Preceptorship Policy for Newly Registered Nurses and Midwives

Best practice for supporting newly registered nurses and midwives in the transition from student nurse to qualified practitioner

To be read in conjunction with:
- NMC Preceptorship guidelines (2006)
- Welsh Government Core principles for preceptorship (2014)

Classification: Employment  Category: Policy  Freedom Of Information Status: Open

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### Scope
- ORGANISATION WIDE
- DIRECTORATE
- DEPARTMENT ONLY
- COUNTY ONLY

### Staff Group
- Administrative/Estates
- Allied Health Professionals
- Ancillary
- Maintenence
- Medical & Dental
- Nursing
- Scientific & Professional
- Other

### CONSULTATION
Please indicate the name of the individual(s)/group(s) or committee(s) involved in the consultation process and state date agreement obtained.

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<thead>
<tr>
<th>Individual(s)</th>
<th>Date(s)</th>
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<tbody>
<tr>
<td>Senior nursing and midwifery team policy review</td>
<td>June 2015, Oct 2015</td>
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<td>W&amp;OD sub committee</td>
<td>20-10-15</td>
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### RATIFYING AUTHORITY
(in accordance with the Schedule of Delegation)

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<tr>
<th>NAME OF COMMITTEE</th>
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<th>Date Approval Obtained</th>
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### Date Equality Impact Assessment Undertaken
- Reviewed: 27.7.2015
- Group completing Equality impact assessment: Jackie Hooper, Megan Rosser

### Please enter any keywords to be used in the policy search system to enable staff to locate this policy
Preceptorship, newly registered nurse, midwife, SCPHN, education liaison nurse, preceptor, preceptee
## Document Implementation Plan

### How Will This Policy Be Implemented?
Intranet- learning zone. Dissemination by ELNs to clinical areas. Communication at appropriate meetings and forums across HDUHB.

### Who Should Use The Document?
Newly registered nurses, midwives, SCPHNs, nurses returning to practice, Preceptors, managers, education liaison nurses and mentors.

### What (if any) Training/Financial Implications are Associated with this document?
Protected time for preceptees to attend booked sessions each month as per the programme timetable.

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<tr>
<th>Action</th>
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<tr>
<td>Communicate to relevant people</td>
<td>ELN team</td>
<td>On-going</td>
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1. INTRODUCTION
The Nursing and Midwifery Council (NMC 2006) state that:
‘All newly-registered nurses and midwives should receive a period of Preceptorship when they begin their employment’

This policy statement is guided by the Nursing and Midwifery Council (NMC), the Core Principles for Preceptorship (WG 2014), the Healthcare Standards for Wales (2005) relating to the support and supervision requirements of newly registered nurses and the Department of Health (DOH) standards for preceptorship (2010). The aim of this document is to provide a policy statement in relation to the preceptorship requirements of newly registered nurses/midwives.

Newly registered nurses/midwives, include all nurses/midwives who are 'new registrants to the NMC register after completing a pre-registration nurse/midwifery training programme in the UK for the first time, or have subsequently entered a new part of the register'. This includes newly registered nurses/midwives from other 'European Economic Area States' (NMC 2006). Newly registered nurses/midwives also include nurses who are returning to practice and the professional register following a lapsed registration and those who have undergone an overseas adaptation programme. This policy will provide guidance to the preceptor and the newly registered nurse/ preceptee to ensure consistent and standardised practice across the Health Board.

This policy applies to all newly registered nurses and midwives who are employed by Hywel Dda University Health Board in a nursing/midwifery capacity. Including employment directly through the nursing/midwifery bank.

2. PRECEPTORSHIP
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' (DOH 2010).

The NMC (2006) currently suggests a minimal formal period of Preceptorship support of four months, although it is noted that the length of time should vary according to individual need. However, it is expected within this Health Board for newly registered nurses to receive a minimum of 6 months post registration supported practice as preceptees.

The preceptorship programme is also confirmed as a mandatory requirement for new registrants in accordance with the Core Principles for Preceptorship (2014).

Preceptorship:
- Does not replace mandatory training
- Is not a substitute for performance management processes
- Is NOT a period in which another registrant takes responsibility and accountability for the newly registered practitioners actions and responsibilities
- It can be a personalised programme with specific competencies relating to the Preceptees role and includes the opportunity to reflect on practice and receive constructive feedback.
Preceptorship policy

Preceptorship requires that the newly registered nurse/midwife has access to a named individual on the same part of the register and field of practice, for guidance and support as a preceptor.

The newly registered nurse/midwife will be expected to complete foundation learning outcomes and developmental objectives throughout the preceptorship period, which is in line with the KSF dimensions and indicators in order to progress through the foundation gateway. The completed outcomes will form the basis of the new registrant’s professional portfolio.

3. NEWLY REGISTERED NURSES/ PRECEPTEE

3.1. AWAITING PIN (Personal Identity Number)

If the newly registered nurse/preceptee is awaiting his/her PIN, then they must not practice as an accountable registered nurse, but under direct supervision of a registered nurse. Accountability in this situation is taken by the registered nurse for the newly registered nurse practice until the PIN is confirmed. The new registrant must have all documentation entries they have made countersigned by a registered nurse during this time.

The preceptee awaiting their PIN will work as a Band 2 under Agenda for Change following the job description of a Health Care Support Worker (HCSW).

3.2. REGISTERED

The newly registered nurse/who has received their PIN from the NMC must be supported by another registered nurse or their named preceptor for the preceptorship period. The new registrant/preceptee is fully accountable (see NMC Code) for their own practice in this time, and must be fully aware of their competency levels and areas for development from discussions with their preceptor and from completion of the Preceptorship Foundation workbooks, portfolio and area specific learning outcomes.

Newly registered nurses with a PIN do not need to work under the direct supervision of another registered nurse but must be supported and have access to a more senior nurse for their preceptorship/novice period.

3.3. The Role of the education liaison nurse in facilitating the foundation preceptorship study programme

The Education Liaison Nurse is responsible for planning, organising and arranging protected learning time for newly registered nurses, through a structured preceptorship foundation programme. This study skills programme will consist of study days designed for practice development and enhanced learning throughout the preceptorship foundation and novice period. The content of the programme also reflects the identified service development needs and will be subject to regular review.

A preceptorship portfolio framework is given to all new registrant by the Education Liaison Nurse, which will be supported and signed by their preceptor. This consists of both generic and area specific development objectives and is a skills based tool for assessment of the new registrant’s abilities and knowledge and confidence in the specific areas of practice.

The Preceptee must attend 80% of the foundation study programme

i) The Education Liaison Nurse will facilitate a regular review of the content of the portfolio liaising with the relevant professionals.
ii) The Education Liaison Nurse provides support and supervision where necessary to the newly registered nurses throughout the preceptorship period, based on group or individually identified need.

iii) The Education Liaison Nurse also provides support and supervision to the preceptor, nursing team and Sister/Charge Nurse throughout the preceptorship period of each newly registered nurse.

iv) The Education Liaison Nurse will be responsible for the audit of preceptorship to ensure a concrete framework with evidence to show the effectiveness of implementing high quality standards of newly registered nurses’ supervision and learning.

ii) The Education Liaison Nurse will utilise the Department of Health Standards for Preceptorship as a base for audit evaluation. (See Appendix 1).

iii) If the Preceptee fails to complete the required 80% attendance, the team leader, preceptor and Assistant Director of Nursing (practice) will be notified by the Education Liaison Nurse and there will be no record of completion.

4. NEWLY REGISTERED/REGISTERED MIDWIVES
4.1. AWAITING PIN
If the newly registered midwife is awaiting his/her PIN, then they must not practice as a registered midwife, but under direct supervision of a registered midwife. Accountability in this situation is taken by the registered midwife for the newly registered midwife’s practice until the PIN is confirmed. The newly registered midwife must have all documentation entries they have made countersigned by a registered midwife during this time.

The preceptee awaiting their PIN will work as a Band 2 under Agenda for Change following the job description of a Health Care Support Worker (HCSW).

4.2. REGISTERED
The newly registered midwife who has received their PIN from the NMC, must be supported by another registered midwife or their named preceptor for the preceptorship period. The new registrant is fully accountable (see NMC Code) for their own practice during this time, and must be fully aware of their competency levels.

4.3. MIDWIFERY PRECEPTORSHIP
Once fully registered with the NMC, the newly registered midwife must complete the 12 months work based preceptorship programme, which will include skills and drills days, e-learning packages, clinical study days and scenario based clinical situations. Areas for development will be identified from discussions with their preceptor and the newly registered midwife must complete the Preceptorship and Competency Programme and specific learning outcomes.

Newly registered midwives with a PIN do not need to work under the direct supervision of another registered midwife but must be supported as required during the preceptorship period.

5. NEWLY REGISTERED SPECIALIST COMMUNITY PUBLIC HEALTH NURSES
Adhering to the NMC recommendations (2006) all newly qualified SCPHNs are allocated a mentor/ preceptor to guide their transition to experienced SCPHN. The mentor supports the
SCPHN in their new post for 6 months or longer if needed. The mentor is responsible for monitoring, supporting and reviewing the competencies of the SCPHN, ensuring that mandatory training is completed and that competencies are achieved in line with the NMC professional code (2015).

6. NEWLY REGISTERED RETURN TO PRACTICES NURSES
Nurses returning to practice must have access to the preceptorship programme based on individual need as agreed with their manager. They will be expected to complete a professional portfolio in line with NMC guidance and have access to a supervisor for support and advice. They will not be required to complete 80% of the preceptorship programme, but can attend sessions according to their own development and learning needs.

7. RESPONSIBILITIES OF ALL NEWLY REGISTERED PRACTITIONERS (NMC 2006)
   a) Practice in accordance with the NMC Code: Professional standards of practice and behaviour for nurses and midwives (NMC 2015)
   b) Have fixed protected learning time during their first 6 - 12 months as a novice registered practitioner
   c) To be supported by a registered nurse/midwife preceptor in the same clinical area in order to complete the clinical preceptorship period.
   d) Identify specific learning needs in order to continue professional and skill development as soon as the employment post has commenced and develop actions for addressing these needs with the preceptor
   e) Attend the pre-planned preceptorship programme study days facilitated by the Education Liaison Nurses, as protected mandatory learning (for adult, paediatrics, mental health and learning disability nurses only).
   f) Seek regular feedback and supervision sessions with their preceptor and reflect on their practice and experiences.
   g) Utilise and prioritise their protected learning time in order to successfully complete their preceptorship foundation learning outcomes and attend the preceptorship study days (structured taught study days for adult, paediatrics, mental health and learning disability nurses only).
   h) Be aware of the relevant policies and procedures and a clear understanding of the expected standards, competencies and objectives required by their employer.

8. MANAGER & PRECEPTOR ROLE AND RESPONSIBILITIES (NMC 2006)
   a) Agree and facilitate appropriate protected time for reflection, learning and completion of the preceptorship programme and the learning outcomes.
   b) Identify any learning needs or areas for development throughout the preceptorship period and agreeing plans and actions necessary to enable the preceptee to achieve these learning objectives.
   c) A key responsibility of the preceptor is supporting and confirming that the portfolio or specific learning outcomes have been successfully worked through and completed.
   d) Enable the new registrant to consolidate learning and gain general confidence in the clinical area before undertaking crucial aspects of nursing practice unsupervised.

Although there are no formal qualifications associated with being a preceptor, it is expected that they will have completed a mentor or practice teacher preparation programme. As formally defined by the NMC (2006), preceptors should be registered specialist, community or first level nurses with at least 2 years’ experience within the same clinical area as the new registrant.
9. MANAGERS AND SENIOR NURSE RESPONSIBILITY
Managers are responsible for ensuring that newly registered nurses have access to protected study time and for implementing clinical preceptorship in line with this policy document.

Managers and senior nurses are responsible for supporting the preceptor and the preceptee throughout the preceptorship period.

A Personal Appraisal and Development Review (PADR), should be undertaken by the Nurse Manager or identified Reviewer using the KSF Post Outline to guide the discussion about role performance, in consultation with the named preceptor.

Managers are responsible for ensuring two development assessment reviews for progression through the Foundation Gateway.

In addition, an Annual Professional Review should also be undertaken as part of the three-year NMC revalidation cycle, using the preceptees professional portfolio to guide the discussion.

10. REGISTERED NURSES OR MIDWIVES WORKING AS HEALTHCARE SUPPORT WORKERS (HCSW) OR OTHER NON-REGISTERED SUPPORT ROLES

There is nothing to prevent registered nurses, if they choose, working in support roles. There are however, a number of issues for them in this position to consider, namely:

a) Their own accountability (professional and legal),

By virtue of their registration, they would remain accountable for their practice.

b) NMC revalidation

Every 3 years at the point of their renewal of registration nurses and midwives will need to undertake a formal process of revalidation in order to demonstrate that they are practising in line with the Code’s standards of practice and behaviour and have complied with all requirements of the NMC Revalidation process. This process of revalidation will build on current PREP requirements (NMC 2015).

Full details about the requirements for revalidation can be found on the NMC website http://www.nmc.org.uk/ but in summary nurses and midwives need to achieve the following:

- Practice Hours 450 (900 for dual registration)
- CPD – 40 hours, 20 of which must be participatory
- Practice related feedback- 5 pieces
- At least 5 reflections on the Code, practice related feedback and CPD in the three years prior to revalidation. these must be discussed with another nurse or midwife
- health and character declaration
- confirmation of professional indemnity
c) Preceptorship

Newly registered nurses working as HCSW’s could still undertake a period of preceptorship in negotiation with their employer/manager/professional colleagues.

d) Employment liability (vicarious)

Nurses who undertake HCSW roles should therefore, inform their employer that they are on the NMC register as a nurse and that in exercising their professional accountability, they may be required to step outside their contract of employment as an HCSW. They should also seek to ensure that their contract recognises the extent of their role and that the job description is clear as to what would be expected of them in this role.

It is recommended that nurses in this position also contact their professional body or trade union to discuss the scope of their own indemnity insurance and ascertain if and how they are indemnified when working in support roles.

For further information, please contact advice@nmc-uk.org

11. REFERENCES


## 12. APPENDIX 1 – PRECEPTORSHIP AUDIT TOOL

### PRECEPTORSHIP AUDIT TOOL

**Mental health & learning disabilities**

**DOH standards for preceptorship**

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<td>Score:</td>
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<tr>
<th>STANDARD, (BASED ON DOH STANDARDS FOR PRECEPTORSHIP)</th>
<th>SCORE</th>
<th>BULLET POINT EVIDENCE FOR STANDARD ACHIEVED</th>
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<th>SIGN &amp; DATE TO EVIDENCE WHEN CHANGE HAS BEEN IMPLEMENTED AND STANDARD ACHIEVED</th>
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<td>Systems are in place to identify all staff requiring preceptorship</td>
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<td>Systems are in place to monitor and track newly registered practitioners from their appointment through to completion of the preceptorship period</td>
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<td>Preceptors are identified from the workforce within clinical areas demonstrate the 13 attributes.</td>
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<td>● giving constructive feedback</td>
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<td>● setting goals and assessing competency</td>
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<td>● facilitating problem solving</td>
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<td>● active listening skills</td>
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<td>● understanding, demonstrating and evidencing reflective practice ability in the working environment</td>
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<td>● demonstrating appropriate clinical decision making and evidence based practice</td>
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Preceptors are identified from the workforce within clinical areas demonstrate the 13 attributes.

- giving constructive feedback
- setting goals and assessing competency
- facilitating problem solving
- active listening skills
- understanding, demonstrating and evidencing reflective practice ability in the working environment
- demonstrating appropriate clinical decision making and evidence based practice
- recognising their own limitations and those of others
- knowing what resources are available and how to refer a newly registered practitioner appropriately if additional support is required, for example pastoral support or occupational health services
- being an effective and inspirational role model and demonstrating professional values, attitude and behaviours
- demonstrating a clear understanding of the regulatory impact of the care that they deliver and the ability to pass on this knowledge
- providing a high standard of practice at all times

Organisations have sufficient numbers of preceptors in place to support the number of newly registered
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<td>Organisations demonstrate that preceptors are appropriately prepared and supported to undertake the role and that the effectiveness of the preceptor is monitored through appraisal</td>
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<td>Organisations ensure that their preceptorship arrangements meet and satisfy the regulatory body and KSF requirement</td>
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<td>Organisations ensure that the newly registered practitioners understand the concept of preceptorship and engage fully</td>
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<td>An evaluative framework is in place that demonstrates benefits and value for money</td>
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<td>Organisations publish their preceptorship framework facilitating transparency of goals and expectations</td>
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<td>Organisations ensure that evidence is produced during preceptorship is available for audit and submission for potential verification by the NMC/HIW</td>
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<td>Preceptorship operates within a governance framework</td>
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H. Thomas 2011
Clinical Practice & Education Nurse