

# **Preceptorship Framework**

for Newly Registered  
Nurses, Midwives and  
Allied Health Professionals

## DH INFORMATION READER BOX

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<b>Cross reference</b>	A High Quality Workforce
<b>Superseded documents</b>	Preceptorship Framework for Nursing (2009)
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<b>Contact details</b>	Chris Caldwell Room 452C Skipton House 80 London Road, London SE1 6LH 020 7972 1447 chris.caldwell@dh.gsi.gov.uk
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# Foreword by Ann Keen, Parliamentary Under Secretary of State for Health

Dear colleagues,

In the foreword to the *Preceptorship Framework for Nursing* that I launched last November I made the point that what happens to our nurses at the beginning of their careers in this country's health service is pivotal. I also said that I hoped that the principles set out in the framework could be extended to encompass other clinical professionals.

I am delighted that discussions with a wide range of stakeholders have allowed the framework to be refreshed so it encompasses newly registered midwives and allied health professionals too. The framework will help ensure that our newly qualified health professionals have protected time and expert support to help them apply academic knowledge and their practice placement experiences in real life situations as accountable professionals.

This will help give our health professionals the best start possible start and reflects our commitment in the NHS Constitution to support our staff to succeed.

Through preceptorship we must strive to nurture and develop our new registrants to develop life long careers in nursing. I hope you will continue to work with us in the future so that the framework, so clearly set out here, can be fully realised for every newly registered nurse, midwife and allied health professional.



A handwritten signature in black ink that reads "Ann Keen". The signature is written in a cursive, flowing style.

Ann Keen MP  
Parliamentary Under Secretary of State  
for Health

November 2009

# Foreword by the Chief Nursing Officer and the Chief Health Professions Officer

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. We all know that 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.

Last November Ann Keen, Parliamentary Under Secretary of State for Health, launched the Preceptorship Framework for Nurses. Following interest from other staff groups we said that we would consider whether the framework could be extended to include midwives and allied health professionals (AHPs).

We are delighted to say that following feedback from nurses, midwives, specialist community public health nurses and AHPs we have developed the framework so that it applies to all those professional groups. The feedback we received not only provided strong support for the framework as it applied to newly registered nurses but that it was also relevant to new registrants in these other professions.

The value of preceptorship has been recognised in policy documents such as *Modernising Nursing Careers*<sup>1</sup> and *Framing the Contribution of Allied Health Professionals*.<sup>2</sup> Further, in *High Quality Care for All: NHS Next Stage Review*<sup>3</sup> we committed funds specifically to support preceptorship. This framework also contributes to the delivery of pledges to patients and staff set out in the NHS Constitution.<sup>7</sup>

We have developed this framework in co-production with strategic health authorities (SHAs) and other key stakeholders. NHS West Midlands have led the work and worked closely with the Department of Health. The framework, which is based on evidence from national and international sources, establishes clear principles of good preceptorship. It indicates what needs to be undertaken to ensure that local systems for preceptorship succeed and will further enable a smooth transition for newly registered practitioners as they progress their professional careers and continue their journey of life-long learning.

The framework is intended primarily as a resource for those of you in NHS organisations with responsibility for establishing organisational systems for the management and development of the non-medical workforce – for example Nurse, Midwife, AHP managers and HR Directors.

It will also be of interest to newly registered practitioners and those directly responsible for preceptorship.

To further support preceptorship we have adapted and are testing the Scottish 'Flying Start NHS' web-based, electronic preceptorship programme in a range of NHS organisations in England and with a higher education institution. This multiprofessional preceptorship programme, designed by NHS Education Scotland (NES), has been in use in Scotland since 2006 and has been well received. Our testing, against a range of existing preceptorship models, started in autumn 2009 for a six-month period, with a view to establishing the programme as an optional model for employers.

It is anticipated that this framework will also contribute to the consideration of the introduction of a mandatory period of preceptorship planned by the Nursing and Midwifery Council 'to guide and support all newly qualified nurses to make the transition from student to develop their practice further'. The NMC has commissioned a research partner to explore how policy will be developed and we expect to hear more from them about this in late-2010.



A handwritten signature in black ink that reads "Beasley".

Dame Christine Beasley, DBE  
Chief Nursing Officer (England)



A handwritten signature in black ink that reads "K Middleton".

Karen Middleton  
Chief Health Professions Officer (England)

London, March 2010

# 1. Introduction

This framework is a guide and resource for those in NHS organisations who have responsibility for systems for managing and developing the workforce, for preceptors (registered practitioners) and

newly registered practitioners (see below). It will also be of interest to employers in the independent and voluntary sectors as a guide to good practice in supporting nurses, midwives and AHPs who are newly

## Preceptor:

In this document 'preceptor' refers to a registered practitioner who has been given a formal responsibility to support a newly registered practitioner through preceptorship.

## Newly Registered Practitioner:

In this document 'newly registered practitioner' refers to a nurse, midwife or AHP who is entering employment in England for the first time following professional registration with the NMC or HPC. It includes those who are recently graduated students, those returning to practice, those entering a new part of the register e.g. community public health specialists and overseas-prepared practitioners who have satisfied the requirements of, and are registered with, their regulatory body. While engaged in preceptorship newly registered health professionals are sometimes referred to as a 'preceptee'.

registered with the Nursing and Midwifery Council (NMC) and the Health Professions Council (HPC).

In preparing this framework, we commissioned a review of the literature, undertook extensive stakeholder engagement<sup>4</sup> and considered the NMC's and HPC's views on preceptorship and existing policy. We reviewed models and approaches adopted in other countries and professional groups, including a specific focus on Scotland's multi-professional preceptorship programme, 'Flying Start NHS'.

This document aims to provide a framework that is practical and relevant for employers to ensure equity of access to high-quality preceptorship support for all newly registered practitioners in England.

Underpinning this work has been the recognition that we will require a more independent, autonomous and innovative practitioner to meet the changing requirement of future healthcare provision. All this suggests that a different kind of preceptorship is needed to consolidate these qualities and enable newly registered practitioners to take responsibility for their own professional and career development.

This document provides a definition of preceptorship, describes the key elements of good preceptorship, and suggests outcome measures to ensure that preceptorship meets individual

newly registered practitioners' needs, demonstrates value for money and underpins the delivery of high-quality care.

Links are established between the aims of preceptorship and other broader developments such as *Agenda for Change* (AfC)<sup>5</sup>, the *Knowledge and Skills Framework* (KSF)<sup>6</sup>, the NHS Constitution<sup>7</sup>, *Confidence in caring: a framework for best practice*<sup>8</sup> and the requirements of regulatory bodies such as the NMC, HPC and Care Quality Commission (CQC).

*"I believe that I do have the knowledge and skills to undertake the role, but you can't learn everything in three years, there are bound to be skills that you need to develop. My training has taught me to be open and honest when you don't know or haven't experienced a situation before."*

Student in last week of final practice placement

## 2. Background

Many health practitioners across a wide range of organisations already benefit from well-established preceptorship schemes. Preceptorship was introduced following the implementation of Project 2000, the outcome of a previous review of nurse education. Preceptorship is now embedded in a range of existing professional regulatory and employment guidelines for example:

- NMC guidance<sup>9</sup> covers areas such as the role of the newly registered nurse, midwife and preceptor, the duration of preceptorship and preparation of preceptorship. In the longer term, the NMC is considering the introduction of a period of mandatory preceptorship.
- The College of Occupational Therapists has provided guidance and support<sup>14</sup> for implementing preceptorship for managers and newly registered occupational therapists.
- *Agenda for Change* (AfC) describes the process of preceptorship whereby new entrants to Band 5 (ie most newly registered practitioners) achieve accelerated progression through the first two pay points, provided they meet relevant standards of practice.


Preceptorship is also within the spirit of the staff pledges made in the NHS Constitution, and the value and importance of preceptorship was recognised in *A High Quality Workforce: NHS Next Stage Review*<sup>10</sup> where it is stated:

'A foundation period of preceptorship for practitioners at the start of their careers will help them begin the journey from novice to expert. This will enable them to apply knowledge, skills and competences acquired as students, into their area of practice, laying a solid foundation for life-long learning.'

Specifically regarding Allied Health Professionals, *A High Quality Workforce* said that:

'We will consider the benefits of preceptorship for newly qualified staff.'

In 2008/09 the Department of Health made funding available, via strategic health authorities (SHAs), to invest in preceptorship. SHAs are required to report on a quarterly basis to the Department on progress in investing these funds.



The aim of preceptorship is to enhance the competence and confidence of newly registered practitioners as autonomous professionals. Preceptorship will support the policy drive to place 'quality at the heart of everything we do in healthcare'<sup>3</sup>, while maximising NHS productivity through harnessing and spreading innovation. It can also support strategies that impact directly on patient and service-user experience. For example, the principles outlined in *Confidence in caring: a framework for best practice* identify that:

'At the individual level, confidence can be created when patients see that individuals have the **skills** to do the job and the **will** to provide the level of care the patient wants.'

Finally, effective preceptorship arrangements can be used by employers as part of the processes in place or evidence that is submitted against regulatory and other standards, eg:

- Care Quality Commission registration requirements for providers require that providers take all reasonable steps to ensure that workers are appropriately

supported, thereby enabling them to deliver care and treatment to service users safely and to an appropriate standard (including appropriate training, professional development, supervision and appraisal).

- AfC terms and conditions.
- Improvements in relevant scores of the staff and patient surveys.

NHS organisations that contract with third parties who employ newly registered practitioners are to give consideration to encouraging such organisations to establish preceptorship arrangements.

In addition to publishing this framework, the development of strong, local preceptorship arrangements can be underpinned through:

- Multi-Professional Education and Training (MPET) budget service level agreements that requires quarterly feedback from SHAs; and
- Learning and development agreements (LDAs) – SHAs, in discussion with NHS organisations, should include specific requirements in relation to preceptorship in the local LDA.

# 3. Defining preceptorship

## What is preceptorship?

From the moment they are registered, practitioners are autonomous and accountable.

Preceptorship should, therefore, be considered as a transition phase for newly registered practitioners when continuing their professional development, building their confidence and further developing competence to practice, and not as a way to meet any shortfall in pre-registration education. *A High Quality Workforce: NHS Next Stage Review*<sup>10</sup> describes preceptorship as:


'A foundation period [of preceptorship] for practitioners at the start of their careers which will help them begin the journey from novice to expert.'

The NMC<sup>9</sup> defines it as:

'A period [of preceptorship] to guide and support all newly qualified practitioners to make the transition from student to develop their practice further.'

Whilst the HPC does not formally define preceptorship, members of the Modernising Allied Health Professional Careers Steering Group agreed with the Council of Deans of Health conclusion, reached in 2009 at a national workshop on preceptorship<sup>13</sup>, that:

'Preceptorship should be seen as a model of enhancement, which acknowledges new graduates/ registrants as safe, competent but novice practitioners who will continue to develop their competence as part of their career development/ continuing professional development, not as individuals who need to address a deficit in terms of education and training.'



A further definition taken from a review of the literature by Bains<sup>12</sup> includes reference to the role of preceptorship in professional socialisation:

‘Within nursing, midwifery and health visiting in the UK, preceptorship refers to an individualised period of support under guidance of an experienced clinical practitioner which attempts to ease transition into professional practice or socialisation into a new role.’

These definitions and statements all support the assertion that on commencement of preceptorship newly registered practitioners are safe and competent. They are however novice practitioners who will continue to develop and further enhance their competence and confidence as part of their continuing professional development.

Taking into account the definitions reviewed, we conclude that the following definition best encapsulates preceptorship for newly registered practitioners.

## 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.’

## 4. What preceptorship is not

The newly registered practitioner and the employer should have a clear understanding of where the boundaries of preceptorship lie. In addition, both parties should be aware that other processes and systems are in place to manage ability and performance in relation to the competency of the newly registered practitioner.

Preceptorship is not therefore:

- intended to replace mandatory training programmes;
  - intended to be a substitute for performance management processes;
  - intended to replace regulatory body processes to deal with performance;
  - an additional period in which another registrant takes responsibility and accountability for the newly registered practitioner's responsibilities and actions (ie it is not a further period of training);
  - formal coaching (although coaching skills may be used by the preceptor to facilitate the learning of the newly registered practitioner);
- mentorship;
  - statutory or clinical supervision;
  - intended to replace induction to employment; or
  - a distance or e-learning package for a newly registered practitioner to complete in isolation.

*"It's not that I don't feel that I have the knowledge and skills to be a registered practitioner, I'm just nervous about being a student one day and a fully accountable nurse the next day."*

**Student due to qualify  
in three weeks' time**

# 5. The elements of preceptorship

The elements of preceptorship from the perspectives of the newly registered practitioner, the preceptor and the employer are summarised below:

## Newly registered practitioner:

- Opportunity to apply and develop the knowledge, skills and values already learned.
- Develop specific competences that relate to the preceptee's role.
- Access support in embedding the values and expectations of the profession.
- Personalised programme of development that includes post-registration learning, eg leadership, management and effectively working within a multi-disciplinary team.
- Opportunity to reflect on practice and receive constructive feedback.
- Take responsibility for individual learning and development by learning how to 'manage self'.
- Continuation of life-long learning.
- Enables the embracement of the principles of the NHS Constitution.

## Preceptor:

- Responsibility to develop others professionally to achieve potential.
- Conduit to formalise and demonstrate continued professional development.
- Responsibility to discuss individual practice and provide feedback.
- Responsibility to share individual knowledge and experience.
- Have insight and empathy with the newly registered practitioner during the transition phase.
- Act as an exemplary role model.
- Receive preparation for the role.
- Enables the embracement of the principles of the NHS Constitution.

## Employer:

- It is a process to be quality assured.
- It embeds the KSF at the start of employment (where this is used).
- It promotes and encourages an open, honest and transparent culture among staff.
- It supports the delivery of high-quality efficient healthcare.
- It demonstrates the employer's delivery of the NHS Constitution and other key policies.
- It indicates the organisation's commitment to learning.

# 6. The benefits of preceptorship

There are a number of benefits of implementing preceptorship for stakeholders that contribute to the overall patient experience. The benefits of implementing preceptorship from the perspective of the different key stakeholders are set out in the following diagram.



Source: Stakeholders – see References



Patients/clients/service users  
receive safe care and treatment

### Preceptor:

- Develops appraisal, supervision, mentorship and supportive skills.
- Enhances ability to progress through AfC gateways.
- Engenders a feeling of value to the organisation, newly registered practitioners and patients.
- Identifies commitment to their profession and the regulatory requirements.
- Supports their own lifelong learning.
- Enhances future career aspirations.

### Benefits to the professions:

Embracing professional responsibilities including:

- Providing a high standard of practice and care at all times.
- Making care the priority, treating service users as individuals and respecting their dignity.
- Working with others to protect and promote the health and well-being of those in their care, their families and carers and the wider community.
- Being open and honest, acting with integrity and upholding the reputation of the profession.
- Enhancing the image of health care professionals.

# 7. A standard for preceptorship

The evidence and experiences of other professions and the feedback we have gathered suggest that it is important to adopt a clear standard for preceptorship. This will ensure that the benefits identified

can be most effectively delivered for all newly registered practitioners, regardless of their work environment or the design of preceptorship arrangements.

## The standard contains the following elements:

•	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 to completion of the preceptorship period.
•	Preceptors are identified from the workforce within clinical areas and demonstrate the attributes outlined in the box (see right).
•	Organisations have sufficient numbers of preceptors in place to support the number of newly registered practitioners employed.
•	Organisations demonstrate that preceptors are appropriately prepared and supported to undertake the role and that the effectiveness of the preceptor is monitored through appraisal.
•	Organisations ensure that their preceptorship arrangements meet and satisfy professional regulatory body and the KSF requirements.
•	Organisations ensure that newly registered practitioners understand the concept of preceptorship and engage fully.
•	An evaluative framework is in place that demonstrates benefits and value for money.
•	Organisations publish their preceptorship framework facilitating transparency of goals and expectations.
•	Organisations ensure that evidence produced during preceptorship is available for audit and submission for potential verification by the NMC/HPC.
•	Preceptorship operates within a governance framework.



## The attributes of an effective preceptor

The attributes required of a registered practitioner who supports the newly registered practitioner through preceptorship may take up to two years to develop from registration and include:

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

# 8. Implementing preceptorship

## Design of preceptorship

A variety of learning methods should be integrated into preceptorship so that programmes can be personalised to meet the needs of each newly registered practitioner to build their confidence as a practising professional.

Learning can be achieved through:

- organisationally based preceptorship, eg:
  - action learning sets;
  - self-directed learning;
  - clinical practice focus days, e.g. dignity and the service user;
  - reflective practice;
  - shadowing; and
  - one-to-one support (in person or remotely/electronically);
- preceptorship facilitated in partnership with higher education institutions that is delivered through an academically accredited programme;
- work-based learning, eg portfolio building;
- web-based/blended learning programmes, eg 'Flying Start NHS'; and
- attitudinal and behavioural based learning, eg through role modelling.

Effective preceptorship is likely to see the newly registered practitioner engage in a range of activities for varying amounts of time over the first six to twelve months of their first post-registration role. Careful consideration needs to be given to ensuring cost-effective investment of the time and resources devoted to preceptorship to allow a good balance between effective preceptorship and wider provision.

There are no hard and fast indicators of what constitutes the best approach. Preceptorship needs to reflect the requirements of the newly registered practitioner. Our work with stakeholders indicates that two core components will be theoretical learning (e.g. classroom based reading or distance/e-learning) and supervision/guided reflection on practice (one to one or in a small group, face to face or remotely). An optimal mix of these core components should consist of around 4–6 days in total for theoretical learning and around 18 hours in total for

supervision/guided reflection although the exact mix will depend on the profession and the setting in which they work.

Preceptorship programmes need to consider the following:

- Theoretical knowledge can be facilitated by a preceptor, self-directed or by simulated learning.
- Practical skills and knowledge can be facilitated by learning from a more skilled practitioner, self-reflection and/or online support.
- Simulated practice in skills laboratories that is assessed and certified locally should be incorporated.
- Attitudes and behaviours need to be developed to facilitate an approach that demonstrates and upholds professional values and beliefs inline with professional regulatory body requirements.

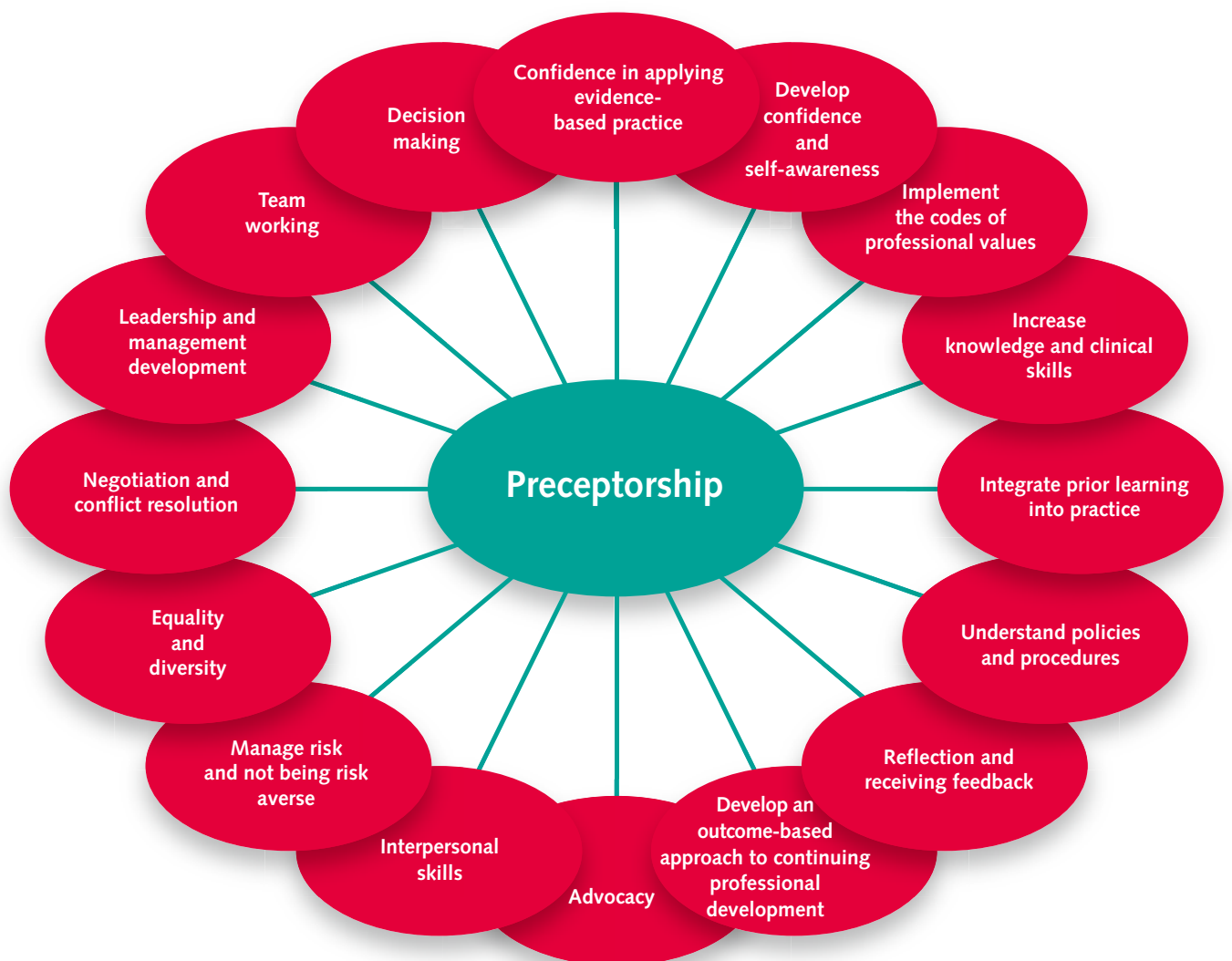
## Content of preceptorship

Preceptorship should be planned in the context of the individual's professional responsibilities and the needs of their employer. There should not be any duplication of effort in relation to the learning undertaken and the documentation of such learning. Record keeping for preceptorship should also meet the requirements of the KSF appraisal process, current continuing professional development requirements and potential future revalidation requirements of the NMC and HPC.

*"It's not that you want someone to hold your hand, it's support and constructive feedback that you need."*

Student in the last week of final practice placement

The indicative content of preceptorship is detailed in the following diagram. This diagram was developed with reference to 'Flying Start NHS' with additional suggestions from stakeholders.



Source: Flying Start and Stakeholders

## Output of preceptorship

On successful completion of preceptorship it is anticipated that the registered practitioner will have become an effective, confident and fully autonomous registered individual, who is able to deliver high quality care for patients, clients and service users.

The practitioner's continuing journey will then take them forward as an independent and innovative leader and role model for future generations of health care practitioners.

## Benchmarking current practice

A number of examples of current approaches to delivering preceptorship have been gathered during the development of the framework. They provide an insight into how preceptorship is currently being delivered across a variety of healthcare settings in England. In addition, we have outlined details of the Scottish 'Flying Start NHS' programme. A summary of this information can be found on our website at [http://www.dh.gov.uk/en/Aboutus/Chiefprofessionalofficers/Chiefnursingofficer/DH\\_108368](http://www.dh.gov.uk/en/Aboutus/Chiefprofessionalofficers/Chiefnursingofficer/DH_108368)

# 9. Equality, diversity and human rights

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 regard 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. The legal obligations to comply with the duties around race, disability and gender should be assured through equality impact assessments of the individual sites' preceptorship programmes.

Successful preceptorship should enable progress through the KSF foundation gateway, where applicable, at the relevant time (ie six months).

# 10. Realising the benefits of preceptorship: outcome measures

The benefits of preceptorship should be demonstrated through objective measurement. Outcome measures should be negotiated locally, eg through learning and development agreements.

Further work is required to identify the most effective measures but the following could be considered as a start.

	Outcome measure	Rationale
1	All newly registered practitioners employed access preceptorship	Equity of access meets equality and diversity agenda
2	Robust preceptorship is in place	Equity of access meets equality and diversity agenda
3	Retention rates for newly registered practitioners	Successful retention will lead to cost reduction associated with recruitment and temporary replacement
4	Time taken to progress newly qualified practitioners through KSF gateways (where relevant) or other indicators of preceptorship completion	Monitor and ensure equity and non-discriminatory practice and compliance with national guidelines

	Outcome measure	Rationale
5	Sickness/absence levels of newly registered practitioners	Expect a lower sickness/absence rate due to improved staff satisfaction and confidence during and following preceptorship
6	Number of clinical incidents reported by newly registered practitioners undertaking preceptorship	Preceptorship should result in practitioners who are confident to report incidents
7	Number of actual or near miss incidents reported involving newly registered practitioners during preceptorship as a percentage of their professional group	Practitioners who complete preceptorship make fewer errors and have fewer complaints made against them

*"I have recently been a preceptor and I really enjoyed sharing the knowledge and experience that I have gained."*

Registered practitioner, qualified for four years



# 11. Delivering preceptorship through pledges

The use of pledges is considered to be an effective approach to setting out and delivering commitments to customers and employees, and this approach has recently been adopted through the NHS Constitution. The staff pledges of the NHS Constitution include:

'The NHS commits to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.'

'The NHS commits to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.'

'The NHS commits to provide support and opportunities for staff to maintain their health, well-being and safety.'

In the light of this we have defined our commitment to preceptorship for newly registered practitioners through a series of pledges. These pledges are presented in the **Figure** overleaf.

## Preceptorship Pledge

### Newly registered practitioner:

**I commit to assume my responsibilities as a registered practitioner, including:**

- adherence to codes of professional practice;
- ensuring that I understand the standards, competences or objectives set by my employer that are required to be met;
- committing time to preceptorship;
- working collaboratively with my preceptor to identify, plan and achieve my learning needs;
- taking responsibility for my own learning and development; and
- providing feedback to enable preceptorship to develop further.

## Preceptorship Pledge

### Preceptor:

**I commit to delivering my responsibilities as a preceptor, including to:**

- commit to the preceptorship role and its responsibilities;
- personalise the newly registered practitioner's learning and development needs and help him or her to identify key learning opportunities and resources; and
- commit time and provide constructive feedback to support the newly registered practitioner.

## Preceptorship Pledge

### The strategic health authority:

**Commits to:**

- fair and equitable access to resources for all organisations;
- clear monitoring and evaluation processes between the SHA and organisations, including higher education institutions, if relevant;
- sharing of best practice and innovation across the SHA and nationally; and
- ensuring value for money.

## Preceptorship Pledge

### Employer:

#### Commits to delivering responsibilities for preceptorship, including to:

- identify a Board Member who has accountability for the delivery of the preceptorship programme and assessing its impact;
- ensure that all newly registered practitioners have equitable access to preceptorship and, as appropriate, access to an identified, suitably prepared preceptor;
- ensure that preceptorship is adequately resourced;
- ensure that a system is in place for appraising the preceptee's performance through the Knowledge and Skills Framework<sup>7</sup> process or other structure to support appraisal; and
- evaluate the process and outcomes of preceptorship.

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## Members of the National Reference Group

### **Maggie Bayley (Co-Chair)**

Project Lead/Assistant Director of Nursing, NHS West Midlands

### **Lisa Bayliss-Pratt**

Operational Project Lead, NHS West Midlands

### **Gwendolen Bradshaw**

Dean of the School of Health Studies, University of Bradford and Chair, Education and Career Progression workstream, Midwifery 2020 representing the Council of Deans of Health

### **Chris Caldwell (Co-Chair)**

Programme Director, Modernising Nursing Careers, Department of Health

### **Gareth Durling**

Policy Manager, Department of Health

### **David Hutton**

Professional Advisor Revalidation, Nursing and Midwifery Council

### **Betty Kershaw**

Education Advisor, Royal College of Nursing

### **Michelle Mello**

Modernising Nursing Careers Lead, NHS West Midlands

### **Jane Nicklin**

Modernising Allied Health Professions Careers Stakeholder Engagement Lead, Department of Health

### **Caroline Waterfield**

Deputy Head of Employment Services, NHS Employers

### **Gwyneth Wilson**

Director of Nursing/Clinical Academic Fellow, Mid-Essex Hospital Services NHS Trust/Anglia Ruskin University

## **SHA Stakeholder Group**

**Lynn Andrews**

NHS East Midlands

**Liz Ballantyne**

NHS South West

**Sally Bassett**

NHS East of England

**Maggie Bayley (Chair)**

NHS West Midlands

**Lisa Bayliss-Pratt**

NHS West Midlands

**Jane Butler**

NHS South East Coast

**Tracey Carstairs**

NHS East Midlands

**Rosemary Chabble**

NHS South Central

**Elizabeth Foley**

NHS Yorkshire and the Humber

**Chris Humbles**

NHS East of England

**Audrey Kirby**

NHS North East

**Rob McSherry**

NHS North East

**Joe McCardle**

NHS North West

**Michelle Mello**

NHS West Midlands

**Suzanne Rankin**

NHS South Central

**Chris Sutcliffe**

NHS East Midlands

**Guy Young**

NHS London

## **Student Stakeholder Group**

**Vicky Allen**

University of Wolverhampton

**James Anthony**

UNISON

**Iain Bell**

Anglia Ruskin University

**Balbir Bhatia**

University of Wolverhampton

**Caroline Brooking**

University of Hertfordshire

**Kirsty Dando**

University of Chester

**Joanna Greenshill**

University of Wolverhampton

**Donna Martin**

University of Worcester

**Nicky McBarnet**

University of Worcester

**Priscilla Peart**

University of Northumbria

**Priyavadita Slater**

University of Manchester

**Luc Taperelle**

Royal College of Nursing

**Alexis Taylor**

Birmingham City University

**Lindsey Walker**

Royal College of Nursing

**Cherril Watts**

University of Manchester

**Anthea Williams**

University of Wolverhampton

**Stuart Young**

Royal College of Nursing

## **Executive Student Board**

All members of the Executive Student Board,  
Royal College of Nursing

