

Preceptorship Framework

September 2017

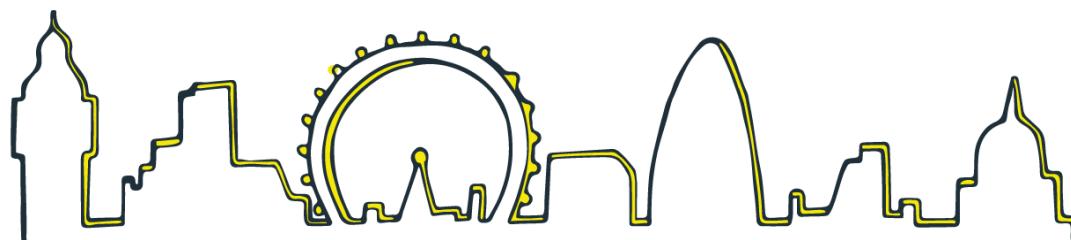


Table of Contents

Introduction	3
Background.....	3
What is Preceptorship?.....	4
CapitalNurse Preceptorship Standards.....	5
Who is preceptorship for?.....	5
Preceptor / preceptee charter.....	5
Length of programme	5
Protected time	6
Meetings between Newly Registered Nurse and Preceptor	7
Preceptee	7
Preceptors	7
Preceptor Support and Development	8
Preceptorship Lead	8
Organisational Commitment	9
Preceptee Development.....	9
Appendix One - CapitalNurse Domains	10
Appendix Two - Charter between the preceptor and the preceptee.....	13
Appendix Three – Meeting Templates	15
Appendix Four - Role Descriptor for a Preceptor	20
Authors	21
Acknowledgements.....	21
References	22

Introduction

This preceptorship framework is a resource for health and care organisations pan-London to support the practice of newly registered nurses. This recommended 'best practice' approach to preceptorship has been developed through an extensive stakeholder engagement exercise involving practitioners from organisations across London, representing all fields of practice and settings across acute, community and primary care. Engagement has encompassed meetings, workshops, the CapitalNurse conferences, sharing best practice and 'deep dives' across organisations. This approach recognises that where preceptorship is firmly established as part of the organisational culture, there are significant benefits for the newly registered nurses, other staff and the organisation itself in terms of retention, recruitment and staff engagement.

Background

One of the aims of the CapitalNurse programme is to decrease variation in education and practices in London to reduce attrition and to retain nursing staff to ensure that we have the right number of nurses with the right skills in the right place at the right time. One of the four work streams focuses on standardising current practices with specific reference to preceptorship by developing a standardised approach pan-London.

Preceptorship was introduced as part of Project 2000 reforms and evidence shows that this period of time when transitioning from student to registered nurse is very valuable for newly registered nurses (HEE Response to Raising the Bar, Shape of Caring, 2016).

Health Education England (HEE) (2015), published preceptorship standards for organisations to clarify the requirements of preceptorship as part of the Shape of Caring Review. This outlines areas of best practice and included 14 required elements.

Odelius *et al* (2017), undertook a literature review evaluating the value of implementing nursing preceptorship. The findings show that the majority of preceptees benefit from increased competence and confidence through a preceptorship programme. A minority find it less useful either because they are in a specialist area or due to poor relationship with their preceptor. The study identified different approaches offering different benefits.

The conclusions drawn showed that organisational commitment and culture were essential in establishing, implementing and sustaining effective preceptorship programmes. The benefits of a standardised approach were identified through this literature review.

HEE's national Reducing Pre-registration Attrition and Improving Retention (RePAIR) project is scheduled to report in the Spring of 2018. This work focuses on the fields of nursing, midwifery and therapeutic radiography. The focussed group work, with students, has highlighted just how important the model of preceptorship is. Many students who have the option to choose where they work immediately post-registration, are influenced by the preceptorship model on offer, and the commitment of the employer to this programme. RePAIR also includes work with preceptorship leads from the project case study sites and the early evidence is that students and preceptorship leads value a programme that is a minimum of 12 months' duration.

A review of preceptorship programmes examining preceptorship (Currie, L & Watts C, 2012) concluded that organisational commitment was essential and outlined the key role requirements to support successful preceptorship.

What is Preceptorship?

- Newly registered nurses (NRN) become accountable as soon as they are registered and this transition from student to accountable practitioner is known to be challenging (Higgins et al 2010). The purpose of preceptorship is to provide support during this transition. Preceptorship programmes may include classroom teaching and attainment of role-specific competencies, however the most important element is the individualised support provided in practice by the preceptor. The goal of preceptorship is for the newly registered nurse to develop their confidence and autonomy.

The Department of Health define preceptorship as “a period of structured transition for the newly registered practitioner 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 life-long learning” (DoH, 2010: p11). Currently the NMC states that a new registrant on a preceptorship programme should have learning time protected in their first year of qualified practice and access to a

preceptor with whom regular meetings are held. They also strongly recommend that all new registrants should have a formal period of preceptorship of about four months but this may vary according to individual need. In 2018 the NMC will launch new guidance on pre-registration nurse training and the supervision of students in practice. This will bring new challenges for the preceptorship period and the preceptors supporting this 'future nurse'. This preceptorship framework will evolve to incorporate those changes and acknowledge the needs of a new registrant in 2020.

CapitalNurse Preceptorship Standards

The following set out the basic preceptorship standards, which are expected of all health and care organisations in London.

Who is preceptorship for?

Preceptorship should be available to all newly registered nurses. The overall aim of a preceptorship programme is to develop confident and competent practitioners

Preceptorship may be utilised by an organisation for other nurses such as overseas nurses, return to practice nurses, or new to General Practice nurses, and is also pertinent for Allied Health Professionals. This is not a comprehensive list; it is an organisational decision as to who can access preceptorship. For the purposes of this document preceptorship is conceptualised as applicable to the newly registered nurse, although much that is contained here should be applicable and useful to other groups, as described.

Preceptor / preceptee charter

This sets out the responsibilities and expectations for both preceptor and preceptee. This is available in Appendix Two.

Length of programme

The recommended length of a preceptorship programme is 12 months from the date of joining the organisation. It is an organisational decision to wait until a newly registered nurse receives their pin number.

The length of preceptorship may be flexible for some in terms of individual needs or organisational requirements. It should be a minimum of 6 months for all newly registered nurses, which falls in line with national recommendations of 6-9 months.

Some organisations may choose to include preceptorship as part of a postgraduate training programme, which offers structured development for up to 2 years post registration.

During the 12-month programme there will be certain expectations of both the preceptor and preceptee in terms of engagement in the relationship and completion of defined competences. These should comply with HEE Standards and examples of indicative content of a preceptorship programme can be found in Appendix One.

It should include a minimum supernumerary period of two weeks to cover organisation induction and local induction. Some environments, organisations or individuals may require more than two weeks. This should be agreed locally with the preceptor and line manager and the expected outcomes of the supernumerary period made explicit.

Protected time

Protected time should be allocated for both the preceptor and the preceptee, which should be supported by the organisation.

The purpose of this protected time is to support the NRN, build confidence and competence, consolidate learning and build resilience. This can be achieved through a combination of working together with a preceptor, reflection, action learning, supervision and work-based learning.

The provision and format of this protected time may vary dependent on the working environment.

The recommended requirements are:

- The preceptee and the preceptor should work alongside each other at least four working days in the first month.
- Regular formal meetings during the preceptorship period.
- Half-day initial training workshop for preceptors – blended learning approach

Meetings between Newly Registered Nurse and Preceptor

- It is recommended that there are formal review meetings between the preceptor and preceptee at regular intervals during the preceptorship period: Initial meeting – to set expectations and learning plan
- Interim meetings to monitor progress, share reflection and further consider development needs. It is recommended that these formal reviews are held at 3, 6 and 9 months
- Final meeting to establish competence and sign off after 12 months (this can be done earlier if all standards and requirements have been completed)

The purpose of these meetings is to provide a supportive safe place for the preceptee to reflect on their progress and experience. Meetings should be documented briefly, and this record dated and signed by both the preceptor and preceptee. Templates to help guide the meetings can be found in Appendix Four.

The timing of preceptorship meetings may be amended and outcomes shared with the appropriate manager, in order to inform decisions about the probationary period.

Preceptee

The preceptee or newly registered nurse is responsible for engaging fully in the preceptorship programme. This involves a number of activities including completing induction and other required training, attending regular meetings with their preceptor, actively seeking feedback, escalating concerns, reflecting on their professional practice and taking ownership of their own development.

Preceptees should be encouraged to utilise their preceptorship period, and develop their portfolio towards NMC revalidation. It should be recognised that although formal study days are important, learning is achieved in a variety of ways including observation, workplace learning, e-learning, experiential learning, reflection and working with others. The preceptee should be encouraged to make full use of all of these opportunities for learning.

Preceptors

Preceptors should be nurses with a minimum of 12 months' experience working as a registered nurse. They may volunteer or be asked to undertake the role by their lead

nurse, line manager or clinical nurse managers. Research shows that the best preceptors are those who are volunteers and have more recent experience of being newly registered.

A preceptor should have no more than two preceptees at any one time. Some organisations may adopt a team preceptorship model.

The role of the preceptor is to provide guidance to the preceptee by facilitating the transition into their new role. The preceptor supports the preceptee to gain experience and apply learning in a clinical setting during the preceptorship period. A role descriptor for a preceptor can be found in Appendix Four.

Preceptor Support and Development

Preceptors should be prepared for their role and be offered some development in understanding the preceptorship programme and skills required. Ongoing support for preceptors should be available from the organisation leads. A pan-London approach to preceptorship development is currently being developed by CapitalNurse and further information will be provided to organisations in due course.

Preceptorship Lead

Each organisation should have an appointed preceptorship lead who is responsible for overseeing the preceptorship programme which may include:

- Identifying preceptors, knowing who they are and providing appropriate level of preparation and support
- Identifying all newly registered nurses requiring preceptorship and others for whom preceptorship is deemed beneficial
- Allocating or delegating the responsibility for identifying preceptors in time for the preceptees start date
- Monitoring and tracking completion rates for all preceptees
- Performing regular checks that the preceptor / preceptee relationship is working satisfactorily
- Identifying any development / support needs of preceptors or preceptees
- Measuring the effectiveness and impact of preceptorship programmes on retention and staff engagement

- Ensuring preceptorship is operating within the DH framework (2010)

Organisational Commitment

Preceptorship requires organisational commitment to support the programme, the preceptorship lead, preceptors and the preceptees. Organisations are responsible for monitoring the programmes and measuring success against key performance indicators, which could include:

- Retention of NRNs after one year
- Retention of NRNs after two years
- Staff engagement – general or specific groups, i.e. preceptees and preceptors
- Patient / service user feedback
- CQC ratings against key criteria of safe, effective, caring, responsive and well-led

Preceptee Development

Preceptees should be provided with learning opportunities, including study days/sessions, over the first year, in addition to the supernumerary period. The content, frequency and running of these study days/sessions will depend on the organisation's needs, however the purpose is to ensure that the preceptee is able to meet the required clinical and professional competences by the end of their preceptorship period.

Areas should include the nine domains of the CapitalNurse Career Framework, which incorporates the fourteen elements outlined in the HEE standards, as referenced in appendix one.

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 12 months*

Capital Nurse Framework Domain	What it means – behaviours and outcomes
Clinical Practice	<ul style="list-style-type: none"> • Delivering person-centred, safe and effective care • Assessing and managing risks in delivering safe effective care to patients • Maintaining own skills and competence
Communication	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 team work
Leadership	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Demonstrating a strong sense of professionalism through values, behaviours and relationships in line with NMC Code of Conduct (2015) • Understanding range and remit of roles and scope of own responsibility. • Understanding professional accountability surrounding delegation
Research and Evidence	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Helping self and others to identify learning needs and opportunities to achieve agreed goals

	<ul style="list-style-type: none">• 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.

Appendix Two - Charter between the preceptor and the preceptee

Preceptee

I, _____ commit to fulfilling my responsibilities as a newly registered practitioner and preceptee. This includes:

- Completing all organisation and local induction, statutory and mandatory training
- Attending study days and doing all required training to complete my preceptorship
- Observing and adhering to organisation values
- Participating fully in the preceptorship programme by preparing for and attending meetings as scheduled with 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 registered nurse
- Acting as a role model and critical friend
- Facilitating introductions and promoting good working relationships

- Participating in all preceptorship activities including completing required training, preparing for, attending and documenting regular scheduled meetings
- Providing timely and appropriate feedback to the preceptee
- Liaising with manager about preceptee's progress as appropriate
- Advising on learning and development needs, facilitating a supportive learning environment and signposting learning resources

Signature:

Date

Appendix Three – Meeting Templates

The following templates are suggested formats for formal review meetings to be completed by both preceptor and preceptee, signed, dated and each maintaining a copy.

INITIAL MEETING

Preceptee Name:
Preceptor Name:
Date of Meeting:

Expectations:
Induction Checklist:
Study days / eLearning Planned:
Development plan: Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Timebound
Comments / Notes:

Next Meeting Date:
Preceptee Signature:
Preceptor Signature:
Date:

INTERIM MEETING

Preceptee Name:
Preceptor Name:
Date of Meeting:

Reflection on what has gone well and any challenges:
Study days / eLearning completed. Future study days planned:
Review of previous development objectives:
Development plan: Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Timebound

Comments / Notes:

Next Meeting Date:

Preceptee Signature:

Preceptor Signature:

Date:

FINAL SIGN-OFF MEETING

Preceptee Name:
Preceptor Name:
Date of Meeting:

Reflection on what has gone well and any challenges:
Study days / eLearning completed. Future study days planned:
Review of previous development objectives:
Development plan: Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Timebound

PRECEPTORSHIP SIGN-OFF DECLARATION

This is to confirm that the preceptee has completed all aspects of the preceptorship programme satisfactorily

Preceptee Name:	Signature:
Preceptor Name:	Signature:
Organisation Lead Name:	
Date of completion:	

Appendix Four - Role Descriptor for a Preceptor

Role Overview

To provide guidance to the graduate nurse by facilitating the transition from student to registered nurse by gaining experience and applying learning in a clinical setting during the preceptorship period.

Responsibilities

The role of the Preceptor is to:

1. Possess a good understanding of the preceptor framework requirements and communicate these to the newly registered nurse clearly and concisely
2. Ensure induction has been completed and check that the NRN is fully aware of local ways of working and appropriate policies
3. Facilitate introductions for the newly registered nurse to colleagues, multi-disciplinary staff and others, promoting effective working relationships
4. Guide in assessing learning needs and setting achievable goals with regular and confidential review with the newly registered nurse
5. Use coaching skills to enable the newly registered nurse to develop both clinical and professionally and to develop confidence
6. Facilitate a supportive learning environment by signposting resources and actively planning learning opportunities for clinical, professional and personal growth of the

newly registered nurse

7. Give timely and appropriate feedback to newly registered nurse on a regular basis
8. Act as a critical friend and advocate
9. 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

Authors

- Louise Morton, Dean of Healthcare Professions, Health Education England, north, central and east London (NCEL) local office
- Jenny Halse, Professional Lead for Nursing, Health Education England NCEL local office
- Desiree Cox, Project Manager, Health Education England NCEL local office

Acknowledgements

With many thanks to our Steering Group:

- Lorraine Szeremeta, Deputy Director of Nursing, UCLH NHS Foundation Trust
- Maggie Orr, Practice Development Lead, CNWL NHS Foundation Trust
- Debbie Dzik-jurasz, Deputy Director Education Barts Health NHS Trust
- Dr Sinead Mehigan, Head of Department, Adult, Child and Midwifery, School of Health and Education, Middlesex University
- Mags Jubb, Education, Training and Development Manager, Clinical Education, Guys & St Thomas' NHS Foundation Trust
- Olwen Minford, Health Education England

- Anne Macrae, Joint Practice Nurse Lead, Lambeth CCG
- Alison Epton, Wandsworth CEPN, Lead Nurse for Education

We would also like to thank all those who have participated in stakeholder engagement forums and/or provided feedback, for their time and contribution, in particular:

- Walter Burog, CPH Preceptorship, UCLH NHS Foundation Trust
- Estelle Fivash, Practice Development Nurse, UCLH NHS Foundation Trust
- Vanessa Keane, Practice Educator for Newly Qualified Nurses, Great Ormond Street Hospital NHS Foundation Trust
- Kit Tong, Preceptor Lead, North West London Hospitals NHS Trust
- Dean Gimblett, Preceptor Lead, Camden and Islington NHS Foundation Trust
- Winnie George, Senior Nurse Preceptorship Barts Health NHS Trust

References

- Currie L, Watts C (2012) Preceptorship and pre-registration nurse education [www.williscommission.org.uk/ data/assets/pdf file/0011/479936/Preceptorship and_pre-registration_nurse_education.pdf](http://www.williscommission.org.uk/data/assets/pdf_file/0011/479936/Preceptorship_and_pre-registration_nurse_education.pdf) (Last accessed: 2 March 2017.)
- Department of Health (2010) Preceptorship framework for newly qualified nurses, midwives and allied health professionals. London. Department of Health. Online. Available at:
- <https://hee.nhs.uk/sites/default/files/documents/DoH%20Preceptorship%20Framework%20for%20newly%20registered%20nurses%20midwives%20and%20allied%20health%20professionals%202010.PDF> (Last accessed 4 August 2017)
- Evans J., Bell J., Sweeney A.E., Morgan J., & Kelly H. (2010) Confidence in critical care nursing. *Nursing Science Quarterly* **23** (4),334-340
- Health Education England (2016) Raising the Bar: Shape of Caring: Health Education England's Response. www.hee.nhs.uk/sites/default/files/

documents/Raising%20the%20Bar%20-%20 Shape%20of%20Caring%20-%20HEE%27s%20 response.pdf (Last accessed: 3 August 2017)

- Health Education England (2015) Health Education England Preceptorship standards. Online. Available at: <https://hee.nhs.uk/sites/default/files/documents/Preceptorship%20Standards%202015.pdf> (Last accessed 4 August 2017)
- 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.
- Odelius, A., Traynor, M., Mehigan, S., Wasike, M. & Caldwell, C. (2017) Implementing and assessing the value of nursing preceptorship. *Nursing Management* **23**, 9, 35-37