

## Preceptorship Policy for Nurses, Midwives' Allied Health Professionals and Nurse Associates

<b>Department / Service:</b>	Human Resources
<b>Originator:</b>	Deputy Chief Nursing Officer
<b>Accountable Director:</b>	Chief Nursing Officer
<b>Approved by:</b>	Senior Nurse Group
<b>Date of approval:</b>	5 <sup>th</sup> November 2020
<b>Review Date:</b>	13 <sup>th</sup> August 2025
<b>This is the most current document and should be used until a revised version is in place</b>	
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust
<b>Target Departments</b>	All Departments
<b>Target staff categories</b>	All staff who are or work with newly qualified band 4 and band 5 registered practitioners.

### Policy Overview:

This policy provides a framework for effective preceptorship. Worcestershire Acute Hospital recognises there is a need to ensure practitioners at every level are supported and in particular that new registrants can be supported as they move from novice to expert practitioner.

### Key amendments to this Document:

Date	Amendment	By:
6 <sup>th</sup> March 2013	Removal of references to accelerated pay progression associated with preceptorship for staff joining pay band 5 as new entrants	Sonya Murray
March 2013	Updated to reflect the national changes to incremental progression as agreed in February 13 progression through all incremental pay points in all pay bands to be conditional on individuals demonstrating that they meet locally agreed performance requirements in line with a proposed new Annex addition to the handbook	Sonya Murray
May 2015	Removal of references to Practice Placement Team replaced with Professional Development Team. Job titles and roles updated for Chief Nurse and Associate Chief Nursing Officer – Workforce & Education	Joanna Logan
May 2015	Removal of reference to state registration. Replaced with Professional registration	Joanna Logan
May 2015	Inclusion of reference to Health Education England London and East Standards for Preceptorship 2014	Joanna Logan
May 2015	Inclusion of Monitoring template Section 7	Joanna Logan

Dec 2016	Document extended for 12 months as per TMC paper approved 22 <sup>nd</sup> July 2015	TMC
Nov 2017	Document extended whilst under review	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as approved by TLG	TLG
August 2018	Change of document title to include nurse associates and combine specialities under 'AHP' heading Inclusion of HEE multi-professional framework for preceptorship 2018 Updates to roles and responsibilities with the inclusion of the chief nursing officer Removal of Associate Chief Nursing Officer for Workforce and Education Inclusion of Deputy Chief Nursing Officer Update of NMC reference Inclusion of education/training and resources Update to Preceptorship Flow Chart Inclusion of overseas nurses Inclusion of nurse associates	Kate Title
October 2020	Amended main content about supervision time, in-line with flow chart Night duty discussions and paperwork Update NMC reference (Principals of Preceptorship)	Rebecca Delalandre
14 <sup>th</sup> Dec 23	Document extended for 6 months whilst under review	Sue Smith
13 <sup>th</sup> Feb 25	Document extended whilst new framework is published and document review aligned	Louise Pearson

## Contents page:

1. Introduction
2. Scope of this document
3. Definitions
  - 3.1 Preceptorship
  - 3.2 Preceptee
  - 3.3 Preceptor
  - 3.4 Clinical Supervision
  - 3.5 Coaching
4. Responsibility and Duties
  - 4.1 Preceptor
  - 4.2 Preceptee
  - 4.3 Clinical area managers
  - 4.4 Senior nurses/senior managers
  - 4.5 Chief Nurse

**4.6 Preceptorship Lead****5. Policy Detail****6. Education Training and Resources****7. Implementation of Key Document****7.1** Plan for implementation**7.2** Dissemination**7.3** Training and Awareness**8. Monitoring and compliance****9. Policy review****10. References****11. Background****11.1** Equality requirements**11.2** Financial Risk Assessment**11.3** Consultation Process**11.4** Approval Process**11.5** Appendices: Preceptorship Flow Chart**Supporting Documents**

Supporting Document 1	Checklist for review & approval of a key document
Supporting Document 2	Equality Impact Assessment
Supporting Document 3	Financial Risk Assessment

**1. Introduction**

Worcestershire Acute Hospitals NHS Trust (WAHT) recognises there is a need to ensure practitioners at every level are supported and in particular that new registrants can be supported as they move from novice to expert practice.

The period of time following registration as a health care professional, whether on completion of an education programme or following a break from practice, can be a challenging time. Good support and guidance during this period is essential. Newly registered practitioners who manage the transition successfully are able to provide effective care more quickly, feel better about their role and are more likely to remain within the profession. This means they make a greater contribution to patient care, but also ensures the benefits from the investment in their education is maximised (DOH 2010).

WAHT requires all registered practitioners to access formal preceptorship support. This initiative forms part of a continuum of professional development. It will be implemented from commencement within the organisation and continue throughout

each practitioner's professional career. The Continuum has three components Preceptorship, Clinical Supervision and Coaching.

All registered practitioners are required to demonstrate they are maintaining their fitness to practice and one way of achieving this is to use Clinical Supervision. Clinical Supervision should begin in the preceptorship period and continue throughout a practitioner's career in ongoing professional development (NMC 2015, and CSP 2005). This is also a requirement of Health and Care Professions Council (HCPC) registration for Healthcare Scientists (Clinical Scientists and Biomedical Scientists) and Clinical Pathology Accreditation (CPA).

The Trust has a Clinical Supervision policy (available via the intranet) and access to educational Clinical Supervision modules.

This Policy needs to be read in conjunction with the Department of Health Preceptorship Framework.

Reference must also be made to the following current documents if necessary:

- Trust Induction Policy
- Trust Mandatory Training Policy
- Trust Personal Development Review Policy
- Trust Recruitment and Selection Policy
- Starting Salaries and Salaries Discretion Policy
- Trust Performance Management Policy
- HEE multi-professional framework for preceptorship 2018

## 2. Scope of this document

This policy sets out guidance on the preceptorship procedure within Worcestershire Acute Hospital NHS Trust and is based on the recommendations set out by the Department of Health.

This policy applies to band 4 and band 5 registered practitioners who are directly employed by Worcestershire Acute Trust in the following staff groups:-

Allied Health Professionals  
Health Care Scientists  
Nurses and Midwives  
Nursing Associates  
Theatre Practitioners  
Pre-registration Pharmacists.

Overseas nurses  
Return to practice nurses

## 3. Definitions

### 3.1 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 and competence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning (DOH 2010). The start of the preceptorship period will commence on receipt of their PIN number or equivalent.

### **3.2 Preceptee**

A health care professional who has just completed their training, or a health care professional returning to work following a break from practice of more than five years; that is undergoing a transition period of novice to expert (Adapted from DOH 2010). This includes overseas nurses new to the NMC register.

### **3.3 Preceptor**

A registered practitioner who has been given a formal responsibility to support a newly registered practitioner through their preceptorship (DOH 2010). A preceptor offers information, guidance and support.

### **3.4 Clinical supervision**

Clinical supervision is a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations (Driscoll 2000).

### **3.5 Coaching**

Effective coaching influences someone's understanding, learning, behaviour and progress (Starr, 2016) and is a process that enables learning and development to occur, thus improving performance.

The application of coaching is required to be embedded and demonstrated in everyday practice.

## **4. Responsibility and Duties**

It is the responsibility of the preceptee, preceptor and clinical area managers to ensure that practice is undertaken in line with the current Department of Health Preceptorship Framework. To also follow the Trusts preceptorship flow chart, in order to achieve best practice.

### **4.1 Preceptor:**

- Demonstrate enthusiasm to undertake the role of preceptor
- Demonstrate best practice in the clinical area
- Seek guidance from the preceptorship facilitator to meet any personal training needs regarding preceptorship
- Be a first level clinician with at least 12 months experience in the clinical area, where the preceptorship is to take place
- Provide support to the preceptee
- Provide support in navigating the preceptorship programme and the preceptorship guide and skills assessment check list
- Be readily available within the clinical area to offer support
- Use adult learning philosophies which respects the learner and values their contribution
- Act as a role model to inspire and motivate the preceptee

- Provides constructive feedback to the preceptee identifying areas for development
- Agree and plan future learning activities in partnership with the preceptee
- Facilitates development of preceptee through reflective learning
- Recognises and respects cultural and individual diversity
- Demonstrate good leadership qualities, good communication and reflective practice skills
- Attend a preceptor facilitator workshop run by the professional development team
- Must not support more than two preceptees at any one time

## 4.2 Preceptee:

- Attend the full preceptorship programme. Failure to attend one of the sessions will result in non-completion of the course (this can affect pay progression)
- Attend all agreed meetings with preceptor, as per preceptorship booklet
- Utilise relevant preceptorship guides and skills assessment check lists
- During the first six months the preceptee should not take charge of any clinical area
- During the first three months the preceptee should not be rostered on to night shifts. This is to ensure full orientation to the clinical area is complete and appropriate support is available during this period *(After documented discussions with the ward manager, it is with the discretion of the preceptee, should they wish to reduce this term)*
- The preceptee should not be the only trained member of staff on shift in the first six months. In the case of HCS's, AHP's and Midwives, where lone working forms part of their role, if competent they must take appropriate responsibility for patient caseload or specific areas of work under direction of their preceptor or manager. Competence to do so, must be documented by their preceptor or manager
- Acknowledge learning as a lifelong process and provide evidence
- Maintain responsibility for documentation of the preceptorship process
- Demonstrate competence by meeting the criteria required for the six and twelve month reviews
- Immediately report to their line manager and the clinical preceptor facilitator, any circumstances that are adversely affecting adequate preceptorship
- Should not be moved out of their clinical area to cover elsewhere for a minimum period of twelve months
- It is with discretion of the preceptee, that they are clearly identifiable as newly qualified
- Will be offered the opportunity to debrief with the professional development team at any point during their first 12 months in post

## 4.3 Clinical area managers:

- Ensure the preceptorship process is carried out in accordance with the policy
- Ensure all new staff are enrolled onto the preceptorship programme (Mandatory) within three months of their start date. In the event that this is delayed, it should be discussed with the preceptorship facilitator and additional measures of support should be provided in the place of work

- Ensure all new staff requiring preceptorship are allocated an appropriate preceptor prior to their commencement date and this information is relayed to both preceptee and preceptor during their induction period
- Ensure that preceptors and preceptees have access to the trust preceptorship documentation and are aware of their roles and responsibilities
- Ensure all preceptors have received suitable training for their role
- Support preceptors and preceptees as appropriate in the completion of core competencies
- Ensure that the staff rota accommodates the time needed to undertake the different elements of preceptorship
- To plan time for continuous communication between the preceptor and preceptee, working on a regular basis together with a formal meeting at the beginning, part way through and again at the end of the preceptorship programme
- For AHP's, HCS's and Midwives who work alone, staff rota must provide the opportunity for the preceptee to work along side their preceptor in the management of difficult cases or to practice new techniques; the frequency of this must be agreed at the initial interview and reviewed according to individual levels of competence and need
- Ensure that the six monthly development review and a full appraisal of the preceptee occur at 12 months
- Identify the clinical area preceptors and ensure details of the preceptors are forwarded yearly to professional development department to be updated on the central register of preceptors
- Identify any decrease in the numbers of preceptors available. This information should be forwarded immediately to the professional development department and all reasonable action taken to replace preceptors.
- Ensure a review and evaluation of the effectiveness of preceptorship within their clinical areas is undertaken
- Ensure preceptees are given appropriate and protected study leave to attend all course dates

#### **4.4 Senior nurses/Senior managers**

- Have knowledge of the preceptorship policy and associated documentation
- Provide a directorate wide perspective on preceptorship and support managers in the implementation of the preceptorship policy
- Support the provision of training and education required for preceptorship
- Provide support and advice on the processes for managing performance and monitoring outcomes
- Support clinical managers in ensuring protected study time for attendance of preceptees on all course dates

#### **4.5 Chief Nurse**

- Provide professional leadership and a Trust wide perspective on preceptorship
- Agree the training and education required to support Preceptorship
- Receive a review on Preceptorship as part of an annual education report

#### **4.6 Preceptorship Lead**



- Ensure appropriate evidence based preceptorship frameworks are in place for their professional group/area.
- Work with clinical area managers and senior staff to ensure the preceptorship policy is implemented.
- Maintain in collaboration with the clinical area managers and senior staff an up-to-date register of all preceptors and ensure they have received training and support for their role
- Provide and advertise a mandatory preceptorship course suitable to all newly qualified registrants
- Ensure attendance is recorded on ESR
- Ensure completion of the course is recorded on ESR
- Escalate any concerns identified to the preceptorship lead to managers/matrons
- Act as a source of support and advice to preceptees, preceptors and managers
- Provide an annual review for report to chief nurse
- Provide and advertise a workshop for preceptors
- Offer a drop in session to staff for debrief and support

## 5. Policy Detail

Under the national terms and conditions of service incremental pay progression for all pay points will be conditional upon individuals demonstrating that they have the requisite knowledge and skills/competencies for their role and that they have demonstrated the required level of performance and delivery. All staff demonstrating and applying the required levels of performance and delivery consistently during the performance review period will benefit from incremental pay progression.

The Preceptorship framework interfaces with progression through increments and will be dependent upon locally agreed performance criteria and reviewed through a locally agreed appraisal system. There will be no automatic progression through increments. Preceptorship meetings/reviews will contribute significantly to the individuals Trust Personal Development Review process. Evidence produced through learning and development activities will contribute to demonstrating achievement.

Whilst it is not explicit in the Agenda for Change, national terms and conditions, the intention of Preceptorship is to provide for a period of initial learning and development for individuals that have joined the NHS for the first time following their University course and gaining professional registration.

This preceptorship policy and educational framework aims to provide information for managers and practitioners on how to implement preceptorship in their areas. It also sets out a flowchart for use by new registered band 4 and band 5 entrants and their preceptors, providing a common framework to promote consistency across services and to support staff taking up these roles for the first time.

Within the first 12 months of employment (in a band 5 post or a band 4 Nursing Associate post), staff should have a minimum of two development reviews. The first review after six months should seek to establish whether they are on track in their



development towards the first incremental point. After 12 months their second development review will focus on the achievement of locally agreed performance outcomes.

All newly qualified or registered staff will be required to attend the Trust Preceptorship programme. The indicative content of the programme will reflect the framework and elements highlighted in the department of health Preceptorship Framework (2010) and Health Education England Multi-professional preceptorship framework (2018).

Increments may be delayed or withheld if insufficient progress towards the achievement of the locally agreed performance requirements and the core competencies for the post has been demonstrated or if there is a failure to attend the core preceptorship programme and agreed preceptorship/review meetings.

## 6 Education Training and Resources

Preceptorship resources include:

- WAHT preceptorship programme
- Preceptorship resource pack
- Preceptorship handbook and core competency framework
- Speciality specific competency framework
- ESR online preceptorship training
- Online leadership training

## 7 Implementation

The implementation of the policy and preceptorship continuum will be supported by the Professional Development Team who will assist Ward Sisters/Charge Nurses Midwives, Senior AHP's, HCS's and Preceptors in delivering Preceptorship to staff, by offering support and guidance.

### 7.1 Plan for dissemination

The policy will be placed in the HR Policies Folder on the intranet. Awareness will be raised through dissemination of the intranet link to all relevant departmental managers and senior staff who can then cascade the relevant information down in staff meetings.

All newly qualified band 5 and band 4 nurse associate staff will also receive information regarding the policy on commencing the preceptorship programme.

### 7.2 Dissemination

Staff may print key documents but must be aware that these are only valid on the day of printing and must refer to the intranet for the latest version. Hard copies must not be stored for use as this undermines the effectiveness of an intranet based system.

Individuals are responsible in ensuring they are familiar with all key documents that impinge on their work and must ensure that they work within the current version of the document.

Line managers are responsible for ensuring that a system is in place for their clinical area of responsibility that keeps staff up to date with any new key documents and policy changes.

## 7.3 Training and awareness

The Preceptorship Programme will be run four times a year cross-site.

IT rooms may also be booked via the education centres for any activities requiring large group IT interaction.

Formal teaching and assessing qualifications are advantageous to preceptors however not essential at present; this may be reviewed in the future. Preceptors will be able to access support and training from the Professional Development Team, when requested as required on an individual or group basis.

## 8 Monitoring and compliance

The following documentation and processes relating to preceptorship will be checked by the Professional Development Team and departmental area managers.

- Preceptorship skills booklet/documentation to be checked at staff review/appraisal meetings.

Managers must promote preceptorship according to the policy, ensuring all the appropriate documentation has been completed.

In addition to this the Professional Development Team will undertake an annual review of the preceptorship course and skills booklet to ensure that it remains fit for purpose.

# Policy

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
Section 7	Review of the Preceptorship Course	Evaluation and Feedback from Preceptees/ Preceptors and Managers	Annually	Professional Development Team lead for Preceptorship	Associate Chief Nursing Officer – Workforce & Education	Annual
Section 7	Review of the Preceptorship Skills Booklet	Evaluation and review by Professional Development Team and feedback from Preceptees/ Preceptors and Managers	Annually	Professional Development Team lead for Preceptorship	Associate Chief Nursing Officer – Workforce & Education	Annual

## 9 Policy Review

This policy will be reviewed after 2 years

## 10 References

### References:

- Alsop A (2000),  
 Continuing Professional Development: A Guide for Therapists.  
 Oxford: Blackwell Science
- Chartered Society of Physiotherapy (2005),  
 A guide to implementing clinical supervision.  
 London: Chartered Society of Physiotherapy
- College of Occupational Therapists (2006)  
 Preceptorship handbook for occupational therapists.  
 London: College of Occupational Therapists
- College of Occupational Therapists (2006)  
 The Preceptorship Training Manual: A resource for occupational therapists  
 London: College of Occupational Therapists
- Darzi, Lord (2008)  
 High Quality Care for All: NHS Next Stage Review Final Report.  
 London: Department of Health.
- Driscoll, J (2000)  
 Practicing Clinical Supervision: A reflective Approach.  
 London: Baillière Tindall.
- Department of Health (2004)  
 London: Department of Health
- Department of Health (2005)  
 Healthcare Scientist Career Framework Supporting Agenda for Change  
 Documentation.  
 London: Department of Health
- Department of Health (2005)  
 Agenda for Change Terms and Conditions Handbook.  
 London: Department of Health
- Department of Health (2010)  
 Preceptorship framework for newly registered nurses, midwives and allied health  
 professionals.  
 London: Department of Health.
- Starr, J (2016) The coaching manual: the definitive guide to the process, principles  
 and skills of personal coaching.
- Hobbs J, Green S (2003)  
 Development of a preceptorship programme  
 British Journal of Midwifery 11 (6) : 372-375
- Parsloe, E & Wray, M (2000),  
*Coaching and Mentoring: Practical Methods to Improve Learning*,  
 London, Kogan Page Ltd.
- Nursing and Midwifery Council (2008)  
 The code: Standards of conduct, performance and ethics for nurses and midwives  
 London: Nursing and Midwifery Council
- Nursing and Midwifery Council (2009)  
 Modern supervision in practice: a practical guide for midwives  
 London: Nursing and Midwifery Council
- Nursing and Midwifery Council (2008)  
 Standards for Competence for registered midwives  
 London: Nursing and Midwifery Council

Stuart, C, C (2007)  
Multi-professional preceptorship framework, HEE  
Assessment Supervision and Support in Clinical Practice: a guide for nurses,  
midwives and other health professionals.  
London, Churchill Livingstone.  
Nursing Midwifery Council (2020) Principles for preceptorship. See:  
<https://www.nmc.org.uk/standards/guidance/preceptorship/>  
London: Nursing and Midwifery Council

## 11 Background

### 11.1 Consultation

This policy will be circulated to the following for comments:

- Human Resources
- Director of Nursing.
- Nursing and Midwifery Matrons and Managers.
- Allied Health Care and Medical Scientists Managers
- Head of Clinical Governance and Risk Management

### 11.2 Approval process

This policy will be approved by the Key documents Approval Group

### 11.3 Equality requirements

There are no equality requirements as long as the following is observed:

It is critical that all newly registered practitioners have equitable access to preceptorship, as well as equitable experiences and outcomes from the process.

Preceptorship should be barrier free; it is important that the transition from student, or arrangements to support new registrants following other routes, supports and promotes the individual's equality of opportunity. Preceptorship seeks to build confidence in the delivery of the role an individual has been employed to do and should empower them to give safe, competent, high-quality care using the human rights principles of fairness, dignity, equality, respect and autonomy.

Preceptorship arrangements should give due regards to individual difference and respond accordingly, taking all reasonable steps to ensure that adjustments are made according to need and requirement. Differentials should be considered and planned for in anticipation of need against an equitable outcome standard (DOH 2010).

### 11.4 Financial risk assessment

There are no financial risks.

## 11.5 Appendices Preceptorship Flow Chart

**Preceptee must not take charge of the clinical area for a minimum of six months post qualification**

**Preceptee must not be the only trained member of staff in the clinical area for a minimum of six months post qualification**

**Preceptee must not be moved to another clinical area, including staff shortages for a minimum of twelve months post registration. *(In extreme circumstances, a move can be made with the support of their preceptor, ensuring the new staff member remains supernumerary)***

### **The first two weeks – supernumerary period**

Local induction with Trust induction as soon as possible after start date and booked on to next available preceptorship course (if not already done so)

Meeting with preceptor for initial introductions and set dates for familiarisation of the clinical area and emergency procedures.

### **Within the first six weeks**

Preceptee and preceptor to work regularly together. Lone workers to be given the opportunity to work with their preceptor. Competence to work alone must be documented.

### **Within the first three months**

Preceptee to start preceptorship programme. Day one of the programme will see the preceptee issued with their core competency booklet and framework. Once this has been received, preceptee and preceptor are to meet to discuss key competency requirements and record progress/discussion in the preceptorship booklet.

### **Six months**

Record of meeting with preceptor must be documented in preceptorship handbook. Provide evidence of core and mandatory training.

### **Twelve months**

On completion of the preceptorship programme and work booklet (once audited by Professional Development Team), a certificate will be issued.

## Supporting Document 1 – Checklist for review and approval of key documents

This checklist is designed to be completed whilst a key document is being developed / reviewed.

A completed checklist will need to be returned with the document before it can be published on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

1	Type of document	Policy
2	Title of document	Preceptorship Policy for Nurses Midwives Allied Health Professionals and Health Care Scientists Theatre Practitioners and Pre- Registration Pharmacists.
3	Is this a new document?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, what is the reference number WAHT-CG-636
4	For existing documents, have you included and completed the key amendments box?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5	Owning department	Human Resources
6	Clinical lead/s	Lead Nurse for Workforce and Education
7	Pharmacist name (required if medication is involved)	<b>N/A</b>
8	Has all mandatory content been included (see relevant document template)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9	If this is a new document have properly completed Equality Impact and Financial Assessments been included?	Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>N/A</b>
10	Please describe the consultation that has been carried out for this document	Dissemination via email to clinical area managers Dissemination via email to the WAH professional development team Dissemination and Presentation at the Senior Nurses/Matrons Meeting
11	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this document relates to.	Preceptorship Policy for Nurses Midwives Allied Health Professionals and Health Care Scientists Theatre Practitioners and Pre-registration Pharmacists  To be saved under Professional development and HR Sections on the Intranet
Once the document has been developed and is ready for approval, send to the Clinical Governance Department, along with this partially completed checklist, for them to check format, mandatory content etc. Once checked, the document and checklist will be submitted to relevant committee for approval.		



## Implementation

Briefly describe the steps that will be taken to ensure that this key document is implemented

Action	Person responsible	Timescale
The Preceptorship lead will assist Ward Sisters/Charge Nurses Midwives, Senior AHP's, HCS's and Preceptors in delivering Preceptorship to staff, by offering support and guidance on the preceptorship process.	Preceptorship lead	Ongoing
The Ward Managers/Sisters/Charge Nurses Midwives, Senior AHP's, HCS's will ensure the policy is implemented in their areas of responsibility.	Ward Managers/Sisters/Charge Nurses Midwives, Senior AHP's, HCS's.	Ongoing

## Plan for dissemination

Disseminated to	Date
<p>Trust Wide Dissemination:</p> <p>Staff may print key documents but must be aware that these are only valid on the day of printing and must refer to the intranet for the latest version. Hard copies must not be stored for use as this undermines the effectiveness of an intranet based system.</p> <p>Individuals are responsible in ensuring they are familiar with all key documents that impinge on their work and must ensure that they work within the current version of the document.</p> <p>Line managers are responsible for ensuring that a system is in place for their clinical area of responsibility that keeps staff up to date with any new key documents and policy changes.</p>	Ongoing

1	<b>Step 1 To be completed by Clinical Governance Department</b>	
	Is the document in the correct format?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Has all mandatory content been included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date form returned 30/04/2013		
2	Name of the approving body (person or committee/s)	JNCC
	<b>Step 2 To be completed by Committee Chair/ Accountable Director</b>	
3	Approved by (Name of Chair/ Accountable Director):	Bev Edgar
4	Approval date	05/04/2013

Please return an electronic version of the approved document and completed checklist to the Clinical Governance Department, and ensure that a copy of the committee minutes is also provided.

Office use only	Reference Number	Date form received	Date document published	Version No.
	WAHT-CG-636	30/04/2013	30/04/2013	2

**Supporting Document 2 - Equality Impact Assessment Tool**

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



## Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

### Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Louise Pearson
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Kate Knight	Professional Development Lead	Kate.knight@nhs.net
Date assessment completed	09/02/2021		

### Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title: Preceptorship Policy for Nurses, Midwives' Allied Health Professionals and Nurse Associates</b>
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure registered practitioners at every level are supported. In particular that new registrants can be supported as they move from novice to expert practice

Preceptorship Policy for Nurses Midwives Allied Health Professionals and Health Care Scientists Theatre Practitioners and Pre-registration pharmacists		
WAHT-CG-636	Page 18 of 22	Version 4.2

# Policy

Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)		
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Dissemination via email to clinical area managers Dissemination via email to the WAH professional development team Dissemination and Presentation at the Senior Nurses/Matrons Meeting Dissemination through NWAG	
Summary of relevant findings		

## Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex		✓		
Sexual Orientation		✓		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

## Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?	N/A			
When will you review this EIA? (e.g in a service redesign, this	13 <sup>th</sup> November 2023			

EIA should be revisited regularly throughout the design & implementation)

## **Section 5** - Please read and agree to the following Equality Statement

### **1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	Kate Knight
<b>Date signed</b>	09/02/21
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	Louise Pearson
<b>Date signed</b>	09/02/21
<b>Comments:</b>	

## Supporting Document 3 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b> Preceptorship Policy for Nurses Midwives Allied Health Professionals and Health Care Scientists.	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	No

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval