



North West London STP & HEE

# Preceptorship Programme Guidance

(Aligned to the Capital Nurse Preceptorship Framework v1 May 2017)

\*\*\* Please note\*\*\*

A set of recommendations is in the process of being developed to share best practice by NHSE and HEE. The report is due to be delivered to NHSE in November 2018, and then the recommendations developed. This will feed into this NW London Preceptorship Programme as a final version. Please continue to use this preceptorship document.

This document is a joint initiative bringing together North Central London's Primary, Community and Social Care Nursing Super hub's input. The final document is owned and implemented in partnership by North West London STP area and should be read in conjunction with local preceptorship programme overview and handbook



## Preceptorship

### What is preceptorship?

Newly registered nurses (NRN) become accountable as soon as they are registered and this transition from student to an accountable practitioner is known to be challenging (Higgins et al 2010). This is relevant to registered nurses who transition into general practice.

The purpose of preceptorship is to provide support during this transition. The Nursing & Midwifery Council (NMC) strongly recommends that all new registrants have a period of preceptorship when commencing employment. A period of preceptorship should help the newly qualified nurse develop the confidence to practise competently as a nurse, midwife or specialist community health nurse. The preceptorship period should also ensure the newly-qualified nurse is familiar with and meets their obligations under the NMC code.

Anyone who has entered a new part of the register and those newly admitted to the register from other European economic area states and other nation states also should receive a period of preceptorship.

Preceptorship will support the policy drive to place quality at the heart of everything we do in healthcare (Darzi, 2008).

**Hillingdon Education, Training, and Workforce Team's** successful preceptorship programme/model is supported by the STP and aim to replicate this model across NWL. The CapitalNurse framework and handbook can be used for reference, and tailored to individual CCG use.

Further information on the CapitalNurse Preceptorship Workbook/programme can found at:

<https://www.hee.nhs.uk/sites/default/files/documents/CapitalNurse%20Preceptorship%20Framework.pdf>

## Objective

1. Ensure the sustainability of the nursing workforce for North West London- reduce attrition and to retain nursing staff.
2. To ensure a consistent high standard of care is provided across NWL, by reducing unwanted variation.
3. To promote general practice as a first choice career destination for general practices nurses (GPNs) and Allied Health Professional (AHP).
4. Gives clear guidance about managing preceptorship and working with employers with a standardised approach (this will assist the hub and spoke approach).
5. NMC new guidance for pre-registration nurse training and the supervision of students in practice- highlighting the need to support this 'future nurse'.
6. Preceptorship framework will evolve to incorporate those changes and acknowledge the needs of a new registrant in 2020.
7. To guide preceptors to support their preceptees in their respective clinical areas and build the competence and confidence of nurses to be safe, autonomous professionals.
8. Includes protected time for preceptorship

## Who can be a Preceptor?

A preceptor is a registered practitioner who has been given a formal responsibility to support a newly registered practitioner through preceptorship.

Preceptors should be first level registered nurses who have had at least 12 months' experience within the same area of practice as the new registrant. Line managers are responsible for identifying newly qualified nurses and appropriate preceptors to participate in the NWL preceptorship programme.

## Enablers to Effective Preceptorship

- Formal and recognised delivery approach within the organisation
- Time is made available for preceptor and preceptee to meet taking into account workload and service pressures

- Commitment by preceptor and preceptee to exemplify the values of preceptorship
- Access to necessary education resources

## Benefits of a preceptorship

It is recognised that where preceptorship is well embedded as part of the organisational culture, there are significant benefits for the newly qualified staff, teams, patients and the organisation itself in terms of retention, recruitment and staff engagement. Investing in a preceptorship programme can deliver a variety of benefits for the preceptee and employer, such as:

- An enhanced patient care and experience
- Develops an understanding of the commitment to working within the profession and regulatory body requirements
- Improved recruitment and retention
- A more confident and skill nurses
- Reduced sickness absence
- Increased staff satisfaction and moral
- Ensures well being and mental health of nurses
- Feeling valued and respected by their employing organisation
- Feeling invested in and confident to achieve future career aspirations
- Outlines clear expectations
  - Of role
  - Of career development
- An overview of the structure and operation of general practice- Local referral guidelines/criteria
- Avoids clinical isolation – particularly in surgeries where they may be the only nurse on duty
- Ensures mental health
- Discussion of problems/near misses/ promote QI/sharing best practice
- Celebrate successes
- Useful local resources
- Reflection and reflective writing

## Role of Preceptor

- Meet with preceptee to agree learning outcomes and action plan to meet standards, competencies and/or objectives set by the employer that the preceptee is required to achieve;
- Provide honest and objective feedback on aspects of performance that are being done well or that are a cause of concern;
- Assist to develop a plan of action to remedy areas of concern;
- Support facilitation of learning opportunities and support the process of learning and adaptation to new roles and situations in a variety of clinical environments;
- Assess preceptee with practice development and clinical competence;
- Provide one to one support to preceptee on a regular basis (minimum of once every six weeks).

## Benefits for the Preceptor:

- Develops appraisal, supervision, mentorship and supportive skills
- Enhances ability to progress through Agenda for Change gateways
- Promotes a feeling of value to the organisation, newly registered practitioners and service users
- Identifies commitment to their profession and the regulatory requirements
- Supports their own lifelong learning
- Supports future career aspirations

## Role of the Practice Manager

- Support preceptor and preceptee to meet the requirement of the programme and their roles and responsibilities as detailed above.
- Provide the preceptee with a local induction and training as required for their role.
- Enable preceptee to attend preceptorship study days as required.

## What Preceptorship is Not

It is important that the preceptor and the qualified nurse have a clear understanding of the boundaries of preceptorship in addition to the other processes in place to manage performance and capability.

- A further period of training where another registrant takes responsibility and/or accountability for the qualified nurses' actions and responsibilities
- Coaching (although this may be a technique used to facilitate the learning process)
- Clinical Supervision
- Intended to replace indication to employment
- Intended to replace mandatory training programmes
- intended to replace regulatory body processes to deal with performance
- A substitute for performance management processes
- formal coaching (coaching skills may be used by the preceptor to facilitate the learning of the newly registered practitioner)
- Not a distance or e-learning pack

The successful **Hillingdon Education, Training, and Workforce Team** current preceptorship model includes:

The programme consist of 8 face to face to face sessions, with a preceptor either within the practice, network or a hub and spoke approach. The first session takes place prior to the skills course starting, and a session each month for the following six months. There would then be a final session following completion of the course. This is the opportunity to find out any additional support, training and learning needs going forward.

## This programme supports the recommendations of the GPN 10 point plan:

- **Recommendation one:** Showcasing General Practice as a first destination career, by providing training and support for newly qualified, and nurses new to general practice

- **Recommendation two:** extending leadership and education roles by utilising experienced GPNs to become mentors and supervisors for this group of nurses, leading support sessions and providing coaching.
- **Recommendation three:** establishing an induction and Preceptorship programme: this programme provides a Preceptorship support programme for nurses new to general practice and provides an overview induction into general practice and its relationship to the wider health community

**The GPN Preceptorship programme supports the NW London Delivery Plan and HEE mandate objectives as follows:**

Currently there is no direct route for nurses to get into practice nursing. Practices are often reluctant to support training for nurses to develop GPN skills. By having a clear training and support programme, practice nursing becomes attractive to nurses and practices, and can be used as part of the recruitment/employment offer. This programme applies to already qualified and newly qualified nurses and will hopefully then become part of the supply pipeline for workforce.

- **Quality & Safety**
  - Well trained GPNs in practice ensure that services are delivered in a consistent, high quality safe manner. This improves the patient experience of services, regardless of practice they attend.
- **Value for Money**
  - A short, skills focussed course enables GPNs to get up to speed quickly and safely.
  - The alternative is that nurses pick up the skills in piecemeal training, without there being any overview of how the skills fit together, support for nurses new to practice or anywhere to ask questions.

A programme such as the above supports the GP Forward View, and the GPN 10 Point Plan for enabling a potential workforce to move into practice nursing and to enable practices to take the risk.

## References

<https://www.hee.nhs.uk/sites/default/files/documents/CapitalNurse%20Preceptorship%20Framework.pdf>

Preceptorship Framework for newly qualified nurses, midwives and allied health professionals. London. Department of Health. (2010)

Climaco, Mary Jensen. (2013) Preceptorship Guideline for Newly Qualified Nurses. London: Royal Free London NHS Foundation Trust

<https://www.hee.nhs.uk/sites/default/files/documents/CapitalNurse%20Preceptorship%20Framework.pdf>

Higgins G., Spencer R.L. & Kane R. (2010) A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdom. *Nurse Education Today* 30, 499-508.

<https://www.rcn.org.uk/get-help/rcn-advice/nursing-and-midwifery-council#Preceptorship>

<http://www.nhsemployers.org/your-workforce/plan/education-and-training/preceptorships-for-newly-qualified-staff>

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### Acknowledgement and thanks

This document was written by Primary Care Implementation Lead, NWL. To avoid duplication, S&T have adopted The CapitalNurse Preceptorship Programme, together with the Hillingdon Preceptorship Programme, North East Central London CEPN, and HEE framework.

The list below captures the locally collated documents drawn on for this document in addition to the national frameworks mentioned above

### Acknowledgement

This document was written by the NWL STP and HEE with the aim to enhance the development of primary care, community and social care based nurses in the widest sense possible across the NW London footprint. The agreed local priorities was to develop an integrated preceptorship strategy to support newly qualified nurses' transition into skilled, safe and confidence practitioners, promote a positive working experience across NWL and improve staff retention.

A request will be circulated to organisations locally to identify established preceptorship strategies, policies and guidelines already in practice across the NCL STP footprint. The list below captures the locally collated documents drawn on for this document in addition to the national frameworks mentioned above

## Appendix A – Health Education England Preceptorship Standards



### Health Education England

#### 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 propose 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: <ol style="list-style-type: none"> <li>1. Accountability</li> <li>2. Career Development</li> <li>3. Communication</li> <li>4. Dealing with conflict/managing difficult conversations</li> <li>5. Delivering safe care</li> <li>6. Emotional intelligence</li> <li>7. Leadership</li> <li>8. Quality Improvement</li> <li>9. Resilience</li> <li>10. Reflection</li> <li>11. Safe staffing /raising concerns</li> <li>12. Team working</li> <li>13. Medicines management (where relevant)</li> <li>14. Inter-professional learning</li> </ol>

## Appendix B – 10 Point Plan

### Action 4

Establish inductions and preceptorships.

### Deliverables

#### NHS England Lead

- Undertake work with Local Workforce Action Boards (LWABs) to develop an improved baseline and data on the GPN workforce.
- Identify and share best practice for attracting and recruiting newly qualified nurses to primary care roles with partner organisations, and publish findings.
- Promote competencies aligned to appropriate job profiles.
- Work with commissioners and the Royal Colleges to ensure all nurses new to general practice have access to an approved employer-led induction programme and a continuous professional development (CPD) plan that includes the GPN foundation or fundamentals standards. As a minimum, HCAs will have access to the care certificate training standards.
- Make available recognised, competency based preceptorship programmes for all nurses new to general practice, compliant with NMC standards.
- Use outcomes from CQC inspections as a lever to improve practice.

#### Health Education England (HEE) Lead

- Support work in training hubs / Community Education Provider Networks (CEPNs) to establish accurate workforce information so that the profiles and numbers of GPNs needed locally can be quantified.



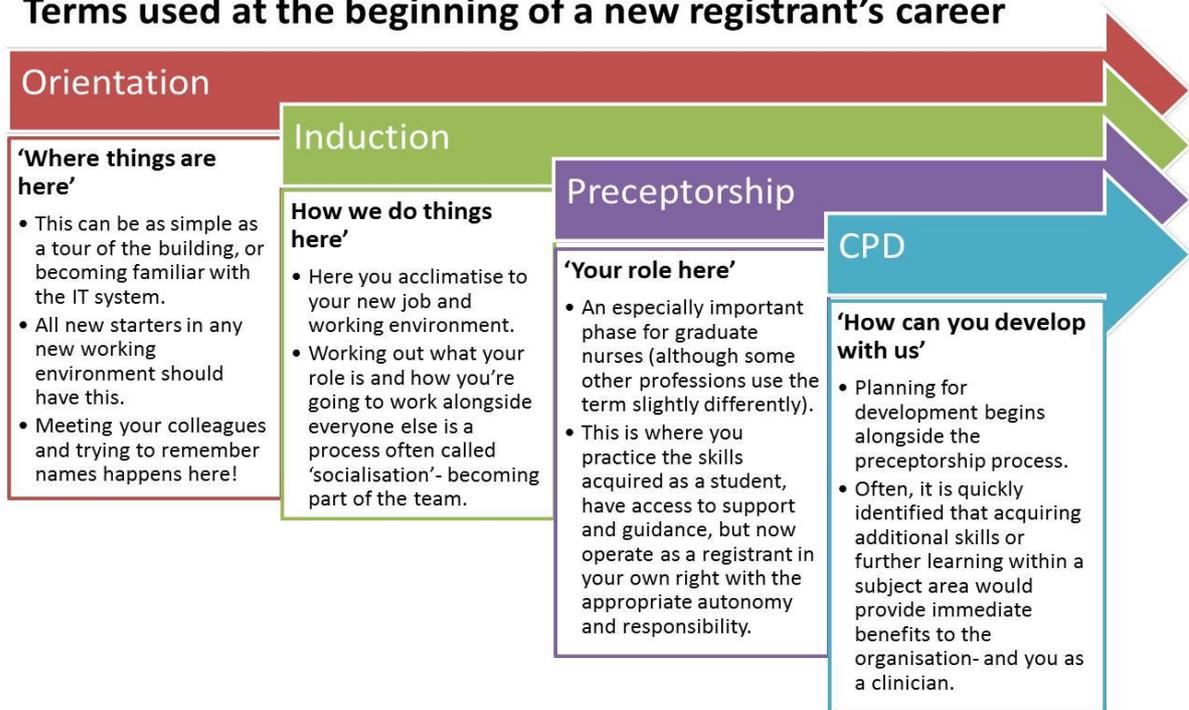
# Appendix C – Employing a newly qualified Nurse in a General Practice Nurse role

## Employing a newly qualified nurse in a GPN role: What you need to consider

### 1 Introduction

The beginning of a newly qualified nurse's career can be a challenging time, and initial experiences can shape how they develop in their career. To ensure the best possible start for a newly qualified nurse, a quality orientation, induction and preceptorship programme is essential, as is education and ongoing continuing professional development (CPD). An overview of this journey is displayed below. This document is structured using this journey and begins with exploring orientation and induction.

### Terms used at the beginning of a new registrant's career



## Employing a newly qualified nurse in a GPN role: What you need to consider

### Suggested elements for the Practice Orientation and Induction

Every practice large or small is likely to have a well-considered orientation and induction programme. It should provide all the information that a new employee needs, without overwhelming or diverting them from the essential process of integrating into the existing team.

HEE suggests that your practice **ORIENTATION** includes the following elements;

Tour of the building/ site	Health and safety requirements and responsibilities	Meeting other members of the team	Contracts and terms of employment
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As the length and nature of an induction depends on the complexity of the job and the background of the new employee; one size does not fit all. As such a standardised induction programme is therefore unlikely to comprehensively meet anyone's needs. This is particularly true when employing nursing or primary care staff who may often have had experience in other healthcare roles in other settings. However HEE suggests a practice **INDUCTION** include the following elements;

### Statutory and Mandatory training

Basic Life Support	Equality & Diversity	Fire Safety	Infection Control
Information Governance	Mental Capacity Act	Moving & Handling	Safeguarding Children & Vulnerable Adults

### Practice administration and management

How primary and community care are structured and funded	How to use the practice IT applications	Electronic record keeping procedures and processes	Audit and information collation/ analysis
Care Quality Commission (CQC) regulations and outcomes	Equipment ordering and stock management	Quality Outcomes Framework (QOF) – Introduction to and how to use for service improvement / redesign	

### Clinical Management

Accountability and responsibilities within the role and the practice	Legal, ethical and professional issues including accountability and delegation	Using local clinical guidelines, protocols, directions and directives including prescribing and medicines management	Areas of clinical responsibility e.g. health promotion, screening, immunisations (and the required training to support, develop and extend these areas further
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## Employing a newly qualified nurse in a GPN role: What you need to consider

### Communications and Relationships

Team working responsibilities (internally) and interprofessionally and interagency collaboration	Importance of developing and working with patients, carers and their families	Effective primary care consultations and using appropriate communication skills within these	Support for conflict management and managing difficult conversations plus negotiation skills e.g. agreed practice protocol, guidance etc.	Supervision, appraisal and ongoing professional development e.g. access to quality training
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This suggested list is by no means exhaustive and should be seen as an additional prompt list for any existing local induction procedures.

Some of these elements are also included as part of GPN Inductions programmes. Further details are available in the accompanying catalogue.

Resource to support the practices can be found in Appendix 1 of this document.

## Considerations for Practice Orientation and Induction

1. **What adjustments, if any, do you need to make to your existing practice induction process/pack after reading this suggested list?**
2. **What additional resources might you need?**
3. **Who might you need to involve in these elements?**
4. **Were you aware of the FREE E-Learning for Healthcare (E-LfH) resource and how it might assist in induction for all of the practice staff? *(This is explained later in this document and the link is at the end of this document)***

### Employing a newly qualified nurse in a GPN role: What you need to consider Resources for Practice Orientation and Induction

#### E-Learning for Healthcare

<http://www.e-lfh.org.uk/home/>

E-LfH is a HEE Programme in partnership with the NHS and Professional

Bodies providing high quality content free of charge for the training of the NHS workforce across the UK. Statutory and Mandatory training is also included within E-LfH

## **RCGP\***

<http://www.generalpracticenurse.org.uk>

The RCGP have developed an on-line programme for nurses new to general practice. It provides introductory level learning resources and self-assessment questionnaires across a range of topics, covering baseline skills for nursing in general practice. It represents the building blocks of an educational pathway to support a career in general practice nursing. Included in the programme are two full-day workshops (London based) led by experienced practice nurse facilitators, who will support progression through the programmes units.

The programme is designed to identify learning needs appropriate to a GPN role in practice and direct an individual to further opportunities for continued professional development. The programme is written by practice nurses for practice nurses, with the aim of being relevant and user-friendly. The approximate cost of the programme, including the two workshops and dedicated support, is around £850 plus VAT

HEE does not promote any non-NHS funded educational providers\* nor can it guarantee the quality or content of any of the provisions. It is included here as examples of known available provision which you may wish to access. Other appropriate provision may also be available. If you are aware of any other providers, please contact this document's author so they can be included when this document is next updated.

\* non HEE funded provision

## **Appendices References:**

Appendix A - Health Education England. 2015. *Health Education England Preceptorship Standards*. [ONLINE] Available at: <https://hee.nhs.uk/sites/default/files/documents/Preceptorship%20Standards%202015.pdf>.

Appendix B - England.nhs.uk. 2017. *General Practice – Developing confidence, capability and capacity*. [ONLINE] Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/07/general-practice-nursing-ten-point-plan-v16.pdf>.

Appendix C - Health Education England. 2016. *Employing a newly qualified Nurse in a General Practice Nurse role.* [ONLINE] Available at: <https://www.hee.nhs.uk/sites/default/files/documents/Acrobat%20Document.pdf>.