Tees, Esk and Wear Valleys
NHS Foundation Trust

Preceptorship Procedure

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Contents

1 Purpose

Following this procedure will help the Trust to:-

- Implement the Preceptorship policy (CLIN-0031)
- Meet the Core Outcomes for Preceptorship Performance Management Outcomes (Health Education England, 2015) outlined below:
- Ensure values based recruitment practice is adhered to for all newly registered/ qualified practitioners including an early period of organisational induction aligned to the Core Skills Framework.
- Ensure newly registered/ qualified practitioners have an identified preceptor with the skills to facilitate the learning experience including reflection, communication and interpersonal skills to actively listen, be available and accessible to assist in making and articulating decisions and judgements in practice.
- Provide effective support for newly registered/ qualified practitioners through a structured and managed approach which requires staff to outline their development needs and work towards using past experience to make judgements and decisions which refine skills and improve performance in practice.
- Develop preceptors to act as a resource to facilitate the newly registered/ qualified practitioner's professional development including development of attitudes and behaviours that demonstrate and uphold professional values and beliefs in line with professional regulatory body requirements, in line with the values of the organisation and the values embedded in the NHS Constitution.

2 Related documents

This procedure describes what you need to do to implement the 2.2 section of the Preceptorship Policy (CLIN/0031/v5) Hyperlink

And also to meet the Preceptorship Standards (Health Education England, 2015) (appendix 1)

The Preceptorship Policy defines the purpose and objectives of preceptorship for all newly Registered Practitioners which you must read and understand before carrying out the procedures described in this document.

This procedure also refers to:-

- ✓ Disciplinary Procedure (HR-0043)
- ✓ Capability Procedure (HR-0003)

3 Preceptorship Process

Newly Registered Practitioners (NRP) employed by Tees, Esk and Wear Valleys NHS Foundation Trust are identified through recruitment processes by Human Resources, Professional Nursing and Education and Allied Health Professional (AHP) Leads and details entered on to a central register, held by the Professional Nursing and Education team. All NRPs will receive the Preceptorship workbook to include within their Preceptorship portfolio.

The names of newly registered practitioners on the central register will be shared with the Heads of Professional Nursing, for invitation to attend the locality Preceptorship development programme; this programme requires the preceptee to attend one full day session per month for a total of six months.

All preceptees are assigned a preceptor.

If a change in preceptor occurs during the preceptorship period, ensure a rationale is recorded in the preceptorship portfolio; nurses must book an additional meeting with the Practice Placement Facilitator (PPF) to review progress.

The preceptorship period starts on commencement of the Registered post. All NRPs will receive a supernumerary period of at least **two weeks**. This will enable the NRP time to familiarise themselves with the routine and day to day work of the team, it is a period of observation and familiarisation.

The NRP and preceptor will agree on goals to be achieved during preceptorship at each preceptorship meeting and it is recommended that the preceptorship meetings will occur **monthly**. The goals are based on the professional key task areas (appendix 3). Newly Qualified Social Workers will complete the Assessed and Supported Year in Employment (**ASYE**). The **ASYE** is a twelve month programme for assessing newly qualified **social workers** (NQSWs). It supports the NQSW during their first year in employment, helping them to develop their skills, knowledge and professional confidence.

The NRP will write a reflective account for each of the key consolidation areas before the six month tracking review. The reflective accounts can follow a standard reflective model or be locally developed, as long as the reflection leads to an action plan and (for nurses) makes reference to the NMC Code (2015). Gibbs reflective cycle is a commonly used model and information on this model can be found in appendix 4.

3.1 For nurses

NRPs are assigned a preceptor who meets the approved standards by the line manager. For Allied Health Professionals including Social Workers, Pharmacy and Psychology: NRPs are assigned a preceptor via the relevant Clinical / Professional Lead.

The NRP will **not** take charge of the clinical area for the first **six** weeks, during which they should work together with their preceptor for a minimum of two days a week, evidenced through ESR and/or electronic calendars.

The NRP will book an initial meeting with the preceptor and the Senior Nurse Practice Placement Facilitator. For AHPS: the NRP will book the initial meeting with the preceptor and the manager. The initial meeting will follow the agenda in appendix (2). This is a standardised script, it can also

be found in the preceptorship workbook, and the meeting should be recorded on this document and added to the preceptorship portfolio.

3.2 6 week review

The NRP and the preceptor will have a review of preceptorship progress at **6 weeks** with the suggested agenda:

- Review progress of action plans/education/coaching/support needed to meet the key consolidation areas
- Follow up on previous action plans
- Review the preparedness of the NRP to take charge of the clinical area from the six week point (nurses only)

3.3 12 week review

The NRP and the preceptor will have another review of preceptorship progress at **12 weeks** with the suggested agenda:

- Review progress of action plans
- Set appraisal objectives (with relevant appraiser) by the 12 week point and include in the preceptorship portfolio
- Set date for appraisal with line manager/preceptor/NRP at six months for the first quarterly review
- Review progress of core and mandatory training
- Discuss ongoing professional development

3.4 6 month review

The NRP, the preceptor and the line manager will have a formal review of preceptorship progress at **6 months** with the suggested agenda:

- Review progress of action plans
- Review the preceptorship portfolio with the manager to identify satisfactory progress through preceptorship or identify completion of preceptorship, this is the earliest point at which the NRP can be signed off preceptorship (nurses only).
- If preceptorship is **complete**; (invite the PPF to the final review – nurses only) the preceptor and manager make a record of this decision in the portfolio, the manager and preceptee complete the final preceptorship questionnaire and return to the Professional Nursing and Education team tewv.professionalnursingandeducation@nhs.net (appendix 5). The completion date is noted on the database.
- If the preceptorship is to **continue**; make a note of this decision in the portfolio and the preceptor and preceptee will continue to meet monthly to work on professional goals until preceptorship is complete
- Discuss ongoing professional development

- For Allied Health Professionals, Social Workers, Pharmacy and Psychology: the six month review should also include the 'grandparent' which is the preceptor's clinical/professional supervisor

3.5 12 month review or completion of portfolio

The NRP, preceptor and line manager will have a formal review of preceptorship progress at **12 months or on completion of portfolio** with the suggested agenda:

- Review progress of action plans
- Review the preceptorship portfolio identifying they have completed preceptorship (for nurses only; the PPF will attend this final review). Note this decision in the portfolio
- Manager and preceptee complete the final preceptorship questionnaire and return to the Professional Nursing and Education team tewv.professionalnursingandeducation@nhs.net (appendix 5). The completion date is noted on the database and the information is updated on ESR
- Following successful completion of preceptorship and one year post registration, nurses can apply for an NMC recognised mentor course, Occupational Therapists can apply for the APPLE accreditation to become a clinical educator
- For Allied Health Professionals, Social Workers, Pharmacy and Psychology: the 12 month review should also include the 'grandparent' which is the preceptor's clinical/professional supervisor

3.6 Preceptorship timescale

Preceptorship has a maximum 12 month timescale, this is an indication of the time period it would normally take for a NRP to complete a preceptorship programme. This time period could be extended only in exceptional circumstances including:

- Sickness
- Maternity leave
- Leave of absence
- The appropriate level of support not available

Preceptorship may not be extended for capability reasons; this is addressed in the next section.

3.7 Dealing with concerns

If there are concerns regarding the capability or conduct of a NRP, then a meeting must occur between the NRP, the manager/clinical lead and the Practice Placement Facilitator (for nurses) or the relevant Professional AHP Lead to discuss future progress.

It is important that preceptors and NRPs bring any concerns to the attention of the line manager or professional clinical lead. Documentary evidence of these concerns must be recorded and the required action taken to resolve these issues.

Where there are concerns that the preceptee's performance falls below the standard required, the manager should suspend the preceptorship period and initiate the informal capability process or where there are concerns of a serious nature, the formal capability process (HR-0003-v3).

If a member of staff has concerns about an individual's *Fitness for Practice or Fitness for Purpose* they must discuss it with the individual concerned and document this discussion, bring it to the attention of the clinical manager and clinical lead who will decide what action is required. The manager or lead will bring the concern to the attention of the service manager. Any party can seek professional advice from the professional head, who must be informed of any fitness to practice concerns, regardless of stage. They must refer to the Disciplinary Procedure (HR-0043)

Individual professional bodies also have guidance that staff may wish to refer e.g. Advice and Information for employers of Nurses and Midwives (NMC); The Fitness to Practice Process; Nursing and Midwifery Council (Fitness to Practise)(Education, Registration and Registration Appeals) (Amendment) Rules 2014; Information for Employers and Managers (HCPC, 2015); How to Raise a Concern. Information for members of the public (HCPC, 2016). AHP staff will be expected to inform the HCPC of any concerns about their practice in line with the HCPC Standards of Conduct, Performance and Ethics HCPC (2016) and the relevant HCPC Standards of Proficiency linked to their profession.

A flow chart to manage concerns in preceptorship can be found in appendix 6

3.8 Protected time

The line manager or clinical lead must agree suitable off duty/sessions to facilitate preceptorship, including time to attend preceptorship development days.

The line manager or clinical lead must ensure that the NRP and preceptor are given a minimum of one hour per month to meet on a 1:1 basis to reflect on progress and to plan and review preceptorship goals, this is different to either clinical or management supervision.

3.9 Audit

A sample of completed preceptorship portfolios will be randomly selected from the database for audit on an annual basis using the audit tool in appendix 7. The audit tools are sent to the trust audit department for analysis. An action plan is agreed by the PPF team/AHP Leads based on the results of the audit and disseminated to the Heads of Professional Nursing and AHP Leads.

4 Definitions

Term	Definition
Preceptorship	'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).

Preceptee	A Newly Registered Practitioner (NRP) entering practice for the first time in the NHS. The NRP may be from the following staff groups • Nursing • Nursing Associates • Allied Health Professionals • Social Work • Psychology • Pharmacy
Preceptor	An experienced and knowledgeable clinical practitioner of the same discipline, who meets the standards to act as a preceptor
Standards for Preceptors	The preceptor must: • Be an experienced and knowledgeable practitioner of the same discipline (for nurses, the preceptor must be a nurse but can be from a different field of practice e.g. an LD nurse preceptor can support a newly Registered MH nurse) • For AHPs only, the preceptor will be the clinical supervisor allocated by the relevant Clinical Lead from the same profession and normally from the same team/directorate. The preceptorship review will take place in addition to the normal clinical/professional supervision process. • Have a minimum of one year's clinical experience within the specific area of practice (or identified at appraisal). NB: The BDA states that a preceptor will be a Dietician with at least two years' experience and have received training for the role • Have completed preparation for the role that is distinct from mentorship preparation, in line with HEE Preceptorship standards • Have the relevant knowledge and skills to undertake the role • Have prior experience of supervising and supporting staff • Have skills development on clinical supervision and appraisal • For Nurses only – have an NMC recognised teaching qualification and entered and 'active' on the local NMC mentor register

5 References

HCPC (2015) Information for Employers and Managers

HCPC (2016) How to Raise a Concern. Information for members of the public

HCPC (2016) Standards of Conduct, Performance and Ethics

NMC (2011) Advice and Information for employers of Nurses and Midwives

NMC (2014) The Fitness to Practice Process; Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment) Rules 2014;

Tees, Esk and Wear Valleys NHS Foundation Trust (2010) Disciplinary Policy and Procedure (including dealing with poor performance) (HR-0043-v2)

Tees, Esk and Wear Valleys NHS Foundation Trust (2016) Staff Development Policy. HR-0012-v7.6

Appendix 1 – Health Education England PreceptorshipStandards

Health Education England Preceptorship Standards

The organisation has a preceptorship policy, which has been formally approved by the appropriate Education Governance structures
There is an organisational wide lead for preceptorship
There is a structured preceptorship programme that has been agreed by the Executive Nurse and other professional leads given preceptorship should be available for all new registered practitioners.
The organisation facilitates protected time for preceptorship activities
There is a clearly defined purpose of preceptorship that is mutually understood by preceptors and preceptees
Preceptorship is informed by and aligns with the organisational appraisal framework
Preceptors have undertaken training and education that is distinct from mentorship preparation
There is a central register of preceptors
Systems are in place to identify all staff requiring preceptorship
Systems are in place to monitor and track newly registered practitioners from their appointment through completion of the preceptorship period
Every newly qualified nurse/midwife/allied health professional has a named preceptor allocated from first day of employment
Preceptorship is tailored to meet the need of the individual preceptee
The preceptee undertakes a transitional learning needs analysis
Preceptorship is monitored and evaluated on a scheduled basis
A range of relevant skills training and assessments are available to meet the needs of preceptees
Action learning, group reflection or discussion are included in the preceptorship process
Preceptees contribute to the development of preceptorship programmes
The preceptorship programme includes the following elements: 1. Accountability 2. Career development 3. Communication 4. Dealing with conflict/managing difficult conversations 5. Delivering safe care 6. Emotional intelligence 7. Leadership 8. Quality Improvement 9. Resilience 10. Reflection 11. Safe staffing /raising concerns 12. Team working 13. Medicines management (where relevant) 14. Interprofessional learning

Appendix 2 – Preceptorship Initial Meeting

Date:

Agenda Item	Topic	Discussion
Introductions	Names and roles	
Discussion of policy requirements	Include: Earliest and latest signing off of preceptorship Supernumerary status for 2 weeks **Nurses:** NRP will **not** take charge of a clinical area for the first **six weeks** during which time they should work together with their preceptor for a minimum of two days a week **Nurses:** Identify model of reflection – minimum of 5 pieces of reflection, use NMC template **AHPs:** may use a variety of reflective models and complete these as required by relevant AHP preceptorship framework Discuss evidence for portfolio e.g. testimonials, observed practice, case studies etc	
Core and mandatory training	Completed or booked To include certificates/ compliance matrix in the portfolio	
Key consolidation areas – plan and agree on goals around the key task areas for the coming weeks, review at each meeting, set new goals, review and so on Enrol for Edward Jenner Programme for Leadership (Launch and Foundations free modules online only)	**Nurses:** key consolidation areas: • Professional Values, Attitudes and Behaviours • Nursing Practice and Decision Making • Leadership, Management and Teamwork • Communication and Interpersonal Skills **AHPs:** Plan and agree on how to meet AHP preceptorship requirements	
Preceptor Definition	Be an experienced and knowledgeable practitioner of the same discipline (for nurses, the preceptor must be a nurse but can be from a different field of practice e.g. an LD nurse preceptor can support a newly Registered MH nurse) Have completed preparation for the role	

	that is distinct from mentorship preparation, in line with HEE Preceptorship standards Have a minimum of one year's clinical experience within the specific area of practice (or identified at appraisal). NB: The BDA states that a preceptor will be a Dietician with at least two years' experience and have received training for the role Have the relevant knowledge and skills to undertake the role Have prior experience of supervising and supporting staff Have skills development on clinical supervision and appraisal For **Nurses** only – have an NMC recognised teaching qualification and entered and 'active' on the local NMC mentor register For **AHPs** only, the preceptor will be the clinical supervisor allocated by the relevant Clinical Lead from the same profession and normally from the same team/directorate. The preceptorship review will take place alongside the normal Clinical Supervision process.	
What to do if preceptor changes during preceptorship period	**Nurses:** Book meeting with PPF to meet with preceptee and new preceptor to review progress so far and ensure new preceptor meets definition (above) **AHPs:** Book meeting with relevant AHP clinical lead to meet with new preceptor, review progress so far and ensure new preceptor meeting definition (above)	
Any other preceptorship business?	To include job description, KSF and appraisal within the portfolio Occupational Therapists should include a copy of their OT specific induction and log sheets for each preceptorship task from the COT Preceptorship Handbook for Occupational Therapists: 3rd edition 2013 Discuss transitional learning analysis/SWOC and link to preceptorship planning	

Name	Signature	Date
Preceptor:		
Preceptee:		
PPF:		

Appendix 3

Key Task area Nursing	KSF core competencies	Examples of activity for Nursing	Standard of practice (from NMC 2014)	Achieved
1. Professional values, attitudes & behaviours	1 Communication 5 Quality 3 Health, safety and security 6 Equality and diversity	Work to the NMC code (2015) and TEWV compact Display professional behaviour & work to care for & safeguard the public Understand & apply all current legislation to service users within newly registered nursing role Maintain a portfolio of evidence and ensuring that through a process of reflective practice that skills a maintained and improved upon.	• Practice according to The Code (NMC, 2015) • Be responsible and accountable for keeping own knowledge and skills up to date through CPD • Display professional behaviour • Working knowledge of current legislation • Practice in a holistic, non-judgemental, caring and sensitive manner • Support and promote the health and wellbeing, rights and dignity of people, groups, communities and populations • Work in partnership with service users, carers, groups, communities and populations • Fully understand the nurse's various roles, responsibilities and functions • Understand the roles and responsibilities of other health and social care professionals • Practise independently, recognising the limits of own competence and knowledge • Appreciate the value of evidence in practice, understand and appraise research, apply relevant theory to work and identify areas for further investigation	

2. Nursing practice & Decision making	1 Communication 6 Equality and diversity 5 Quality 3 Health, safety and security	Assess, plan, implement & evaluate care Complete appropriate risk assessments, risk management plans, care and intervention plans, may include involvement in MAPPA, MARICK or other multiagency meetings Sound knowledge of the Mental Health Act and will facilitate a tribunal & write a mental health report (where opportunity arises) Sound knowledge of the Mental Capacity Act Working knowledge of evidence based therapeutic interventions & use them in practise Competent in the administration & management of medication Sound knowledge of safeguarding issues and policy and how to respond appropriately, this may include writing reports, making referrals, attending conferences	• Use up to date knowledge to assess, plan, deliver and evaluate care, communicate findings, influence change, promote health and best practice • In-depth knowledge of common physical and mental health problems and treatments in own field of practice, including co-morbidity and physiological and psychological vulnerability • Carry out comprehensive, systematic nursing assessments taking into account physical, social, cultural, psychological, spiritual, genetic and environmental factors • Ascertain and respond to physical, social and psychological needs of people, groups and communities. Plan, deliver and evaluate safe, competent, person-centred care, paying attention to changing health needs during different life stages • Understand public health principle, priorities and practice • Awareness of correct use, limitation and hazards of common interventions, including nursing activities, treatments, medical devices and equipment • Recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user • Provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing • Recognise when a person is at risk and in need of extra support and protection and take reasonable steps to protect them from abuse • Evaluate care to improve decision making, quality and outcomes	

3. Leadership management & Team work	1 Communication 2 Personal and people development 5 Quality 3 Health, safety and security	Adhere to NMC code Manage ward / community caseload Lead & delegate in clinical ward & community setting Undertake supervision in line with the supervision policy Demonstrate multi agency working e.g. referrals to other services Lead at multi –professional meetings e.g. CPA, formulation, report out Enrol on Edward Jenner Leadership Programme and complete modules	• Act as change agent and provide leadership through quality improvement and service improvement to enhance wellbeing and experience of care • Systematically evaluate data and ensure findings help improve experience and care outcomes to shape future services • Identify priorities and manage time and resources effectively to ensure quality of care is maintained or enhanced • Recognise how own values, principles and assumptions may affect own practice • Work independently as well as in teams. Take lead in coordinating, delegating and supervising care safely, manage risk and remain accountable for care given • Work effectively across professional and agency boundaries	
4. Communication & Interpersonal Skills	1 Communication 5 Quality 3 Health, safety and security 6 Equality and diversity	Demonstrate excellent interpersonal & communication skills as well as the therapeutic use of self Adhere to the Information Governance/ data protection Act and all policies and procedures Make clear concise entries in patient record on PARIS Demonstrate an ability to complete risk assessment documentation and evidence of	• Build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication • Use a range of communication skills and technologies to support person-centred car and enhance safety and quality. Ensure people receive information they need in a language and manner that allows them to make informed choices and share decision making. Recognise when language interpretation or other communication support is needed and know how to obtain it • Use full range of communication methods, including non-verbal and written. Be aware of own values and beliefs and the impact on communication with others • Recognise when people are anxious or in distress and	

		ability to prepare / write reports Demonstrate an understanding of Record Keeping Guidance for nurses and midwives NMC(2009) and related trust policies Engagement, disengagement with service users, colleagues & other professionals Confidentiality	respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. Know when to consult a third party and how to make referral for advocacy, mediation or arbitration • Use therapeutic principles to engage, maintain and disengage from professional caring relationships, respect professional boundaries • Take every opportunity to encourage health promoting behaviours through education, role modelling and effective communication • Maintain accurate, clear and complete records • Respect rights to confidentiality, keep information secure and confidential in accordance with the law and relevant ethical and regulatory frameworks. Actively share personal information with others when in the interests of safety and protection override the need for confidentiality	
5. Specific skills required in newly registered professionals place of work		**EXAMPLE**	**EXAMPLE**	

Appendix 3.1

Key Task area Occupational Therapy	KSF core competencies	Examples of activity for Occupational Therapy	Standard of practice
1. Working with clients and groups	1 Communication 6 Equality and diversity	Carrying out an occupational therapy Assessment. Planning and facilitating a treatment session. Further assessment of sensory performance – the Occupational Therapist must further identify and assess client's occupational needs linked to sensory elements of occupational performance Further assessment of functional cognition – the Occupational Therapist must further identify and assess client's occupational needs linked to cognitive/perceptual elements of occupational performance Understanding and use of PROMs, CROMs and PREMs for OT e.g. GAS light, MOHOST (or SCOPE), OSA (or COSA) Working with carers in practice Using occupational formulation to formulate the way forward for therapy with clients Additional training in capacity and consent (including Mental Capacity Act) Small project linked to delivery of occupational therapy delivery/practice by 6 month point Use of evidence in OT specific intervention planning	**1.a Assessment and goal setting** The occupational therapist must identify and assess client's occupational needs **OR** **1.b Intervention and evaluation** The occupational therapist will enable the service user to move towards their stated goal by carrying out occupational-focused activities. You use outcome measures to monitor and review the ongoing effectiveness of your intervention You include the views and experience of service users when evaluating the effectiveness of occupational therapy intervention With the service user's agreement, you actively involve their carers and/or family in your practice as appropriate

2. Working with colleagues and other agencies	1 Communication 2 Personal and people development	Feeding back at a clinical meeting, making a referral to another service, contributing occupational formulation to MDT formulation, advising on referrals for occupational therapy Delegating to support staff in awareness of levels of accountability and responsibility Additional training in emotional intelligence, dealing with conflict, managing difficult conversations, leadership, resilience Small project linked to delivery of occupational therapy delivery/practice by 12 month point Use of evidence with colleagues and others to help demonstrate purpose and effectiveness	**2. Team working** The occupational therapist must work in collaboration with other professionals and agencies and ensure effective communication.
3. Written Communication	1 Communication 5 Quality 3 Health, safety and security	a. OT Clinical notes b. OT assessment c. Developing an OT treatment plan with client/carer to include evidence to support the planned action d. Use of OT outcome measures e. OT discharge report	**3. Record keeping** Occupational therapy records should be well organised, well managed and clear; to ensure that they are accessible to those who may need to refer to them.

4. Using local clinical policies relating to working practise	4 Service improvement 5 Quality 3 Health, safety and security	First six months: Lone working, risk assessment and management, safer handling of medicines for AHPs, raising concerns, safe staffing Second six months: Prioritisation and time management e.g. demonstrated through diary or use of standard OT guidance Additional training in and understanding of quality improvement, career development Use of food hygiene principles in practice Delivering safe care, risk assessment and therapeutic risk taking Practical application of evidence based policies and practice evidenced in clinical notes and actions taken	**4. Safe working practice** The occupational therapist must take responsibility for assessing and managing risk to ensure safe working practice.

Occupational Therapists employed into non Occupational Therapy roles will have **additional** requirements which will need discussing and organising via the line manager if core to employed role and not sufficiently covered in statutory and mandatory training e.g. Comprehensive Mental Health Assessment, Mental Health Risk Assessment, care planning, care co-ordination, positive behavioural support, MDT psychological formulation, Mental Health Act, tribunal reports _ see COT briefing. These additional elements of preceptorship for Occupational Therapists in non OT roles should be signed off by the preceptees line manager or other team member they have identified during preceptorship planning in month 1.

Appendix 3.2

Key Task area physiotherapy	KSF core competencies	Examples of activity for physiotherapy	Standard of practice
1. Understanding own role as a worker	1 Communication 2 Personal and people development 6 Equality and diversity	Understand • own job role • trust values and behaviours • confidentiality • team work	The physiotherapy preceptee will demonstrate an under standing of • the workings of the organisation • their own job role • how to work in a team
2. Self-Management	1 Communication 2 Personal and people development 3 Health, safety & security 5 Quality 6 Equality & diversity IK1	Includes • oral and written communication • basic IT skills	The physiotherapy preceptee will demonstrate an ability to • establish and maintain effective oral communication with people on a one to one basis about routine and daily activities but where there are some differences in communication • present simple ideas orally to a small audience of Physiotherapists, Team members and clients/ carers using an appropriate level of language • hear and understand verbal messages using appropriate body language, facial expression using clarification /reflection/summarising techniques, non-judgemental responses • produce written documents about straightforward subjects & physiotherapy reports that are accurate & concise & grammatically correct, are of an appropriate style for the occasion/reader, contain little/no jargon or abbreviations and where they are present they are explained.
3. Introduction to Learning Disabilities	1 Communication 6 Equality & diversity	Basic understanding of • history of LD • causes of LD • how people who are different are treated in	The physiotherapy preceptor will be able to- • Define the term learning disability • Describe & explain the idea of a continuum of ability/disability

		society • cerebral palsy downs syndrome	• List & explain degrees of learning disability – mild, moderate, severe, profound • List the key advantages & disadvantages of categorising the degree of an individual's learning disability for a) the individual and b) the professional • List possible a) pre-natal b) peri-natal c) post-natal causes • List the key advantages/disadvantages of knowing the cause of an individual's learning disability • List & explain some of the negative impressions of people with learning disability that have been influential in the past e.g. subnormal, retarded, mentally handicapped, cretin, imbecile etc. • Explain how such labels have affected how people with learning disability have been treated • Explain the causes, epidemiology & features etc. of cerebral palsy • Explain the causes, epidemiology and features etc. of Down's syndrome
4. Understanding the assessment for and monitoring and evaluation and review of treatment plans	1. Communication 3 Health, safety and security 6 Equality and diversity HWB 6 HWB 7	Assessments Intervention plans Recording of decisions	The physiotherapy preceptor will be able to- • Understand the importance of assessment, monitoring, evaluating and reviewing treatment plans. • Demonstrate the ability to assess, monitor, evaluate and review treatment plans.
5. Physiotherapeutic treatments and prescription of basic aids	1 Communication 3 Health, safety and security 6 Equality and diversity	Safe and appropriate adaptation of physiotherapy treatments for people with learning disabilities exercise therapy, massage, hydrotherapy, rebound therapy and application of hot & cold therapy, appropriate and safe prescription of aids such as mobility aids, basic	The Physiotherapy preceptor will • Have the relevant underpinning knowledge for the application of treatments & prescription of basic aids • Be able to assess clients on their suitability for treatment/aids • Be able to safely carry out appropriate treatments &

	HWB 7	wheelchairs, seating and basic orthoses.	prescription of aids • Be aware of related Trust policies on incident reporting, record keeping, control of infection • Be aware of CSP guidelines on record keeping, hydrotherapy and rebound therapy

Appendix 3.3

Key Task area Dietetics	KSF core competencies	Examples of activity for Dietetics	Standard of practice	
1. Working with clients and groups	1 Communication 6 Equality and diversity	Carrying out Dietetic assessments and formulating dietetic intervention plans. Manages more complex cases with supervision.	• Be able to gather appropriate information • Be able to select and use appropriate assessment techniques • Be able to undertake or arrange investigations as appropriate • Be able to analyse and critically evaluate the information collected • Be able to use research, reasoning and problem-solving skills to determine appropriate actions • Be able to draw on appropriate knowledge and skills in order to make professional judgements • Be able to formulate specific and appropriate management plans including the setting of timescales • Be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully • Be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly • Be able to audit, reflect on and review practice	
2. Working with colleagues and other agencies	1 Communication 2 Personal and people development	Awareness and respect of roles of MDT. Contributes to functioning of MDT.	• Be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers • Be able to contribute effectively to work undertaken as part of a multi-disciplinary team	

3. Written Communication	1 Communication 5 Quality 3 Health, safety and security	PARIS notes, Feeding regimes and letters.	• Be able to maintain records appropriately	
4. Using local clinical policies relating to working practice	4 Service improvement 5 Quality 3 Health, safety and security	Lone-working, risk assessment and management, enteral feeding policies.	• Understand the need to establish and maintain a safe practice environment	
5. Use of Evidence Based Practice	2 Personal and people development 4 Service improvement 5 Quality	Awareness of the principles and practice of evidence based healthcare for professional practice. Awareness of the evidence base for nutrition and dietetic practice. Critically appraises the evidence base to answer questions and inform practice.	• Know and understand the key concepts of the bodies of knowledge which are relevant to their profession specific practice • Know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups communities	

Appendix 3.4

Key Task area Speech and Language Therapists.	KSF core competencies	Examples of activity for Speech and Language Therapists.	Standard of practice	
1. Working with clients and groups	1 Communication 6 Equality and diversity	Assessing, diagnosing, treating and reviewing Speech, Language, Eating and Drinking difficulties. Planning and providing or facilitating individual and group therapy sessions.	Assessment may include the use of standardised tests, criterion referenced measures, informal assessments and Qualitative methods including Observations and discussions as appropriate, Therapy aims will be derived from a consideration of the individual's needs and wishes as well as the therapist's opinion based on comprehensive assessment and reference to the evidence base. Continuous monitoring is an integral part of intervention, a formal review may take place at any point in the process to gauge progress, outcomes, appropriateness, effectiveness and agree the next step.	
2. Working with colleagues and other agencies	1 Communication 2 Personal and people development	Providing SLT advice and therapy as part of a multidisciplinary team. Reporting back (verbal and written) at clinical meetings. Referring on to other agencies.	The Speech and Language Therapist (SLT) will implemer an appropriate, timely and integrated approach to the management of the client's difficulties involving the individual, the family, other professionals and key people the client's environment. A written report/summary stating findings, recommendations and agreed action will be forwarded to the referrer and other relevant agencies.	
3. Written Communicati	1 Communication	Written reports and recommendations, using symbols and pictures to create communication	All written communication should be clear and accessible SLTs will adhere to national and Trust record keeping	

on	5 Quality 3 Health, safety and security	aids, recording all patient activity.	standards.	
4. Using local clinical policies relating to working practice	4 Service improvement 5 Quality 3 Health, safety and security	Adhere to risk management policies, lone working guidelines, provide data for clinical performance targets.	SLTs should assess and respond to risk assessments and recommendations in order to provide a service in the safest environment. SLTs should record all patient related activity electronically, which will allow for quantitative data to be gathered/ SLTs will take part in clinical record keeping audits as required.	
5. Specific skills required in newly registered professionals place of work				

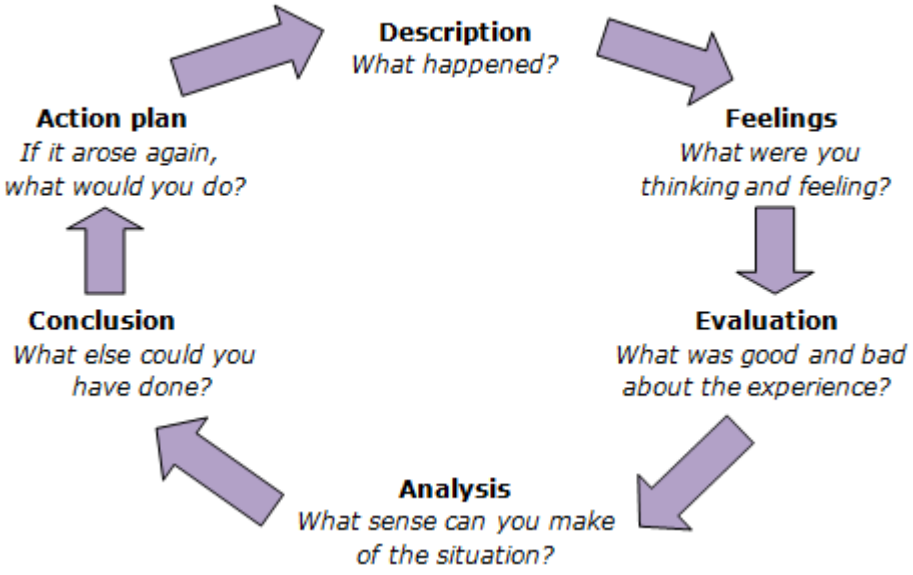
Appendix 3.5

Key Task area pharmacy	KSF core competencies	Examples of activity for pharmacy	Standard of practice
1. Patient & Pharmaceutical care	1 Communication 2 Personal & people development 4 Quality & service improvement 6 Equality & diversity	• Medicines reconciliation • Processes for selection and provision of medicines • Medicines information & patient education • Monitoring of medicine therapy • Transfer of care	The pharmacy preceptee will demonstrate an understanding of: • Effective communication with patients, tailoring information to individual needs • Influences on medicine selection include patient & medicine specific factors • Evaluation of the outcomes of treatment
2. Professional practice	1 Communication 2 Personal & people development 4 Quality & service improvement 6 Equality & diversity	Includes • Professionalism • CPD • Organisation • Effective communication • Teamwork • Education & Training	The pharmacy preceptee will demonstrate an ability to: • Take responsibility for patient care, ensuring issues are followed up and documentation completed • Proactively look for CPD opportunities • Perform ward tasks within an acceptable timeframe and meet deadlines for any written piece of work • Communicate effectively with all levels of staff • Recognize the value of staff and effectively utilise skill mix • Help identify learning needs of others and develop training to meet these needs.
3. Personal Practice	1 Communication 2 Personal & people development 6 Equality & diversity	Understanding of • Appropriate sources of information • Pathophysiology, pharmacology & likely adverse events & interactions • Critical evaluation • Audit	The pharmacy preceptee will be able to: • Use a wide range of appropriate sources • Answer questions around a topic within the area of specialty in which they are currently working (e.g. AMH) • Justify their clinical decision making and demonstrate consideration of a range of options. • Demonstrate a system to ensure identified problems are resolved • Describe the clinical audit process

4. Management and organisation competencies	1 Communication 2 Personal & people development 3 Health, safety and security 5 Equality and diversity 6 Management & Leadership	Demonstrate knowledge of: • Departmental Standard Process Descriptions (SPDs), trust policies / guidelines and relevant legislation • Service development and drivers for change • Trust organisational structure • Cost-effective prescribing • Managing medication supplies • Staff management/supervision	The pharmacy preceptee will be able to: • Demonstrate a working knowledge of SPDs and appropriately identify any deviations from standard practice • Contribute to service development/identification of improvement ideas • Understand who the key individuals in the organisation are, the purpose of the various committees and groups within the organisation and how pharmacy links with them. • Understand how to access medicines across the Trust during the in-hours and out of hours periods • Provide effective supervision/support to more junior member of staff

Appendix 4 – Gibbs Model of Reflection

Gibbs Model of Reflection



Appendix 5 – Evaluation Forms

Preceptorship Evaluation and Feedback Form (2 pages) - Preceptee

We are always seeking to improve the quality of preceptorship and therefore appreciate your honest opinions.

Preceptorship will only be completed on return of this completed form.

Name of Preceptee	Name of Preceptor
Work Address	
Length of time taken for Preceptorship period	Date Preceptorship completed

Did you receive a copy of the Preceptorship pack? ❍Yes ❍No
Did you receive protected time for Preceptorship activity with your preceptee? This includes time to attend the Preceptorship Programme ❍Yes ❍No If No, why
Did you understand the purpose of Preceptorship? ❍Yes ❍No If No, why
Did you have an appraisal? ❍Yes ❍No If No, why
Did you have a named preceptor from Day One of your Preceptorship? ❍Yes ❍No If No, why

Was your Preceptorship programme tailored to your individual needs? ❍Yes ❍No

If No, why

Did you undertake a transitional learning needs analysis? ❍Yes ❍No

If No, why

Did you receive a range of relevant skills training and assessments to meet your Preceptorship needs?

If No, why ❍Yes ❍No

Were action learning sets, groups reflection or discussion included in your preceptorship?

If No, why ❍Yes ❍No

Was this useful in supporting your development in the role you were recruited into? ❍Yes ❍No

If No, why

Did you feel you were adequately supported during Preceptorship? ❍Yes ❍No

If No, why

How would you rate your Preceptorship programme?

Excellent	**Very Good**	**Good**	**Poor**	**Very Poor**
❍	❍	❍	❍	❍

Do you have any suggestions that may improve the experience of Preceptorship?

Please return the form to:

Professional Nursing and Education - Flatts Lane Centre – Normanby - TS6 0SZ

Email: tewv.professionalnursingandeducation@nhs.net

Preceptorship Evaluation and Feedback Form (1 page) - Preceptor

We are always seeking to improve the quality of preceptorship and therefore appreciate your honest opinions.

Preceptorship will only be completed on return of this completed form.

Name of Person Completing the Form	Name of Preceptee
Work Address	
Length of time taken for Preceptorship period	Date Preceptorship completed

Did you receive a copy of the Preceptorship pack? ❍Yes ❍No

Did you receive protected time for Preceptorship activity with your preceptee? ❍Yes ❍No

If No, why

Did you understand the purpose of Preceptorship? ❍Yes ❍No

If No, why

Did you undertake training and education for your role as preceptor that is distinct from mentor preparation or any other preparation for students on placement?

e.g. Preceptorship slides at mentor update or specific preceptor preparation workshop ❍Yes ❍No

If No, why

Was Preceptorship tailored to meet the individual needs of the preceptee? ❍Yes ❍No

If No, why

Did the preceptee undertake a transitional learning needs analysis? ❍Yes ❍No

If No, why

Were a range of relevant skill training and assessments available to meet the needs of the preceptee?

If No, why ❍Yes ❍No

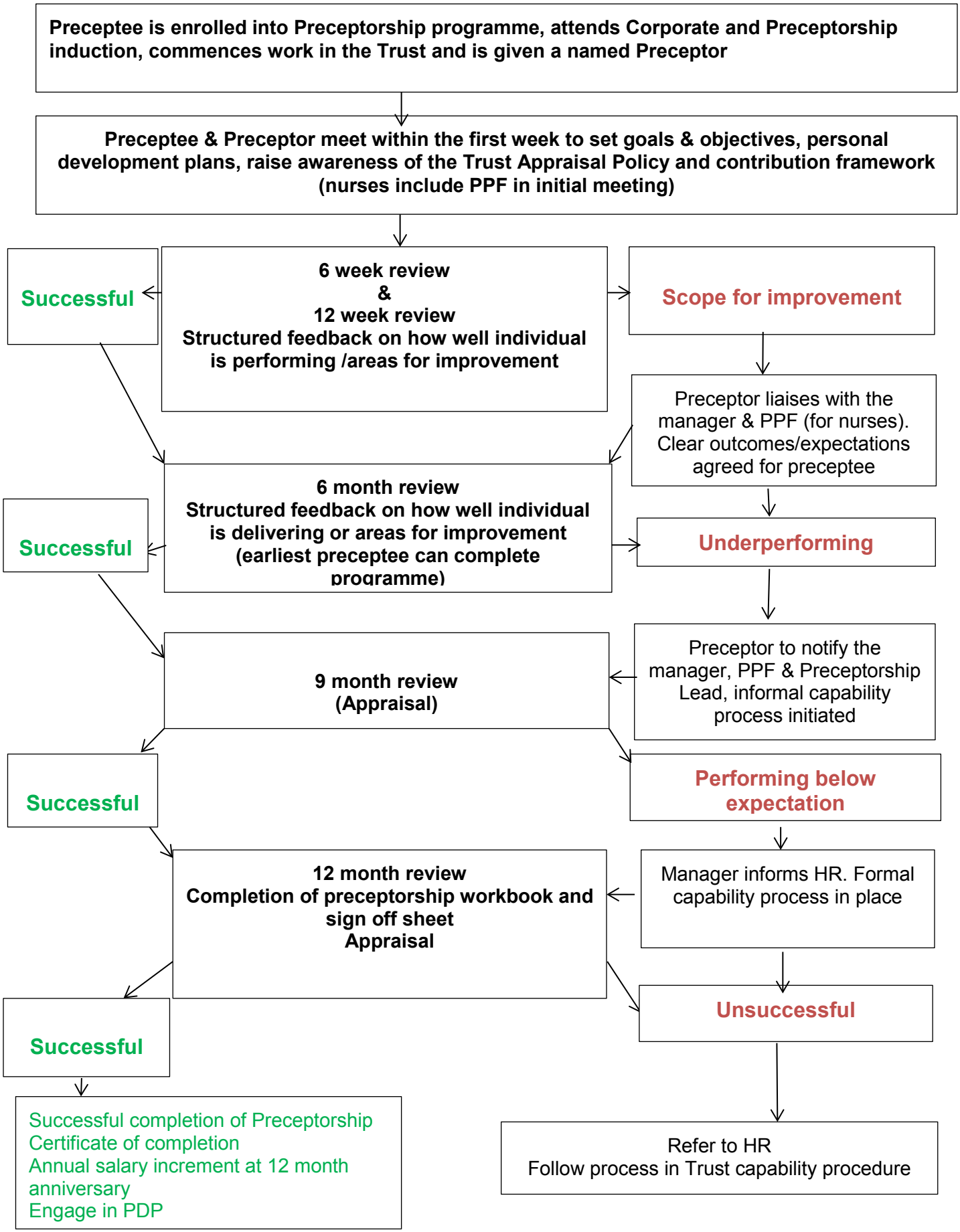
Please write any suggestions that you may have to improve the experience of Preceptorship

Please return the form to:

Professional Nursing and Education - Flatts Lane Centre – Normanby - TS6 0SZ

Email: tewv.professionalnursingandeducation@nhs.net

Appendix 6 - Preceptorship Performance flow chart



Appendix 7 - Audit tool

Clinical Audit of Preceptorship

Team/Ward/ Unit:	Staff ID:
Time Taken to Complete Audit Tool:	Audit Date:
Preceptorship Start date:	Preceptorship end date:

No.	Question	Yes	No
Q1.	**Preceptor**		
2a.	Was the preceptor identified initially by their line manager or relevant clinical lead?	☐	☐
2b.	Was the preceptor an experienced and knowledgeable clinical practitioner of the same discipline?	☐	☐
2c.	Did the preceptor have a minimum of 1 year clinical experience within the specific area of practice (or identified at appraisal)	☐	☐
2d.	Did the preceptor have the relevant knowledge and skills to undertake the role	☐	☐
2e.	Did the preceptor have a prior experience of supervising and supporting staff	☐	☐
2f.	Can the preceptor evidence training in clinical supervision and appraisal	☐	☐
2g.	Has the preceptor changed throughout the Preceptorship? ***(If no go to Q3)***	☐	☐
2h.	If yes was rationale provided?	☐	☐
2i.	Did new preceptor meet each of the standards identified above in the preceptorship policy? ***If no please state which they did not meet below***	☐	☐
Q3.	**Meeting/Supervision Requirements**		
3a.	Is there evidence of the **initial meeting** taking place? ***If yes is there evidence of the following?***	☐	☐
3b.	Core & mandatory training identified and attended?	☐	☐
3c.	Key consolidation areas being discussed?	☐	☐
3d.	Personal objectives identified for the subsequent 6 weeks?	☐	☐
3e	Model of reflection identified?	☐	☐
3f.	Identification of discussion regarding ways to evidence portfolio (i.e. reflection, testimonies, observation & assessment)?	☐	☐
3g.	**Comments:**		

No.	Question	Yes	No
Q4.	Is there evidence of a meeting taking place at **6weeks?**	☐	☐

	If yes was the following documented?		
4a.	Agree action plan to consolidate key task areas?	☐	☐
4b.	Evidence of Follow up from previous action plan?	☐	☐
4c.	Were key task areas identified?	☐	☐
Q5.	**Evidence key task areas were reviewed -** ***(please tick to identify evidence of achievement was recorded through: Observation, and or, assessment and or, reflection and or, testimonies)***		
5a.	Key Task Area 1	☐	☐
5b.	Key Task Area 2	☐	☐
5c.	Key Task Area 3	☐	☐
5d.	Key Task Area 4	☐	☐
5e.	***Please state other:***		
Q6.	Is there evidence of a meeting taking place at **3months?** ***If yes is there evidence of the following?***	☐	☐
6a.	Action plan was reviewed?	☐	☐
6b.	Core & mandatory training completed?	☐	☐
6c.	Appraisal objectives agreed?	☐	☐
6d.	Appraisal quarterly review date set?	☐	☐
Q7.	**Evidence key task areas were reviewed -** ***(please tick to identify evidence of achievement was recorded through: Observation, and or, assessment and or, reflection and or, testimonies)***		
7a.	Key Task Area 1	☐	☐
7b.	Key Task Area 2	☐	☐
7c.	Key Task Area 3	☐	☐
7d.	Key Task Area 4	☐	☐
7e.	***Please state other:***		
Q8.	Is there evidence of a meeting taking place at **6months?** ***If yes is there evidence of the following?***	☐	☐
8a.	Action plan was reviewed?	☐	☐
8b.	Core & mandatory training completed?	☐	☐
8c.	Appraisal quarterly review date set?	☐	☐
8d.	Discussion regarding ongoing professional development?	☐	☐

8e.	**Please record here if preceptorship has finished at this point**	☐	☐
No.	**Question**	**Yes**	**No**
Q9.	Is there evidence of a meeting taking place at **9months** (if required, or final review) ***If yes is there evidence of the following?***	☐	☐
9a.	The action plan was reviewed?	☐	☐
Q10.	**Evidence key task areas were reviewed -** ***(please tick to identify evidence of achievement was recorded through: Observation, and or, assessment and or, reflection and or, testimonies)***		
10a.	Key Task Area 1	☐	☐
10b.	Key Task Area 2	☐	☐
10c.	Key Task Area 3	☐	☐
10d	Key Task Area 4	☐	☐
10e.	***Please state other:***		
Q11.	Is there evidence of meeting taking place at **12months?** (or final review) ***If yes is there evidence of the following?***	☐	☐
11a.	Action plan was reviewed?	☐	☐
11b.	Core & mandatory training completed?	☐	☐
11c.	Appraisal date was arranged?	☐	☐
11d.	Evidence of discussion regarding ongoing professional development?	☐	☐
Q12.	**Evidence key task areas were reviewed -** ***(please tick to identify evidence of achievement was recorded through: Observation, and or, assessment and or, reflection and or, testimonies)***		
12a.	Key Task Area 1	☐	☐
12b.	Key Task Area 2	☐	☐
12c.	Key Task Area 3	☐	☐
12d.	Key Task Area 4	☐	☐
12e.	***Please state other:***		
12f.	Is there evidence of the required 1hr monthly meetings occurring?	☐	☐
Q13	**Concerns**		
13a.	Is there any evidence of concerns being raised during the preceptorship	☐	☐
13b.	If Yes please comment below how these concerns were addressed.		

Appendix 8 - Preceptorship Workbook (pilot)

Preceptorship Workbook Pilot 2017.

Appendix 10 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Corporate – Nursing and Education					
Name of responsible person and job title	Bernadette Wallace, Senior Nurse Practice Placement Facilitator					
Name of working party, to include any other individuals, agencies or groups involved in this analysis						
Policy (document/service) name	Preceptorship Procedure CLIN-0031-001-v1					
Is the area being assessed a:	Policy/Strategy		Service/Business plan		Project	
	Procedure/Guidance			✓	Code of practice	
	Other – Please state					
Geographical area	Trust wide					
Aims and objectives	Following this procedure will help the Trust to:- • Implement the Preceptorship policy (CLIN/0031/v5) • Meet the Core Outcomes for Preceptorship Performance Management Outcomes (Health Education England, 2015) outlined below: • Ensure values based recruitment practice is adhered to for all newly registered/ qualified practitioners including an early period of organisational induction aligned to the Core Skills Framework. • Ensure newly registered/ qualified practitioners have an identified preceptor with the skills to facilitate the learning experience including reflection, communication and interpersonal skills to actively listen, be available and accessible to assist in making and articulating decisions and judgements in practice.					

	• Provide effective support for newly registered/ qualified practitioners through a structured and managed approach which requires staff to outline their development needs and work towards using past experience to make judgements and decisions which refine skills and improve performance in practice. • Develop preceptors to act as a resource to facilitate the newly registered/ qualified practitioner's professional development including development of attitudes and behaviours that demonstrate and uphold professional values and beliefs in line with professional regulatory body requirements, in line with the values of the organisation and the values embedded in the NHS Constitution.
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	16 August 2017
End date of Equality Analysis Screening (This is when you have completed the analysis and it is ready to go to EMT to be approved)	16 August 2017

You must contact the EDHR team as soon as possible where you identify a negative impact. Please ring Sarah Jay on 0191 3336267/3542

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?
The policy benefits Newly Registered Practitioners employed by Tees, Esk and wear Valleys NHS Foundation Trust
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

Race (including Gypsy and Traveller)	Yes/**No**	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	Yes/**No**	**Gender** (Men, women and gender neutral etc.)	Yes/**No**
Gender reassignment (Transgender and gender identity)	Yes/**No**	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	Yes/**No**	**Age** (includes, young people, older people – people of all ages)	Yes/**No**
Religion or Belief (includes faith groups, atheism and philosophical belief's)	Yes/**No**	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	Yes/**No**	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	Yes/**No**
Yes – Please describe anticipated negative impact/s **No** – Please describe positive impacts/s The procedure is designed to ensure that all employees benefit from a robust preceptorship. There are processes included in the procedure that will support preceptees should they need to take some time off during preceptorship for sickness or maternity leave in particular.					

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**	✓	**No**	

Sources of Information may include: • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports		• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership
Yes – Please describe the engagement and involvement that has taken place
Stakeholder engagement through the Information Department
No – Please describe future plans that you may have to engage and involve people from different groups

5. As part of this equality analysis have any training needs/service needs been identified?					
Yes/**No**	Please describe the identified training needs/service needs below				
A training need has been identified for;					
Trust staff	Yes/No	Service users	Yes/No	Contractors or other outside agencies	Yes/No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					
The completed EA has been signed off by: You the Policy owner/manager: Type name: Bernadette Wallace				Date: 16/08/2017	
Your reporting (line) manager: Type name: Christine McCann				Date: 16/08/2017	
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/6542 or email: sarahjay@nhs.net					

6 Document control

Date of approval:	01 February 2018	
Next review date:	01 February 2021	
This document replaces:	N/A	
Lead:	Name	Title
	Bernadette Wallace	Senior Nurse Practice Placement Facilitator
Members of working party:	Name	Title
This document has been agreed and accepted by: (Director)	Name	Title
	Elizabeth Moody	Director of Nursing and Governance
This document was approved by:	Name of committee/group	Date
	Education and Training Steering Group	01 February 2018
An equality analysis was completed on this document on:	16 August 2017	

Change record

Version	Date	Amendment details	Status
1	01 Feb 2018	New procedure	Published