Accelerated Preceptorship

Guide v3

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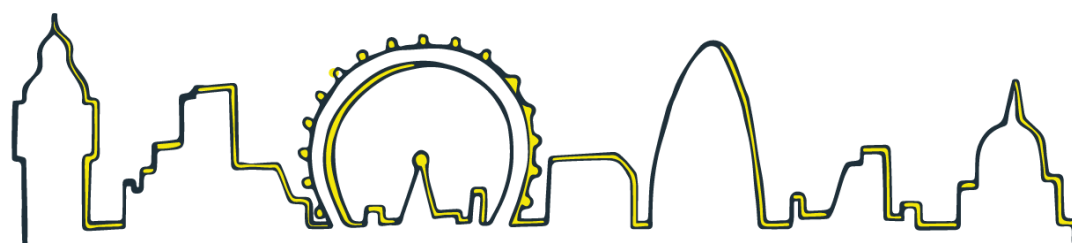
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Introduction

This accelerated preceptorship guide, is for use with newly qualified practitioners (NQPs) and healthcare professionals (HCPs)[1] on the temporary register in response to the COVID-19 pandemic. This is intended for all newly qualified practitioners (NQPs) including nursing, midwifery and AHP and for those returning to practice or being redeployed to different clinical settings who may require a period of preceptorship.

The guidance is focused on how health and care organisations pan-London can support newly qualified practitioners (NQPs) and health care professionals (HCPs) on the Covid-19 temporary register.

This is a fast-changing and emerging situation and guidance may be subject to further development. Therefore, these principles should be used in conjunction with advice and guidance from the regulatory councils e.g. the Nursing and Midwifery Council (NMC), the Health and Care Professional Council (HCPC), royal colleges, professional bodies, trade unions and national HEE guidance. This resource was developed in line with national guidance.

CapitalNurse[2] have 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 months period. The accelerated preceptorship programme is for a recommended period of six weeks to support the NQPs and HCPs on the temporary register to alleviate transition shock.

Programme requirements

It is recommended that all NQPs and HCPs on the temporary register will have successfully completed their care certificate[3] (if required) and 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

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[1] HCP – healthcare professional refers to any registered nurse (including nursing associate), midwife and AHP
[2] CapitalNurse Preceptorship Framework, 2017, Health Education England
[3] For Allied Health Professions the Care Certificate standards are integrated in the pre-registration curriculum

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
- Clarification of those on the temporary register and NQPs previous clinical experience and where possible individually tailored development programme
- 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

Role of the Preceptor[4]

Whilst the role of the preceptor remains unchanged, there will be challenges to providing the traditional level of support. During these difficult times of emergency, the role of the preceptor should include:

- Critical friend to the NQP
- Ensure statutory / mandatory training is done
- Facilitate introductions to staff and environment
- Guide and support in on-the-job learning
- Advise on scope of practice
- Ensure safe practice
- Give regular feedback

It is recognised that preceptorship may be difficult to provide at the required level and the role should be fluid and shared amongst other staff to ensure that the NQP / HCP on the temporary register receives a high level of support and guidance. All registered healthcare professionals should be able and willing to offer help and support when required.

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[4] For AHPs the preceptor may be the clinical supervisor

Support Sources

Preceptorship requires organisational commitment to support the NQP / HCP on the temporary register to minimise transition shock and to maximise effectiveness.

The exact nature of the role to be undertaken and the level of supervision will be agreed between each individual and the organisation in which they will be working.

Sources of support for the NQP / HCP on the temporary register may include:

- Nominated preceptor or preceptorship team
- Clinical supervisor
- Department manager
- Practice educators / practice facilitators
- Other registered healthcare professionals
- Other NQPs
- Other HCPs on the temporary register
- Remote sources of support

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 to the NQP / HCP on the temporary register. Flexibility is required in identifying learning opportunities

Preceptorship Plan

The following plan is a sample to ensure that the required elements of preceptorship are covered within the six week period. It is recognised that different settings have different requirements, and that local policies, processes and procedures need to be incorporated.

Timeframe	Activity
Prior to starting	Care certificate[5] (if not already completed or required) Statutory and mandatory training (as required)
By the end of week one	Introduction to organisation including: - Organisational structure - Organisational values - Clinical staffing structure

[5] For Allied Health Professions the Care Certificate standards are integrated in the pre-registration curriculum

	• Key personnel
	• Organisational policies, processes and procedures
	• Organisational digital systems
	• Introduction to environment / tour
	Introduction to named preceptor (where possible) to facilitate: • Tour of department • Local policies, processes and procedures • Introduction to staff in department • Discussion to include understanding of the NQP's / HCP's experience, knowledge, clinical skills and to set short term development objectives. Discussion should also include guidance on scope of practice and sources of support
	Miscellaneous new starter requirements including security access, ID, uniform, locker keys and paperwork
Each week	Weekly check-in meetings with preceptor or another member of staff
By the end of week three	To be competent in oral medication and pass assessment for sign-off
By the end of week four	All mandatory and statutory training completed
By the end of week six	All induction and preceptorship activities completed

Templates

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

- Sources of support for the NQP / HCP on the temporary register

- Preceptorship programme plan with checklist

- First meeting checklist for preceptor

- Development plan for preceptee

- Charter between preceptor and preceptee

- Appendix one –statutory and mandatory training requirements

- Appendix two - indicative content of programme aligned with CapitalNurse career Framework

Sources of Support

Remember that support is available face-to-face, by telephone and email, by text and WhatsApp. Encourage the NQP / HCP on the temporary register to talk to others and share experience / feelings / reflection

Sources of support may include any other registered healthcare professional

Name	Role / organisation	Email	Telephone

Preceptorship Programme Plan with Checklist

The following is a suggested checklist to ensure all induction has been completed. It does not include all requirements for all organisations however may be edited for different settings

Preceptee Name:
Preceptor Name:

Activity	Date	Preceptor initials	Preceptee initials
Statutory and mandatory training[6] (if not already completed) • Resuscitation – Level 1 • Safeguarding Children – Level 1 • Safeguarding Adults – Level 1 • Infection Prevention and Control – Level 1 • Management of coronavirus[7] • Use of Personal Protective Equipment (PPE) • Fire Safety – Level 1 • Health, Safety and Welfare – Level 1 • Moving and Handling – Level 1 • Conflict Resolution – Level 1 • Data Security Awareness – Level 1 • Equality and Diversity and Human Rights – Level 1 • Preventing Radicalisation – Basic Prevent Awareness ***Additional for certain staff / organisations*** (if not already completed and required) • Data Security Awareness – Level 2 • Data Security Awareness – Level 3 • Infection Prevention and Control – Level 2 • Moving and Handling eAssessment – Level 2 • Preventing Radicalisation – Awareness of Prevent – Level 3 • Resuscitation Adults – Level 2 • Resuscitation Paediatric – Level 2 • Resuscitation Newborn – Level 2 • Safeguarding Children – Level 2 • Safeguarding Adults – Level 2			

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[6] https://www.e-lfh.org.uk/programmes/statutory-and-mandatory-training/ - accessed 25/3/2020

[7] https://www.hee.nhs.uk/sites/default/files/documents/Student%20support%20guide%20master%20.pdf – accessed 27/3/2020

Activity	Date	Preceptor initials	Preceptee initials
Organisational induction • Organisational structure • Organisational values • Clinical staffing structure • Key personnel • Organisational policies, processes and procedures • Organisational digital systems • Introduction to environment / tour			
Local Induction: • Local policies, processes and procedures • Off duty system and requests • Breaks and shift times • Uniform and dress code policy • Who to contact • Tour of department / setting including facilities, kitchen, toilets, stock room, drug room • Introduction to staff in department			
Discussion with Preceptor: • Understanding of preceptee's experience, knowledge and clinical skills • Learning needs • Short term development plan • Guidance on scope of practice • Sources of support identified			
Miscellaneous: • Access to digital systems • ID badge and security access codes (where required) • Order and collect uniform • Paperwork completed • Locker key			
Other:			

Preceptee Name:	**Signature:**
Date:	
Preceptor Name:	**Signature:**
Date:	

First Meeting Template

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

Preceptee Name:	
Preceptor Name:	
Date of Meeting:	

Induction Checklist:

Topic	Completed	Planned	Notes
Organisational induction	❏	❏	
Local induction	❏	❏	
Statutory / mandatory training	❏	❏	
Introduction to environment and staff	❏	❏	
Clinical training (please detail):	❏	❏	

Any outstanding requirements

Previous experience / knowledge / skills:

Learning needs identified: *A separate development plan should be completed and agreed*

Comments / Notes:

Preceptee Signature:	Date:
Preceptor Signature:	Date:

Preceptee Development Plan

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

Preceptee Name:		Date:	
Role:		**Organisation**	
Preceptor Name:			

All development objectives should be SMART *Specific, Measureable, Agreed, Realistic and Timebound*		
Area for Development:	SMART Objective	Timeframe
Area for Development:	SMART Objective	Timeframe
Area for Development:	SMART Objective	Timeframe
Preceptee Signature:	Date:	
Preceptor Signature:	Date:	

Charter between the preceptor and the preceptee (Accelerated programme)

Preceptee

I, _____ commit to fulfilling my responsibilities as a newly qualification practitioner / healthcare professional on the temporary register and preceptee. This includes:

- Completing all organisation and local induction, statutory and mandatory training
- Ensuring all required training is complete for my preceptorship
- Observing and adhering to organisation values
- Participating fully in the 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 NQP / HCP on temporary register
- 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

Capital Nurse Framework Domain	What it means – behaviours and outcomes
Clinical Practice	• Delivering person-centred, safe and effective care • Assessing and managing risks in delivering safe effective care to patients • Maintaining own skills and competence
Communication	• 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 • Understanding techniques to facilitate courageous conversations • Understanding ways of managing conflict, taking ownership and using effective communication in difficult situations
Teamwork	• Working effectively as part of a team to achieve value-added patient, staff and organisational outcomes • Working with colleagues and other multi-disciplinary professionals to provide a cohesive approach to patient care • Understanding the components of effective teamwork
Leadership	• Effectively utilising personal skills and attributes to inspire people to achieve a common goal • Taking ownership and responsibility for self and practice. Acting as a role model for others • Understanding role as a leader, reflect on leadership styles and qualities of a good leader
Professionalism and Integrity	• Demonstrating a strong sense of professionalism through values, behaviours and relationships in line with NMC Code of Conduct (2018) • Understanding range and remit of roles and scope of own responsibility. • Understanding professional accountability surrounding delegation
Research and Evidence	• Contributing to the body of nursing knowledge and using evidence to inform safe and effective practice • Understanding quality measures i.e. KPIs, friends and family, patient experience • Seeking out ways to develop and improve quality of practice and care
Safety and Quality	• Reducing the risk of harm and ensuring the best possible health outcomes for those receiving care

	• Taking active measures to reduce the risk of harm and ensure the best possible health outcomes for people receiving care. • Understanding risks and safe levels of staffing. • Knowing how and with whom to raise issues • Understanding the appropriate policies
Facilitation of learning	• Creating an environment for learning and engaging in teaching and assessment • Learning with and from others, teaching others to improve patient care and collaboration • Understanding each other's professional roles and their contribution to the patient journey • Actively reflecting on positive and difficult situations and learning from these to improve practice • Providing preceptees with the opportunity to reflect on their practice, individually and with peer support
Development of self and others	• Helping self and others to identify learning needs and opportunities to achieve agreed goals • Taking an active part in own professional, personal and clinical development with PDP in place and planned learning activities • Understanding NMC revalidation requirements • Using emotional intelligence to work for, rather than against, promoting good working relationships • Finding ways to manage stress and develop resilience • Identifying support networks and how to access help

* Content included in the CapitalNurse domains aligns to the key elements outlined in the HEE Standards.

Additional Information

Additional information and resources are available:

CapitalNurse Preceptorship and development resources - https://www.hee.nhs.uk/our-work/capitalnurse/workstreams/preceptorship

e-Learning for Health: Statutory and Mandatory training - https://www.e-lfh.org.uk/programmes/statutory-and-mandatory-training/

e-Learning for Health: Resources for Staff being Upskilled or Redeployed – https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_45016&programmeId=45016

NMC updated information in response to COVID-19 pandemic - https://www.nmc.org.uk/news/coronavirus/

Health and Care Professionals Council (HCPC) – www.hcpc-uk.org

CapitalMidwife Skills Passport - https://www.hee.nhs.uk/sites/default/files/documents/CapitalMidwife%20Skills%20Passport.pdf

CapitaMidwife Preceptorship programme - https://www.hee.nhs.uk/our-work/capitalmidwife

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