

# OP17

## Preceptorship Policy

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## 1.0 Policy Statement (Purpose / Objectives of the policy)

This preceptorship policy is intended for all newly registered staff, preceptors, preceptorship lead, 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. Both the Nursing and Midwifery Council and The Health and Care Professions Council have set out several 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 programme developed through Health Education England. These have been incorporated into the National Preceptorship Framework and AHP Preceptorship Standards to meet the needs of nursing, midwifery and allied health professionals.

This policy is based on the guidance and standards established by the NHSEI National Preceptorship Framework (2022), NHSEI AHP Preceptorship Standards, HCPC Principles for Preceptorship (2023). It complies with the Preceptorship guidance set out by the Nursing and Midwifery Council (NMC, 2020) and the National Allied Health Professionals Preceptorship and Foundation Support Programme (2023).

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 period of 12 months.

Overall, the preceptorship policy aims to improve the quality of patient care by ensuring that frontline staff are given the right support, valued and that improving their experience is in the Trust's best interest.

The Chief Nursing Officer supports the strong recommendation from the Nursing & Midwifery Council (NMC) and Health and Social Care Professions (HCPC) that all new registrants have a period of preceptorship when commencing employment, describing preceptorship as a structured start for newly registered nurses, midwives and nursing associates.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflict-of-Interest Policy is to be considered the primary and overriding Policy.

## 2.0 Definitions

### 2.1 Key Role Descriptions

<b>Preceptee</b>	The newly registered practitioner receiving support and guidance from the preceptor
<b>Preceptor</b>	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
<b>Preceptorship</b>	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
<b>Preceptorship lead</b>	Central point of contact and lead for preceptorship within organisation or integrated care system (ICS)
<b>Preceptorship period</b>	Designated period of support and guidance for new practitioner for 12 months post registration

### 2.2 Preceptee

Any employee who has an active Professional Identification Number (PIN) with the following regulators:

<b>NMC (Nursing and Midwifery Council)</b>	<b>HCPC (Health and Care Professions Council)</b>	<b>GPhC (General Pharmaceutical Council)</b>
Nurses Midwives Nursing Associates  NB Health Visitors – are nurses or midwives who have additional training in community public health nursing ( <a href="http://www.ihv.org.uk">www.ihv.org.uk</a> )	Biomedical Scientists Clinical Scientists Dietitians Occupational Therapists (OT) Operating Department Practitioners (ODP) Orthoptists Physiotherapists (PT) Podiatrists Prosthetists and Orthotists Radiographers Speech and Language Therapists (SLT)	Pharmacists  NB: The RWT pharmacy team has its own training and development frameworks in place for its newly qualified pharmacists, which align with the principles of preceptorship.

And has been identified as either:

- Newly registered practitioner receiving support and guidance from the preceptor (within the first 12 months post registration)
- Returning to practice
- International healthcare practitioner (staff trained outside of the United Kingdom)

### 2.3 Preceptor

- *“An experienced registered healthcare practitioner who has been given a formal responsibility to support a preceptee through their preceptorship (DH, 2010).”*
- The role of the preceptor for newly-qualified practitioners is a significant one. The quality of the preceptorship relationship can have a long-term impact on the newly qualified practitioner’s career. Preceptors should therefore be aware that this is a privileged and important role.
- There are no formal preceptor qualifications required, however the national requirement is for the preceptor to have completed the Preceptorship competency on e-LfH, attend the preceptor forums, completed local supervisor and/or assessor training and have evidence of continued professional development through revalidation and appraisal processes.
- A Preceptor is a qualified health professional with at least 12 months post registration experience within the area of practice that they are providing preceptorship. They may volunteer to become a preceptor. Research shows that the best preceptors are those who volunteer and had recent experience of being newly qualified.

### 2.4 Preceptorship

- *“A period of structured transition for each newly qualified healthcare professional, during which he or she will be supported by a preceptor to develop his or her confidence and competence as a professional; refine skills, values, and behaviours, and to continue his or her journey of life-long learning. The principles of preceptorship can also be applied to any qualified and experience healthcare professional transitioning to a new setting or returning to practice after a career break” (NHS, 2018).*

- It is important to recognize that preceptorship is not intended to repeat or re-test any applied knowledge and skills required for professional registration at pre- or post-registration level. Preceptorship provides a structured and useful adjunct to individual performance appraisal processes, and formal employer and organizational induction and mandatory training (NMC, 2020).

## 2.5 Preceptorship period

The national recommendation for the preceptorship period is the initial 12 months following receipt of their PIN number/registration. This may be extended to 18 months at managers and preceptorship teams' discretion, particularly where preceptees have not commenced working in their role immediately post qualification or have taken an extended leave of absence.

## 2.6 Preceptorship lead

Central point of contact and lead for preceptorship within The Royal Wolverhampton NHS Trust.

## 3.0 Accountabilities

Title	Duties and responsibilities
<b>3.1 Chief Executive</b>	Has the overall responsibility for ensuring the Trust's compliance with statutory obligations.
<b>3.2 Board of Directors</b>	Have an awareness of the Trust's Preceptorship Programme and have the overall responsibility for ensuring its provision to all appropriate staff.
<b>3.3 Directors and Heads of Nursing/Midwifery/AHP Matrons/AHP Lead and Lead pharmacist</b>	<p>3.3.1 Responsible for ensuring compliance of their respective areas with the policy.</p> <p>3.3.2 Ensure own awareness of the approach, structure, content, and delivery of the RWT Preceptorship programme.</p> <p>3.3.3. Participate in preceptorship procedures and processes such as audits, implementation, and improvement.</p> <p>3.3.4 Ensure that there is a sufficient number of accessible preceptors in place to support the number of newly registered practitioners in their respective areas.</p>

	<p>3.3.5 Ensure that all staff who are eligible for Preceptorship receive it in the appropriate manner and that staff acting as Preceptors have the appropriate time and support to deliver the programme safely and effectively.</p>
<p><b>3.4 Managers (Ward and Line)</b></p>	<p>3.4.1 Responsible for the management and implementation of the RWT Preceptorship programme within their area.</p> <p>3.4.2 Ensure own awareness of the approach, structure, content, and delivery of the RWT Preceptorship programme.</p> <p>3.4.3 Identify the preceptees in their respective areas and ensure that the RWT Preceptorship programme is offered to them.</p> <p>3.4.4 Identify a suitable preceptor for the preceptee for the minimum 12- month preceptorship period.</p> <p>3.4.5 Ensure primary participation in preceptorship procedures and processes such as audits, implementation, and improvement.</p> <p>3.4.6 Ensure implementation of a comprehensive local induction for the preceptee in line with trust policy.</p> <p>3.4.7 Review, contribute, facilitate, and support the learning and development plan created for the preceptees.</p> <p>3.4.8 Support the preceptor in monitoring their performance and the experience of the preceptee.</p> <p>3.4.9 Ensure there is a robust and comprehensive action plan and supportive system in place for preceptees who are underperforming in line with Trust policy and number.</p> <p>3.4.10 Have regular feedback and engagement with the preceptors and preceptees.</p> <p>3.4.11 Support and facilitate the fulfilment of the preceptor role and ensure their competence and continuing development.</p> <p>3.4.12 Direct the preceptees to the Preceptorship Lead in the Nurse Education department as the main programme</p>

	<p>provider and ensure that they are known to the team and captured within the Trust's Preceptorship database.</p> <p>3.4.13 Ensure that all newly qualified professionals are given a minimum of 2 weeks supernumerary status as part of their preceptorship, annotated on the off duty or e-roster system as appropriate.</p> <p>3.4.14 Be aware of the dates of the preceptorship study sessions, thus ensuring rostering and subsequent attendance of the preceptee.</p>
<p><b>3.5 Preceptorship Lead</b></p>	<p>3.5.1 Has the overall responsibility in the development, implementation, and evaluation of the Preceptorship programme across the Trust.</p> <p>3.5.2 Facilitate the preceptorship study sessions as part of the Trust's 12-month structured preceptorship programme.</p> <p>3.5.3 Manage the RWT Preceptorship database ensuring that it is inclusive and up to date.</p> <p>3.5.4 Monitor and track completion rates for all preceptees.</p> <p>3.5.5 Perform regular checks that the preceptor/preceptee relationship is positive.</p> <p>3.5.6 Identify any support needs of preceptors and preceptees.</p> <p>3.5.7 Monitor and evaluate the existing programme, giving feedback to Preceptors, Nurse Education Team, Senior Nurses and Matron, Faculty of Nursing, Midwifery, AHPs and Pharmacy and the Trust Board, when required.</p> <p>3.5.8 Engage with relevant healthcare staff and gain information about the impact of preceptorship on staff experience.</p> <p>3.5.9 Evaluate and review the preceptorship programme based on feedback and changes to national frameworks/recommendations.</p> <p>3.5.10 Provide pastoral support when required ensuring mental health and wellbeing of preceptees is supported and monitored.</p>

	<p>3.5.11 Ensure there is sufficient training available to develop preceptors within the organisation.</p> <p>3.5.12 Liaise with other local and national preceptorship leads.</p>
<p><b>3.6 Practice Education Facilitators (PEFs) /Education and Preceptorship link staff/ /Clinical Educators /Practice Development Leads</b></p>	<p>3.6.1 Create a learning environment which facilitates each preceptees' professional development.</p> <p>3.6.2 Facilitate local participatory learning i.e. ward/work-based learning, bite-size learning, workshops, and action learning.</p> <p>3.6.3 Have regular feedback and engagement with preceptors and ward/service managers with regards to the experience and development of preceptees.</p> <p>3.6.4 Review and contribute to the development of the learning plan of preceptees.</p> <p>3.6.5 Give expert advice and guidance to ward/service managers and preceptors in meeting the educational and developmental needs of preceptees.</p> <p>3.6.6 Ensure own awareness of the approach, structure, content, and delivery of the RWT Preceptorship programme.</p>
<p><b>3.7 Preceptors</b></p>	<p>3.7.1 A minimum of 12 hours' protected time per year is allocated to each preceptor to fulfil their role.</p> <p>3.7.2 Ensure in-depth knowledge of the approach, structure, content, and delivery of the RWT Preceptorship programme and communicate these to the preceptee clearly and concisely.</p> <p>3.7.3 Act as a professional friend, peer, and advocate.</p> <p>3.7.4 Act as a role model for professional practice, socialisation and share effective practice.</p> <p>3.7.5 Facilitate introductions of the preceptee to colleagues and multiprofessional team, peers, and others to promote networking and effective working relationships.</p>

	<p>3.7.6 Agree learning needs with preceptee, develop an individualised plan with achievable goals with regular and confidential review.</p> <p>3.7.7 Ensure that the initial meeting with the preceptee is held within their first month of employment and subsequently fulfil the monthly meeting requirement thereafter with the preceptee.</p> <p>3.7.8 Ensure that the preceptee has access to other means of support (i.e. other preceptors, experienced staff) in their absence.</p> <p>3.7.9 Engage with the line manager regarding preceptee's performance and experience to monitor progress and address areas of poor performance or areas requiring further development through objective setting and regular review.</p> <p>3.7.10 Use coaching and mentoring skills to enable the preceptee to develop both clinically and professionally and to develop confidence.</p> <p>3.7.11 Provide timely constructive feedback on a regular basis and coach the preceptee to meet role expectations and cope with work demands.</p> <p>3.7.12 Facilitate a supportive and inclusive learning environment by signposting resources and actively planning learning opportunities for clinical, professional, and personal growth of the preceptee.</p> <p>3.7.13 Ensure primary participation in preceptorship procedures and processes such as audits, implementation, and improvement.</p> <p>3.7.14 Have the opportunity to submit evaluative comments and suggestions for improvements to the programme via the Preceptorship Lead (both during preceptorship and following completion of preceptorship).</p>
<p><b>3.8 Preceptees</b></p>	<p>The Preceptee is responsible for their development and commitment to their preceptorship programme. They have a right to:</p>

	<p>3.8.1 A named preceptor for support and guidance.</p> <p>3.8.2 Freedom and support to learn and achieve agreed learning.</p> <p>3.8.3 Access a range of learning resources including e-learning.</p> <p>3.8.4 Ring fenced time for learning. The optimal mix should consist of 4-5 days for theoretical learning and 18 hours for supervision/guided reflection over a 12-month period.</p> <p>3.8.5 Regular and consistent feedback</p> <p>3.8.6 Ensure own awareness of the approach, structure, content, and delivery of the RWT Preceptorship programme.</p> <p>3.8.7 Submit evaluative comments and suggestions for improvement to the programme via the Preceptorship Lead during preceptorship and following completion of preceptorship.</p> <p>It is likewise the responsibility of the newly qualified practitioner to:</p> <p>3.8.8 Take responsibility for their learning and development, ensuring that a plan is in place to achieve this.</p> <p>3.8.9 Ensure primary participation in preceptorship procedures and processes such as audits, implementation, and quality improvement.</p> <p>3.8.10 Compile an up-to-date portfolio</p> <p>3.8.11 Provide feedback with regards to their experience as a new employee/professional staff and</p> <p>3.8.12 Raise concerns</p>
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## 4.0 Policy Detail

Each newly registered practitioner (Nurses, Midwives and Allied Health Professionals) will participate in the preceptorship programme and their line manager will be responsible for ensuring that the appropriate arrangements are made:

- The line manager or delegated personnel (i.e., Practice Education Facilitator PEF/ Professional Development Lead) is responsible for enrolling the new starter on the appropriate induction, mandatory and statutory training, and the preceptorship development programme. The line manager advises the preceptorship lead of each newly registered professionals start date (in role) and named preceptor.
- Each preceptee will be allocated a nominated preceptor within the first week of joining the organisation by their line manager. It is the responsibility of the manager to liaise with the Preceptorship Lead if a suitable Preceptor cannot be identified prior to preceptees start date (in role).
- 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 must take place monthly as a minimum requirement. These must be documented using the standard templates available: [FORCE & Clinical Education - Meeting Documentation - All Documents \(sharepoint.com\)](#)
- 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.

## 5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

## 6.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

## 7.0 Maintenance

It is the over-all responsibility of the Preceptorship Lead to maintain this policy.

## 8.0 Communication and Training

8.1 This policy will be communicated to all staff in various staff communication briefings.

8.1.1 Department and team visits

8.1.2 Preceptor and Preceptorship study sessions

8.1.3 Preceptor and Preceptorship Forums and Supervision

8.1.3 Practice Education Meetings

8.1.4 Publication in the Trust Brief and departmental newsletters.

8.2 This policy is sited on the policies page on the Intranet.

8.3 Access to the programme is through:

- 8.3.1. Trust Intranet Preceptorship page
- 8.3.2 Promotional activities in corporate Induction- NQP/ AHP celebration events
- 8.3.3 Participation in recruitment activities

## 9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
All Preceptees have been invited to the RWT Preceptorship Programme.	Preceptorship Lead	Database  Attendance at study sessions	Monthly	Nurse Education team
Preceptees have an allocated preceptor.	Line Managers  Preceptorship Lead	Database  Visits to ward areas  Bookings via My Academy	Spot check  Quarterly	Nurse Education team  Senior clinical leads
Availability of evaluation and feedback from Preceptees	Preceptorship Lead	Number of evaluation returns.  Feedback and evaluation of the programme benefits / challenges.	Annually	Academy Steering Group via Faculty

## 10.0 References - Legal, professional or national guidelines

- Department of Health (2010) Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals
- General Pharmaceutical Council (2018). Revalidation framework.
- HCPC Principles for Preceptorship (2023)
- HEE Preceptorship Standards (2015)
- National Preceptorship Framework (2022)
- Morton, L., Halse, J., Cox, D. (2017) Capital Nurse Preceptorship Framework
- NHS (2018). Multi-professional framework for preceptorship.
- NHSEI AHP Preceptorship Standards
- NHS Employers (2018) Preceptorships for Newly Qualified Staff
- Nicol M (2014) *Preceptorship in Prosthetics & Orthotics*, Health Education Northwest and University of Salford.
- Nursing and Midwifery Council (2020). Principles for Preceptorship.
- Preceptorship Framework for Health Visiting (2014).
- Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals, DH (2010).
- CQC. (2023). Regulation 12: Safe care and treatment. [Online]. Care Quality Commission. Last Updated: 7 August 2023. Available at: <https://www.cqc.org.uk/guidance-providers/regulations/regulation-12-safe-care-treatment> [Accessed 21 March 2024].
- Royal College of Nursing (2012). Quality with Compassion: the future of nursing education. Report of the Willis Commission 2012.
- The Royal College of Midwives (2017). Position Statement Midwifery Continuity of Carer (MCOOC).
- Walsh K (2015) Student life: reality shock absorber. *Nursing Standard*, 29, 51-56

**Part A - Document Control**

<b>Policy number and Policy version:</b>  OP17  V1.0	<b>Policy Title</b>  Preceptorship Policy	<b>Status:</b>  Final		<b>Author:</b>  Preceptorship Lead  <b>Chief Officer Sponsor:</b>  Chief Nursing Officer
<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	1	27.12.23	Kimberley Rochelle-Davis	Implementation of policy
<b>Intended Recipients:</b> All registered healthcare staff.				
<b>Consultation Group / Role Titles and Date:</b> Faculty of Nursing, Midwifery, AHPs and Pharmacy, Nurse Education Department, RWT Chief Nurse, RWT Chief AHP, Heads of Nursing, Matrons and Service Managers, Practice Education Facilitators/Leads.				
<b>Name and date of Trust level group where reviewed</b>		Trust Policy Group - April 2024		
<b>Name and date of final approval committee</b>		Trust Management Committee - April 2024		
<b>Date of Policy issue</b>		May 2024		
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		April 2027 (3 yearly).		
<b>Training and Dissemination:</b>  Access via the Trust Intranet and internet website.  Publication in the Trust Brief  Publication in Departmental newsletter  Preceptorship study sessions and forums  Participation in recruitment activities  Presentation at Faculty of Nursing, Midwifery, AHPs and Pharmacy				

Presentation at Practice Education Meeting	
Presentation at Matrons and Senior Nurses	
<b>Publishing Requirements: Can this document be published on the Trust's public page: Yes</b>	
<b>To be read in conjunction with:</b>	
HR 18 Appraisal Policy	
OP41 Induction and Mandatory Training Policy	
HR 19 Capability Policy	
Management of referrals to the Nurse Education Team Standard Operating Procedure	
OP73 Undertaking and Equality Analysis	
CP54 Clinical Supervision (Nurses and AHPs)	
HR50 Study Leave Policy	
<b>Initial Equality Impact Assessment (all policies): Completed Yes (Full Equality)</b>	
<b>Impact assessment(as required): Completed NA</b>	
<b>Monitoring arrangements and Committee</b>	Quarterly reporting to Nurse Education Team meeting Quarterly reporting to Senior Nurses and Matrons Quarterly reporting to Faculty of Nursing, Midwifery, AHPs and Pharmacy Preceptorship Annual Report
This document will explain how the Trust is meeting the Preceptorship standards set by Health Education England (HEE, 2015) in Appendix 1. This policy should be referred to in conjunction with the NMC (2020) Principles of Preceptorship and guidance statements issued by Health and Care Professions Council (HCPC) and General Pharmaceutical Council (GPhC), and the National Preceptorship Framework (2022).	
This also will provide all registered healthcare staff with the specifications of the approach, structure, and delivery method of the RWT Preceptorship Programme.	
<b>Key words for intranet searching purposes</b>	<b>Preceptorship policy, preceptorship</b>
<b>High Risk Policy?</b>	<b>No</b>

## Appendix 1 HEE Preceptorship Standards



**Health Education England**

HEE Preceptorship Standards 2015

### Health Education England Preceptorship Standards

The organisation has a preceptorship policy, which has been formally approved by the appropriate Education Governance structures.
There is an organisational wide lead for preceptorship
There is a structured preceptorship programme that has been agreed by the Executive Nurse and other professional leads given preceptorship should be available for all new registered practitioners.
The organisation facilitates protected time for preceptorship activities
There is a clearly defined purpose of preceptorship that is mutually understood by preceptors and preceptees
Preceptorship is informed by and aligns with the organisational appraisal framework
Preceptors have undertaken training and education that is distinct from mentorship preparation
There is a central register of preceptors
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 completion of the preceptorship period
Every newly qualified nurse/midwife/allied health professional has a named preceptor allocated from first day of employment
Preceptorship is tailored to meet the need of the individual preceptee
The preceptee undertakes a transitional learning needs analysis
Preceptorship is monitored and evaluated on a scheduled basis
A range of relevant skills training and assessments are available to meet the needs of preceptees
Action learning, group reflection or discussion are included in the preceptorship process
Preceptees contribute to the development of preceptorship programmes
The preceptorship programme includes the following elements: <ol style="list-style-type: none"> <li>1. Accountability</li> <li>2. Career development</li> <li>3. Communication</li> <li>4. Dealing with conflict/managing difficult conversations</li> <li>5. Delivering safe care</li> <li>6. Emotional intelligence</li> <li>7. Leadership</li> <li>8. Quality Improvement</li> <li>9. Resilience</li> <li>10. Reflection</li> <li>11. Safe staffing /raising concerns</li> <li>12. Team working</li> <li>13. Medicines management (where relevant)</li> <li>14. Interprofessional learning</li> </ol>

## Appendix 2: Preceptor Status

### Preceptor status

The RWT Preceptorship programme recognises the value of preceptors as they are a key factor in influencing the development and experience of newly registered healthcare staff. Preceptors are highly experienced practitioners who actively provide positive support, and create environments conducive to learning, teaching, coaching, reflection, and debriefing. To achieve preceptor status, one must have undertaken training in clinical supervision, effective teaching, and coaching skills, and have the competence to conduct learning needs analyses and create developmental action plans.

#### Preceptor requirements:

Criteria	Tick
Maintain a portfolio that will contain relevant CPD (i.e. teaching/education module, mentorship, coaching) and feedback documents.	
Completion of the Preceptorship e-learning module: <a href="http://www.e-lfh.org.uk">www.e-lfh.org.uk</a>	
Attendance in the recommended study days.	
Regular attendance in preceptor forums.	
Commit to year-long support of preceptee	
12 months post registration experience	
Good role model of the RWT values to the newly qualified staff	

#### Recommended study days for preceptors:

- Introduction to Coaching
- Action Centred Leadership
- Introduction to Teaching, Facilitation and Assessment
- Acute Illness Management (AIM)
- Leadership programmes

All study days can be booked via My Academy.

## Appendix 3. Preceptorship Process

The period of preceptorship will last for approximately 12 months. Throughout the preceptorship period, newly registered practitioners remain accountable for their own practice within the context and limitations of their knowledge as set out in their Code of Professional Conduct.

### Weeks 1 & 2

- 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.
- Corporate induction and local induction arrangements made in accordance with the Trust's Induction Policy.
- Access Mandatory training on My Academy
- The newly registered practitioner will be allocated a named Preceptor.
- An initial meeting between preceptor-preceptee will be scheduled within the with the purpose of agreeing a charter and developing learning objectives for the preceptorship period.
- Minimum 75 hours supernumerary status. The duration of the preceptee's supernumerary status will be dependent upon preceptee's experience, learning and support needs.

### Weeks 3-4

- Identify specific skills and knowledge required to work effectively and competently within their new role.
- Review of the newly registered practitioner's previous experience to assist in identifying learning needs and any special requirements that the newly registered practitioner may have.
- Agree a schedule of quarterly 1:1 meeting between the Preceptor and the Preceptee as a minimum requirement to meet and discuss personal/ professional development plans, evaluate set meeting targets, and discuss any concerns or successes the registrant may experience in their own clinical practice.
- Setting of goals for the next 6 months.
- Discuss and agree appropriate record keeping e.g. Professional portfolio and reflective learning accounts.
- Maintain records of all formal meetings utilising the monthly individualised learning/development plan (ILP)

## Months 2-6

- Optimally, preceptor and preceptee should work together twice monthly to facilitate opportunities for direct supervision.
- Interim meeting documentation to be completed at each quarterly review (around months three and six).
- Reflective practice during monthly meetings.
- Ensure any concerns during the quarterly reviews regarding the level of progress are discussed with the Preceptee first and then the Line manager as soon as possible.
- In circumstances where the Preceptee has not achieved the set objectives required at each review due to their performance, the Preceptor will record which of the standards or performance criteria has not yet been achieved. An action plan to achieve these criteria with clear and attainable timescales will be drawn up between the Line manager, Preceptor and Preceptee aimed at meeting the standards required.

## Months 6-12

- Ongoing preceptorship. Review and discuss progress to date.
- Interim meeting documentation to be completed at each quarterly review (Around month nine).
- Review of Individualised Learning and Development Plan at months six and nine.
- Reflective practice during monthly meetings.

## Month 12

- Preceptee and preceptor meet for final sign-off. The preceptee will have completed their programme of learning and have developed confidence and competence as an autonomous practitioner.
- The Preceptee will complete the Preceptorship Programme Evaluation.
- Review of preceptees educational and professional development within Annual Appraisal as per Trust Appraisal policy.
- End of preceptorship

The personal development plan will be reviewed and updated at 12 months to reflect current learning needs. Normal supervision processes will apply, and future review meetings will be conducted in accordance the Trust's Appraisal Policy.

Documentation required for completion regarding gateway progression and HR forms, can be found with the Trust's Appraisal Policy.

During the Preceptorship period the newly qualified member of staff will need to attend 4 taught preceptorship study sessions, bookable via My Academy. The preceptorship study days are run by the Preceptorship Lead and are at no charge to the Preceptee. These days will cover the following areas:

- Accountability
- Career development
- Communication
- Dealing with conflict/ managing difficult conversations
- Delivering safe care
- Emotional intelligence
- Leadership
- Quality Improvement
- Resilience
- Reflection
- Safe staffing/ raising concerns.
- Team working
- Interprofessional learning and working.