

Preceptorship Policy

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

May 2023 – V2 – significant review and changes made to reflect NHS England National Preceptorship Standards for Nursing, Nursing Associates published in October 2022, NHS England Midwifery Standards published March 2023 and the HEE national AHP standards due for publication in the summer 2023. Removal of parts of sections: 5.1 on recruitment, removal of 5.5 Preceptorship Review at nine months, 5.6 Preceptorship Review unsuccessful, 5.7 Final Preceptorship Review at twelve months as these are covered in the frameworks. Removal of the appendices on pre-registration guidelines as no longer applicable to this policy

May 2019 – Minor amendments approved by P&GC

18th March 2018 – V1 approved

KEY WORDS

Preceptorship, Preceptor, Preceptee, Registration, Registrant, registered, NMC, HCPC, NQN, NRN, NRP

1 INTRODUCTION AND OVERVIEW

- 1.1. This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for preceptorship for newly registered Allied Healthcare Professionals (AHPs) Nurses, Nursing Associates and Midwives.
- 1.2. In order to legally practice all qualified AHPs must be registered with the Health and Care Professions Council (HCPC), and qualified nurses, nursing associates and midwives must be registered with the Nursing and Midwifery Council (NMC). Registered practitioners are accountable for their practice from the point of HCPC or NMC registration.
- 1.3. The period of preceptorship is one of transition where knowledge, skill and attitudes acquired during the pre-registration period are consolidated and applied in practice. It is not considered an extension of a formal programme of pre-registration education.
- 1.4. This policy and the supporting appendices aim to ensure that all newly registered AHPs, nurses, nursing associates and midwives have equitable access to a high-quality, evidence based preceptorship programme which supports practitioners during their first year of transition to professional practice.
- 1.5. This Policy is reflective of the recently published or in development National Preceptorship Frameworks:

NHS England (2022) National Preceptorship Framework for Nursing, (Online) available from <https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-nursing/> Accessed: 26/04/2023

NHS England (2023) National Preceptorship Framework for Midwifery, (Online) available from <https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-midwifery/> Accessed: 26/04/2023

National Framework for Allied Health Professionals – in development
<https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-ahp-preceptorship-foundation-support> Accessed: 26/04/2023

2 POLICY SCOPE

- 2.1 This policy applies to services within the Trust who employ newly registered AHPs, nurses, nursing associates and midwives.
- 2.2 This policy applies to all newly registered AHPs, nurses, nursing associates and midwives as defined in section 3.1. It also applies to staff whose qualification and registration has been followed by a period without paid employment as a practitioner.
- 2.3 Preceptorship may be applicable for registered staff on temporary contracts; however it is not applicable to registered staff solely working on the bank.
- 2.4 The preceptorship time period is twelve months.
- 2.5 Parts of preceptorship may be appropriate for registered staff that have never worked in the NHS before, are new to UHL, new to role, or new to speciality, this should be discussed with their Line manager in partnership with the Preceptorship lead and agreed within their individual development plan ..
- 2.6 Nursing associates who have completed their preceptorship and career progressed to registered nurses may only need to undertake part of the preceptorship programme that

relates to their new role. This this should be discussed with their Line manager in partnership with the Preceptorship lead and agreed within their individual development plan .

- 2.7 Preceptorship is in addition to corporate and local induction (please see the Induction Policy, Trust ref B4/2003) and any profession specific training required and these should be identified with their line manager as part of an individual development plan.
- 2.8 The preceptorship process is separate to the appraisal process (please see the Appraisal and Pay Progression Policy and Procedure, Trust ref B16/2015).
- 2.9 Other staff groups outside those named in 2.2 may use the principles of preceptorship detailed within this policy to support new starters.

3 DEFINITIONS AND ABBREVIATIONS

- 3.1 **Newly registered** is defined as someone who has recently joined the HPCP or NMC register:
 - a) For the first time following a pre-registration programme via a university/apprenticeship route
 - b) As an Internationally educated practitioner who has completed an OSCE programme
 - c) Following a period of re- training, such as return to practice
- 3.2 The term '**preceptee**' refers to the newly registered health professional.
- 3.3 The term '**preceptor**' refers to a registered practitioner who has been given formal responsibility to support a newly registered practitioner through preceptorship.
- 3.4 **Preceptorship** is defined 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.'* As stated in the Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals, Department of Health 2010). See Section 5 for professional specific definitions provided in the latest national frameworks.
- 3.5 **Supernumerary time** is where a member of staff works in their clinical area but is not counted within the staff numbers for that shift. They work alongside their preceptor, mentor or buddy and are supervised and supported in practice to take responsibility for their work. (See Supernumerary Time Guidelines for Newly Registered Nurses, Nursing Associates, Midwives and ODPs, Trust Ref: B22/2016 for more information – this document can also be used by AHP Colleagues to provide guidance if needed)
- 3.6 The terms **Mentor, Buddy, Coach** refer to a member of the team who is providing support for the preceptee on a day to day basis. They may be identified for the duration of preceptorship or on a shift by shift basis.
- 3.7 **Supervised Practice** is where a member of staff works in their clinical area with either direct or indirect/'arm's length' supervision. They are supported in practice to take responsibility for their work, however they are not supernumerary and are within the staff numbers.

4.1 The Executive Lead for this policy is the Chief Nurse.

Operational responsibility is devolved to the Deputy Chief Nurse - Education and Workforce who is the **Senior Responsible officer**

4.2 Trust Preceptorship Lead, undertaken by the Senior Nurse – Clinical Practice Development, will

- a) Provide strategic direction and oversight for all things related to preceptorship, liaising with Chief AHP and Director of Midwifery to support the implementation and maintenance of the national preceptorship frameworks and application for national quality marks as appropriate.
- b) Adhere to the Preceptorship Lead roles and responsibilities as set out in the national frameworks listed in section 1.5, acting as a central point of contact via preceptorship@uhl-tr.nhs.uk
- c) Provide strategic direction and support to the Chairs of the UHL Nursing, Midwifery and AHP (NMAHP) Preceptorship Steering Committee
- d) Provide regular reports to the SRO as requested based on agreed key performance indicators (KPIs) monitoring the effectiveness of preceptorship provision, to be presented at the Nursing, Midwifery and AHP Committee.
- e) Represent UHL at the NHS England and Innovation Midlands Preceptorship Group and ensure a two way feedback of information.
- f) Attend the East Midlands multiprofessional preceptorship group, representing UHL and liaise with colleagues within UHL, across Leicestershire and the East Midlands to share best practice. Encourage attendance of key UHL staff involved in preceptorship to also attend this group.

4.3 UHL Nursing, Midwifery and AHP (NMAHP) Preceptorship Steering Committee, will, under the direction of the Trust Preceptorship Lead:

- a) Share best practice on all things related to preceptorship at local, regional, national and international level and respond to national guidance and publications.
- b) Coordinate the delivery of preceptor training and ongoing development opportunities to ensure preceptors are prepared for their role, maintaining records of active preceptors and recording attendance at training through HELM.
- c) Coordinate the delivery of preceptorship programmes and frameworks for newly registered professionals across the Trust, sharing best practice and reducing duplication.
- d) Review and evaluate the Preceptorship programme, portfolio and development frameworks in conjunction with relevant stakeholders across the Trust, including preceptees, ensuring it meets National Preceptorship Framework standards.
- e) Provide evidence to support the monitoring of the KPIs.
- f) Terms of reference for this committee are available from the preceptorship lead

4.4 Nursing and Midwifery Education and Practice Development Teams will

- a) Facilitate the delivery of preceptorship programmes for nurses, nursing associates and midwives across the Trust ensuring that the programmes are in line with national framework recommendations.
- b) Provide support to the preceptee and preceptor as appropriate and provide feedback to clinical areas on general themes of success and concerns, this support is predominately provided by the Clinical Nurse Educator roles within the nursing and midwifery education team or Clinical Skills Facilitators who are CMG based.
- c) Provide the necessary documentation such as Preceptorship portfolio, development framework relevant to role and competency booklets for the new staff as part of a warm welcome.

4.5 AHP Professional/Service Leads will, under the direction of the Chief AHP:

- a) Ensure appropriate evidence based preceptorship frameworks are in place for their professional groups.
- b) Ensure all preceptors are prepared and supported for their role, maintaining records of staff competent to perform this role via HELM.
- c) Contribute to the review and evaluation of the preceptorship programme, portfolio and development framework via the UHL NMAHP Preceptorship Steering Committee.

4.6 The Line Manager will

- a) Ensure all new registrants requiring preceptorship are allocated a preceptor in their first week of starting, if not before. It may be acceptable for the preceptee to have more than one preceptor, this must be identified at the beginning of the preceptorship period.
- b) Ensure that preceptees on rotation are allocated a preceptor for each rotation during their first twelve months post qualification and identify who will be responsible for the formal preceptorship review at the end of each rotation period.
- c) Ensure that preceptors and preceptees are aware of the preceptorship process, their roles and responsibilities and have the appropriate documentation such as preceptorship portfolio, programme and role specific development frameworks as part of their warm welcome.
- d) Ensure protected time is set aside for preceptorship and is logged onto e-roster. This includes:
 - i. A minimum of 75 hours of supernumerary time for the new registrant on commencement of role to work within their clinical area (see Supernumerary Time Guidelines for Newly Registered Nurses, Nursing Associates, Midwives and ODPs, Trust Ref: B22/2016 for more information – this document can also be used by AHP Colleagues as guidance).
 - ii. Protected time for preceptee and preceptor meetings, a minimum of four one hour meetings within the 12 months, the first meeting taking place within 2 weeks and then every 2 – 3 months, with a final sign off meeting at the end between preceptees, preceptor and line manager.
 - iii. Protected time to attend the preceptorship taught programme – 7.5 hours of study time is allocated per study day.

- iv. 8 hours of protected time per year for the preceptor to support the facilitation of meetings and development time for the preceptor.
- e) Provide support to the preceptee and preceptor as required.
- f) Receive reports on the preceptee's progress from the preceptor, and take action and/or involve Education Team as appropriate.
- g) Ensure that all new staff receive appropriate trust and local induction training including core skills training (Please refer to Core Training Policy, Trust ref B21/2005 and Induction Policy, Trust ref B4/2003). This is in addition to Preceptorship activity.
- h) Contribute to the review and evaluation of the preceptorship programme, portfolio and development framework via the UHL NMAHP Preceptorship Steering Committee.

4.7 The Preceptor will

- a) Be a registered AHP, Nurse, Nursing Associate, Midwife who will have practiced for a minimum of one year, be an equivalent or senior level to the preceptee, and deemed suitable for the role by their line manager.
- b) Have undertaken preparation for the role that meets the national framework standards, such as the UHL Preceptor Training booked via HELM or the e-learning for Health modules <https://www.e-lfh.org.uk/programmes/multi-professional-preceptor-e-compendium/> A self assessment of competence must be completed and verified by the line manager for this to be recorded on HELM. This is available from the nursing and midwifery education team or preceptorship lead
- c) Have worked within the clinical area ideally for a minimum of 12 months, this time frame can be reduced at Line Managers discretion in discussion with the preceptor and depending on their previous experience.
- d) Facilitate a constructive period of preceptorship, in partnership with their preceptee, attending preceptee-preceptor meetings, facilitating development through reflective practice, and ideally supporting no more than two preceptees at any one time.
- e) Act as a role model; share their knowledge and skills, provide support and provide constructive feedback.
- f) Have good communication and leadership skills.
- g) Report on progress to the preceptee and Line Manager; escalating/relaying any concerns in practice in a timely manner
- h) Utilise their 8 hours protected time effectively to meet with their preceptees as detailed in 4.6 d) and undertake professional development and learning opportunities such as attend preceptor training and forums.
- i) Contribute to the review and evaluation of the preceptorship programme, portfolio and development framework via the UHL NMAHP Preceptorship Steering Committee.
- j) See Section 5.4 for specific details on the model used in midwifery for preceptorship and the role of preceptor.

4.8 The Preceptee will

- a) Actively participate in the 12 month preceptorship process; being receptive to feedback and supervision from their preceptor(s) and other staff in a mentor, buddy or coach capacity.
- b) Arrange regular meetings with their preceptor during their preceptorship period as detailed in 4.6 d) and ensure evidence is available at the review meetings such as the preceptorship portfolio and relevant development frameworks.
- c) Actively engage in reflective practice and opportunities for peer support, pastoral support and clinical supervision, such as restorative supervision, Professional Nurse Advocate, Professional Midwife Advocate.
- d) Identify their individual continuing professional development (CPD) needs through preceptorship, strength based career conversations and appraisal.
- e) Take responsibility for their own learning and utilise all opportunities available to them, both within and additional to the preceptorship programme.
- f) Complete the preceptorship portfolio to support and record learning outcomes, reflective practice and achievements.
- g) Take responsibility for attending all the preceptorship taught programme for their professional staff group, and completing role specific competencies and frameworks to support preceptorship and transition.
- h) Escalate any concerns about their preceptorship to their preceptor, line manager, member of the education team or preceptorship lead.

4.9 Preceptorship Champion

Is a new role to UHL being introduced in 2023. This role can be undertaken by any member of staff who is passionate about supporting new registrants in practice and actively promotes preceptorship and preceptors. Staff in an education role are considered champions, along with profession recruitment leads. For more information on becoming a champion please contact the preceptorship lead.

4.10 Mentor, Buddy, Coach

Is someone who may also support the preceptees transition journey and provide day to day support as a critical friend.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

This section is supported by appendices 1, 2 and 3 which detail the national preceptorship models for each professional group. These are summaries of the full frameworks and list the core and gold standards organisations are expected to achieve in delivering a programme of preceptorship for newly registered professionals.

5.1 Recruitment of Newly Registered Professionals

- a) Prior to starting in post nursing, nursing associate and midwifery staff must have their NMC Registration
- b) Some AHP professional groups may start within the Trust prior to receiving confirmation of their registration

- c) Until registered, staff will not be in their preceptorship period, time can be used constructively to support their role transition by undertaking some training and orientation opportunities such as Trust and local induction however they must not undertake roles of a registrant if not on the NMC or HCPC register.

5.2 Preceptorship – Key Principles for Practice

5.2.1 Preceptorship is a term to describe a variety of support mechanisms to aid the transition into practice. Support can be provided in a variety of ways and include one-to-one meetings, study days, action learning, clinical supervision, guided reflection (this list is not exhaustive). Preceptorship is not just about achieving clinical competence and skills or completing workbooks although this can form part of the support mechanisms to guide staff on expectations of role.

5.2.2 Preceptorship lasts for a period of 12 months and is available to the registered professionals detailed in section 2.

5.2.3 The definition of Preceptorship from the Department of Health published in 2010 listed in section 3.4 is still relevant however the recent national work published for the professional groups have included additional statements supplementing this:

National Preceptorship Framework for Nursing (2022) Purpose of preceptorship:

“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”

National Preceptorship Framework for Midwifery (2023) What is preceptorship?

“Preceptorship is a period of structured support for newly registered midwives. The main aim is to welcome and integrate the newly registered midwife into their new team and place of work”

5.2.4 The Preceptorship taught programme comprises of a number of study days with the content based on the following priorities identified in the Preceptorship Standards revised by Health Education England (HEE) in 2015 along with recommendations made in the NMC Principles of Preceptorship (2020) and the National Preceptorship Frameworks published in 2022 and 2023 and any service specific needs.

- 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
- Medicines management (where relevant)
- Practice supervisor training
- Interprofessional learning

5.2.5 This programme is arranged and facilitated by the Nursing and Midwifery Education and Practice Development Teams and is for all newly registered nurses, nursing associates, midwives and ODPs. AN AHP taught programme is in development.

- 5.2.6 Newly registered nurses, nursing associates, midwives and ODPs are booked onto the preceptorship taught programme in two ways:
- a) Are known to the nursing and midwifery education team via recruitment new starter lists so are booked onto the preceptorship through a central process
 - b) Line managers inform the nursing and midwifery education team that they have directly recruited a new member of staff who needs to be booked onto the preceptorship taught programme.
- 5.2.7 Each new registrant will be given the preceptorship portfolio, role specific development framework and/or relevant documentation supplied by their professional body by their line manager or education team.
- 5.2.8 Protected time must be set aside for formal meetings, there should be four one hour meetings as a minimum, additional meetings should be in line with the national frameworks as detailed in appendix 1, 2 or 3. The cancellation of meetings must be avoided if at all possible.
- a) Preceptorship is confidential and both parties must adhere to this unless there are breaches of Trust policies, concerns with standards of practice and/or Code of Professional Conduct which may impact on patient or staff safety. If this occurs the line manager must be informed
 - b) The initial formal meeting must take place within the first week of employment
 - c) Subsequent formal meetings should be arranged for the end of the third, sixth, ninth and twelve month of employment. These meetings will be used to review progress with preceptor and to set objectives, using the preceptorship portfolio to structure conversations.
 - d) Where staff change CMG or are new to the area whilst still in their 12 month transition they should negotiate the length and content of their preceptorship with their preceptor and Line Manager.
 - e) Other informal meetings are encouraged and should be arranged as required

5.3 Monitoring Progress and escalating concerns

- a) Preceptees who have a concern regarding their preceptorship should discuss this with their preceptor, line manager or member of the nursing and midwifery education team. Concerns can be escalated to the preceptorship lead via email preceptorship@uhl-tr.nhs.uk or through the freedom to speak up guardians <http://insite.xuhl-tr.nhs.uk/homepage/working-life/freedom-to-speak-up-guardian>
- b) If there are any concerns that the preceptee is not completing their transition and preceptorship as expected, those with the concerns must discuss them with the preceptee, preceptor and line manager at the earliest opportunity and an action support plan agreed. Advice can also be sought from the preceptorship lead via email preceptorship@uhl-tr.nhs.uk
- c) Non-attendance at preceptorship study days is reported to the line manager and alternative dates offered where possible.
- d) The preceptorship completion statement within the preceptorship portfolio must be signed by the line manager and preceptee and submitted to the nursing and midwifery education team or preceptorship lead for monitoring and recording on a central database.

- e) The preceptorship lead is responsible for monitoring key performance indicators (KPIs) based on the national preceptorship frameworks core and gold standards and provide reports to the Nursing, Midwifery and AHP Committee.

5.4 Models of Preceptorship for Midwifery

The National Preceptorship Framework for midwifery recommends two different models of preceptorship that can be implemented, UHL has implemented **Model 1**:

- a) The preceptorship lead is the named preceptor for all midwife preceptees in the organisation, supported by buddies (midwives), an education team and/or midwifery skills educators. **In midwifery this role is undertaken by the Midwives for Recruitment, Retention and Pastoral Care.**
- b) They work clinically alongside preceptees and undertake formal meetings every three months to track preceptees' progress from band 5 to band 6. This ensures competencies are completed, confidence is grown, and pastoral support is provided until completion of the preceptorship period, which is a minimum of 12 months.
- c) The preceptorship lead co-ordinates and monitors provision of preceptorship. Preceptees must also have a named midwife (buddy) in clinical practice who works alongside and is available to the preceptee for a proportion of clinical shifts.

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1 The Nursing and Midwifery Education and Practice Development Teams will co-ordinate and deliver aspects of the taught preceptorship programme.
- 6.2 Preceptors need to have relevant facilitation, coaching, supervision, mentorship and supportive skills. Please see section 4.7 for details of training requirements.

7 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
KPI's as agreed with the SRO	Preceptorship Lead	KPI report	Quarterly	Report against KPIs presented to the NMAHP Committee

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1 Policies

Appraisal and Pay Progression Policy and Procedure (Trust Ref B16/2015)

Assessment of Administration of Medicines by Nurses and Midwives (Trust ref B13/2009)

Core Skills Policy (Trust Ref B21/2013)

Improving Performance (Capability) Policy and Procedures – Non-medical Staff (Trust Ref B12/2014)

Induction Policy (Trust Ref B4/2003)

9.2 Evidence Base

Department of Health (2010) *Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals*. London: DoH,

Health Education England (2015) *Raising the Bar Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants*, London: HEE

Health Education England (2015) *Quality Improvement and Performance Framework*, appendix One, p116, available at

https://heeoee.hee.nhs.uk/sites/default/files/docustore/2904498_qipf_accessible_v0_2.pdf
[accessed on 03-07-2023]

NHS England (2022) National Preceptorship Framework for Nursing, (Online) available from <https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-nursing/> Accessed: 26/04/2023

NHS England (2023) National Preceptorship Framework for Midwifery, (Online) available from <https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-midwifery/> Accessed: 26/04/2023

National Framework for Allied Health Professionals – *in development*

<https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-ahp-preceptorship-foundation-support> Accessed: 26/04/2023

Nursing and Midwifery Council (2020) *Principles of Preceptorship*. London: NMC

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 This Policy will be reviewed by the date set by the Policy and Guideline Committee or sooner in response to any changes to national guidance
- 10.2 The Policy will be available via INsite and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

National Preceptorship Model for Nurses and Nursing Associates – a summary of the full framework.

Taken from: <https://www.england.nhs.uk/publication/national-preceptorship-framework-for-nursing/>

Nurses and Nursing Associates		
Criteria	Core Standard	Gold Standard
Intended recipients	All newly registered nurses and nursing associates.	All newly registered nurses and nursing associates.
Length of preceptorship programme*	Minimum of six months from joining the organisation or receiving PIN *Where accelerated programmes are used, support should be available for six months	12 months from joining the organisation or receiving PIN
Supernumerary period	Minimum of two weeks' supernumerary for preceptee (or equivalent to 75 hours)	Additional protected time throughout the programme for preceptor and preceptee included in preceptorship policy for organisation
Meeting requirements (preceptor and preceptee)	Minimum of three meetings: - Within first two weeks of joining the organisation or receiving their PIN - Middle of programme - Completion of preceptorship programme	Meetings every two months including: - Within first week - Middle of programme - Completion of preceptorship programme
Roles	- Preceptor (protected time of eight hours per year) - Preceptee (participation in organisation preceptorship programme)	- Preceptor (protected time of 12 hours per year) - Preceptorship lead - Preceptorship champion/ ambassador/ link
Preceptor	- Equivalent level or senior to preceptee - Minimum 12 months' experience post-registration - Attending initial training - Refer to role descriptor for detail	- Equivalent level or senior to preceptee - Minimum 12 months' experience post-registration - Role expectations - Minimum 12 months' experience in setting - No more than one preceptor to two preceptees - Initial training - Ongoing support and training
Preceptorship lead	- Central point of contact within organisation/integrated care system - Responsible for programme co-ordination - Monitoring and evaluating preceptorship - Development and review of programme and policy	- Development programme for preceptors - Support for preceptors - Develop and deliver support network for preceptors - Maintain register of preceptors - Promotion of value and benefits of preceptorship within own organisation - Develop and support network of preceptorship champions

Nurses and Nursing Associates		
Criteria	Core Standard	Gold Standard
Core standards	<ul style="list-style-type: none"> - Preceptorship policy - Formal, structured programme of learning - Standard documentation across organisation - Role descriptions - Protected time - Monitoring and evaluation - Development of preceptors / preceptor training 	<ul style="list-style-type: none"> - Senior responsible officer at board level - Protected time for preceptors (minimum 12 hours) - Meeting templates - Development and support for preceptors - Preceptorship mandated across organisation - Audit trails to demonstrate compliance, evaluation, and feedback
Indicative content of development programme	<ul style="list-style-type: none"> - Facilitated learning/study days (flexible dependent on work area and individual requirements) - Preceptee individual learning and development plans - Wellbeing initiatives - Reflection - Pastoral care and support - Clinical supervision 	<ul style="list-style-type: none"> - Action learning - Peer support forums for preceptor and preceptee - Coaching - Mentoring - Professional nurse advocate /restorative supervision
Evaluation	<ul style="list-style-type: none"> - Course evaluations - Retention statistics (12 and 24-months post-registration) - Feedback questionnaire on preceptorship experience at end point - Annual review of the programme - Feedback mechanism for preceptors to support them - Feedback from preceptor and preceptees 	<p>Session feedback</p> <p>Feedback questionnaire on preceptorship experience – mid point and end point</p> <p>Preceptee involvement in design and development of programme</p> <p>Stakeholder feedback</p>
Compliance	<p>Core standard and gold standard:</p> <p>National preceptorship framework for nursing (2022)</p> <p>Nursing and Midwifery Council principles of preceptorship (2020)</p>	

National Preceptorship Model for Midwifery – a summary of the full framework.
 Taken from: <https://www.england.nhs.uk/long-read/national-preceptorship-model-for-midwifery/>

Midwifery		
Criteria	Core Standard	Gold Standard
Intended recipients	All newly registered midwives	All newly registered midwives
Length of preceptorship programme*	Minimum of 12 months with the option for sign off at 9 months, and extend the programme to those requiring it, up to 18 months to complete.	Early career support continues for a further 12-24 months, post-preceptorship. An accelerated bespoke preceptorship programme for Internationally recruited (IRs) educated midwives.
Supernumerary period	Newly registered midwives will have four weeks (or equivalent to 150 hours) supernumerary time over the 12-month preceptorship period, pro rata. Additional protected time of 8-12 hours throughout the programme for preceptor and preceptee.	Protected time will include 3 hours preparation, 3 hours for meetings with preceptee, 2 hours for personal development for both the preceptor and preceptee over 12 months.
Meeting requirements (preceptor and preceptee)	Meetings will take place as follows: <ul style="list-style-type: none"> • Start of the preceptorship year • Progress meetings at 3,6, and 9 months • Completion of preceptorship programme at 9-12 months A named preceptor is allocated to each preceptee within one week of starting in post, and the preceptee is notified with an initial meeting taking place within two weeks.	A named preceptor is allocated prior to preceptee starting in post and the preceptee is notified, with an initial meeting taking place within one week
Roles	<ul style="list-style-type: none"> - Preceptor - Preceptee - Buddy - Professional midwifery advocate (PMA) 	
Preceptor	<ul style="list-style-type: none"> - Registered midwife band 6 minimum - Minimum 12 months' experience post-registration working in the same area. - Completed own preceptorship programme - Attending preceptorship preparation training - Refer to role descriptor for detail 	<ul style="list-style-type: none"> - No more than one preceptor to two preceptees - Ongoing support and training - Preparation training for Buddies
Preceptorship lead	<ul style="list-style-type: none"> - Midwifery manager or Band 7 midwife - Programme coordination - Monitoring and evaluating preceptorship - Development and review of programme and policy - Support for preceptors - Maintain register of preceptors 	<ul style="list-style-type: none"> - Development programme for preceptors - Support for preceptors - Develop and deliver support network for preceptors - Promotion of value and benefits of preceptorship within own organisation

Midwifery		
Criteria	Core Standard	Gold Standard
Buddy	<ul style="list-style-type: none"> - Band 6 midwife or above with a minimum of 12 months experience. - Critical friend, a named person for the preceptee - Buddies allocated per shift or per rotation by the preceptorship lead or chosen by the preceptee - Refer to role descriptor for detail 	
Core standards	<ul style="list-style-type: none"> - Preceptorship policy - Formal, structured programme of learning - Standard documentation across organisation - Role descriptions - Protected time - Monitoring and evaluation - Development of preceptors / preceptor training 	<ul style="list-style-type: none"> - Protected time for preceptors (minimum 12 hours) - Meeting templates - Development and support for preceptors - Preceptorship mandated across organisation - Audit trails to demonstrate compliance, evaluation, and feedback
Induction	<ul style="list-style-type: none"> - An individualised plan for learning and development is discussed and agreed - This includes a discussion around equality, diversity, inclusion and accessibility (including for neurodivergent colleagues), with an offer of support and reasonable adjustments as required 	<p>May include</p> <ul style="list-style-type: none"> - Allocated time with PMA's, Head/Director of Midwifery, Specialist Midwives
Indicative content of development programme	<ul style="list-style-type: none"> - Facilitated learning / study days (flexible dependent on work area and individual requirements) - Health and Wellbeing initiatives - Mindfulness - Reflection - Pastoral care and support - Clinical supervision - Professional Midwifery Advocate (PMA)/restorative supervision - Freedom to speak up Guardian (FTSU) - Preceptees clinical placements take place within a continuity of carer team, if appropriate where services have been assessed safe and suitable support is appropriate. - Preceptees' placement also take place in traditional teams or hybrid teams where continuity of carer has been paused. - Preceptees confirm that they are newborn and infant physical examination (NIPE) trained; plans are put in place to maintain competencies or register them to undertake NIPE training 	<p>May include:</p> <ul style="list-style-type: none"> - Action learning - Peer support forums for preceptor and preceptee - Coaching - Mentoring - Active bystander training - PMAs will also offer regular 1:1 meeting - May included one-to-one study session or some supernumerary alongside NIPE practitioner, followed by rotations which allow the midwife to maintain their skill level. Those who have yet to have their NIPE training should be put on a waiting list

Midwifery		
Criteria	Core Standard	Gold Standard
Evaluation	<ul style="list-style-type: none"> - Course evaluations - Retention statistics (12- and 24-months post-registration) - Feedback questionnaire on preceptorship experience at end point - Annual review of the programme - Feedback mechanism to preceptors and buddies - Feedback from preceptor and preceptees 	<ul style="list-style-type: none"> Session feedback Feedback questionnaire on preceptorship experience – mid point and end point Preceptee involvement in design and development of programme Stakeholder feedback
Essential requirements	<ul style="list-style-type: none"> - Newly registered midwives do not work on labour wards or provide intrapartum care in any location without appropriate regular fetal monitoring/ cardiotography (CTG) training and emergency skills training. - There is a system of immediate support to preceptee involved in a traumatic incident, provided by either a PMA, chaplain, Preceptorship Lead, health and wellbeing guardian, or an individual trained in debriefing as appropriate. 	
Compliance	<ul style="list-style-type: none"> - A preceptorship policy is in place which: <ul style="list-style-type: none"> - outlines the midwifery preceptorship year - roles and responsibilities of key colleagues - is in date - is signed off through the organisation’s clinical governance processes. - A preceptorship lead or designated midwifery manager is in place who assures compliance with preceptorship standards. - A real time preceptorship register is in use to monitor overall progress of preceptees and allows the allocation of a preceptor and or a buddy. - A senior responsible officer (SRO) for preceptorship. <p>National Preceptorship Framework (2023). Nursing and Midwifery Council Principles for Preceptorship (2020). The Ockenden Maternity Reviews (2020) and (2022). Royal College of Midwives (2022)</p>	

AHP Framework to be added when published – expected Autumn 2023