

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Human Resources Policies & Procedures

'Preceptorship' Policy in accordance with the NHS Terms and Conditions of Service Handbook

Effective From: April 2011

Review Date: July 2013

1. Introduction

This policy details the arrangements for the implementation of the 'Preceptorship' arrangements contained in the NHS Terms & Conditions of Service Handbook, paragraph 1.8.

Paragraph 1.8 states:

'Staff joining pay band 5 as new entrants will have accelerated progression through the first two increments in six monthly steps (that is, they will move up one pay point after six months and a further point after 12 months) providing those responsible for the relevant standards in the organisation are satisfied with their standard of practice'.

The transition from student to registered practitioner is a challenging experience. This policy is intended to provide support for newly registered practitioners for whom Preceptorship applies to enable them to achieve the standards required.

This policy should be read in conjunction with:

- a) Department of Health - Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals
- b) The Performance Appraisal and Development Review Policy (Non medical and Dental Staff)
- c) the NHS Knowledge and Skills Framework (KSF) Handbook
- d) the Trust's core KSF outlines

2. Eligibility for Preceptorship

To be eligible for Preceptorship in accordance with the NHS Terms and Conditions of Service Handbook, an employee must:

- a) Complete a period of education and training for a professional qualification, and
- b) Enter (i.e. start at the minimum pay point of) band 5 in a post that has that professional qualification as an essential requirement, and
- c) Hold valid professional registration with the relevant professional/regulatory body

The minimum qualified grade for a post referred to in 2 b) must open at band 5.

3. Scope

This policy applies to all employees employed under NHS Terms and Conditions of Service who satisfy the above eligibility criteria.

This policy applies to arrangements for the consideration of an accelerated increment after six months in post as a newly qualified band 5 (see section 2. above). Consideration of a further increment after a total of twelve months in post shall be dealt with in accordance with the Trust's Performance Appraisal & Development Review Policy (Non medical and Dental Staff).

Examples of posts eligible for Preceptorship in line with the NHS Terms and Conditions of Service Handbook include: Staff Nurse, Radiographer, Physiotherapist and Occupational Therapist.

Accelerated incremental progression will not apply to practitioners who enter a different field of practice and/or return to practice unless they satisfy the criteria in 2 above, however, a period of learning and development in accordance with these Preceptorship arrangements will apply.

4. Process

Preceptorship will be carried out and assessed using the following document (or equivalent): 'Generic AfC Preceptorship Framework for Newly Qualified Practitioners (Band 5)' - see Appendix 1.

A newly registered practitioner will be assigned a preceptor. This person will act as a role model and provide guidance and support, both professionally and personally.

The preceptor will facilitate the individual to experience day to day practice to enable competency and learning outcomes to be achieved in line with KSF requirements.

The exact nature of the role and relationship between the preceptor and the newly registered practitioner will depend on the individual needs of the practitioner, their role and the demands of the clinical area.

5. Role Responsibilities

Ward Sister/Charge Nurse/Departmental Manager

The manager should ensure:

- a) all staff covered by this policy are allocated a Preceptor
- b) policy, guidelines and locally agreed guidelines are adhered to
- c) accurate records are maintained
- d) approval to award incremental progression is notified to the Human Resources Department immediately via ESR under Manager Self Service (MSS) arrangements
- e) the preceptor and preceptee are able to work together on a regular basis
- f) a preceptee's progress is reviewed regularly

- g) there are appropriate arrangements in place to intervene in situations where the preceptor-preceptee relationship appears to be failing

Preceptor

- a) A preceptor will hold relevant professional registration and have a minimum of 12 months clinical practice within the same, or associated clinical field.
- b) The preceptor should be a whole time or part-time practitioner who has demonstrated an aptitude and commitment for the role. (It is noted that specific professional bodies may insist on additional standards).
- c) The preceptor will accommodate their responsibilities as part of their day to day work and in accordance with their own personal development under KSF.

The preceptor should:

- i. identify and agree learning objectives
 - ii. teach, advise, support, facilitate learning and reflective practice
 - iii. assess progress against the core and agreed local competencies
 - iv. maintain their own personal and professional development, recognising own limitations
 - v. raise any concerns about progress with the preceptee and provide help to address them
 - vi. liaise regularly with their manager regarding the progress of the preceptee
- d) The preceptor shall record on ESR via MSS that the preceptee has successfully completed their Preceptorship. The preceptor should retain the evidence to support this decision as they may be required to produce this at any time.

Preceptee

The preceptee should:

- a) contribute fully to complete agreed mandatory training objectives, KSF competencies and other learning outcomes through seeking opportunities to engage in developmental activities
- b) utilise other health care practitioners within the multidisciplinary team as a source of knowledge, expertise and support under the guidance of their preceptor
- c) ensure meetings are scheduled with the preceptor at the intervals agreed on commencement of the Preceptorship period
- d) ensure documentation is up to date and available for the preceptor to complete interim and gateway reviews in conjunction with the relevant manager

6. Preceptor-Preceptee Partnership

The preceptor should record on ESR via MSS that the preceptee has successfully completed their preceptorship. Recording preceptorship is the same as recording appraisals except the review type 'preceptorship' option should be selected in this situation.

The Human Resources Department will run a report on a monthly basis and update ESR appropriately for payroll purposes.

If a preceptee fails to achieve an acceptable standard of work, then the manager should undertake to support the individual in accordance with the Managing Probationary Periods Policy or through the development of an action plan in accordance with the 'Capability Policy/Procedure dependent upon the preceptee's length of service.

Such action should be the exception rather than the rule on the basis of a "*no surprises*" principle. In other words, the preceptor and/or line manager should ensure that the preceptee is informed at an early stage of any shortfall(s) in performance and given the opportunity to achieve the standards required. Standards should be achieved within a set timeframe and include a level of help and support which, in the particular circumstances, are both reasonable and practicable.

Should either party feel that the relationship is such that the achievement of expected outcomes would be jeopardised, then advice should be sought from the preceptor's line manager at the earliest opportunity.

Either party may refer an issue to the preceptor's line manager for resolution. The manager will investigate the matter and seek views from both sides before making a decision.

If the preceptee remains dissatisfied with the manager's decision the Grievance Policy/Procedure may be used.

7. Failure to Achieve Competency Standards

A preceptee that fails to achieve the required standards of competency after six months will be managed (dependent upon the preceptee's circumstances) under the Managing Probationary Periods Policy or the Capability Policy/Procedure and will have their incremental progression deferred until the required standards have been achieved.

When the standards have been achieved, the increment will become payable from the date of assessment. Further incremental progression within the band will be payable on the employee's incremental date subject to performance appraisal in accordance with the Performance Appraisal and Development Review Policy.

8. Audit & Monitoring

Compliance with this policy will be monitored by the Director of Human Resources. The figures will be presented to the Heads of Human Resources Meeting on an annual basis who will identify appropriate action plans to address any concerns and will continue to monitor the plan until its completion.

Monitoring will include reporting of information from audits to ensure the decisions to award incremental progression, and decisions to defer increments, are carried out in accordance with this policy.

9. Further Information and Guidance

For further information regarding this policy please contact your designated Human Resources Officer.

10. Policy Review and Amendment

The Director of Human Resources is responsible for the review and amendment of this policy.

Framework for Newly Registered Practitioners (Band 5)

Name: _____

Area of Work: _____

Date Commenced: _____

Name of Preceptor: _____

PRECEPTORSHIP – BAND 5 NEW ENTRANTS

PRECEPTORSHIP – BAND 5 NEW ENTRANTS

Introduction

Preceptorship has been traditionally recognised as good professional practice to support the transition of individuals into new roles, ensuring and supporting development and public safety. Under NHS Terms and Conditions of Service Handbook, all individuals who have completed a period of education and training for a professional qualification and enter at band 5 can receive accelerated pay progression through the first two incremental points if they successfully complete a six month and 12 month Preceptorship period respectively. Consideration of an increment after 12 months, shall be dealt with in accordance with the Performance Appraisal and Development Review Policy.

If all competencies are not achieved within six months of appointment, pay progression will be deferred until such a time as all competencies are met.

Aim of Preceptorship

Whilst it is recognised and acknowledged that Preceptorship has wider connotations and is necessary to ensure a smooth transition to a new role, it is also the aim of the six month Preceptorship period to enable the preceptee to meet the competencies outlined in this Generic Preceptorship Framework. This then allows the progression to the second pay point in the band and supports on-going development to meet the Foundation Gateway standards at the end of the first year (i.e. the third pay point on the pay band).

Preceptee Requirements

- ♦ Achieve minimum competencies as outlined in the Generic Preceptorship Framework
- ♦ Work in partnership with preceptorship to meet competency standards
- ♦ Maintain accurate records of achieved competencies
- ♦ In addition, there may be a requirement to meet additional specific departmental competencies

Preceptor Role

The role of the Preceptor is that of a guide and support, both professionally and personally. The Preceptor should:

- ♦ have ability to teach, guide, assist and facilitate the preceptee
- ♦ facilitate relevant experience is provided to enable outcomes to be achieved in line with KSF
- ♦ have ability to assess the preceptee's level of attainment in relation to the KSF outcomes
- ♦ Have ability to identify areas of practice where the preceptee may not achieve competency within the six month period and suggest strategies for overcoming these

The term “preceptorship” has been widely used in the past, however, in this instance, it refers specifically to the term contained in the NHS Terms & Conditions of Service Handbook, paragraph 1.8.

This document must be read in conjunction with the Trust’s Preceptorship Policy. The principles in the policy are applicable to all disciplines.

Guidance for Application

This Preceptorship document is designed to build on the Trust and Departmental inductions which all new employees must undertake. The Preceptorship period should not be “signed off” until induction has been completed.

This document identifies the **core** requirements for successful Preceptorship and Directorates/Departments may identify their own specific competencies, as defined in the requirements of the role and relevant job description.

Once the document is successfully completed, the Preceptor is responsible for notifying the individual’s manager that accelerated pay progression can be actioned. The manager must also countersign the document.

The preceptor should be identified on the individual’s first day and they should ensure they meet with them during their first week, or at the earliest possible opportunity to introduce themselves and the Preceptorship pack.

This document can be completed on a phased basis during the period as competence is achieved. If there are any concerns about performance, these should be addressed as they arise.

The six monthly “sign off” of the document should not be a time for surprises.

The document should be signed off by the manager responsible for approving incremental progression. A copy should be retained by the individual and incorporated into their Personal Development Portfolio and a copy given to their manager.

CORE DIMENSION 1 - COMMUNICATION LEVEL 2

Communicate with a range of people on a range of matters				
INDICATORS (taken Directly from KSF Handbook)	EXAMPLES OF APPLICATION	EXAMPLES OF EVIDENCE	Preceptor	Preceptee
a)	<p>communicates with a range of people on a range of matters in a form that is appropriate to them and the situation.</p> <p>Communicates information sensitively to patients, their families and carers</p> <p>Demonstrates patient advocacy when appropriate</p> <p>Promptly reports any relevant information regarding patients, their family or carers</p> <p>Communicates with colleagues patients and carers effectively in a polite and pleasant manner</p> <p>Demonstrates attentive listening</p> <p>Presents an appropriate professional image of self and the service</p> <p>Demonstrates knowledge of communication methods within the department</p>			

<p>d) keeps accurate and complete records consistent with legislation, policies and procedures</p>	<p>Maintains accurate, legible and up to date records in accordance with trust and professional body standards</p> <p>Can reflect on the content of appropriate policies and procedures and relate the principles to their working practice</p> <p>Can discuss the importance of maintaining confidentiality</p>			
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DIMENSION - PERSONAL AND PEOPLE DEVELOPMENT LEVEL 2

Develop own knowledge and skills and provide information to others to help their development				
INDICATORS (taken Directly from KSF Handbook)	EXAMPLES OF APPLICATION	EXAMPLES OF EVIDENCE	Preceptor	Preceptee
a) the worker assesses and identifies: how s/he is applying knowledge and skills in relation to the KSF outline for the post	<p>Demonstrates ability to share knowledge with other team members</p> <p>Demonstrates expected progress in meeting the requirements of the role</p> <p>Demonstrates the ability to reflect on current achievements</p> <p>Identifies areas for personal and professional development</p>			
e) keeps up-to-date records of own development review process	<p>Provides evidence of completion of Trust and Departmental Induction</p> <p>Describes own responsibilities in relation to ongoing mandatory training</p> <p>Provide evidence of ongoing personal and professional development and identifies appropriate learning opportunities</p>			

DIMENSION - HEALTH, SAFETY AND SECURITY LEVEL 2

Monitor and maintain health, safety and security of self and others

INDICATORS (taken Directly from KSF Handbook)	EXAMPLES OF APPLICATION	EXAMPLES OF EVIDENCE	Preceptor	Preceptee
c) undertakes work activities consistent with, legislation, policies and procedures	<p><i>Able to access Trust policies and procedures and identify the key areas relevant to health and safety.</i></p> <p><i>Can discuss Clinical Governance policies & principles & demonstrate understanding of relevance to themselves & other members of the team.</i></p> <p>Able to articulate the key points of clinical governance and health and safety policies where relevant* these must include: *This will be determined by the Sister/Manager of the area.</p>			
	<i>Blood Transfusion</i>			
	<i>Consent</i>			
	<i>Food hygiene & Handling</i>			
	<i>Fire & Security</i>			

	<i>Incident Reporting</i>			
	<i>Infection Control</i>			
	<i>Lone Worker</i>			
	<i>Moving & Handling</i>			
	<i>No Smoking Policy</i>			
	<i>Patients Property Policy</i>			
	<i>Record Keeping</i>			
	<i>Uniform & Dress Code</i>			
	<i>Waste Management</i>			
	<i>Withdrawal of Treatment</i>			
	<i>Zero Tolerance</i>			

<p>d) takes the appropriate action to manage an emergency summoning assistance immediately when this is necessary</p>	<p><i>Exercise personal duty of care in relation to Trust, patient & personal property</i></p> <p><i>Can articulate how to report an incident/ concern</i></p> <p><i>Ability to discuss concerns with patients & inform relevant qualified practitioners.</i></p> <p><i>Describe the procedure to follow when initiating emergency procedures</i></p> <ul style="list-style-type: none"> • Fire • Cardiac Arrest • Other Clinical Emergencies • Power failure or other equipment failure 			
<p>f) supports others in maintaining health, safety and security</p>	<p><i>Contributes to discussion regarding reducing risks within team demonstrating critical reflection.</i></p> <ul style="list-style-type: none"> • Discuss the purposes of risk management. • Demonstrate environmental awareness in relation to risk issues. • Demonstrates their Personal responsibility in relation to Risk Management e.g. Through good working practices 			

DIMENSION - SERVICE IMPROVEMENT LEVEL 1

Make changes in own practice and offer suggestions for improving services				
INDICATORS (taken Directly from KSF Handbook)	EXAMPLES OF APPLICATION	EXAMPLES OF EVIDENCE	Preceptor	Preceptee
b) adapts own practice as agreed and to time seeking support if necessary	Able to develop own knowledge and skills to meet patient and service need. Is able to adapt to changes within the working environment			
e) alerts line manager/work team when policies and strategies are adversely affecting users of services or the public	Provide feedback to members of the multi disciplinary team on views expressed by patients and carers on the service provided			

DIMENSION - QUALITY LEVEL 2

Maintain quality in own work and encourage others to do so

INDICATORS (taken Directly from KSF Handbook)	EXAMPLES OF APPLICATION	EXAMPLES OF EVIDENCE	Preceptor	Preceptee
<p>b) works within the limits of own competence and levels of responsibility and accountability in the work team and organisation.</p>	<p>Able to relate examples of legislation, policies and procedures relevant to area of practice. Acts in accordance with these and encourages others to do so.</p> <p>Practices within professional boundaries and competence and identifies when support is needed.</p> <p>Works as an effective team member. Can discuss the limits of his/her competence and level of responsibility within the team.</p>			
<p>c) works as an effective and responsible team member</p>	<p>Monitors own practice and actively seeks and responds positively to feedback from others.</p> <p>Acts as a good role model.</p> <p>Can prioritise own workload to ensure the delivery of a quality service, and offers examples.</p> <p>Demonstrates a responsible attitude to personal time keeping and the timely delivery of care.</p> <p>Uses and maintains resources efficiently and effectively and encourages others to do so.</p>			

DIMENSION - EQUALITY AND DIVERSITY LEVEL 1

Act in ways that support equality and value diversity				
INDICATORS (taken Directly from KSF Handbook)	EXAMPLES OF APPLICATION	EXAMPLES OF EVIDENCE	Preceptor	Preceptee
a) acts in ways that are in accordance with legislation, policies, procedures and good practice	Demonstrates an awareness of legislation, policies & procedures which support Equality & Diversity Demonstrates an understanding of the circumstances in which these policies apply			
b) treats everyone with whom s/he comes into contact with dignity and respect	Demonstrates a professional approach and behaviour Displays an attitude which respects others' beliefs and abilities			

It is confirmed that _____ (*Preceptees Name*) has successfully completed this Generic Preceptorship Framework for newly qualified practitioners and that payroll progression can be actioned. (A copy of this form should be retained on the individual's personal file).

Preceptor: _____

Preceptee: _____

Line Manager: _____

Date of successful completion: _____

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Preceptorship' Policy in accordance with the NHS Terms and Conditions of Service Handbook	Policy Author:	Miss Ceri Liddell – HR Officer (Projects)
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	No	Policy applies to all employees of the Trust. It is underpinned by Trust's overriding policy on Equal Opportunities.
	• Race	No	}
	• Ethnic origins (including gypsies and travellers)	No	}
	• Nationality	No	}
	• Gender	No	} As above.
	• Culture	No	}
	• Religion or belief	No	}
	• Sexual orientation including lesbian, gay and bisexual people	No	}
	• Age	No	}
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	There was no evidence to support any group was affected differently.
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	As above.
4(a).	Is the impact of the policy/guidance likely to be negative? (If "yes", please answer sections 4(b) to 4(d)).	No	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	No	
4(d)	Can we reduce the impact by taking different action?	No	

Comments:	Action Plan due (or Not Applicable):
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Name and Designation of Person responsible for completion of this form: Miss Ceri Liddell - HR Officer (Projects) Date: 7 July 2010
Names & Designations of those involved in the impact assessment screening process: Members of the Employment Policies & Procedures Consultative Group

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Helen Lamont, Director of Nursing, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.