

Reference Number: UHB 375 Version Number: 1	Date of Next Review: 6 TH Dec 2020 Previous Trust/LHB Reference Number: T354
Preceptorship for Newly Registered Nurses and Midwives Procedure	
<p>Introduction and Aim</p> <p>The aim of this Procedure is to support the Preceptorship for Newly Registered Nurses and Midwives Policy in providing a robust preceptorship for all newly registered practitioners who are making the transition from student to registered practitioner.</p> <p>The preceptorship arrangements for newly registered nurses and midwives, their preceptors, ward sisters and professional leads will be outlined. The Policy and Procedure has been designed to provide a consistent and structured approach to preceptorship which will promote consistency and equity of access across all areas of the Health Board for all newly registered nurses and midwives.</p>	
<p>Objectives</p> <ul style="list-style-type: none"> • To ensure that suitable staff are identified to undertake the role of preceptor. • To provide role clarity and the key responsibilities of the preceptor, preceptee and line manager. 	
<p>Scope</p> <p>This procedure applies to all newly registered nurses and midwives (band 5) who are employed by Cardiff and Vale University Health Board, including staff who have completed 'Return to Practice' or 'Adaptation' programmes. It also applies to experienced registered nurses who will act as preceptors and the nursing leaders who will be responsible for the procedure implementation.</p>	
Equality Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed. The Equality Impact Assessment completed for the policy found there to be potentially very limited impact identified.
Documents to read alongside this Procedure	This Procedure is supported by the following documents: Preceptorship for Newly Registered Nurses and Midwives Policy. Capability Policy http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Capability%20Policy%20June%2020131.pdf

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	<p>Disciplinary Policy and Procedure http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/NHS%20Wales%20Disciplinary%20Policy%20and%20Procedure%20adopted%20PPP%2016.05.17.pdf</p> <p>Health and Safety Policy http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Health%20and%20Safety%20Policy%20final%20Nov16%20.pdf</p> <p>Mandatory Training Policy http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Mandatory%20Training%20Final%203.pdf</p> <p>Conducting Personal Appraisal Development Reviews Policy http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/PADR%20Policy%20approved%20by%20ver%202.pdf</p> <p>Key Supporting Documents Department of Health (2010) Preceptorship Framework for Newly Registered, Midwives and Allied Health Professionals. http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@abouts/documents/digitalasset/dh_109794.pdf</p> <p>Welsh Government (2014) Core Principles for Preceptorship http://www.weds.wales.nhs.uk/sitesplus/documents/1076/Final%20Report%20for%20Preceptorship.pdf</p> <p>Nursing and Midwifery Council (NMC) (2015) The Code. Professional standards of practice and behaviour for nurses and midwives. https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf</p>
Approved by	Quality, Safety and Experience Committee

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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	06/12/17	12/12/17	Original Policy has been split into separate Policy and Procedure documents. Developed in line with Core Principles for Preceptorship (Welsh Government 2014). Policy for the Preceptorship of Newly Registered Nurses and Midwives.

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1. Introduction

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Adapting from the role of a student to entering the workforce as an accountable registered practitioner can be a challenging time. Newly registered nurses and midwives often experience anxiety about their transition from a student nurse to a registered practitioner. The phrase 'reality shock' was coined by Kramer (1974) to describe the gap between the expectations of the novice nurse and the reality of clinical practice (Sharples and Elcock 2011).

Good support and guidance during this period is essential. Newly registered practitioners who successfully manage this transition are able to provide effective care, feel better about their role and are more likely to remain in the profession (DH 2010).

The Nursing and Midwifery Council (NMC) (2006:1) strongly recommend that:

'All new registrants have a period of preceptorship on commencing employment, this applies to those admitted to the NMC register who have completed a pre-registration programme in the UK for the first time, or have subsequently entered a new part of the register. New registrants also include those newly admitted to the register from other European Economic Area states and other nation states'

The All Wales Principles of Preceptorship (2014:6) state that, 'preceptorship will comprise a formal process for all newly registered practitioners, with health board level accountability for implementation, resource and impact assessment of preceptorship programmes'.

Cardiff and Vale University Health Board embraces these principles through the success of the Nurse Foundation Programme (NFP) which is a structured preceptorship programme. This enables newly qualified nurses and midwives to consolidate their training, build confidence and develop competence in their new role as registered practitioners.

2. The Purpose of Preceptorship

- To assist in the socialisation of staff into the clinical environment.
- To ensure that newly registered nurses and midwives receive active support during their transition from student nurse to registrant.
- To ensure that new registrants are safe, competent and fit for practice
- To enable the development of knowledge and skills within a supportive environment.
- To provide a structured framework for new Band 5 entrants to achieve objectives set out within the Knowledge and Skills Framework (KSF) foundation outline.

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- To promote peer support and networking for new registrants.

3. Definitions

Preceptorship	A period of structured transition for the newly qualified nurse to develop their confidence as an autonomous practitioner, refine skills, values and behaviours and to continue on their journey of life-long learning (Department of Health, 2010).
Preceptor	A preceptor is defined as ‘a registered practitioner who has been given a formal responsibility to support a newly registered practitioner through preceptorship’ (Department of Health 2010).
Preceptee	A newly registered nurse undertaking a period of preceptorship.
Supernumerary	A period of time when the preceptee is not in the establishment/workforce numbers. This allows the preceptee to work alongside the preceptor under supervision.

4. The Preceptorship Process

4.1 Length of preceptorship period

The preceptorship period has been set in line with Department of Health (2010) guidelines that recommend 6 months -1 year. At Cardiff and Vale UHB we recognise the benefits of supporting newly registered nurses up until the first year of practice is completed. A longer period of preceptorship can be negotiated locally.

4.2 Allocation of preceptor

Preceptors will be identified by the ward sister/charge nurse or midwife on appointment of the new registrant, enabling them to plan ahead and ensuring that off duty supports the preceptorship process. Preceptors will have the knowledge and skills required to support new registrants (see criteria of preceptor section 6). The new registrant (preceptee) will meet their preceptor during their first week in employment. If preceptors work part time it may be beneficial to allocate a co-preceptor to ensure maximum support is provided.

4.3 Awaiting PIN number

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Newly registered nurses awaiting their PIN number are not permitted to practice as an accountable registered nurse. In the interim period they must be directly supervised by a registered nurse who will need to countersign all relevant documentation. For this period of time the individual will initially be employed at the pay scale for the relevant level for a Health Care Support Worker in that area until their registration is confirmed.

4.4 Supernumerary period

All periods of preceptorship will commence with preceptees undertaking at least 2 weeks (75 hours) of supernumerary adjustment within their designated workplace. Part-time staff may undertake these supernumerary hours over a longer period of time that will be negotiated with the line manager.

It may be beneficial to consider the preceptee working 7.5 hour shifts during the supernumerary period to enable them to experience department routines over more days and maximise their exposure to learning experiences. It will also enable the preceptee to reflect and consider their learning needs between shifts and take full advantage of this supernumerary period.

4.5 Preceptor support

It is recommended that:

- The preceptor and preceptee work all shifts together during the supernumerary period. Thereafter a minimum of 12.5 hours per week for the next 4 weeks of employment. Further shifts should be negotiated if required.
- The preceptor and preceptee should have informal monthly meetings for discussion on progress, provision of constructive feedback and reflection on personal and professional development.
- A formal learning contract should be completed by preceptor and preceptee at the beginning of the preceptorship period, at six months and at the end of the preceptorship period. This can be found in the Nurse Foundation booklet which is given to all new preceptees when they commence the NFP. For staff who undertake in-house preceptorship, the booklet is available on the intranet page under Nurse Foundation Programme.
<http://www.cardiffandvaleuhb.wales.nhs.uk/nursefoundationprogramme>

4.6 Preceptorship, the Personal Appraisal Development Review (PADR) Process and Revalidation:

The PADR Process

The PADR process should be utilised to formally assess the preceptee at six months and twelve months. These reviews will need to be linked to the Pay Progression process. The twelve month review will actually need to be

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undertaken 8-12 weeks before the twelve month increment date to be in line with Pay Progression requirements.

During the supernumerary period the preceptee will need to meet with their PADR reviewer to discuss the PADR and Pay Progression process. They must:

1. Be provided with a copy of their Knowledge and Skills Framework (KSF) outline.
 2. Be directed to the 'Pay Progression Toolkit' so that they can familiarise themselves with the core objectives they will need to achieve each year in order to gain pay increments.
- <http://www.cardiffandvaleuhb.wales.nhs.uk/padr-pp-toolkit>
3. Work with their reviewer to set clear objectives for their first year in post, which must ensure that the preceptee acquires the essential clinical skills required in their clinical area.

If the preceptor is also a PADR reviewer it is beneficial if they can also be the preceptee's reviewer. If this is not possible the preceptor will need to provide feedback to the reviewer as part of the PADR process and the preceptee will need to be aware of this. The preceptee will need to be provided with a copy of any feedback that is given to the reviewer.

Revalidation

Activities undertaken during the preceptorship period such as formal study days, reflective activity, experiential learning and development of knowledge and skills through constructive feedback can all be evidenced and contribute to the revalidation process (NMC 2015).

5. Preceptor Criteria

- The preceptor role will be undertaken by first level registered nurses who have been qualified for a minimum of two years.
- Preceptors must have worked in their specific clinical area for at least 6 months before undertaking the preceptor role.
- Preceptors will be prepared by undertaking a Nursing and Midwifery Council (NMC, 2008) approved mentorship training programme. This will be consolidated by mentoring students for a minimum of one year.
- Ideally, preceptors will be sign-off mentors and will be annotated on to the Cardiff and Vale UHB mentor database.
- If staff are unable to complete mentorship training (for example if there are no pre-registration students allocated to the clinical area) then staff

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must attend the Cardiff and Vale University Health Board 'Clinical Skills Assessor' training programme instead.

- Preceptors will have access to support from their Ward Sisters/Charge Nurse, Midwife, Practice Development Nurses and the Nurse Foundation Programme Lead.
- Any other preceptor preparation will be determined locally.

6. Key Responsibilities:

6.1 Role of the Preceptor

- Orientation of the preceptee to the clinical area on their first day on duty.
- To demonstrate best practice and act as a role model for the preceptee by adhering to nursing policies, procedures and local UHB guidelines.
- To develop a learning contract in collaboration with the preceptee and ward sister/charge nurse or midwife.
- To help identify ongoing learning and development needs to facilitate competence.
- Assess the preceptees level of attainment and support the achievement of local competencies and the essential clinical skills competencies that accompany the Nurse Foundation Programme (if applicable).
- Provide positive reinforcement to new registrants on those aspects of performance that are being done well.
- Provide constructive feedback and feed forward on areas that can be improved and develop a plan of action to remedy these.
- Liaise regularly with sister/charge nurse/midwife and PADR reviewer on the progress of the preceptee.
- Ensure that own knowledge and skills are up to date, maintain own personal and professional development, and recognise own limitations
- Raise any concerns about the wellbeing, progress or competence of the preceptee with the ward sister/ Charge nurse/midwife and work with them to implement the required strategy and support.
- To ensure that all new registrants are given the opportunity to discuss any additional learning needs and/or disability which may require reasonable adjustments to be put in place.
- Signpost the individual to the Employee Wellbeing Service resources if required.

6.2 Role of the Preceptee

- To practice in accordance with the NMC code (2015) and adhere to all local policies and procedures of Cardiff and Vale University Health Board.

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- To actively participate in the preceptorship process, taking responsibility for own development.
- To attend all relevant study days on the Nurse Foundation Programme or equivalent in-house Preceptorship programme.
- To identify specific learning and development needs and opportunities.
- To meet with the preceptor as soon as possible to develop a learning contract and identify objectives that link in with PADR and pay progression in collaboration with the preceptor and sister/charge nurse/midwife.
- To work at least 12.5 hours a week with your preceptor for the 4 weeks following the supernumerary period in order to assess progress against the KSF foundation outline.
- Accept accountability for your nursing judgement and care of the client/patient.
- To demonstrate an insight into your level of skill and seek advice and guidance on clinical, professional and organisational issues.
- To attend monthly meetings with your preceptor for critical reflection on practice and the provision of constructive feedback on performance and development
- Ensure that a professional portfolio is maintained throughout the preceptorship period. It should contain; KSF outline, reflections and feedback, formal learning contract and records of preceptorship meetings and information from preceptorship programme.

6.3 Role of the Sister/Charge Nurse or Midwife

- To ensure that the preceptorship process is carried out in accordance with the Cardiff and Vale University Health Board Preceptorship (2017) Policy and Procedure.
- Providing the preceptee with access to Health Board information
- Takes responsibility for ensuring that all preceptees receive at least two weeks (75 hours) of supernumerary status.
- To support the preceptor and preceptee during the preceptorship period, in terms of time and resources (including preparation for the preceptor role).
- To support the preceptee to attend scheduled study days as part of the Nurse Foundation Programme (NFP) Preceptorship Programme (or in-house study sessions).
- Ensuring that the twelve month Personal Appraisal Development Review (PADR) with the preceptee occurs 8-12 weeks prior to the first increment being due.
- At the PADR, review all core organisational objectives and individual performance objectives and check progress against KSF dimensions and levels.

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- In the event of planned or unplanned leave identify an alternative preceptor.
- Check that correct documentation is maintained by the preceptor and preceptee.
- Collaborate with preceptor in identifying any deficiencies in preceptee attaining required standards. Commence the capability process as required.

6.4 Role of Senior Nurse

- Monitor the implementation of the preceptorship process.
- Support sister/charge nurse/midwife through capability process if preceptee are not achieving standards required.

6.5 Role of Clinical Board Directors of Nursing

Ensure that there is a preceptorship programme in place for all new registrants working within clinical board.

- Monitor compliance of preceptorship processes and take action if areas not adhering to the requirements of preceptorship.

6.6 Role of NFP Lead

- Plan and deliver the Nurse Foundation Programme (NFP), ensuring it meets the needs of the organisation and new registrants.
- Disseminate relevant information regarding preceptorship to all appropriate staff within the UHB.
- Liaise with clinical experts to ensure NFP content reflects contemporary nursing practice.
- Review content and structure of NFP and conduct formal evaluations at the end of every programme.
- Utilise constructive feedback to improve and enhance the NFP.
- Feedback evaluations to Nurse Education Manager.

7. Resources:

The following resources are required to support the implementation of This policy;

- A supernumerary period for all Preceptees (minimum of 75 hours – over two weeks for full time staff)
- Release of preceptees for NFP, mandatory training and any additional clinical skills training relevant to the clinical area
- Release of registrants for mentorship training / clinical skills assessor training to enable them to develop skills to become a preceptor.
- Release of Preceptors for any Preceptorship training sessions and updates.

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- Protected time for preceptor and preceptee to meet on a monthly basis to discuss progress, feedback and action planning for future learning opportunities.
- Relevant documentation to enable preceptee and preceptor to document progress and achievement of relevant competencies.

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Appendix 1 Flowchart of Preceptorship Process

