to preceptor

Talk to manager or preceptorship lead

Yes

No

Consider alternatives depending on nature of concern

If unable to resolve

Freedom to Speak Up Guardian\*

Professional nurse advocate

Senior member of team

Union representative

*\* Freedom to Speak Up Guardian may have different titles according to organisation*

Appendix Four – Glossary

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| **Term** | **Definition** |
| Accelerated preceptorship | Intensive preceptorship programme lasting approximately six weeks |
| AHP | Allied health professional |
| CEO | Chief executive officer |
| CN | Chief nurse |
| DH | Department of health |
| GPN | General practice nurse |
| GP | General Practitioner |
| HCPC | Health and Care Professionals Council |
| HEE | Health Education England |
| ICS | Integrated care system |
| ILP | Individual learning plan |
| NA | Nursing associate |
| NMC | Nursing and Midwifery Council |
| NQP | Newly qualified practitioner |
| NRN | Newly registered nurse |
| NRNA | Newly registered nurse associate |
| NRP | Newly registered practitioners |
| PNA | Professional nursing advocate |
| Practitioner | Registered professional, i.e. nurse, nursing associate, midwife, allied health professional |
| Preceptee | Person receiving support and guidance from the preceptor, usually the newly registered practitioner |
| Preceptor | Person providing support and guidance to the preceptee |
| Preceptorship champion | Person in designated role to promote value of preceptorship within organisation |
| Preceptorship lead | Central point of contact and lead for preceptorship within organisation or ICS |
| Preceptorship model | Short version of the preceptorship framework |
| Preceptorship period | Designated period of support and guidance for new practitioner in 6-12 months post registration |
| RTW | Returner to work |
| SLOT | A training needs analysis – Strengths, Learning Needs, Opportunities and Threats |
| SRO | Senior responsible officer |
| SSSA | Standard for student supervision and assessment |

Appendix Five

Policy document version and control

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| **Date** | **Version** | **Changes** | **Author** | **Approval** |
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1. https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-principles-for-preceptorship-a5.pdf [↑](#footnote-ref-1)