Policy Number	SA42

COVID-19 DOCUMENT CHANGE FORM

NHS Mersey Care NHS Foundation Trust
Community and Mental Health Services

In light of the COVID-19 outbreak it has been necessary to make temporary changes to this Policy Document. Therefore when reading the policy document please take account of the changes highlighted in Part B and C of this form.

PART A – INFORMATION ABOUT THIS POLICY DOCUMENT

Policy Name	**Preceptorship**				**Reference No**	**SA42**	
Executive Lead *(Trust-wide policies)*	**Executive Director of Nursing & Operations**						
Chief Operational Officer *(Clinical Division policies)*							
Policy Document *(Tick only one)*	Trust-wide (Board approved)	☐	Trust-wide (Executive Director approved)	☒	Secure & Specialist Learning Disabilities Division	☐	
	Community Division	☐	Local Division	☐			
Type of Policy *(Tick only one)*	Clinical Policy	☒	Non-clinical Policy	☐			
Clinical Policy Only *(Tick only one)*	Minor Change *(Not referred to the Clinical Cell)*	☒	Major Change *(Referred to Clinical Cell, then to SCG for approval)*	☐			
Approving Body *(Tick only one)*	Board of Directors	☐	COVID-19 Strategic Coordination Group	☐	Community Division Tactical Coordination Group	☐	
	Corporate Division Tactical Coordination Group	☒	Local Division Tactical Coordination Group	☐	Secure & Specialist LD Division Tactical Coordination Group	☐	

PART B – CHANGES TO THE POLICY DOCUMENT

Section / Paragraph No	Outline of the information that has been amended in this policy document
3.1	New group of staff - Pre Graduate Nurses and AHP students registered on the COVID Registers will require a period of preceptorship Add sub-paragraph "3.1c) together with any professional registered on *COVID Registers* by these regulatory bodies"
5.7.4 and 5.7.5	References to a twelve month period in both these paragraphs changed to an accelerated completion following sign off of competence and agreed scope of practice for existing band 5 preceptees
New – 5.13, 5.14, 5.15 & 5.16	New roles have been developed to enable students to make a valuable contribution whilst completing their studies. As such new paragraphs have been added at 5.13, 5.14, 5.15 and 5.15 of this policy – these new paragraphs are included overleaf as part of this COVID-19 Document Change Form
New – Appendix 2	A role comparison table has been added as appendix 2 or the policy - this new appendix has been included as part of this COVID-19 Document Change Form

PART C – RATIONALE FOR CHANGES

Please explain why this document needs to be amended during the COVID-19 outbreak
In response to the COVID-19 pandemic, the NMC has developed a set of emergency standards, introducing a number of changes to pre-registration programmes and has developed a new COVID-19 temporary Register; this was launched on 27th March but is not yet live.

Policy Number	SA42

COVID-19 DOCUMENT CHANGE FORM

Current registrant band 5 preceptees who are on the NMC or HCPC permanent register and employed by the trust may be considered for acceleration of their preceptorship period (usually 12 months). They should agree with their preceptor and line manager their individual scope of practice based on their current skills, knowledge and experience. The registrant, their preceptor and line manager should agree what roles can be undertaken and when to seek additional support.

Each registrant has a responsibility to seek support and/or additional training for competencies not achieved prior to undertaking a delegated task. Their line manager must provide the necessary support to enable the registrant to achieve this in a timely and supportive way.

A record of the achievement of competencies with sign off must be maintained by the registrant with a copy provided to the sign off preceptor and line manager

PART D – APPROVAL (for completion by officer loading policy document onto intranet / website)

Date Referred to the Clinical Cell *(Clinical Policies only)*	
Date Referred by the Clinical Cell to the SCG *(Clinical Policies only)*	
Date Approved by the Approving Body	29 April 2020
Date Circulated to Relevant Staff	29 April 2020
Date Published on the Divisional Intranet / Trust Website	29 April 2020

TEXT FOR NEW PARAGRAPHS ADDED AT 5.13, 5.14, 5.15 AND 5.16

5.13. Students in second year and first six months of final year – Band 3

5.13.1. These students can opt into a revised pre-registration programme. The revised programme includes:

- Student will not be supernumerary.
- Student will spend 80% of time in clinical setting
- Student will have protected learning time (20%)
- Student will be supported and supervised, working within a delegation framework
- Student will be paid (band 3)
- Student will remain under the University, meet learning outcomes.
- Student will have a practice supervisor who will now undertake practice assessment.

5.14. Aspirant Nurse – student who is in final six months of placement

5.14.1. This is a new role. Students who are in the final six months of placement can opt to complete an extended clinical placement in order to achieve competencies and collate the required practice hours to enable the University (AEI) to register the student on the COVID-19 temporary register. As the aspirant nurse retains student status, the nurse is not subject to preceptorship

- Student will not be supernumerary
- Student will spend 80% of time in the clinical setting

- Student will have 20% protected learning time
- Student will be supported and supervised (supervision is not direct supervision)
- Student will be paid (band 4)

5.14.2. There isn't specific guidance on how student will move from band 4 to band 5 temporary register but HEE and documents makes reference to the following

- Student will complete online PARE (practice assessment record & evaluation) and collate practice hours
- Student meets required learning outcomes
- Student achieves required competencies which are signed off by a registered nurse who is not on COVID-19 register
- Student completes required practice hours.
- Student will complete care certificate
- Student will complete statutory and mandatory training

5.14.3. The University (AEI) can arrange for the student to be registered on the temporary COVID-19 register

5.14.4. Guidance issued by HEE indicates that it can take 4-8 weeks for the Aspirant Nurse to demonstrate achievement of required competencies and practice hours to be eligible for the temporary register. The NMC makes reference to there being a bespoke training package to support transition from band 4 to band 5. There are no further details on the proposed training package at this time.

5.14.5. When the temporary register opens, students can opt to complete a transition period of 4-8 weeks at band 4 (Aspirant Nurse) before joining the COVID-19 temporary register as a registered band 5 nurse

5.15. COVID-19 Temporary Register (band 5)

5.15.1. The Coronavirus Act (2020) allows the NMC to register a person that is fit, proper and suitably experienced as a registered nurse on the temporary register.

5.15.2. Temporary registration is separate from full registration; it will end automatically when the emergency period ends.

- The registered nurse must be supervised by an NMC registered nurse or other health care professional who is not the temporary register
- The registered nurse must not carry out any duty in which the registrant has not been assessed as competent and appropriately signed off during pre-registration training unless the registrant is supervised by another registered nurse on the NMC register or another registered health professional on the HCPC register. (The exception is where lifesaving intervention)
- The registered nurse must undergo preceptorship.

5.15.3. Preceptorship is

> *"A period of structured training for newly qualified practitioners during which time, he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviour and to continue on their journey of life long learning" (Mersey Care Preceptorship framework page 5)*

5.15.4. Prior to allocation to a clinical area, band 5 nurses on the COVID-19 temporary register will have completed; Trust Induction and have a trust email address, have access to Trust IT system, have a trust user name and password and have access to relevant patient information system (e.g. PACIS, EMIS, RIO, Care notes).

5.15.5. The band 5 nurse will have an allocated preceptor, who will collaboratively

- Agree the preceptorship plan
- Ensure statutory and mandatory training is complete
- Introduce the band 5 to the clinical environment
- Guide and support on the job learning
- Advise on scope of practice
- Ensure safe practice
- Provide regular feedback
- Support achievement of competencies/recording of same.

5.15.6. Guidance provided by HEE (April 2020) for accelerated preceptorship suggests that preceptorship programme for band 5 nurses on COVID-19 temporary register should include

- Completion of statutory and mandatory training
- Induction (organisational and local)
- Local procedures which newly qualified practitioner may not be familiar with
- Clarification of clinical experience to agree tailored programme
- Understanding of code of professional practice and scope of practice
- Understanding of professional accountability including delegation
- Clear support process throughout shift pattern
- Confidence building and resilience
- Debriefing skills and reflection
- Personal safety, health and well being
- Clinical Practice specific areas (e.g. effective care planning)
- Risk management
- Effective teamwork
- Clinical leadership.

5.15.7. The band 5 nurse should be supported to complete their individual preceptorship plan and achieve outcomes in a supportive way. A record of competencies must be signed off by the allocated preceptor and kept by the band 5.

5.15.8. The band 5 nurse must always be supervised but not always directly observed by another registered nurse (not on COVID-19 temporary register) or AHP.

5.16. Allied Health Staff

5.16.1. The HCPC guidance advises that HCPC students in their last year of training will be eligible to join a COVID 19 temporary register the same principles of preceptorship should apply.

APPENDIX 2 – ROLE COMPARISON TABLE

Aspirant Nurse (band 4) Nursing Student – final six months	Pre-graduate nurse (band 5) Nursing Student – final six months	Comments (Students in the final six months are eligible for both roles – the role identified depends on whether the student has attained the competencies for pre-graduate nurse)
Actively pursue all opportunities and use protected learning time to develop competencies to enable successful application to the Nursing and Midwifery Council (NMC) for future registration. Implement care packages under the supervision of a registered nurse for example ongoing assessment, planning, management and evaluation of care. Carry out nursing care programmes	Work in accordance with the NMC Code of Practice for nurses, midwives and nursing associates Comply with conditions of registration for students on the temporary NMC register Complete a preceptorship package Work autonomously in areas of clinical practice where assessed as competent and appropriately signed off, while actively seeking advice and supervision as necessary	Pre-graduate nurse is a registered nurse and is bound by NMC code of practice, conditions of temporary NMC register & Trust policy Aspirant Nurse bound by JD & trust policy, recognition that competencies are in development. Pre-graduate nurse works autonomously once competencies have been signed off. Pre-graduate nurse undergoes preceptorship. Aspirant nurse works under supervision of registered nurse (either temporary register or full NMC register
Carry out nursing care programmes	Take responsibility for the assessment, planning, delivery and evaluation of nursing care under the delegated authority of a fully registered nurse	Pre-graduate nurse is responsible for assessment, planning, delivery & evaluation of nursing care under the delegated authority of a fully registered nurse Aspirant nurse carries out nursing care.
Actively pursue all opportunities and use protected learning time to develop competencies and enable successful application to NMC for future registration	Actively pursue all opportunities and use protected learning time to develop and consolidate competencies to prepare for successful application to the NMC for full registration.	Pre-graduate nurse consolidates competencies to prepare for successful application to the NMC for full registration Aspirant nurse develops competencies.

Policy Number	SA42

COVID-19 DOCUMENT CHANGE FORM

Principal Responsibilities: Delivers high quality, compassionate, evidence-based care to patients following the initial assessment by the registered practitioner using person centred approaches which promote health and independence.	**Principal Responsibilities** Delivers high quality, compassionate, evidence-based care to patients using a broad range of clinical interventions and person-centred approaches which promote health and independence.	Pre-graduate nurse (and registered nurses) carry out initial assessment and delivers care using a broad range of clinical interventions & person centred approaches Aspirant nurse doesn't carry out initial assessment, delivers the care
Under supervision of the registered practitioner, ensures that all patients have appropriate individualised clinical assessments / risk assessments providing accurate feedback to the team as necessary.	Works autonomously and is accountable for own clinical practice in line with temporary NMC registration, ensuring professional supervision from a fully registered nurse when required.	Pre-graduate nurse works autonomously in line with temporary register and seeks professional supervision from a fully registered nurse when needed Aspirant nurse is under supervision and provides feedback to the team.
Demonstrates effective approaches to monitoring signs and symptoms of physical, mental, cognitive, behavioural and emotional distress, deterioration or improvement and liaises with the registered practitioner in an appropriate and timely manner to review / reassess care needs as required.	Demonstrates effective approaches to monitoring signs and symptoms of physical, mental, cognitive, behavioural and emotional distress, deterioration or improvement and reviews / reassesses care needs as required.	Pre-graduate nurse monitors signs and symptoms (physical, mental, cognitive, behavioural & emotional) and reviews or re-assesses care as needed. Aspirant nurse monitors signs and symptoms and liaises with registered practitioner who will reassess care.
Contributes to the ongoing assessment of the patient, providing information to inform assessments.	Ensures that all patients have appropriate individualised clinical assessments / risk assessments, providing accurate feedback to the team as necessary.	Pre-graduate nurse ensures all patients have individualised assessment, including risk and provides feedback to the team. Aspirant nurse contributes to the assessment & provides information to inform the assessment
Evaluates the effectiveness of care delivered and liaises with the registered practitioner to discuss and agree changes to the plan of care as required.	Evaluates the effectiveness of care assessment and delivery and discusses and agrees changes to the plan of care as required.	Pre-graduate nurse evaluates care, discusses & agrees changes to care plan. Aspirant nurse evaluates care and liaises with registered practitioner to agree changes to care plan.
Actively involves patients in their care, encouraging independence and supporting them to improve and maintain their mental and physical health and wellbeing.	Actively involves patients in their care, encouraging independence and supporting them to improve and maintain their mental and physical health and wellbeing.	Responsibilities are the same for both roles
Respects the privacy, dignity, needs, beliefs, choices and preferences of patients and carers.	Respects the privacy, dignity, needs, beliefs, choices and preferences of patients and carers.	Responsibilities are the same for both roles

COVID-19 DOCUMENT CHANGE FORM

Obtains the appropriate consent for the identified care to be undertaken, ensuring the patient / client has a good understanding and knowledge of the decision-making process and is provided with accurate and appropriate information.	Obtains the appropriate consent for the identified care to be undertaken, ensuring the patient / client has a good understanding and knowledge of the decision-making process and is provided with accurate and appropriate information.	Responsibilities are the same for both roles
Maintains clear and accurate patient records using both digital and paper based records.	Maintains clear and accurate patient records using both digital and paper based records.	Responsibilities are the same for both roles
Recognises and effectively responds to emergency situations escalating support from the registered practitioner in a timely and appropriate manner.	Recognises and effectively responds to emergency situations using escalation protocols in a timely and appropriate manner.	Pre-graduate nurse responds to emergency situations using escalation protocols. Aspirant nurse responds to emergency situations and escalates with support from registered practitioner
Works in accordance with local policy and practice, including safeguarding and raising concerns.	Works in accordance with local policy and practice, including safeguarding and raising concerns.	Responsibilities are the same for both roles
Uses a wide range of communication methods, including verbal, non-verbal and written, to interact with a variety of individuals including patients, carers, and members of the multi professional team in a manner which is safe, effective, compassionate and respectful	Demonstrates excellent communication and negotiation skills in situations which may be highly sensitive and emotive, underpinned by the principles of data protection, dignity and confidentiality.	Pre-graduate nurse demonstrates excellent communication & negotiation skills in situations which may be highly sensitive and emotive underpinned by principles of data protection and confidentiality Aspirant nurse communicates effectively with multi-professional team.
Works as an effective member of the multi-disciplinary team, actively promoting team and interdisciplinary relationships.	Works as an effective member of the multi-disciplinary team, actively developing team and interdisciplinary relationships.	Pre-graduate nurse works effectively as part of MDT and actively develops interdisciplinary relationships. Aspirant nurse works effectively as part of MDT actively promoting relationships (not responsible for development of these relationships)
Provides support and guidance to other staff as appropriate, e.g. support workers within the clinical area.	Provides support, guidance, training and supervision to other staff as appropriate, e.g. support workers within the clinical area.	Pre-graduate nurse provides support, guidance, training & supervision to other staff Aspirant nurse provides support & guidance only
Recognises and consistently works within boundaries of the role and their acquired skills and knowledge whilst developing competencies to progress their nurse education and training for example skills in leadership and medicines management	Recognises and works within the limits of competence, actively seeking to develop own skills and knowledge and those of other members of the nursing team.	Pre-graduate nurse works within the limits of competence, actively developing own skills/knowledge & those of team (recognises autonomous practice & leadership role in developing team) Aspirant nurse works within boundaries of role/acquired skills, developing competencies to progress their nurse

		education – identifies leadership & meds management as areas for development
	Undertakes safe management and administration of medicines within limits of assessed competence.	Pre-graduate nurse administers and manages medication within assessed competence Aspirant nurse not referenced
	Takes responsibility for pursuing acquisition of expertise by developing and embedding skills, knowledge and competencies needed to complete nurse education and prepare for joining the permanent NMC register.	Pre-graduate nurse takes responsibility for developing skills, knowledge & competencies to prepare for joining permanent NMC register. No specific reference for aspirant nurses (links with developing competencies through nurse education described above)

Policy Number	SA42

COVID-19 DOCUMENT CHANGE FORM

Mersey Care
NHS Foundation Trust

Community and Mental Health Services

TRUST-WIDE CLINICAL POLICY DOCUMENT

SA42 - PRECEPTORSHIP

Policy Number:	**SA42**
Scope of this Document:	**All Staff**
Recommending Committee:	**HR Policy Group**
Approving Committee:	**Executive Committee**
Date Ratified:	**August 2018 (Minor Amendments – Mar-19)**
Next Review Date (by):	**August 2020**
Version Number:	**2019 – Version 5.1**
Lead Executive Director:	**Executive Director of Nursing and Operations**
Lead Author(s):	**Head of Nursing**

TRUST-WIDE CLINICAL POLICY DOCUMENT

2019 – Version 5.1

Striving for perfect care for the people we serve

TRUST-WIDE CLINICAL POLICY DOCUMENT

PRECEPTORSHIP

Further information about this document:

Document name	**PRECEPTORSHIP POLICY (SA42)**
Document summary	Supporting newly registered/qualified or return to practice health and social care professionals (preceptees) is critical if we are to deliver consistently high quality care to people who use our services. Ensuring that preceptees are supported through the transition from student to qualified practitioner is an important organisational priority which is reflected in this policy.
Author(s) Contact(s) for further information about this document	**Maria Tyson** **Head of Nursing** **Telephone: 0151 473 2871** **Email: maria.tyson@merseycare.nhs.uk**
Published by Copies of this document are available from the Author(s) and via the trust's website	**Mersey Care NHS Foundation Trust** **V7 Building** **Kings Business Park** **Prescot** **Merseyside** **L34 1PJ** **Trust's Website www.merseycare.nhs.uk**
To be read in conjunction with	**Learning & Development Policy (HR05)** **Equality and Human rights Policy (HR10)** **Induction, Statutory and Mandatory Training Policy (HR28)** **Clinical/Managerial/Safeguarding and Reflective Practice Policy (SD33)**
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

Version Control:

		Version History:
Version 4	Circulated for approval to the Education Governance Committee	March 2014
Version 5	Jul-18 Policy Group / Aug-18 Executive Committee	July 2018
Version 5.1	Minor Changes to points 6.2.4 and 6.2.5	March 2019

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

Contents

1. PURPOSE AND RATIONALE

1.1 Introduction

1.1.1 Supporting newly registered/qualified or return to practice health and social care professionals (hereafter referred to as preceptee) is critical if we are to deliver consistently high quality care to people who use our services. Ensuring that preceptees are supported through the transition from student to qualified practitioner is an important organisational priority which is reflected in this policy.

1.1.2 The Chief Nursing Officer and Chief Health Professions Officer (DH, 2010) concludes that the following definition best encapsulates preceptorship for newly qualified professional staff, stating that preceptorship is:

1.1.3 'A period of structured transition for the newly registered/qualified or return to practice health and social care professionals during which time 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,' (p.11).

1.2 Purpose of Policy

1.2.1 The preceptorship policy provides information for service managers, professional leads, line managers, preceptors, preceptees and other staff about the implementation of preceptorship in their area.

1.2.2 This policy sets out preceptorship arrangements for newly registered/qualified or return to practice health and social care professionals, appropriate others and their preceptor. It provides a common approach to promote consistency across service and care groups within the Trust to ensure that the appropriate support for preceptees are in place for a minimum period of 6 -12 months (not exceeding 12 months) this period will be different for different professions and for those registered or qualified and not registered (see 5.7 & 5.8).

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 Policy Statement

2.1.1 Preceptorship is mandatory for all preceptees aimed at offering developmental support throughout its duration.

2.1.2 Similarly, the Trust expects all employees to contribute to the support of preceptees and that experienced health professionals who provide preceptorship will commit to delivering their particular responsibilities.

2.1.3 The preceptorship relationship must be a two-way supportive and developmental process between preceptee and preceptor if it is to be effective.

3. SCOPE

3.1 This preceptorship guideline applies to preceptees joining the Trust at the point of registration, this includes but is not limited to the following professions registered with the:

a) Nursing and Midwifery Council (NMC);
b) Health and Care Professions Council (HCPC).

3.2 Preceptorship can be applied to staff in other circumstances, for example those returning to practice following completion of a return to practice programme and those registering with an additional profession such as health visiting.

4. DEFINITIONS

4.1 The relevant terms and their definitions (within the context of this policy document) are outlined in the Preceptorship Framework (Appendix 1). This Framework provides a template for use by relevant newly registered nurses; Social care professionals; Return to practice nurses. Qualified but unregistered staff (e.g. assistant practitioner) and clinical psychologists will also need to refer to specific resources/frameworks located in the relevant division.

5. DUTIES

5.1 The Executive Director of Nursing and Operations

5.1.1 The Executive Director of Nursing and Operations is the Board of Directors member with overall responsibility for the delivery of the trust's preceptorship programme for nurses and Allied Health Professionals.

5.2 Professional Leads

5.2.1 Professional Leads are responsible for assuring the Executive Director of Nursing and Operations that preceptorship arrangements are provided for all preceptees.

5.3 The Deputy Director of Nursing

5.3.1 The Deputy Director of Nursing provides coordination and other contributions to the preceptorship process for nurses, other professions and liaise with pre-registration programme leads in the Trust's partner universities and ensuring that completing students are aware of the Trust's preceptorship arrangements. They maintain the Trust's register of nurses who fulfill the role of mentor/sign off mentor for pre-registration nursing students, as the Trust expects that all mentors on the register will also act as preceptors – along with all other suitably experienced registered health or social care professionals.

5.4 Ward/Team Managers

5.4.1 Ward/Team Managers are responsible to ensure preceptees taking up their post within their services are informed about this policy and procedure and the trust's preceptorship arrangements.

5.4.2 Ward/Team Managers are responsible for informing the learning and development department (by email registersandevaluations@merseycare.nhs.uk) of the preceptees professional's commencement of the preceptorship period. They are also required to notify learning and development when the preceptorship period is completed, this must be no earlier that one year post commencement.

5.4.3 Ward/Team Managers are responsible for ensuring that an appropriate preceptor is identified for the preceptee and that their preceptor role is monitored through supervision and their PACE

5.4.4 Ward/Team Managers are responsible for advising the professional leads if it is not possible for a preceptor to be appointed so suitable alternative arrangements can be made to support the preceptee.

5.5 **The Workforce Directorate**

5.5.1 **Learning and Development Department**

5.5.2 New starters will attend a Corporate Induction on commencement with the Trust. They will also be sent a login for the Trust's online training platform (Relias) to enable them to complete their role specific statutory and mandatory training. They may also be required to attend further training, depending on their specific role and location within the Trust see the 'Preceptorship Framework' document (Appendix 1).

5.5.3 In the Autumn of 2018 the Trust will launch the new 'Attract Development Programme' which will compliment the current Preceptorship Framework. A database of all staff undergoing the Preceptorship Framework (including the Attract Development Programme) will be held by learning and development via ESR.

5.6 **Preceptors**

5.6.1 Preceptorship involves providing support and guidance to those in transition from student to autonomous practitioner, returning to practice after a career break and anyone entering a different part of the professional register. Preceptorship is a time limited experience in order to support transition.

5.6.2 Each individual has a specific role and important responsibilities to ensure the successful transition of the preceptee through the preceptorship period. These are highlighted below. In the event that a preceptor may not always be available and to ensure continuity within the preceptorship process, it may sometimes be necessary, for a co-preceptor with the appropriate knowledge and skills, to be appointed to act on the preceptor's behalf (HEE NW, 2017).

5.7 **Preceptees**

5.7.1 **ALL** preceptees are responsible for adhering to Trust policies and undertaking local induction, the Trust's induction programme and other statutory and mandatory training ***within six months*** of commencing the preceptorship period.

5.7.2 **Newly 'Registered' or Return to Practice**

5.7.3 Practitioners are registered professionals who have undergone a period of education and practice and adheres to the professional guidelines of the relevant regulatory body (NMC; HCPC; HEE).

5.7.4 HEE's national Reducing Pre-registration Attrition and Improving Retention (RePAIR) project highlighted that many students are influenced by the preceptorship model on offer highlighting evidence suggesting students and preceptorship leads value a programme that is a minimum of 12 months' duration.

5.7.5 Newly qualified nurses/return to practice health and social care staff will have a ***minimum*** of a ***twelve month*** preceptorship period in Mersey Care Foundation Trust.

5.8 **Social Workers**

5.8.1 The Assessed and Supported Year in Employment (ASYE) is a twelve month, employer- led programme of support and assessment against the Knowledge and Skills Statement for social workers in adult services.

5.9 Nursing Associates

5.9.1 From January 2019 nurse associates will be registered with and regulated by the Nursing and Midwifery council. As such will be subject to a period of preceptorship. They will have a minimum of a **12 month** preceptorship period.

5.10 Newly 'Qualified' (not registered) Health and Social Care Professional

5.10.1 Are professionals who have undergone a period of education and practice enabling them to take on a specific practice role (e.g. Assistant Practitioners). They will have a minimum of a **12 month** preceptorship period.

5.11 Assistant Practitioner

5.11.1 The assistant practitioner will follow the preceptorship framework using the HEE tool (see Appendix 1) for recording the outcomes of the preceptorship period.

5.12 Clinical Psychologists

5.12.1 Clinical Psychology Mersey Care preceptees are appointed to Band 7 job descriptions (budget set at 8a) with the expectation they will have fulfilled and evidenced the foundation gateway requirements for a Band 8a job description (usually within a two year period.)

5.12.2 We have set additional standards of what must be achieved before the transition to 8a:

- Evidence of independent (clinically supervised)practice within the agreed care pathways, utilising the recommended therapeutic modalities for service users presenting with complex and longstanding psychological difficulties;
- Undertaking additional modality- specific clinical training to a standard eligible for accreditation;
- Completion of clinical supervisor training with one of our partner universities amongst the northern doctorate in clinical psychology programmes;
- 360 degree appraisal;
- Submission of an independent service-related project (aimed at quality evaluation and improvement, service development or new business proposal) **or** a clinical audit
- Regular attendance (minimum of 75%) at rolling programme of monthly half day in-house CPD programme.

5.12.3 The above standards and the KSF competency framework for the 8a job description must have documented evidence presented in a standardised portfolio and signed off by the line manager, clinical supervisor and professional lead.

6. PROCESS

6.1 Principles

6.1.1 A number of key principles underpin the Trust's approach to preceptorship:

- equity of access;
- all eligible staff will receive preceptorship;

- all preceptors will be drawn from the appropriate profession, be suitably experienced and be clear about their role and responsibility as a preceptor;
- the guideline applies across all division and care groups.

6.1.2 The Trust will continue to review and update such arrangements in line with recent and future statutory requirements, guidance and recommendation (DH 2009; DH, 2010), to ensure that preceptees have a quality transitional experience, which is provided through well supported preceptors.

6.2 Allocation of a Preceptor

6.2.1 Within their first full week in the clinical area the line manager of the service within which the preceptee works will ensure that a preceptor is allocated to the preceptee.

6.2.2 The preceptor and preceptee will need as soon as practicable to meet and discuss in detail the Preceptorship Framework content and complete the required documentation (Appendix 1).

6.2.3 **Supernumerary Status and Managing the Clinical Area: preceptees** will have **supernumerary status for a minimum of 1 week**. The time spent in the clinical areas during this period will be spent familiarising themselves with the roles of colleagues and observing the routine and day to day work of the team, and familiarising themselves with the trust policies and procedures.

6.2.4 **Nursing:** all nurses working in **ward based or A&E liaison** areas should have the Knowledge & Skills Framework (KSF) Core Dimension for Band 5 Competency Assessment signed off prior to taking charge of the ward (see appendix 1 p.39). It is usually expected that the Band 5 KSF would be signed off at the 6 months period from commencement of preceptorship.

6.2.5 Once the KSF is signed off the preceptee taking charge of the ward should have direct access in person to a suitably experienced registered nurse (of a minimum of 12 months qualified). For example based on an adjacent ward or same site i.e. site manager. Any **exception** to this should be reported as an incident in Datix.

6.2.6 **Protected Time** for the preceptor and preceptee to work and meet together must be agreed with the line manager and this must be sufficient to meet all the requirements of the preceptorship period and allow the preceptor/preceptee relationship to develop and strengthen. More time will arguably be required at the start of the preceptorship period and reducing as the preceptee develops. All meetings will be recorded using the relevant forms provided within the Preceptorship Framework, relevant HEE resource (Appendix 1) or divisional process for clinical psychology.

6.3 A Team Approach

6.3.1 Preceptorship is everybody's business and the manager of the team or clinical settings should ensure that all members of the clinical team are aware of preceptees undertaking preceptorship in order that support and guidance can be accessed from and provided by, all members of the team and to ensure the preceptor is also supported.

6.4 Addressing Concerns

6.4.1 Should either the preceptor or the preceptee have concerns about the behavior or performance of the other during the preceptorship period these must be documented and raised with the line manager and/or professional lead as soon as possible.

6.5 Unforeseen Circumstances

6.5.1 Where it is unavoidable that a preceptee moves to a different clinical area during the preceptorship period a new preceptor must be identified. A meeting must be held between the two preceptors and the preceptee to ensure that all information about progress to date is handed over and how any additional requirements relate to the new setting may be met.

6.5.2 If an existing preceptor is unable to continue with a preceptee due, for example, to a change of job, sickness absence or study leave then a new preceptor must be identified by the line manager as soon as possible to ensure continuity of the preceptorship process. The incoming and outgoing, should if possible, meet to ensure a smooth handover. A preceptee should not be without a preceptor for longer than two weeks.

7. CONSULTATION

7.1 The following staff/groups were consulted with in the development of this policy document:

- Divisional Clinical Leads;
- Organisational Learning and Development;
- Workforce Directorate.

8. TRAINING AND SUPPORT

8.1 Trust Corporate and Local Induction and Essential Training

8.1.1 Preceptees must familiarise themselves with the trust induction and essential training polices and discuss with their manager/supervisor/preceptor their participation in the corporate induction, local induction and begin to plan attendance at essential training events that remain outstanding that are appropriate to their role and clinical setting.

8.2 Preceptorship Progression

8.2.1 Preceptees will maintain a record of the preceptorship period that provides reflective accounts and captures evidence that demonstrates working towards, or meeting, the required standards, competencies or outcomes (Appendix 1). This should be regularly discussed and reviewed, with the outcomes recorded, by the preceptee and preceptor during the minimum preceptorship period. ***NOTE:*** *All preceptorship materials can be located on the* ***Trust intranet*** *via the* ***'staff hub'*** *using the* ***'your career and personal development'*** *tab*.

8.2.2 If the preceptee has not provided sufficient evidence that they have met the required standards, the line manager will record which of the standards of performance or attainment criteria have not yet been achieved. They will provide detailed feedback to the preceptee and consider additional support needs. At the earliest review point workforce directorate support should be sought and consideration be given to either extend the preceptorship period or follow the Trust Capability Policy (HR11).

8.2.3 At the end of the minimum preceptorship period a review should be held. There should be no 'surprises' to the preceptee as they will have been given regular feedback on their performance.

8.2.4 On the successful completion of preceptorship the preceptee will continue to engage in regular management / clinical / professional supervision and other learning and continuing professional development opportunities, in order to address the objectives identified in their PACE, and other requirements set out in the Trust Policy & Procedure for Learning and Development (HR05).

8.3 **MONITORING**

A database of all staff undergoing the Preceptorship Framework and Attract Development Programme will be held by learning and development via ESR.

10 Equality and Human Rights Analysis

Title: Preceptorship Policy: Newly Registered/Qualified or Return to Practice Health and Social Care
Area covered: Trust-wide

What are the intended outcomes of this work? To ensure the process to support preceptees are in place and monitored across the Trust.
Who will be affected? Newly registered/qualified or return to practice health and social care professionals

Evidence
What evidence have you considered? Nursing and Midwifery Council (NMC) Standards/Requirements Health and Care Professions Council (HCPC) Standards/Requirements Policy: HR11; HR05 KSF Health Education England standards and guidelines
Disability (including learning disability) Policy relates to other trust policies that support staff who require reasonable adjustments.
Sex The policy recognises that more females than males will be affected as community nursing in particular has a higher female to male ratio and more females than males will return to practice following childcare/carers leave. There are policies linked to this policy that support these staff.
Race There are no identified barriers
Age There are no identified barriers
Gender reassignment (including transgender) There are no identified barriers
Sexual orientation There are no identified barriers
Religion or belief There are no identified barriers
Pregnancy and maternity There are no identified barriers
Carers Staff receive additional support from the Health and Wellbeing Team
Other identified groups There are no identified barriers
Cross Cutting

Human Rights	**Is there an impact?**

	How this right could be protected?
Right to life (Article 2)	Not engaged
Right of freedom from inhuman and degrading treatment (Article 3)	Not engaged
Right to liberty (Article 5)	Not engaged
Right to a fair trial (Article 6)	Not engaged
Right to private and family life (Article 8)	Not engaged
Right of freedom of religion or belief (Article 9)	Not engaged
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	Not engaged
Right freedom from discrimination (Article 14)	Not engaged

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*

Summary of Analysis *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*
Eliminate discrimination, harassment and victimisation None identified
Advance equality of opportunity There are procedures that support the management of additional needs that staff may need
Promote good relations between groups None identified

What is the overall impact? Positive

Addressing the impact on equalities
There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

Action planning for improvement
Not required

For the record **Name of persons who carried out this assessment:** Kate Jones – Equality and Human Rights Lead Maria Tyson – Head of Nursing
Date assessment completed: 16.5.18
Name of responsible Director:
Date assessment was signed:

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring	The Workforce Directorate -Learning and Development Department will register and monitor the progress of preceptees through the preceptorship framework & Attract Programme	On-going	The Workforce Directorate -Learning and Development Department
Engagement	The Workforce Directorate -Learning and Development Department will register and monitor the progress of preceptees through the preceptorship framework & Attract Programme	On-going	The Workforce Directorate -Learning and Development Department
Increasing accessibility	No actions		

Mersey Care
NHS Foundation Trust

Community and Mental Health Services

Appendix 1

Mersey Care NHS Foundation Trust Preceptorship Framework

NOTE:
All preceptorship materials can be located on the Trust intranet via the 'staff hub' using the 'your career and personal development' tab.

CONTENT

Section 1
Preceptorship: An Overview

INTRODUCTION

The following preceptorship framework has been developed to support Newly Registered/Return to Practice Health Professional (hereafter referred to as preceptees) and preceptors working within the Trust, the content has been developed using a range or sources including the below:

- Health Education England: North West. (2017) *Multi-professional preceptorship* toolkit. Health Education North West: Leeds.
- Health Education England. (2017) *Compassion in practice: two years on*. Health Education England: London.
- Health Education England. (2016) *Leading change adding value: a framework for nursing, midwifery and care staff*. Health Education England: London.
- Willis, P. (2015) *Raising the bar shape of caring: a review of the future education and training of registered nurses and care assistants.* Health Education England: UK.
- Nursing and Midwifery Council. (2014) *Advice and information for employers of nurses and midwives.* Nursing and Midwifery Council: London.
- McCusker C (2013) Preceptorship: professional development and support for newly registered practitioners. *Journal of Perioperative Practice*. 23 (12): 283-7.
- Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L., Barton, M., & Walker, C. (2013) Supporting newly qualified nurses in the UK: A systematic literature review. *Nurse Education Today*. 33 (4): 370-377.
- Department of Health. (2010) *Preceptorship framework: for newly registered nurses, midwives and allied health professionals.* Department of Health: London.
- Department of Health. (2008) *High quality care for all: NHS next stage review final report.* Department of Health: London.
- The Royal College of Speech and Language Therapists. (2007) *Speech and Language Therapy Competency Framework to Guide Transition to Certified RCSLT Membership: Newly Registered/Return to Practice Health Professional.* The Royal College of Speech and Language Therapists: London.
- Nursing and Midwifery Council. (2006) *Preceptorship guidelines.* Nursing and Midwifery Council: London.
- Kramer M. (1974) *Reality Shock: why nurses leave nursing*. C.V. Mosby Company: St Louis.

WHAT IS PRECEPTORSHIP?

Supporting preceptees is critical if we are to deliver consistently high quality care to people who use our services. Ensuring that preceptees are supported through the transition from student to qualified practitioner is an important organisational priority which is reflected in this preceptorship framework.

It has been recognised for many years that newly registered health and social care professionals may experience high levels of stress and role uncertainty when making the transition from student to qualified practitioner. Kramer (1974) described this phenomenon, amongst nurses, as ‘reality shock’, subsequent studies have shown this results in an increase in turnover in first 3 months of qualification of around 35-65% (Whitehead et al, 2013).

The Chief Nursing Officer and Chief Health Professions Officer (DH, 2010) in reference to nurses concludes that the following definition best encapsulates preceptorship as:

> *'A period of structured transition for the newly registered practitioner during which time he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, value and behaviours and to continue on their journey of life-long learning,' (p.11).*

WHAT PRECEPTORSHIP IS NOT

Intended to be an extension of your training or to replace Trust induction, mandatory or statutory training or appraisal processes.

THE AIM OF PRECEPTORSHIP

McCusker (2013) suggest that the aim is to "cement knowledge and skills and build confidence through facilitation with a preceptor" (p.284).

THE VALUE OF PRECEPTORSHIP

The value and importance of preceptorship was recognised in A High Quality Workforce: NHS Next Stage Review (DH, 2008), in which it is stated that:

> *"A foundation period of preceptorship for nurses at the start of their careers will help them begin in the journey from novice to expert. This will enable them to apply knowledge, skills and competencies acquired as students, into their area of practice, laying a solid foundation for life-long learning" (p.19).*

Furthermore, some allied health professionals, e.g. The Royal College of Speech and Language Therapists (RCSLT 2007), also have preceptorship/competency frameworks for newly registered health professionals in place. Extending preceptorship/competency frameworks for other professional groups had been considered and agreed by the Department of Health (DH, 2010) who stated that:

> *"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," (*p.4).

Lord Willis in the 'shape of caring review' (2015) stated:

"All registered nurses should undergo a year of supported preceptorship after graduation. The purpose of preceptorship is to guide and support all Newly Registered/Return to Practice Health Professionals to make the transition from student to developing their practice further" (p.13).

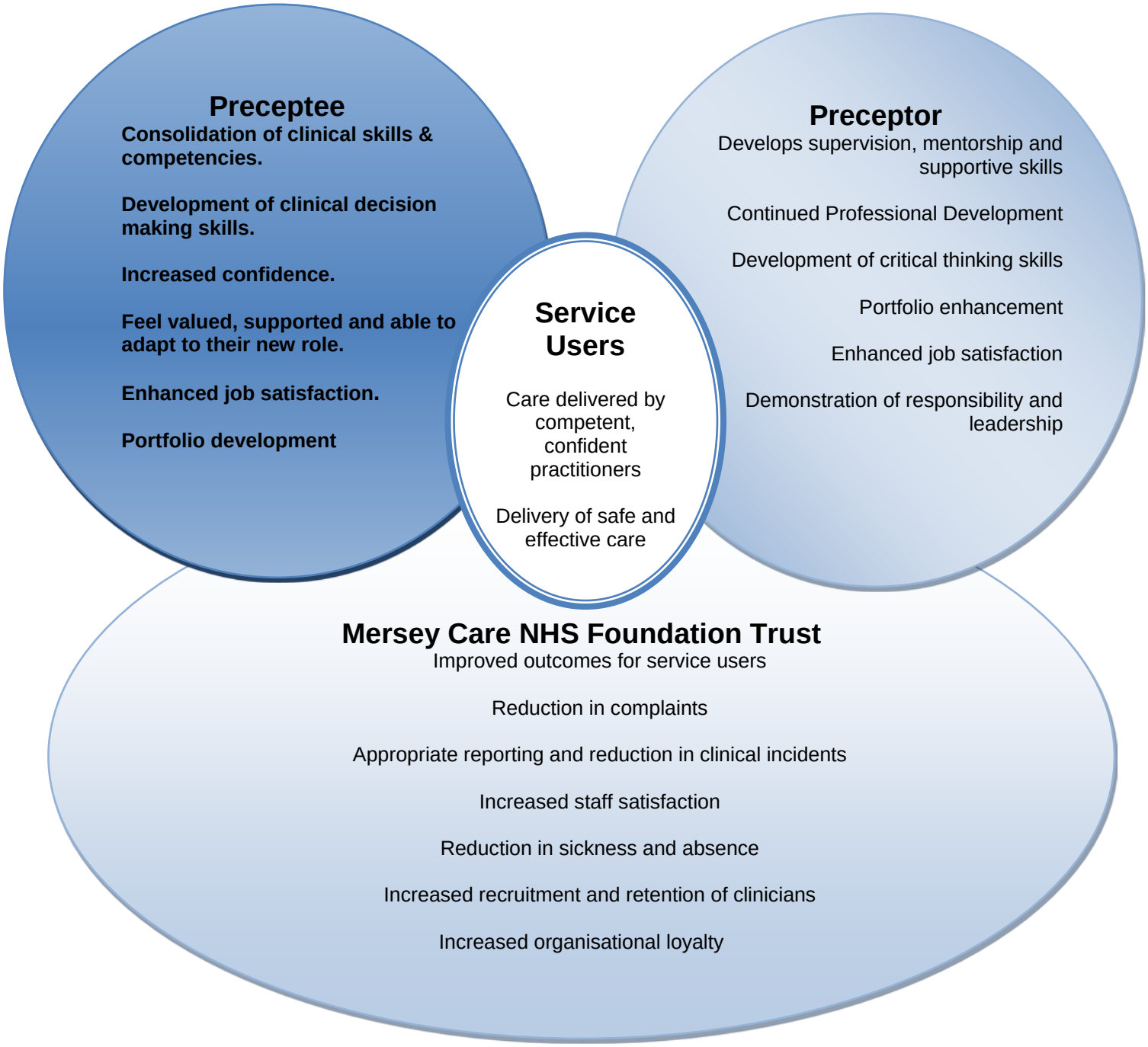
NHS England's Compassion in practice: two years on (2017) conducted research into preceptorship placements and found that best practice was noted in areas that:

"Promoted excellent nursing practice and a positive working culture amongst existing staff. This in turn can help to attract staff with the right values to organisations, encourage retention, improve morale, and address other issues that are critical factors in the provision of outstanding patient care" (p.49).

OVERVIEW OF PRECEPTORSHIP

PRECEPTEE	PRECEPTOR	MERSEY CARE NHS FOUNDATION TRUST
• Opportunity to apply and develop the knowledge skills and values already learned • Develop specific competencies that relate to their roles • Access support in embedding the values and expectations of the profession • Personalised programme of development • Opportunity to reflect on practice and receive constructive feedback • Take responsibility for individual learning and development through self management • Continuation of lifelong learning	• Responsibility to develop others professionally to achieve potential. • Conduit to formalise and demonstrate continued professional development. • Responsibility to share individual practice and provide feedback. • Responsibility to share individual knowledge and experience. • Have insight and empathy during the transition phase. • Act as an exemplary role model. • Receive preparation for the role.	• It is a process to be quality assured. • It embeds standards at the start of employment. • It promotes and encourages an open honest and transparent culture among staff. • Supports the delivery of high quality efficient health care. • Demonstrates the employer's delivery of the NHS Constitution and other key policies. • Indicates the organisations commitments to learning.

WHAT ARE THE BENEFITS?



Sources: DH (2010) & HEE NW (2017) https://hee.nhs.uk/our-work/preceptorships

Section 2
Role of the Preceptor

WHO CAN BE A PRECEPTOR?

Any qualified practitioner who has been identified by the manager/team leader, who has had at least twelve months' experience post-registration/qualification, preferably within the same area of practice as the preceptee (HEE NW, 2017).

THE ROLE OF THE PRECEPTOR

Preceptorship involves providing support and guidance to those in transition from student to autonomous practitioner, returning to practice after a career break and anyone entering a different part of the professional register. Preceptorship is a time limited experience in order to support transition (HEE NW, 2017).

Each individual has a specific role and important responsibilities to ensure the successful transition of the Precepteethrough the preceptorship period. These are highlighted below. In the event that a preceptor may not always be available and to ensure continuity within the preceptorship process, it may sometimes be necessary, for a co-preceptor with the appropriate knowledge and skills, to be appointed to act on the preceptor's behalf (HEE NW, 2017)..

WHAT DOES THE ROLE INVOLVE?

- Demonstrating an adherence to codes of professional practice
- Supporting orientation and induction to the workplace
- Providing an overview of the preceptorship process and documentation
- Monitoring and providing feedback to support the Precepteein the completion of his/her preceptorship portfolio
- Supporting learning and development in line with requirements of the role and, where relevant, KSF post outline and the development of an action plan to meet learning needs, including teaching/coaching/experiential learning sessions
- Using models of reflection to promote self-development
- At specific review points during the preceptorship period, reflect with the Precepteeon his/her progress, noting any concerns and provide feedback to the line manager
- Acting as a role model for the preceptee
- Completing the preceptorship process documentation as per the organisation's policies (HEE NW, 2017).

Section 3

Role of the Newly Registered/ Return to Practice Health Professional (Preceptee)

RESPONSIBILITIES OF THE PRECEPTEE:

The role and responsibility of the preceptee is to participate actively in the preceptorship process and:

- Demonstrate adherence to codes of professional practice and organisational policies and procedures.
- Take ownership of the preceptorship process and be proactive in completion of the objectives
- Liaise with the line manager to ensure that working arrangements (off duty) facilitate the preceptee and preceptor to meet regularly, to review progress and identify development needs
- Attend and actively engage in agreed meetings
- Reflect with the preceptor on his/her progress at review meetings, including discussing any concerns about progress through the preceptorship process
- Maintain and update all relevant documentation including preceptorship portfolio
- Ensure that relevant preceptorship process documents are forwarded to line manager and that a copy is retained for personal records
- Raise any areas of concern about the process with line manager or other relevant person.

Section 4
The Process of Preceptorship

TIMEFRAME

In terms of a timeframe for preceptorship Lord Willis in his shape of caring review (2015) stated:

> *"All registered nurses should undergo a **year of supported preceptorship** after graduation. The purpose of preceptorship is to guide and support all Newly Registered/Return to Practice Health Professionalto make the transition from student to developing their practice further"* (p.13).

However in recent email contact with NMC registrations they stated that:

> *"The **NMC do not stipulate a standard timeframe for preceptorship** as this should be determined by the employer and registrant. We do however, support and strongly recommend that preceptorship be made available to nurses and midwives following initial registration. The period of this should be based on how competent and confident the registrant is," (Henriques, 2017).*

The preceptorship period will be a minimum period of 6 month and will not exceed 12 months. The length of time will vary according to the individual development needs of the precptee If additional support is required it should be addressed as soon as possible and brought to the attention of the preceptees manager/team leader.

There should be review meetings at a minimum of 3 monthly intervals which will be conducted by the manager/team leader, in collaboration with the preceptee and preceptor. The review meeting is an opportunity for the preceptorship team to review progress and plan for the next review point.

WARD/TEAM MANAGER ROLE (HEE)

- Inform the Learning and development team of the preceptor start date via email registersandevaluations@merseycare.nhs.uk this will ensure that the preceptorship start and end date are recorded via ESR for monitoring purposes.
- Arrange preceptorship for those practitioners requiring it
- Nominate the appropriate preceptor to lead in the preceptorship process
- Advise other relevant individuals of the preceptee and the aligned preceptor
- Provide the KSF post outline (where relevant) for the preceptee, to enable the preceptor to plan appropriate activities to meet the learning and development needs of the precptee

- Ensure that the precptee receives relevant induction training, including statutory and mandatory training within appropriate timescales
- Provide appropriate support to enable the preceptorship processes
- Facilitate and maximise learning opportunities as required
- Act as a role model
- Obtain feedback at regular intervals from preceptor and preceptee and measure progress against planned learning outcomes, identified in the learning agreement
- Manage any underperformance through application of the organisation's relevant human resource policies and procedures
- Hold a local register of preceptors.

INDUCTION:

Across the organisation all new starters, including newly registered health professional's attend corporate induction followed by a period of local induction and statutory and mandatory training. This equips them to carry out their duties safely and effectively. During the period of induction the preceptees hould complete the preceptorship training to gain an understanding of the process.

Section 5
CORE Learning & Development

STATUTORY & MANDATORY TRAINING: OVERVIEW

This is training that the organisation is legally required to provide as defined in law or where a statutory body has instructed organisations to provide training on the basis of legislation. For example Fire Safety required by statute of the Management of Health and Safety at Work Regulations 1997 amended 1999.

Learning and development in Mersey Care NHS Foundation Trust is recognized within the Trusts strategy for perfect care. It is aligned to “Our people” where one of the objectives is to ensure the Trust has a “productive workforce with the right skills”. Our learning and development is also aligned to all our core values of Continuous Improvement, Accountability, Respect and Enthusiasm and is reflected in our teaching strategies.

Mersey Care has adopted the UK Core Skills Framework (CSF) for its core statutory and mandatory subjects. The subjects are common to all health care organisations. Adoption of this guidance is necessary to streamline subjects for consistency across organisations. In addition it ensures efficiency and prevents unnecessary duplication of delivery to staff that move within NHS organisations signed up to this framework.

The Core statutory (within 90 days) and mandatory training (within 12 months) is delivered on induction and then refreshed as defined within the annual prospectus: http://sharepoint.merseycare.nhs.uk/SitePages/Home.aspx

For ELearning you will receive access instructions, user name and password at Induction

.

STATUTORY TRAINING & CORE MANDATORY TRAINING:

Statutory and mandatory training requirements are determined by the organisation and is concerned with minimising risk, providing assurance against policies and ensuring that the organisation meets external standards. Mersey Care also delivers additional core mandatory training found within the requirements within the CSF. The Core statuary and mandatory subjects are delivered to all staff and are determined and monitored by the Strategic Workforce Group chaired by the Executive Director of Workforce. Please check the trust intranet training prospectus page for the latest requirements

KEY EDUCATION CONTACTS

Jean Perkins – Education Manager

Karen Elliott – Senior Learning and Development Facilitator & and lead for Core Statutory and Mandatory Training

Lesley Cradduck – Vocational Assessment Centre Manager

DIVISIONAL SPECIFIC REQUIREMENTS

Mersey Care has core (all staff) and role specific statutory and core (all staff) and role specific mandatory subjects delivered to our staff. These subjects promote effective risk management and ensure quality and safety in practice for patients, carers and families. Delivery of these subjects enables Mersey Care to meet its legislative and regulatory compliance requirements. In addition MCFT also deliver statutory and mandatory role specific training as defined within the prospectus and systems training matrix. Some of these subjects are included in the CSF statutory and mandatory training and are a combination of predominantly specialist classroom (taught) training and some e learning.

Ward or department managers are responsible for ensuring a Workplace Induction within their team/service is organised and undertaken for all new employees and for new team members (even if they were previously working in another department in the Trust). This will be undertaken using the Trusts Corporate Checklist and any local checklists that supplement this. Each new employee will receive supervision and their manager will ensure the new employee receives any initial support required during the first weeks within in their new role.

Please see divisional work base learning within your division and team

- LOCAL DIVISION
- SECURE DIVISION
- SPECIALIST LEARNING DISABILITY DIVISION
- SPAECIALIST COMMUNITY DIVISION

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

MCFT is committed to providing opportunities for the further professional development of its registered workforce, towards the enhancement of their personal skills and proficiency throughout their career. CPD opportunities within Mersey Care combine different methodologies to learning such as ability to attend workshops, conferences and events. E learning, pod casts and use of social media allows staff to learn through the use of digital technologies aligned to our

Global Digital Exemplar Strategy and Projects: MCFT is already exploring the use of virtual reality and simulation to enhance the learner experience. Best practice techniques and ideas sharing all focused by experienced education staff to enable our professional work force to improve and have effective professional development. Academic and vocational learning is available such as Apprenticeships at post graduate level and MSc modules, the use of our library services and skills based /practical learning allows staff to continually up skill within their professional area and expertise.

The prospectus shows all the courses, how to book on, how to access e learning, target audience, learning outcomes, dates and venues. It also details all core statutory, core mandatory, mandatory role specific training as well as CPD course, a section on physical health skills, personal and people development including our leadership offers, courses for staff working within specialist learning disability services, vocational courses and library information.
Each profession will have their own requirements for on-going professional development for example:

- **Nursing and the NMC:** Revalidation requirements can be located via the following link http://revalidation.nmc.org.uk/
- **Allied health professionals and the HCPC:** CPD standards and requirements can be located via the following link http://www.hcpc-uk.org/registrants/cpd/

Leadership is a key nursing and care staff requirement shown to be of great importance in the new NHS England's Leading Change, Adding Value: A Framework for Nursing, Midwifery and Care Staff (NHS England, 2016):

> *"The key leadership contribution of nursing, midwifery and care staff is crucial to maintaining high standards and delivering change" (p.4).*

Developing leadership skills is a training standard and an expectation for all qualified and registered practitioners. Some useful and free resources are in use two of which are listed below:

- Edward Jenner Programme: https://www.leadershipacademy.nhs.uk/programmes/the-edward-jenner-programme/dates/
  The programme offers an online experience leading to an NHS Leadership Academy Award in Leadership Foundations.
- NHS Leadership Academy: Offers many leadership updates and resources alongside a **Health Care Leadership Model** with self assessment and 360 degree feedback tools it links closely to the above. https://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/

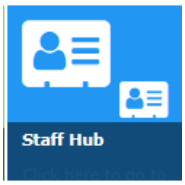
SUPERVISION: CLINICAL/MANAGERIAL/SAFEGUARDING

All staff must refer to SD33 Clinical/Managerial/Safeguarding Supervision and reflective Practice.

Section 6

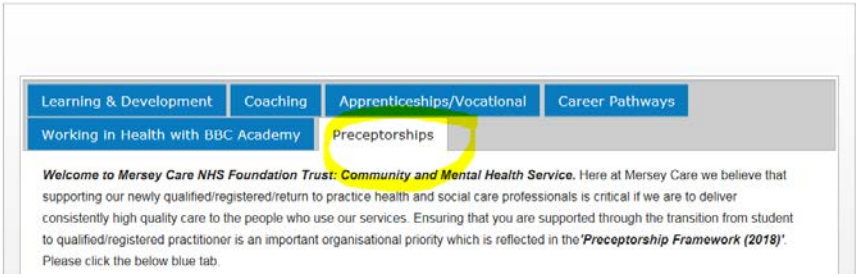
Recording Preceptorship Outcomes

All materials relevant to preceptorship (including this document) can be located via the **'Staff hub'** tab:



Following the **'your career and personal development'** tab:

Information can then be accessed following the '**preceptorships'** tab:



Mersey Care
NHS Foundation Trust

Community and Mental Health Services

PRECEPTORSHIP CONTRACT

Preceptee Name:

Preceptor Name:

Designation:

- Preceptorship is confidential and both parties must adhere to this unless there are breaches of Trust policies, concerns with standards of practice and/or Code of Professional Conduct. If this occurs then line managers must be informed.
- The cancellation of meetings must be avoided if at all possible. Both parties must agree to meet once a month for six months.
- Both parties have shared responsibility for ensuring high standards are maintained.
- Relevant documentation must be completed at the end of each meeting.

Role of Preceptee

- Arrange monthly meeting with preceptor
- Ensure documentation is available for preceptor to complete
- Undertake mandatory training requirements and identify personal learning needs

Signature of Preceptor		**Date**	
Signature of Preceptee		**Date**	

Mersey Care
NHS Foundation Trust

Community and Mental Health Services

PRECEPTORSHIP RECORD OF MEETING

Record of discussion taken place and agreed learning needs
Comments from preceptor
Comments from preceptee
Action Plan What do you plan to do to meet the learning needs identified at this meeting?

Signature of Preceptor		**Date**
Signature of Precptee		**Date**

EVALUATION FORM

PRECEPTOR EVALUATION OF PRECEPTORSHIP PERIOD

Signature of Preceptor		**Date**

PRECEPTEE EVALUATION OF PRECEPTORSHIP PERIOD

Signature of Preceptee		**Date**

EVALUATION OUTCOMES

Signature of Preceptor		**Date**
Signature of Preceptee		**Date**

NHS
Mersey Care
NHS Foundation Trust

Community and Mental Health Services

Section 7
Example Competencies

NURSING/RETURN TO PRACTICE NURSING

KSF Core Dimensions Band 5

Assessment of Development:

COMMUNICATION			
Description	This dimension relates to effectively communicating the needs and requirements of patients, carers, staff and others to provide excellent care and service. Effective communication is a two way process. It involves identifying what others are communicating and the development of effective relationships as well as one's own communication skills.		
Importance	Communication underpins all else we do. Effective communication is a two way process which develops and cements relationships, keeps people informed and reduces the likelihood of errors and mistakes.		
		Passed Competency Yes/No	**Date**
Level 3 **Develop and maintain communication with people about difficult matters and/or in difficult situations**	1. Identifies the impact of contextual factors on communication		
	2. Adapts communication to take account of others' culture, background and preferred way of communicating		
	3. Provides feedback to others on their communication where appropriate		
	4. Shares and engages thinking with others		
	5. Maintains the highest standards of integrity when communicating with patients and the wider public		

Action Plan complete this if not passed at first review point

Review Date:

Preceptor
Name:
Signature:

Preceptee
Name:
Signature:

NHS
Mersey Care
NHS Foundation Trust

Community and Mental Health Services

PERSONAL & PEOPLE DEVELOPMENT			
Description	This dimension is about developing oneself using a variety of means and contributing to the development of others during on-going work activities. This might be through structured approaches (e.g. appraisal and development review, mentoring, professional/clinical supervision) and/or informal and ad hoc methods (such as enabling people to solve arising problems and appropriate delegation).		
Importance	Everyone needs to develop themselves in order for services to continue to meet the needs or patients, clients and the public.		
		Passed Competency Yes/No	**Date**
Level 3 **Develop oneself and contribute to the development of others**	1. Assesses how well met previous objectives and helps set this year's. Assesses self against KSF outline		
	2. Takes responsibility for meeting own development needs		
	3. Identifies development needs for others emerging work demands and future career aspiration		
	4. Enables opportunities for others to apply their developing knowledge and skills		
	5. Actively provides learning and development opportunities to others		
	6. Actively contributes to the evaluation of the effectiveness of others		
	7. Ensures all employees managed have annual appraisals and personal development plans in place and comply with mandatory training		

Action Plan complete this if not passed at first review point

Review Date:
Preceptor
Name:
Signature:

Preceptee
Name:
Signature:

HEALTH, SAFETY AND SECURITY			
Description	This dimension focuses on maintaining and promoting the health, safety and security of everyone in the organisation or anyone who comes into contact with it either directly or through the actions of the organisation. It includes tasks that are undertaken as a routine part of one's work such as moving and handling		
Importance	Everyone needs to promote the health, safety and security of patients and clients, the public, colleagues and themselves		
		Passed Competency Yes/No	**Date**
Level 3 **Promote, monitor and maintain best practice in health, safety and security**	1. Identifies and manages risk at work and helps others to do the same		
	2. Makes sure others work in a way that complies with legislation and trust policies and procedures on health, safety and risk management		
	3. Carries out, or makes sure others carry out risk assessments in own area. Checks work area to make sure it is free from risks and conforms to legislation and trust policies and procedures on health, safety and risk management		
	4. Takes the right action when risk is identified		
	5. Finds ways of improving health, safety and security in own area		

Action Plan complete this if not passed at first review point

Review Date:
Preceptor
Name:
Signature:

Preceptee
Name:
Signature:

SERVICE IMPROVEMENT			
Description	This dimension is about improving services in the interests of the users of those services and the public as a whole. The services might be services for the public (patients, clients and carers) or services that support the smooth running of the organisation (such as finance, estates).The services might be single or multi-agency and uni or multi-professional. Improvements may be small scale, relating to specific aspects of a service or programme, or may be on a larger scale, affecting the whole of an organisation or service.		
Importance	Everybody has a role in implementing policies and strategies and improving services for users and the public		
		Passed Competency Yes/No	**Date**
Level 3 **Appraise, interpret and apply suggestions, recommendations and directives to improve services**	1. Identifies and evaluates potential improvements to the service		
	2. Discusses improvement ideas with appropriate people and agrees a prioritised plan of implementation to take forward agreed improvements		
	3. Presents a positive role model in times of service improvement		
	4. Supports and works with others to help them understand the need for change and to adapt to it		
	5. Enables and encourages others to suggest change, challenge tradition and share good practice with other areas of the trust		
	6. Evaluates the changes made and suggests further improvements where needed		
	7. Evaluates draft policies and strategies and feeds back thoughts on impacts on users and the public.		

Action Plan complete this if not passed at first review point

Review Date:
Preceptor
Name:
Signature:

Preceptee
Name:
Signature:

QUALITY			
Description	This dimension relates to maintaining high quality in all areas of work and practice, including the important aspect of effective team working. Quality can be supported using a range of different approaches including codes of conduct and practice, evidence-based practice, guidelines, legislation, protocols, procedures, policies, standards and systems. This dimension supports the governance function in organisations – clinical, corporate, financial, information, staff etc.		
Importance	Quality is a key aspect of all jobs as everybody is responsible for the quality of their own work. It underpins all the other dimensions in the NHS KSF.		
		Passed Competency Yes/No	**Date**
Level 3 **Contribute to improving quality**	1. Promotes quality approaches making others aware of the impact of quality		
	2. Understands own role, its scope and how this may change and develop over time in developing a high quality organisation		
	3. Reviews effectiveness of own team and helps and enables others to work as a team		
	4. Prioritises own workload and manages own time in a manner that maintains and promotes high quality		
	5. Evaluates the quality of own and others' work in own area and raises quality issues and related risks with the appropriate people		
	6. Supports changes in own area that improves the quality of systems and processes		
	7. Takes appropriate action when there is a persistent problem with quality.		

Action Plan complete this if not passed at first review point

Review Date:
Preceptor
Name:
Signature:

Preceptee
Name:
Signature:

EQUALITY & DIVERSITY			
Description	It is the responsibility of every person to act in ways that support equality and diversity. Equality and diversity is related to the actions and responsibilities of everyone – users of services including patients, clients and carers; work colleagues; employees, people in other organisations; the public in general		
Importance	This is a key aspect of all jobs and of everything that everyone does. It underpins all dimensions in the NHS KSF. Successful organisations are the ones that reflect the richness of diversity that exists in society and will include people of different: abilities; ages, bodily appearances; classes; castes, creeds; cultures; genders; geographical localities; health, relationship, mental health, social and economic statuses; places of origin; political beliefs; race; religion; sexual orientation; and those with or without responsibilities for dependants. Where diversity and equality are not integral to the organisation, discrimination may occur.		
		Passed Competency Yes/No	**Date**
Level 3 **Promote equality and value diversity**	1. Interprets equality, diversity and rights in accordance with legislation, policies, procedures and good practice		
	2. Actively acts as a role model in own behaviour and fosters a non-discriminatory culture		
	3. Promotes equality and diversity in own area and ensures policies are adhered to		
	4. Manages people and applies internal processes in a fair and equal way.		

Action Plan complete this if not passed at first review point

Review Date:
Preceptor
Name:
Signature:

Preceptee
Name:
Signature:

Section 7
Example Competencies

NEWLY QUALIFIED SOCIAL WORKERS (NQSW): Assessed and Supported Year in Employment (ASYE) Skills for Care

THE ASSESSED AND SUPPORTED YEAR IN EMPLOYMENT (ASYE) ADULTS

The ASYE is a twelve month, employer- led programme of support and assessment against the Knowledge and Skills Statement for social workers in adult services (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/411957/KSS.pdf). It provides planned access to regular and focused support and development within the workplace, together with the assessment of an individual's professional practice against national standards.

Participation in the ASYE supports newly qualified social workers (NQSWs) to consolidate their degree learning, develop capability and strengthen their professional confidence in an employment environment. It should be regarded as the first rung on a ladder of career-long continuing professional development (CPD) which will enhance not just the individual social worker, but the adult social care sector as a whole.

To successfully complete ASYE the newly qualified social worker (NQSW) will need to consider:

- Health and care professions council (HCPC) registration requires the NQSW to be responsible for their professional development. Participation in the ASYE enables the NQSW to demonstrate this commitment from the start of their career.

- Regardless of their level of experience at the start of the ASYE, the NQSW needs to provide evidence of progressive development throughout their first year in practice. The basis of this is active participation in supervision and development opportunities.
- The NQSW must evidence their developing professionalism through the critical reflection log, and present this to the assessor at the agreed review points.
- Demonstration of critically reflective practice is central to completing the critical reflection log. To achieve this, the NQSW must gather and make use of feedback from colleagues and people in need of care and support.
- Develop professional knowledge and practice within a theoretical and evidence based framework.

Key documents to support ASYE can be found via this link and all documents can be forund on the staff HUB: https://www.skillsforcare.org.uk/Learning-development/The-ASYE-adults/Overview-of-the-ASYE-framework.aspx .

Source: *Skills for Care (2018) Learning and development: The Assessed and Supported Year in Employment (ASYE) adults. [online] available at https://www.skillsforcare.org.uk/Learning-development/The-ASYE-adults/The-Assessed-and-Supported-Year-in-Employment-Adults.aspx*

Section

Example Framework & Competencies

ASSISTANT PRACTITIONERS

Preceptorship Framework for Assistant Practitioners (AP)

Health Education England produced the Framework to support the AP throughout the preceptorship period. It is essential to recognise that individual APs will have achieved specific competencies on completion of their qualification, demonstrated within the APs portfolio of evidence. The framework is not intended to duplicate such competencies, but will assist in identifying further role specific competencies and/or other individual developmental needs. Once completed, the framework should form an integral part of the APs portfolio of development. The framework may be adapted for use across all health and social care settings http://www.ewin.nhs.uk/sites/default/files/Preceptorship%20Framework.pdf. This tool can also be located via the Staff Hub