

Core Principles for Preceptorship



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Core Principles for Preceptorship

Introduction

The future vision for NHS Wales is set out in Together for Health (2009). This acknowledges the vital role the workforce has in creating safe and effective care for those who rely on its services. In order for this to be maintained in the future, staff must be enabled to work differently in a way they know will bring about better, more quality focussed services to patients and clients.

Furthermore, Standard 26 of the Standards for Health Services in Wales (2010) requires NHS organisations and services to evidence that their workforce is:

- Provided with appropriate support to enable them to maintain and develop competencies in order to develop their full potential,
- Able to demonstrate continuing professional development
- Able to access opportunities to develop collaborative and team working.

In their response to the Mid Staffordshire NHS Foundation Trust Public Enquiry (2013), Delivering Safe care, Compassionate Care (2013), the Welsh Government state a key outcome is of an NHS workforce who remains committed to providing dignified, safe and compassionate care at all times. With an emphasis on the application of best/good practice and the development of staff, it is further asserted that all healthcare staff will have the skills and support to help them do their jobs well and keep improving what they do. The document acknowledges that staff require support due to challenging and pressurised working conditions

Preceptorship is identified as one means of realising this development for newly registered practitioners and these principles are intended for such practitioners but may also be applied to other registrants on the Nursing and Midwifery Council.

Background

Staff are a much valued resource and are required to be adaptable and flexible in meeting the needs of a constantly demanding and developing service. The Willis Commission (2012) examined the types of support that were needed to ensure that newly registered practitioners develop effectively in their delivery of competent and compassionate health and social care services. The Commission emphasised that pre-registration education should be seen in the context of career-long learning and be followed by preceptorship and ongoing support and development. It is also widely noted elsewhere that student nurses require support at the point of registration to ensure that they are able to effectively develop from novice registrants towards experienced practitioners (Griffiths et al 2009).

The Nursing and Midwifery Council (NMC) (2006) strongly recommend that all new registrants receive a period of at least four months formal preceptorship on commencement of employment, with the aim of enabling their transition from student to accountable practitioner. In addition the Department of Health (DH) Preceptorship Framework (2010) was developed in recognition that the changing needs within health care provision will require practitioners to be more independent, autonomous and innovative in the future. Acknowledging the challenges faced by newly

registered nurses, midwives and allied health professionals, the document serves as a practical resource for employers, preceptors and preceptees. It outlines key elements and the outcome measures required to demonstrate the effectiveness of preceptorship.

The DH (2010, p.11) defines 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.

The DH Preceptorship Framework (2010) clearly sets out the benefits of preceptorship to the preceptees, preceptor and employers. These include developing confidence, professional socialization and increased job satisfaction (leading to improved service user satisfaction) for the preceptees and the development of supervision, mentorship and supportive skills, engenderment of feeling valued and support for the preceptor's own lifelong learning. Employers may see benefits in improvements in the quality of patient care delivery, enhanced recruitment and retention and reduced sickness absence. Importantly, preceptorship also facilitates the identification of preceptees who require further support. In addition a period of preceptorship will help to reinforce the newly registered practitioner's knowledge and skills, enabling them to confidently and competently practice in accordance with their professional standards and code of conduct.

The DH Framework (2010) and the Royal College of Nursing (RCN) (2013) both identify some guidelines with regards to preceptorship:

- A clear standard, with supporting elements must be adopted for preceptorship.
- Preceptorship should be designed towards the individual learning needs of the preceptees
- Preceptors should receive preparation for the role and be registered practitioners with at least twelve months experience within the same area of practice as the newly qualified registrant.
- Preceptorship record keeping should also aim to capture the learning that has taken place and evidence competency in order to meet the requirements of professional registrant re-validation and their personal appraisals.
- Preceptorship experiences should be continually monitored and evaluated.

These standards, together with the All Wales Broad Principles for Preceptorship provide a framework for preceptorship implementation across NHS Wales. Whilst it is noted that there are challenges associated with the implementation of effective preceptorship for those practitioners that are starting their careers on 'bank' contracts or within higher education institutions, these standards apply to all newly registered practitioners and those who are returning to registered practice after a career break. The return to practice registrants will also need to adhere to NMC return to practice requirements in addition to these Preceptorship principles. Preceptorship arrangements will need to be designed to ensure that all new practitioners receive an effectively delivered programme. On successful completion

Core Principles for Preceptorship 2014

of the preceptorship programme, the preceptee should be able to deliver high quality care as an effective, confident and fully autonomous registered practitioner (DH 2010).

Broad Principles for Preceptorship

A sub group of the All Wales Aligning Nursing Skills with Patient Need was set up to:

- Review existing nursing Mentorship and Preceptorship arrangements across Wales and develop a set of core principles and/ or a framework.
- To provide a national definition of mentorship and preceptorship for Wales.

Members of this group had the responsibility for mentorship and/or preceptorship for their organisation. Additional members of the group included representatives from the Workforce, Education and Development Services and CYNGOR.

It was agreed to adopt the DH definition of Preceptorship as identified above.

An overview of current preceptorship arrangements across organisations in Wales was undertaken by the group. Organisations providing information on their Preceptorship arrangements included: Abertawe Bro Morgannwg University Health Board; Hywel Dda Health Board; Aneurin Bevan Health Board; Betsi Cadwaladr University Health Board; Cardiff and Vale Health Board; Powys Health Board; Cwm Taf Health Board and Velindre NHS Trust. Appendix 1 shows the current arrangements for Preceptorship across Wales and this information formed the basis of the All Wales Core Principles for New Registrant Practitioner Preceptorship.

New registrant practitioner preceptorship: Core principles across Wales

Design of preceptorship programmes

1	<p>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.</p>
2	<ul style="list-style-type: none">• Preceptorship programmes will be mandatory for newly registered practitioners and offered in addition to Health Board corporate induction.• Systems will be in place to identify, monitor and track all newly registered practitioners following appointment to the completion of the preceptorship period. Preceptorship programmes will normally coincide with pre-registration cohort completion and in line with Health Board recruitment processes.• If new registrants are employed as Bank staff then it is the responsibility of the employing Health Board to ensure that Preceptorship programmes are in place.
3	<ul style="list-style-type: none">• The preceptorship period will involve a minimum commitment of six months and up to one year.• This should include a minimum of 400 hours of clinical practice. Successful completion of preceptorship programmes will entail preceptees being reviewed at the 6 month incremental point and first year Foundation Gateway with reference to the Knowledge and Skills Framework (KSF) relevant to their specific job role.• Processes will be in place in accordance with Health Board policies to identify, support and monitor preceptees not achieving the required level of performance at progression points.
4	<ul style="list-style-type: none">• Suitably prepared, in accordance with the Department of Health Framework, named preceptors will guide the personal and professional development of each newly employed registered practitioner, providing a graduated pathway into the preceptee's field of practice.• All periods of preceptorship will commence with preceptees undertaking at least 2 weeks (75 hours) of supernumerary adjustment within their designated workplace. This is in addition to the 400 hours of clinical practice.

Core Principles for Preceptorship 2014

5	<ul style="list-style-type: none">• Preceptorship programmes will reflect the spirit of life-long learning in developing knowledge, skills and core values already acquired at the point of registration. The period of preceptorship will place an emphasis on the <i>application</i> of professional learning within preceptees' designated work setting.• Preceptorship processes will embed reflective practice, principles of leadership, management and team working, as well as development of clinical skills.• All Health Board preceptorship programmes will require the new registrant to demonstrate the achievement of holistic professional competence, linked to the KSF core dimensions.
6	<ul style="list-style-type: none">• The content and outcomes of a personalised programme of development for preceptees will incorporate generic components applicable to all new registrants as well as local, role-specific workplace induction.• The amount of protected time for completion of theoretical learning components of preceptorship programmes will be locally determined but will include a minimum of 4 days or 30 hours including a review session at the end of each preceptorship programme.

New registrant practitioner preceptorship: Broad principles across Wales

Preceptorship processes

7	Employer, preceptor and preceptee relationships will reflect commitment pledges benchmarked against Department of Health Preceptorship Framework 2010, including respect, empathy and ground rules of confidentiality during newly registered practitioners' transition within the profession.
8	<ul style="list-style-type: none">• All preceptees will document a portfolio of evidence of on-going personal and professional development during the preceptorship period.• The portfolio will be reviewed in line with individual preceptor/preceptee agreements and formally reviewed at the 6 month incremental point and first year KSF Foundation Gateway.

Core Principles for Preceptorship 2014

9	<ul style="list-style-type: none">• Preceptorship documentation will substantiate demonstrable progression of competence linked to KSF dimensions.• Records will outline preceptee/preceptor learning agreements and map preceptee personal development plans.• Preceptees will have regular meetings with their designated preceptor (at least one per month). Meetings will include constructive feedback and opportunity for reflection on professional development.
10	<ul style="list-style-type: none">• Health Boards will ensure preceptors are appropriately prepared to support newly registered practitioners.• Preceptor preparation will be locally determined and will recognise generic aspects of similar mentorship and assessment roles.• Health Board processes will enable preceptor access to support in undertaking the role throughout the period of preceptorship.• Preceptor effectiveness will be appraised as part of Personal Development Reviews.
Evaluation of preceptorship programmes	
11	<ul style="list-style-type: none">• All Health Boards will have formal processes for review of preceptorship programmes.• Evaluation mechanisms will include feedback on theoretical learning components, preceptee/preceptor support and end of programme review.
12	The benefits to an organisation of the Preceptorship programme will be evaluated locally.

Recommendations

- Health Boards and Trusts should develop Preceptorship based on these principles.
- Each organisation will need to consider the principles and how they could best be applied locally to meet service need and objectives.
- Evaluation of the principles should be undertaken on an all Wales basis. This would contribute to the knowledge, understanding and evidence base in relation to the benefits of rotation for the individual, patients and the organisation.

Conclusion

Whilst there are no directly measurable correlations between preceptorship, competence and quality of care, studies show that preceptorship can play a key role in assisting newly qualified practitioners to gain confidence, actively empowering their decision making abilities and reducing the stress associated with the transition from student to registrant (Griffiths et al 2009). Implementation of a period of preceptorship based on these core principles will ensure that newly registered practitioners are fully supported to become valuable members of the nursing workforce.

References

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Appendix One

September 27, 2013 HEALTH BOARD PRECEPTORSHIP ARRANGEMENTS ACROSS WALES

Health Board	Duration	Induction arrangements	Documentation	Programme components	Preceptor preparation	Resources	Preceptee progress review
ABMU	6 months -1 yr linked to KSF foundation gateway x2 Cohorts (June & Nov)	x4 protected days -3 initial days & review day at 6 months + workplace pathway	-Competency framework -Medicines management document	-Clinical skills -Safe practice -Management Communication	Mentor/sign-off status	Practice Education Facilitator Team additional to mentorship Admin resource	PDR process
Hywel Dda	8 months x2 Cohorts (June/July & Nov/Dec)	x12 protected days structured over 6-8 months + Workplace pathway	Preceptorship portfolio Competency frameworks (surgical/Medical & specialty)	-Clinical/professional practice -Management and leadership -Educational/ facilitating learning & development -Research	Proposed Preceptor 15 months preparation programme (linked to preceptorship programme)	Educational Liaison Nurses (x4) + Practice Development Team No admin	Action learning monthly review + 8 month final review of progress. Final QA project presentation
Aneurin Bevan	X6 Cohorts 6 months	x5 initial days -1 day at 3 months -2 days at 6 months + Workplace pathway	Competency record workbook	-Quality & safety -Clinical skills -Reflective practice -Communication -Action learning -Professional development	Under review	Corporate education and development department and all service areas & practice education leads Admin support	PDR process
Betsi Cadwaladr	Minimum 6 months x2 cohorts	X2 action learning days *Supernumerary initial 2 weeks in practice + Workplace pathway	Preceptorship portfolio (+ workplace specific)- Medicines management workbook and	KSF competences: -Communication -Personal & people development -Health Safety & security -Service improvement	Mentor/Practice teacher status	Preceptor/preceptee arrangement X2 Practice Educators & Admin	Monthly meetings with preceptor for 6 months +x2 action learning days

Core Principles for Preceptorship 2014

			competencies	-Quality -Equality & Diversity -Medicines management			
Cardiff & Vale	12 months X2 Cohorts (April & Oct)	x11 days -1 day a month - Working 3 shifts a week with preceptor for initial 6 months	Learning contract + competency document under development	-Professional issues -Medicines management -IV drug administration -Infusion pump core workshop -Safeguarding/ Clinical governance -Catheterisation -Discharge planning -Essential competences -Wound healing/pressure ulcer management -Quality Improvement/ Introduction to mentorship	None currently	Learning & Education Development Team +Admin	Monthly meetings for critical reflection
Powys			Individual professional development and competence assessment tool for staff nurses	KSF competences: -Communication -Personal & people development -Health Safety & security -Service improvement -Quality -Equality & Diversity -Medicines management			Objective setting and personal development plan Clinical supervision policy
Cwm Taf	6-12 months	Local induction only	Directorate specific	Preceptorship module developed for use with partner USW	Sign-off mentor	Practice Education Facilitator team	Foundation gateway & PDR
Velindre NHS Trust	6-12 months	Trust induction & individualised induction for new registrant based	Registrant maintains record of learning within professional	No specific preceptorship programme however learning & development	Mentorship preparation/updates also considers role	Education & Development team, including the nurse	Individualised review incorporating PDP

Core Principles for Preceptorship 2014

		on role/area/dept/experience	portfolio/learning & competencies captured on OLM	tailored to meet new starters needs & framework of clinical competencies to be achieved	as preceptor	educator, links with neighbouring HB practice teachers & link lecturers	& objectives, regular meetings during initial new appointment stages.
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Health Board	Duration	Induction arrangements	Documentation	Programme components	Preceptor preparation	Resources	Preceptee progress review
Principles	-At least 6 months -Link with foundation gateway	-Protected time spread across induction period		-KSF dimensions -Skills component -Action learning -Professional development	-Preceptor distinct from mentorship preparation		-3/6/12month review