

# Accelerated Preceptorship Guide

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## Introduction

CapitalNurse<sup>1</sup> has defined preceptorship as a period to guide and support all newly qualified practitioners in the transition from student to autonomous practitioner and recommend a 6-12 month period. According to the [National Preceptorship Framework for Nursing \(2022\)](#),<sup>2</sup> the purpose of preceptorship is to provide support, guidance, and development for all newly registered practitioners (NRPs) to build confidence and competence as they transition from student to autonomous professional.

Accelerated preceptorship provides a condensed preceptorship programme covering the principles of preceptorship in a shorter timeframe and is of benefit for certain groups of staff.

It is not intended as a replacement for preceptorship programmes for newly registered nurses. It was initially designed for use during the Covid-19 pandemic for newly qualified nurses and, subsequently, the benefits of accelerated preceptorship have been recognised through its use with other nursing professionals.

## Background

The accelerated preceptorship guidance was first developed and implemented in response to the Covid-19 pandemic for use with newly registered practitioners (NPPs) and healthcare professionals (HCPs)<sup>3</sup>. It was intended for all newly registered practitioners (NPPs) including nursing, midwifery and allied health professions (AHPs), for those returning to practice or being redeployed to different clinical settings who may require a period of preceptorship.

The principles of an accelerated preceptorship programme during an emergency situation or pandemic should be used in conjunction with advice and guidance from the regulatory councils – for example, the Nursing and Midwifery Council (NMC), the Health and Care Professional Council (HCPC), royal colleges, professional bodies, trade unions and national Health Education England (now part of NHS England) guidance.

In July 2023, CapitalNurse conducted a survey of London organisations to ascertain if and where accelerated preceptorship was taking place. The survey identified content, length and recipients.

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<sup>1</sup> CapitalNurse Preceptorship Framework, 2017, Health Education England

<sup>2</sup> National Preceptorship Framework, 2022, NHS England:

<https://www.england.nhs.uk/publication/national-preceptorship-framework-for-nursing/>

<sup>3</sup> HCP – healthcare professional refers to any registered nurse (including nursing associate), midwife and AHP

## Length of programme

The [Integrative Literature Review](#), conducted by Middlesex University in 2022<sup>4</sup>, recognises that the optimum length of a programme is 12 months, which is recommended by the National Preceptorship Programme as a gold standard.

An accelerated preceptorship programme would be between three and six months. Where a three-month programme is in place, peer support should be available to the preceptee for a longer period.

## Intended recipients

The [NMC Principles of Preceptorship](#)<sup>5</sup> expect all newly registered nurses, nursing associates, and midwives to receive preceptorship in their first-year post-registration.

Newly registered nurses (NRNs) become accountable as soon as they are registered with the Nursing and Midwifery Council (NMC) and this transition from student to accountable practitioner is known to be challenging<sup>6</sup>. However, it is also recognised that certain groups of staff do not need a full 12-month preceptorship programme and would benefit from a shorter, more condensed version.

The intended recipients for an accelerated preceptorship may include the following groups of staff:

- Newly registered nurses who have transitioned through the nursing associate (NA) route working in the same setting. As such, they will have already experienced the preceptorship programme and an accelerated preceptorship may be more suitable
- Internationally educated nurses (IENs) who are already clinically skilled, competent and experienced nurses. The accelerated preceptorship programme would ensure swift integration into the setting, whilst pastoral support would continue for a longer period
- Registered nurses transitioning from one setting to another very different setting; for example, from an acute setting to primary care or district nursing or from physical nursing to mental health or prison nursing

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<sup>4</sup> O'Driscoll, M., Allan, H., Traynor, M., (2022) Preceptorship: what works?': an integrative literature review, Middlesex University: <https://workforceskills.nhs.uk/wp-content/uploads/2022/06/Preceptorship-review-corrected-refs.pdf>

<sup>5</sup> Nursing and Midwifery Council (NMC) 2020 Principles of Preceptorship: <https://www.nmc.org.uk/standards/guidance/preceptorship/>

<sup>6</sup> Higgins G., Spencer R.L. & Kane R. (2010) A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdom. *Nurse Education Today* 30, 499-508

- Returners to practice who are rejoining the register and bring a level of competence, experience and confidence. For these nurses, accelerated preceptorship provides support and update during the transition
- Newly registered nurses on the CapitalNurse rotation programme who would benefit from completing their preceptorship during their first six-month rotation period.

This provides general guidance on the intended recipients. However, preceptorship leads / managers should identify any specific individual factors that may impact on the need for preceptorship or a longer period of preceptorship support.

## Programme requirements

It is recommended that all newly registered practitioners will have successfully completed statutory and mandatory training during their pre-registration programme or deployment/onboarding period. The core elements of the induction programme include the following:

- Organisational structure
- Clinical staffing structure
- Identification of key personnel, such as the Freedom to Speak Up Guardian
- Trust policies and procedures
- Trust digital systems and confidence to work with them.

In addition, the following areas have been identified which should be included during the accelerated preceptorship period:

- Any local procedures and local system variations with which the NQPs and HCPs on the temporary register are unfamiliar
- Understanding of the Code of Professional Practice and scope of practice
- Understanding professional accountability surrounding delegation
- Clear support processes and pastoral support throughout the shift
- Confidence building and resilience awareness.
- Debriefing skills and reflection on practice especially in relation to a 'major incident'
- Importance of maintaining personal health and well-being
- Clinical practice – assessing and managing risks in delivering safe effective care to patients and maintaining own skills and competence
- Reducing the risk of harm and ensuring the best possible health outcomes for those receiving care
- Demonstrating effective teamwork
- Demonstrating clinical leadership

- Demonstrating effective communication skills.

## Roles

The roles and responsibilities of preceptee, preceptor and preceptorship lead remain the same as currently in both [CapitalNurse Preceptorship Framework](#) and the [National Preceptorship Framework](#).

### Preceptorship lead

The preceptorship lead in each organisation is expected to co-ordinate, monitor and track recipients on the accelerated preceptorship programme. Additionally, it is expected they will be responsible for ensuring the most appropriate programme is offered (in collaboration with line managers).

### Preceptor

Whilst the role of the preceptor remains unchanged, the timeframes will be reduced and the preceptor will be expected to conduct the initial meeting within the first two weeks, an interim meeting (where programmes are longer than three months) and a final meeting at the end of preceptorship.

The intensity of an accelerated preceptorship programme should be considered in developing personal and professional development objectives with the preceptee. For preceptees requiring a longer period of pastoral support after the completion of the accelerated preceptorship period, the preceptor will continue in their role for up to one year.

## Preceptee development

Preceptees should be provided with learning opportunities to develop their skills on-the-job and, therefore, build competence and confidence. All learning opportunities should be appropriately supervised, with sufficient guidance and feedback given.

CapitalNurse, with CapitalAHP, initially developed a suite of resources to cover the essential topics of an accelerated preceptorship programme. These resources were focused on the challenges of preceptorship during Covid-19. The module topics have been revised and a new suite of resources developed (based on the learning from use of the programme).

These are available for practice educators to deliver in a learning environment, either face-to-face or virtually, or for preceptees to undertake as self-directed learning or within a facilitated group. There are six modules and are available via the [Capital Nurse Preceptorship](#) webpages.

The six modules include:

- **Developing yourself** – understanding learning cycles and learning styles, SLOT (strengths, learning needs, opportunities, threats) analysis, setting SMART objectives and reflection
- **Developing resilience** – building resilience, promoting self-care and compassion
- **Professional practice** – professional code of practice, values, accountability, delegation, scope of practice and social media
- **Practising safely** – safe working practices, risk management and raising concerns
- **Communication** – promoting effective communication, understanding dynamics, use of SBAR (situation, background, assessment, recommendation) and different communication preferences
- **Leadership and team dynamics** – the clinician as a leader, collaboration and working with others

## Templates

The following templates are available for organisations and for preceptors to use, as required:

- First meeting template for preceptor
- Preceptee Development Plan
- Charter between preceptor and preceptee
- Appendix one – indicative content of programme aligned with [CapitalNurse Career Framework tool](#)

## First meeting template

The following template is a suggested format for the meeting between NQP/HCP on the temporary register and Preceptor:

<b>Preceptee name:</b>
<b>Preceptor name:</b>
<b>Date of meeting:</b>

<b>Induction checklist:</b>			
<b>Topic</b>	<b>Completed</b>	<b>Planned</b>	<b>Notes</b>
Organisational induction	<input type="checkbox"/>	<input type="checkbox"/>	
Local induction	<input type="checkbox"/>	<input type="checkbox"/>	
Statutory / mandatory training	<input type="checkbox"/>	<input type="checkbox"/>	
Introduction to environment and staff	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical training (please detail):	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Any outstanding requirements</b>			
<b>Previous experience / knowledge / skills:</b>			
<b>Learning needs identified: A separate development plan should be completed and agreed</b>			
<b>Comments / notes:</b>			
<b>Preceptee signature:</b>	<b>Date:</b>		
<b>Preceptor signature:</b>	<b>Date:</b>		



## Preceptee Development Plan

The following is a sample template only – organisations may have their own development plan templates:

<b>Preceptee name:</b>		<b>Date:</b>
<b>Role:</b>	<b>Organisation</b>	
<b>Preceptor name:</b>		
<b>All development objectives should be SMART: Specific, Measurable, Agreed, Realistic and Timebound</b>		
<b>Area for development:</b>	SMART objective	Timeframe
<b>Area for development:</b>	SMART objective	Timeframe
<b>Area for development:</b>	SMART objective	Timeframe
<b>Preceptee signature:</b>		<b>Date:</b>
<b>Preceptor signature:</b>		<b>Date:</b>

## Charter between the preceptor and the preceptee (accelerated programme)

### Preceptee

I, \_\_\_\_\_ commit to fulfilling my responsibilities as a qualified practitioner / healthcare professional and preceptee. This includes:

- Completing all organisation and local induction, statutory and mandatory training
- Ensuring all required training is complete for my accelerated preceptorship
- Observing and adhering to organisation values
- Participating fully in the accelerated preceptorship programme by discussing concerns with and seeking guidance from my preceptor
- Working collaboratively with my preceptor to share my reflections and identify learning and development needs
- Seeking feedback from others to inform my progress
- Owning my learning and development plan

**Signature:**

**Date:**

### Preceptor

I, \_\_\_\_\_ commit to fulfilling my responsibilities as a preceptor. This includes:

- Providing support and guidance to the newly qualification practitioner / healthcare professional
- Acting as a role model and critical friend
- Facilitating introductions and promoting good working relationships
- Identifying learning opportunities for preceptee where available
- Providing timely and appropriate feedback to the preceptee
- Advising on learning and development needs, facilitating a supportive learning environment and signposting learning resources

**Signature:**

**Date**

## Appendix One – CapitalNurse domains

The following provides additional description for the nine domains of the CapitalNurse Career Framework) to inform preceptee development programmes to be completed over the preceptorship period:

<b>Capital Nurse Framework domain</b>	<b>What it means – behaviours and outcomes</b>
<b>Clinical Practice</b>	<ul style="list-style-type: none"> <li>• Delivering person-centred, safe and effective care</li> <li>• Assessing and managing risks in delivering safe effective care to patients</li> <li>• Maintaining own skills and competence</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Sharing of health and care related information between a nurse and those in their care with both participants as sources and receivers. Information may be verbal or non-verbal, written or spoken</li> <li>• Understanding techniques to facilitate courageous conversations</li> <li>• Understanding ways of managing conflict, taking ownership and using effective communication in difficult situations</li> </ul>
<b>Teamwork</b>	<ul style="list-style-type: none"> <li>• Working effectively as part of a team to achieve value-added patient, staff and organisational outcomes</li> <li>• Working with colleagues and other multi-disciplinary professionals to provide a cohesive approach to patient care</li> <li>• Understanding the components of effective teamwork</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• Effectively utilising personal skills and attributes to inspire people to achieve a common goal</li> <li>• Taking ownership and responsibility for self and practice. Acting as a role model for others</li> <li>• Understanding role as a leader, reflect on leadership styles and qualities of a good leader</li> </ul>
<b>Professionalism and Integrity</b>	<ul style="list-style-type: none"> <li>• Demonstrating a strong sense of professionalism through values, behaviours and relationships in line with NMC Code of Conduct (2018)</li> <li>• Understanding range and remit of roles and scope of own responsibility.</li> <li>• Understanding professional accountability surrounding delegation</li> </ul>

<p><b>Research and Evidence</b></p>	<ul style="list-style-type: none"> <li>• Contributing to the body of nursing knowledge and using evidence to inform safe and effective practice</li> <li>• Understanding quality measures – for example, key performance indicators, friends and family, patient experience</li> <li>• Seeking out ways to develop and improve quality of practice and care</li> </ul>
<p><b>Safety and Quality</b></p>	<ul style="list-style-type: none"> <li>• Reducing the risk of harm and ensuring the best possible health outcomes for those receiving care</li> <li>• Taking active measures to reduce the risk of harm and ensure the best possible health outcomes for people receiving care</li> <li>• Understanding risks and safe levels of staffing</li> <li>• Knowing how and with whom to raise issues</li> <li>• Understanding the appropriate policies</li> </ul>
<p><b>Facilitation of learning</b></p>	<ul style="list-style-type: none"> <li>• Creating an environment for learning and engaging in teaching and assessment</li> <li>• Learning with and from others, teaching others to improve patient care and collaboration</li> <li>• Understanding each other’s professional roles and their contribution to the patient journey</li> <li>• Actively reflecting on positive and difficult situations and learning from these to improve practice</li> <li>• Providing preceptees with the opportunity to reflect on their practice, individually and with peer support</li> </ul>
<p><b>Development of self and others</b></p>	<ul style="list-style-type: none"> <li>• Helping self and others to identify learning needs and opportunities to achieve agreed goals</li> <li>• Taking an active part in own professional, personal and clinical development with PDP in place and planned learning activities</li> <li>• Understanding NMC revalidation requirements</li> <li>• Using emotional intelligence to work for, rather than against, promoting good working relationships</li> <li>• Finding ways to manage stress and develop resilience</li> <li>• Identifying support networks and how to access help</li> </ul>

\* Content included in the CapitalNurse domains aligns to the key elements outlined in the HEE, now NHS England, Standards.

## Additional information

Additional information and resources are available:

- [CapitalNurse Preceptorship and development resources](#)
- [Capital Nurse Career Framework](#)
- [Career Clinics and Internal Transfer resources](#)
- [Rotation resources](#)
- [National Preceptorship Framework and resources](#)
- [e-Compendium of self-directed learning resources](#)
- [NMC latest updates](#)

## Authors

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