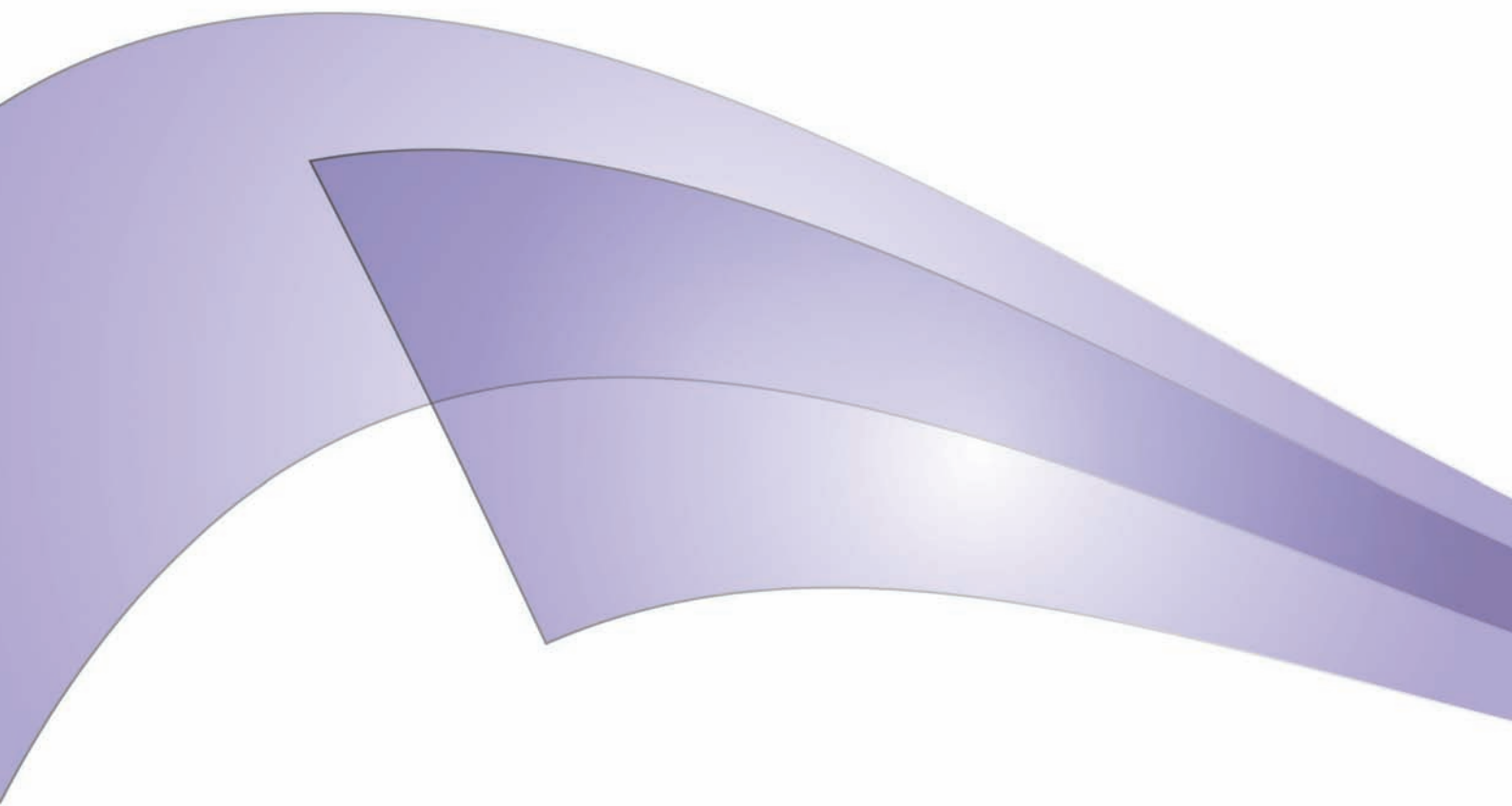




# Preceptorship Framework

for Nursing, Midwifery and Specialist Community  
Public Health Nursing in Northern Ireland





# Contents

Foreword	2
Acknowledgements	3
1.0 Introduction	4
2.0 Background	5
3.0 What is Preceptorship?	6
4.0 Preceptorship Framework	9
5.0 Developing Individuals; Roles and Responsibilities	13
Glossary	17
References	18
Appendices	19



## Foreword

Preceptorship is an important period in the career of every registered nurse, midwife or specialist community public health nurse (scphn). It is the time when a practitioner, newly registered with the Nursing and Midwifery Council (NMC), is supported to develop confidence in the chosen field of practice by consolidating knowledge and skills and engaging in the professional socialisation process with colleagues.

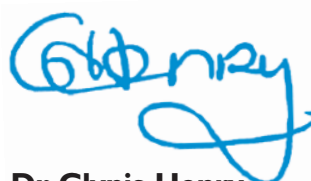
The value of preceptorship is acknowledged in the Nursing and Midwifery Council's publications (NMC 2006 and NMC 2011) and in the National Health Service Knowledge and Skills Framework (DH, 2004). As outlined within this document (page 7), preceptorship is one of three core elements within the nursing and midwifery professional development and support continuum, complementing mentorship and supervision.

The purpose of this *Preceptorship Framework* is to guide Northern Ireland employers and managers of NMC registrants in the implementation, audit and evaluation of preceptorship. The framework will also be a useful resource for preceptees and preceptors including those responsible for leading and managing preceptorship within their organisations.

The *Preceptorship Framework* comprises standards for preceptorship with an accompanying organisational audit tool and a skill set assessment tool for preceptors. It is an excellent resource for employers, managers and registrants. The framework will augment the existing process within organisations. In addition, it will facilitate a consistent approach to preceptorship for those employed as nurses, midwives and scphns throughout Northern Ireland. The consequential benefit for patients/clients will be related to improvements in the overall care or service provided.



**Angela McLernon**  
Acting Chief Nursing Officer  
DHSSPS



**Dr Glynis Henry**  
Chief Executive  
NIPEC



## Acknowledgements

As Chair of the project Steering Group, I would like to thank all those who contributed to the development of this *Preceptorship Framework*. The Framework was developed through effective collaboration and consultation with the professions of nursing and midwifery across the statutory, independent and education sectors. NIPEC established a Steering Group comprising Health and Social Care Trust senior nursing, midwifery and human resources colleagues, senior nurses in the independent sector and Department of Health, Social Services and Public Safety and also colleagues from education and staff side organisations (See Appendix One, Steering Group Membership).

In particular, I have valued the contribution of the members of the Steering Group, who kept the progress of the project under review and ensured that the project objectives were achieved.

The subgroup members are also to be highly commended for their commitment and invaluable contribution to the development and refinement of this *Preceptorship Framework*. I would further like to acknowledge those who contributed to the development of the website to support the implementation of preceptorship.

In addition, the contribution from our human resource and staff side colleagues was invaluable, in that they ensured the content of this framework reflected current human resource practice and requirements of the Knowledge and Skills Framework (DH, 2004).

Finally, I wish to thank NIPEC, including the administrative and information technology staff, for their significant contribution to ensuring the successful outcomes of this project.



**Francis Rice**  
Chair of Preceptorship Steering Group  
Director of Mental Health and Disability Services  
and Executive Director of Nursing  
Southern Health and Social Care Trust



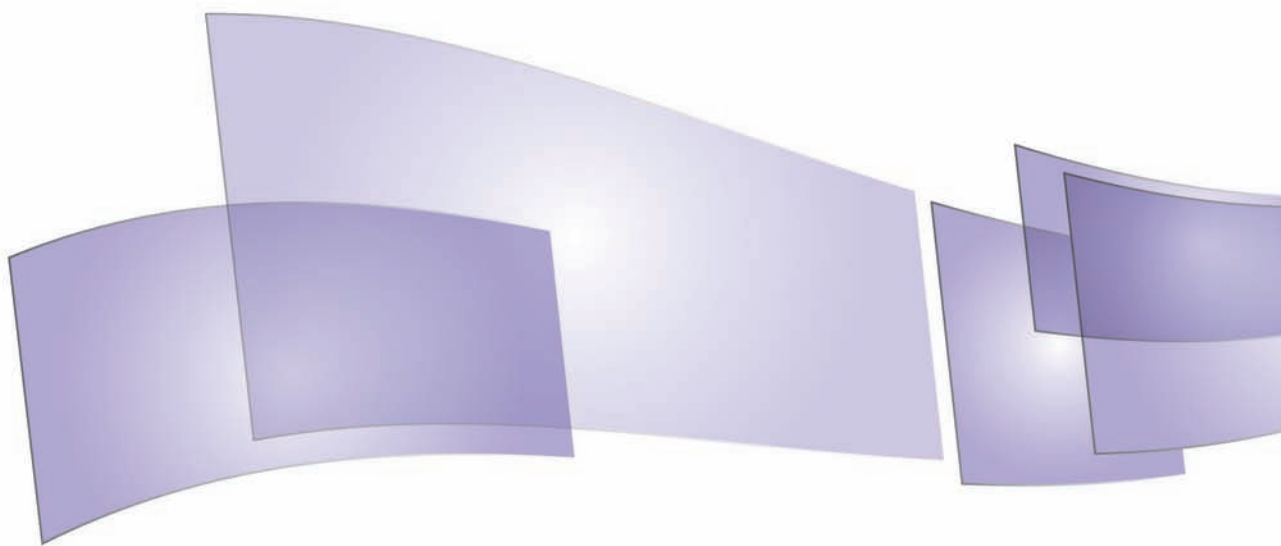
## 1.0 Introduction

- 1.1 The Nursing and Midwifery Council (NMC) requires that all nurses, midwives and specialist community public health nurses (scphns) are committed to a journey of lifelong learning, which is even more crucial in the rapidly changing environment of health care. This commitment will enable them to continue to enhance their knowledge, skills, experience and attitudes (NMC, 2007) in order to facilitate the delivery of safe and effective, person-centred care/services to patients and clients.
- 1.2 At the point of entry to the NMC register, nurses, midwives and scphns are confirmed as safe, effective and proficient practitioners (NMC, 2008). The NMC, however, has recognised that nurses, midwives and scphns who are newly registered need an additional period of support in their new role. This support is designed to help them develop their confidence and enhance their competence, including their critical thinking and decision-making skills (NMC, 2006).
- 1.3 The NMC therefore recommends that all new registrants should have a period of preceptorship on commencing employment, to support them through the period of transition in their new role (NMC, 2006). Those charged with the responsibility of helping new registrants through this period of transition play a crucial role in supporting and developing our nurses and midwives of the future. Preceptorship should also be available for those nurses and midwives who have completed return to practice programmes and practitioners from outside the United Kingdom (UK) who are newly registered with the NMC.
- 1.4 There is much literature to support the benefits of preceptorship (Rose, 2007; Smedley, 2008 and Stewart, Pope and Hansen, 2010):
  - for **new registrants**, their confidence and competence are enhanced, leading them to feel valued and respected by their employer
  - for **preceptors**, the opportunity to develop their colleagues professionally, and act as a good role model, adds to their job satisfaction and helps towards achievement of their career aspirations
  - ultimately **patients/clients** benefit as a result of being cared for by safe, competent and confident nurses, midwives or scphns who are professionally supported in their new role.
- 1.5 To ensure a standardised approach to the effective implementation of preceptorship for nurses, midwives and scphns, the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) agreed, with the Acting Chief Nursing Officer, Department of Health, Social Services and Public Safety (DHSSPS), the need for the development of a preceptorship framework for Northern Ireland. The development of this resource will also support the implementation of the DHSSPS Nursing and Midwifery Strategy *A Partnership for Care* (DHSSPS, 2010).



## 2.0 Background

- 2.1 Each of the four UK countries has undertaken work to operationalise the NMC's recommendation regarding preceptorship. Scotland introduced the *Flying Start* programme (Banks et al, 2010); England developed a preceptorship framework and in addition is adapting Scotland's *Flying Start* programme (DH, 2010) and the Health Trusts in Wales have developed an infrastructure to support preceptorship. In Northern Ireland, each of the Health and Social Care (HSC) Trusts has developed its own systems and processes to ensure the effective implementation of preceptorship.
  
- 2.2 It is important to note that in HSC Trusts the preceptorship process is also closely linked into the principles of Agenda for Change (AfC) and the personal development process within the National Health Service Knowledge and Skills Framework (NHS/KSF) (DH, 2004).



## 3.0 What is Preceptorship?

3.1 The NMC recommends that organisations employing nurses, midwives and scphns provide them with access to preceptorship in the form of professional support and development in order to promote the delivery of safe, effective and person-centred care. The model of preceptorship incorporates the elements of teaching, role modelling, socialising, assessing and orienting nurses, midwives or scphns to the new clinical environment. This process enables individual practitioners to cement their knowledge and skills and develop confidence in their new role (NMC, 2010). The benefits of preceptorship are not only experienced by the preceptee, but also by those in the preceptor role and this can ultimately contribute towards a positive experience for patients and clients, combined with the provision of safe, effective and person-centred care (see Appendix Two for a list of the benefits of preceptorship as identified in the literature).

### 3.2 Definitions

Preceptorship is:

*a period of structured transition for the preceptee during which he or she will be supported by a preceptor, to develop confidence as an autonomous professional, refine skills, values, attitudes and behaviours and to continue on a journey of lifelong learning (adapted from Department of Health (DH), 2010).*

A preceptor is:

*a registered nurse, midwife or scphn who has been given a formal responsibility to support a newly registered practitioner through preceptorship.*

A preceptee is:

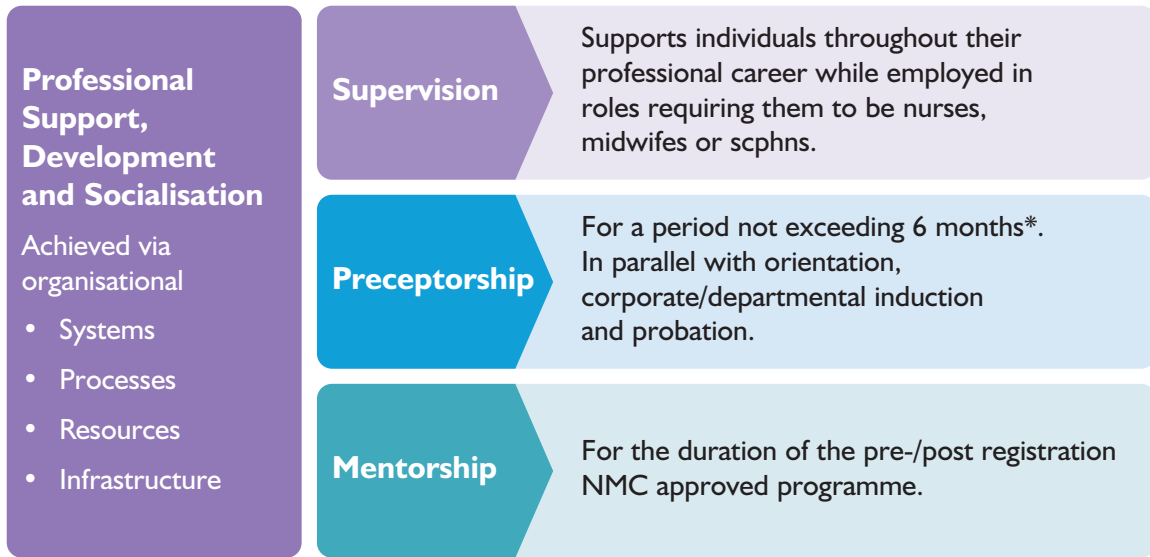
*a newly registered practitioner on part 1, 2 or 3 of the NMC register who is entering practice for the first time as a nurse, midwife or scphn. It also includes those returning to practice, and new registrants from outside the UK.*

3.3 The provision of professional support and development, within the nursing and midwifery professions, is part of a continuum, commencing with mentorship for those undertaking pre-registration programmes; preceptorship for those newly qualified, those returning to practice or new registrants from outside the UK; and supervision to support the ongoing development of NMC registrants (see Figure 1: The Nursing and Midwifery Professional Support and Development Continuum, and Figure 2: The Nursing and Midwifery Professional Support and Development Processes).

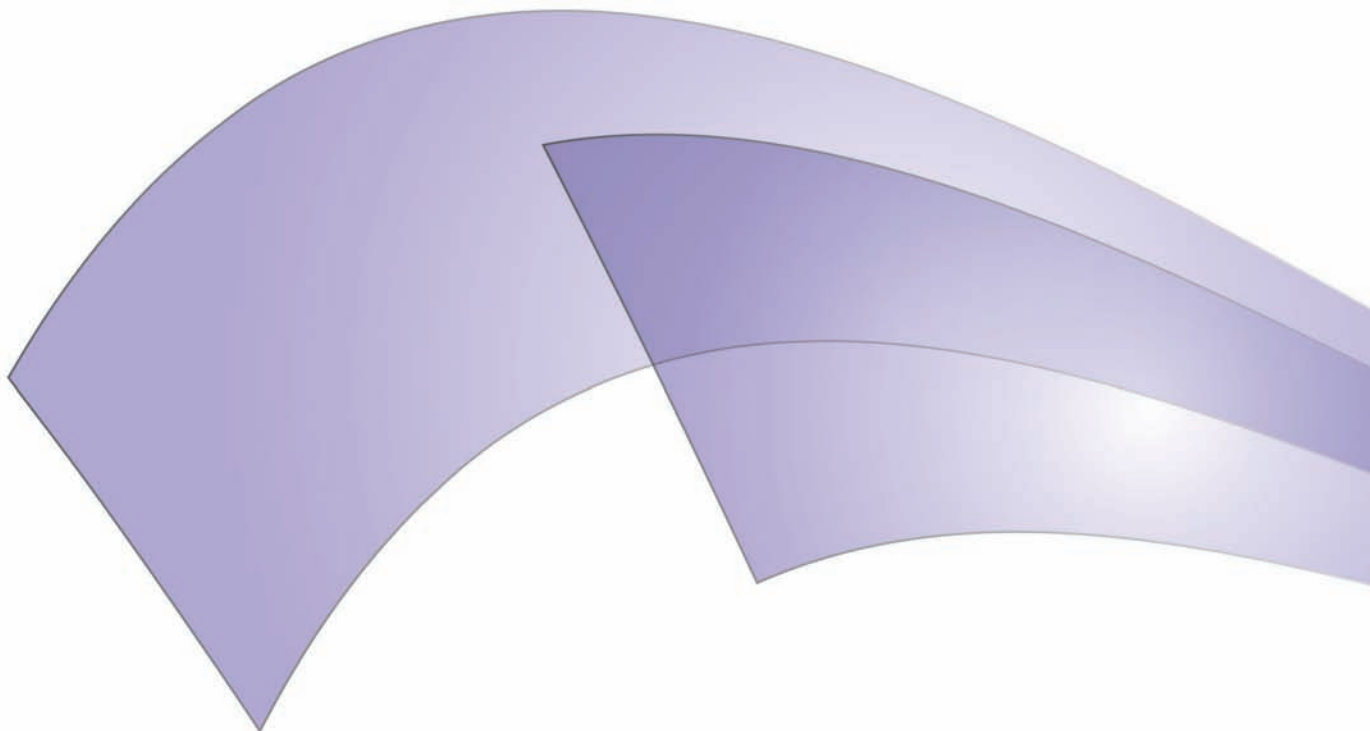




**Figure 1: Nursing and Midwifery Professional Support and Development Continuum**



\*Note: unless there are circumstances that may require an extension.



**Figure 2: Nursing and Midwifery Professional Support and Development Processes**

<b>Mentorship</b>	<b>Preceptorship</b>	<b>Supervision<sup>1</sup></b>
<b>By whom?</b> A mentor/sign-off mentor.	<b>By whom?</b> A preceptor.	<b>By whom?</b> A supervisor.
<b>Who</b> is a registered nurse, midwife or scphn on the organisation's database who meets the NMC standards for Learning and Assessment in Practice.	<b>Who</b> is a registered nurse, midwife or scphn on a locally held register in the organisation.	<b>Who</b> is a registered nurse, midwife or scphn on a locally held register in the organisation.
<b>For</b> student nurses/midwives/scphns undertaking a pre- or post-registration programme to help them develop their competence and experience in their field of practice, in order to become safe and competent practitioners.	<b>For</b> newly registered nurses, midwives or scphns, those returning to practice and those new registrants from outside the UK, in the early stages of their employment, to help them develop confidence in their new role and ensure the delivery of safe and effective care.	<b>For</b> nurses, midwives <sup>2</sup> or scphns, to help them continue to develop their competence and confidence to ensure the delivery of safe and effective care.
<b>Where?</b> In approved practice placements.	<b>Where?</b> In a practice setting.	<b>Where?</b> Usually in the practice setting.

<sup>1</sup> Supervision to facilitate **professional** support and learning should **only** be provided by NMC registrants. Supervision for other purposes can be provided by colleagues, relevant to the individual's role, who are not NMC registrants.

<sup>2</sup> Supervision of midwives is a statutory system (required by law) for protection of the public from poor midwifery practice, by monitoring midwives' practice and providing support and guidance to every midwife in the UK. This role is carried out on the NMC's behalf by local supervising authorities in Northern Ireland, as well as England, Scotland and Wales (NMC, 2010).



## 4.0 Preceptorship Framework

4.1 Northern Ireland's *Preceptorship Framework* comprises three elements:

- two preceptorship standards
- audit tool to support the monitoring of the standards
- self-assessment tool identifying the essential skill set for preceptors.

These elements, detailed below, have been developed to support the effective implementation of preceptorship within organisations employing nurses, midwives and scphns. The *Preceptorship Framework* should be used in conjunction with relevant legislative and statutory requirements, including organisational policies, procedures, systems and processes.

4.2 Standards for Preceptorship in Nursing and Midwifery

The following two standards have been developed to guide and sustain preceptorship across Northern Ireland.

### **Standard Statement 1: Preceptorship Implementation**

All preceptees will participate in a period of preceptorship, in which they will build their confidence as autonomous, accountable practitioners, by enhancing their knowledge, skills and attitudes with the help of a preceptor. The period of preceptorship should not exceed six months, unless there are circumstances that may require an extension. Moreover, it should run alongside the individual's induction and probationary periods.

### **Criteria**

1. Organisations will ensure that preceptees understand the preceptorship process and engage fully with it.
2. Preceptees will avail of formal and informal learning activities, evidenced in their professional portfolio, to maximise the development of their knowledge, skills, experience and attitudes during the preceptorship period.
3. Line managers will ensure that preceptees are allocated time with their preceptor to meet their identified learning and development needs.
4. The processes of appraisal, personal development planning and supervision will be used to support preceptors in their role and ensure their effectiveness.
5. Preceptors will use existing networks in their organisation to share and learn from experiences, challenges and solutions.
6. Organisations will have a process to facilitate continuity of the preceptorship process.



## **Standard Statement 2: Preceptorship Governance**


Preceptorship will become an effective tool to support preceptees through the transition period and it will be embedded within the organisation's governance arrangements, supporting the development of effective leadership capacity and performance management.

### **Criteria**

1. Organisations will have a written process/procedure to guide the implementation of preceptorship.
2. Organisations will have systems in place to track and monitor preceptees, from commencement through to completion of the preceptorship period.
3. Ward Sisters/Charge Nurses and Community Team Leaders will hold a local register of preceptors who are able to demonstrate the essential qualities and skills as listed in Table I (page 13).
4. Organisations will demonstrate that preceptors are supported in undertaking the role.
5. Organisations will ensure that their preceptorship arrangements meet and satisfy professional regulatory body and organisational requirements.
6. Organisations will ensure that preceptorship is part of their governance arrangements.
7. Organisations will audit the preceptorship standards annually, using the monitoring tool (Appendix Three).

### **4.3 The Relationship between Preceptorship, Induction and Probation**

It is worth noting that the process of preceptorship does not replace the need for induction or probation. They serve different purposes, although they can run in parallel. The purpose of induction is to provide all employees with a good understanding of how the organisation works, including its principles, values and objectives. Its function is also to ensure that all employees have the knowledge, skills and attitudes necessary to perform their role in a safe, person-centred working environment. The probationary period represents the best opportunity for managers to identify any capability, conduct or attendance issues that exist and manage these appropriately before confirming an employee in post. Management of the probationary period however can, in some cases, lead to a decision not to confirm an employee in post because the necessary standard required has not been achieved.



It is acknowledged that the value of induction including orientation is further enhanced for the preceptee during the preceptorship period. The preceptor acts as a role model and resource to enhance the preceptee's confidence and further develop his/her competence and critical-decision making ability during this time. Moreover, the preceptorship process augments the professional socialisation which begins during the mentorship period and which is further enhanced during supervision.

4.4 Furthermore, it is important to recognise that the process of preceptorship is **NOT** a:

- substitute for organisational performance management processes
- replacement for managing fitness to practice
- period in which the preceptee is not accountable or responsible for his/her actions or omissions
- replacement for mandatory training
- replacement for induction or probation.

4.5 To prepare nurses and midwives for the preceptorship process on which they will embark once they enter employment as a nurse, midwife or scphn for the first time, the pre-registration curriculum will include introduction to the preceptorship process. This should ensure that preceptees gain an understanding of their role, responsibilities and the benefits of preceptorship. It is recommended that the optimum time for this to take place is when students are in the university setting, being prepared for their penultimate or final clinical placement.

4.6 Learning Agreement

In order to formalise the preceptorship process, it is recommended that a learning agreement is completed for each preceptee. This will enable the line manager, preceptor and preceptee to understand their individual roles in the preceptorship process and will provide a formal record to assist with auditing and evaluating the process. A generic learning agreement template is available to download at [http://www.nipec.hscni.net/res\\_sectioneducdev.htm](http://www.nipec.hscni.net/res_sectioneducdev.htm)

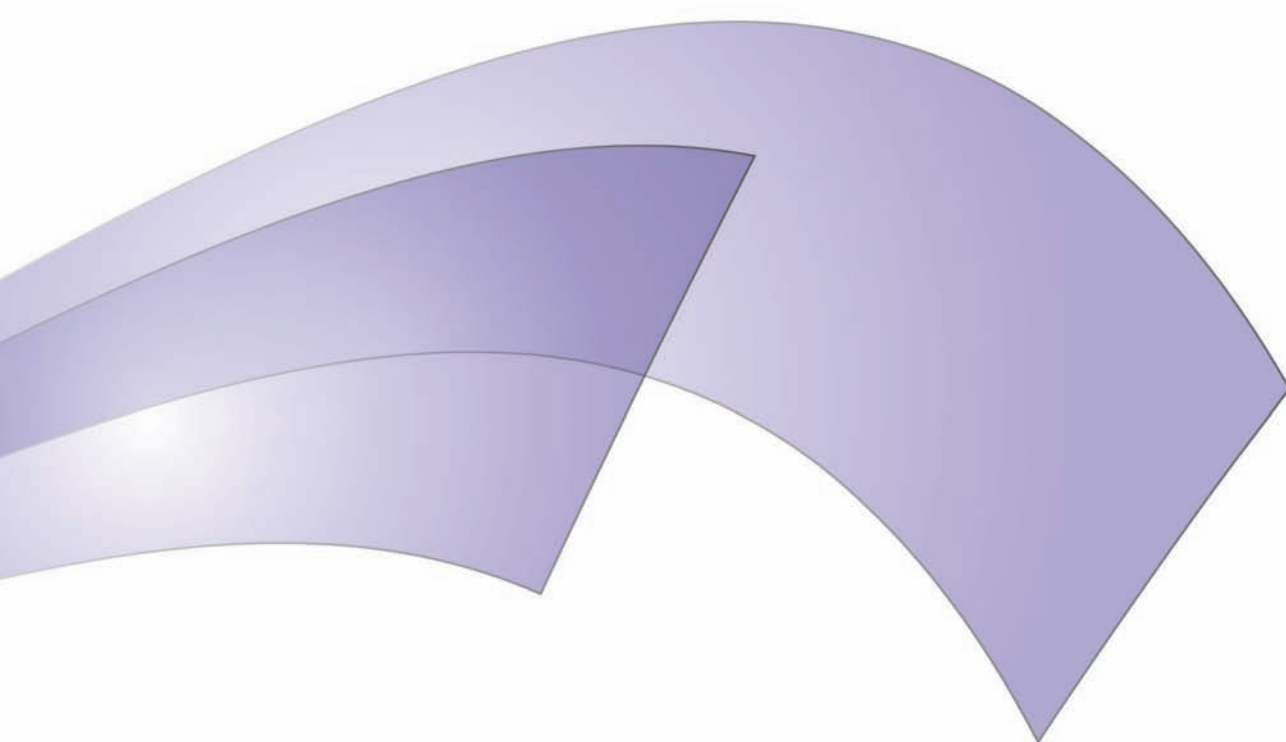


#### 4.7 Preceptorship Portfolio

The preceptor will introduce the preceptee to the organisation's portfolio documentation, which will be used to help the preceptee gather evidence to record learning and development and reflect on practice. The preceptee's line manager is also responsible for encouraging completion of the portfolio.

#### 4.8 Audit and Evaluation

The standards for Preceptorship will be monitored annually using the audit tool (see Appendix Three).





## 5.0 Developing Individuals: Roles and Responsibilities

To ensure the effective implementation of preceptorship, attention must be given to supporting and developing individuals in their roles. Roles and responsibilities have been clearly defined for those involved in the preceptorship process and are detailed below.

### 5.1 Development for the Preceptor Role

Whilst there are no formal qualifications associated with being a preceptor, individuals will need some preparation for their role. Preceptors should be nurses, midwives or scphns, who have had at least twelve months' experience post-registration, preferably within the same area of practice as the preceptee. Registrants who undertake the role of preceptor should complete relevant learning and development activities to prepare them for the role and to continue to support them in the role. From a review of the literature (Rose, 2007; Smedley, 2008 and Stewart et al., 2010), the qualities and skills required of effective preceptors (see Table 1) are also common to those required of mentors and supervisors.

**Table 1. Qualities and skills required of effective preceptors**

- Ability to act as a professional role model
- Effective communication, interpersonal, reflective, critical thinking and decision-making skills
- Ability to recognise cultural and individual diversity needs
- Effective leadership skills, assertiveness and flexible as regards change
- Effective clinical, teaching and facilitation skills and delivering evidence-based practice
- Competent, confident and motivated in their own role and in the role of preceptor
- Patience and the ability to guide the preceptee through complex activities and tasks

### 5.2 Roles and Responsibilities of Preceptors, Preceptees, Line Managers and Professional Leads for Preceptorship

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.



### 5.2.1 Preceptor

The role and responsibility of the preceptor is to facilitate the preceptorship process by:

- 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 provide feedback to support the preceptee in 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 preceptee on 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.

### 5.2.2 Preceptee

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

- demonstrate adherence to codes of professional practice
- 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.





### 5.2.3 Line Manager

The role and responsibility of the line manager is to:

- 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 preceptee
- ensure that the preceptee 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.

### 5.2.4 Professional Lead for Preceptorship


Organisations should have a nominated person in the role of professional lead with a responsibility to:

- ensure that an appropriate evidence-based preceptorship model is in place for preceptees
- liaise with line managers to ensure that the organisational preceptorship process is implemented in line with the requirements of the regional preceptorship framework
- be able to access the local register of preceptors, held by individual Ward Sisters/Charge Nurses and Community Team Leaders
- audit the preceptorship standards annually using the audit tool (see Appendix Three).

## 5.3 Supporting Preceptorship Online

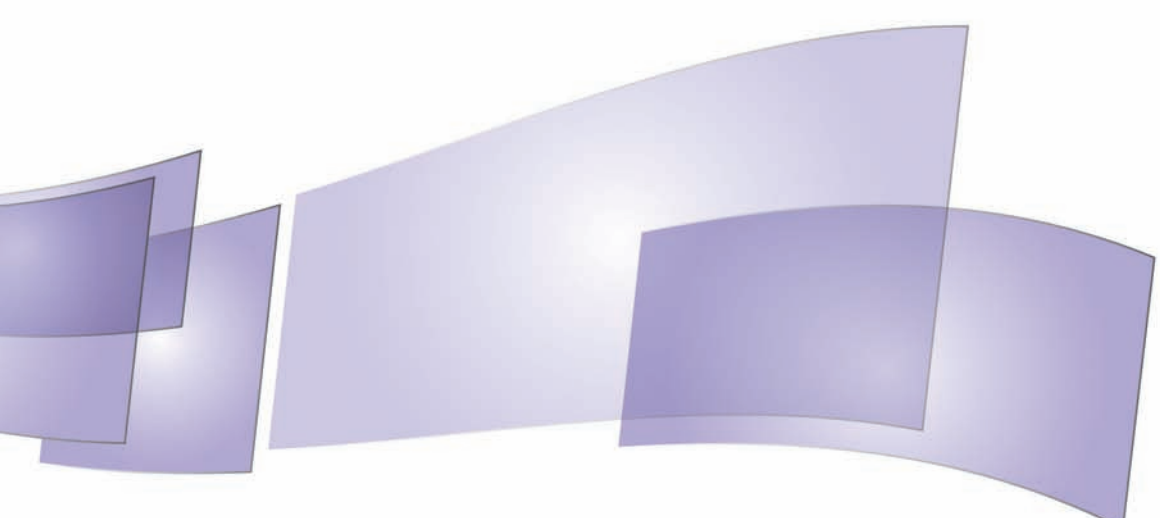
NIPEC has developed a section on its main website

[www.nipec.hscni.net/preceptorship](http://www.nipec.hscni.net/preceptorship) for use by preceptors, preceptees,



line managers and professional leads to support the effective implementation of the preceptorship process. The recording of learning and development activities, reflections and other information about individuals' ongoing development can be achieved via NIPEC's online portfolio at [www.nipecdf.org](http://www.nipecdf.org)

The preceptorship section on NIPEC's website comprises:

- a template for recording discussion and actions arising from preceptorship meetings
  - NIPEC's learning agreement template, for completion by preceptor, preceptee and line manager, which the preceptee could also save into his/her portfolio
  - information about the qualities and skills necessary to be a successful preceptor
  - the professional skill set for preceptors, which facilitates self-assessment and enables the individual to plan relevant learning and development activities to support his/her development in the role of preceptor (Appendix Four)
  - preceptorship standards and the Audit Tool (Appendix Three)
  - advice for preceptors and preceptees regarding ongoing CPD
  - access to [www.nipecdf.org](http://www.nipecdf.org) including: reflective diary, learning and development log, evidence log. These can be used by the preceptee, to provide evidence at development review/appraisal meetings to support successful transition through the preceptorship process.
- 



## Glossary

CPD	Continuous professional development. The NMC Prep requirements (2011) include a commitment by all registrants to undertake continuing professional development.
Mentee	Student on a pre- or post-registration NMC approved education programme.
Mentor	Registered nurse, midwife or scphn who has been given a formal responsibility to supervise and assess students in practice settings and who meets the NMC requirements for a mentor.
Preceptee	Newly registered practitioner on part 1, 2 or 3 of the NMC register who is entering practice for first time as a nurse, midwife or scphn. It also includes those returning to practice, and new registrants from outside the UK.
Preceptor	Supports a newly registered practitioner through preceptorship.
Supervisee	A registered nurse, midwife or scphn receiving professional support and learning through a range of activities.
Supervisor of Nurses	Registered nurse or scphn who provides professional support and learning to nurses or scphns.
Supervisor of Midwives	Registered midwife appointed by a local supervising authority to exercise supervision over midwives practising in its area in accordance with Rule 11(NMC, 2012).



## References

Banks P. Kane H. Roxburgh M. et al. (2010) *Evaluation of Flying Start NHS*. Scotland: NHS Education Scotland.

Department of Health (DH) (2004) *National Health Service Knowledge and Skills Framework*. London: DH

Department of Health (DH) (2010) *Preceptorship framework for newly registered Nurses, Midwives and Allied Health Professionals*. London: DH.

Department of Health Social Services and Public Safety (DHSSPS) (2010) *A Partnership for care*. Belfast: DHSSPS.

Nursing and Midwifery Council (NMC) (2006) *Preceptorship guidelines*. London: NMC.

Nursing and Midwifery Council (NMC) (2007) *A competency framework for NMC Council Members*. London: NMC.

Nursing and Midwifery Council (NMC) (2008) *Standards for learning and assessment in practice: NMC standards for mentors, practice teachers and teachers*. London: NMC.

Nursing and Midwifery Council (NMC) (2008) *The Code: standards of conduct, performance and ethics for nurses and midwives*. London: NMC.

Nursing and Midwifery Council (NMC) (2011) *Advice and information for employers of Nurses and Midwives*. London: NMC.

Nursing and Midwifery Council (NMC) (2012) *Midwives, rules and standards*. London: NMC.

Rose S. (2007) *A guide to nursing preceptorship*. Liverpool: Merseycare NHS Trust High Secure Services Ashworth Hospital.

Smedley A. and Penney D. (2009) A partnership approach to the preparation of preceptors. *Nurse Education Perspectives*. 30 (1) 31-36.

Stewart S. Pope D. and Hansen TS (2010) Clinical preceptors enhance an accelerated Bachelor's Degree to BSN Program. *Nurse Educator*. 35 (1) 37-40.

# Appendix One

## Membership of Steering Group

Organisation	Representative
Southern HSC Trust	Francis Rice, Executive Director of Nursing, (CHAIR) Dawn Ferguson, Practice Education Facilitator Heather Ellis, Head of Education, Learning and Development*
Belfast HSC Trust	Moira Mannion, Co-Director of Nursing, Education and Learning / Salliann Lewis, Nurse Development Lead*
Northern HSC Trust	Elizabeth Graham, Head of Nursing, Education and Development / Kate McGoldrick, Practice Education Facilitator* Kate McLaughlin, Health Visiting Practice Teacher
South Eastern HSC Trust	Bob Brown, Assistant Director of Nursing, Learning and Development/Evelyn Mooney, Practice Education Co-ordinator* **
Western HSC Trust	Brendan McGrath, Assistant Director of Nursing, Workforce Planning & Modernisation
Public Health Agency	Oriel Brown, Nurse Consultant
Northern Ireland Hospice	Sue Foster, Lecturer in Palliative Care*
Independent Health Care Providers	Louise Campbell, Home Manager
Regulation Quality Improvement Authority	Phelim Quinn, Director of Nursing
Open University	Donna Gallagher, Senior Lecturer (from 30th January 2012)

### Membership of Steering Group *(continued)*

Organisation	Representative
Queen's University Belfast	Dr Marion Traynor, Assistant Director of Education, (from 30th January 2012) Gail Anderson, Teaching Fellow Midwifery (from 30th January 2012)
Ulster University	Owen Barr, Head of School (from 30th January 2012)
Royal College of Nursing	Rita Devlin, Senior Professional Development Officer*
Royal College of Midwives	Annette Taylor, Midwifery Practice Education Facilitator, WHSCT*/ Mary Caddell, RCM (from 31st January 2012)
Unite/CPHVA	Mary Duggan, Chair NI CPHVA
Unison	Fidelma Carolan, Regional Organiser (Lifelong Learning)
Four Seasons Health Care	Melanie Bowden, Training and Development Manager
DHSSPS	Kathy Fodey, Nursing Officer
NIPEC Council	Sally Campalani, Council Member
NIPEC	Cathy McCusker, Senior Professional Officer (Project Lead)* **

\* Denotes membership of sub-group

\*\* Website Development Group: Debbie McKelvey (Ward Sister Belfast HSC Trust), Ann Robertson, (Manager, Four Seasons Health Care), and Steering Group members Evelyn Mooney and Cathy McCusker.



## Appendix Two

### **Benefits of Preceptorship for Preceptees, Preceptors and Organisations**

*(Adapted from Preceptorship Framework for Nursing (DH, 2010))*

The benefits for the preceptee can be:

- increased confidence, accompanied by feelings of being valued and respected, which is augmented by professional socialisation
- enhancement of critical decision-making and critical thinking skills
- reflection on practice, supported by constructive feedback, to improve practice and performance
- increased job satisfaction, leading to improved patient/client satisfaction
- enhanced knowledge and skills in how to become an integral member of the team and team leader
- developed understanding of the commitment to working within the profession and requirements of regulatory body
- learn how to 'manage self' and taking personal responsibility for maintaining up-to-date knowledge
- development of specific competences that relate to the new role and effectively working within a multi-disciplinary team, enabling progress through Agenda for Change gateways.

The benefits for Preceptors can be:

- enhanced appraisal, supervision, mentorship and facilitation skills
- increased commitment to their profession and the regulatory requirements
- contribution to their own lifelong learning
- enhanced future career aspirations
- job satisfaction as a result of developing others to achieve their potential
- developing own knowledge and experience.

The potential benefits for organisations can be:

- increased patient/client satisfaction, with a corresponding reduction in complaints, accidents and incidents
- reduction in sickness absence rates, improvements in recruitment and retention.

# Appendix Three

## Audit Tool for monitoring achievement of preceptorship standards in organisations

<p><b>Standard 1: Preceptorship Implementation</b> All preceptees will participate in a period of preceptorship, in which they will build their confidence as autonomous, accountable practitioners by enhancing their knowledge, skills and attitudes with the help of a preceptor.</p>	<p><b>Evidence of achievement of standards</b> Organisations will provide evidence which demonstrates achievement of each criterion related to the standard.</p>
<p>The period of preceptorship should not exceed six months, unless there are circumstances which may require an extension. Moreover, it should run alongside the individual's induction and probationary periods.</p>	
<p>1. Organisations will ensure that preceptees understand the preceptorship process and engage fully with it.</p>	
<p>2. Preceptees should avail of formal and informal learning activities, evidenced in their professional portfolio, to maximise the development of their knowledge, skills, experience and attitudes during the preceptorship period.</p>	
<p>3. Line managers should ensure that preceptees are allocated time with their preceptor to meet their identified learning and development needs.</p>	
<p>4. The processes of appraisal, personal development planning and supervision will be used to support preceptors in their role and ensure their effectiveness.</p>	
<p>5. Preceptors will use existing networks in their organisation to share experiences, challenges and solutions.</p>	
<p>6. Organisations will have a process to facilitate continuity of the preceptorship process.</p>	



# Appendix Three

## Audit Tool for monitoring achievement of preceptorship standards in organisations (continued)

<p><b>Standard 2: Preceptorship Governance</b> Preceptorship will become an effective tool to support preceptees through the transition period and it will be embedded within the organisation's governance arrangements, supporting effective leadership and performance management.</p>	<p><b>Evidence of achievement of standards</b> Organisations will provide evidence which demonstrates achievement of each criterion related to the standard.</p>
<p>1. Organisations will have a written process/procedure to guide the implementation of preceptorship.</p>	
<p>2. Organisations will have systems in place to track and monitor preceptees, from commencement through to completion of the preceptorship period.</p>	
<p>3. Ward Sisters/Charge Nurses and Community Team Leaders will hold a local register of preceptors who are able to demonstrate the essential qualities and skills as listed in Table I (page 13).</p>	
<p>4. Organisations will demonstrate that preceptors are supported in undertaking the role.</p>	
<p>5. Organisations will ensure that their preceptorship arrangements meet and satisfy professional regulatory body and organisational requirements.</p>	
<p>6. Organisations will ensure that preceptorship is part of their governance arrangements.</p>	
<p>7. Organisations will audit the preceptorships standards annually, using the monitoring tool (Appendix Three).</p>	

# Appendix Four

## Professional Skill Sets for Preceptors

The Professional Skill Set has been developed to help those who are preceptors or who are preparing to undertake the role of preceptor. Individuals can use this assessment tool to plan, with their line manager and/or supervisor, their learning and development, to develop/enhance their competence as a preceptor.

1. Understand the concept of preceptorship and its positive influence on the preceptee	Please tick if achieved	2. Manage the preceptorship process	Please tick if achieved
1.1 Have an understanding of the concept of preceptorship.	<input type="checkbox"/>	2.1 Plan and manage preceptorship sessions and demonstrate effective record keeping.	<input type="checkbox"/>
1.2 Have an ability to work within the scope of preceptorship.	<input type="checkbox"/>	2.2 Establish the learning agreement and ground rules.	<input type="checkbox"/>
1.3 Be able to describe the purpose and process of preceptorship.	<input type="checkbox"/>	2.3 Work within the NMC Code (2008) and NMC Preceptorship guidelines (2006).	<input type="checkbox"/>
1.4 Have an understanding of the role of preceptors and preceptees in implementing preceptorship.	<input type="checkbox"/>	2.4 Manage concerns and any conflict arising in the preceptorship session.	<input type="checkbox"/>
1.5 Identify how preceptorship can be used to enhance the confidence and competence of the preceptee.	<input type="checkbox"/>	2.5 Use facilitation skills to ensure appropriate engagement with the preceptee.	<input type="checkbox"/>
1.6 Relate preceptorship to lifelong learning for preceptor and preceptee.	<input type="checkbox"/>	2.6 Facilitate preceptee to engage in critical reflection to develop confidence and enhance competence.	<input type="checkbox"/>
	<input type="checkbox"/>	2.7 Facilitate the preceptee in creating appropriate action plans.	<input type="checkbox"/>
	<input type="checkbox"/>	2.8 Critically evaluate own role as preceptor.	<input type="checkbox"/>

# Appendix Four

## Professional Skill Sets for Preceptors *(continued)*

3. Facilitate preceptee in engaging actively in development of his/her confidence and enhancement of competence	Please tick if achieved	<b>Biographical details</b>
3.1 Have an understanding of the context within which the preceptee practises in relation to legal, professional, organisational and personal accountability.	<input type="checkbox"/>	Name.....
3.2 Facilitate preceptee in developing practice.	<input type="checkbox"/>	Organisation and work area .....
3.3 Use positive challenge to encourage the preceptee to reflect in and on practice.	<input type="checkbox"/>	.....
3.4 Promote critical thinking and decision making, team working, leading and self-reliance in preceptee.	<input type="checkbox"/>	.....
3.5 Facilitate preceptee in identifying and managing conflict.	<input type="checkbox"/>	.....
3.6 Have the ability to motivate, support, and empower preceptee.	<input type="checkbox"/>	.....
3.7 Facilitate preceptee in using problem solving techniques.	<input type="checkbox"/>	NMC registration PIN number .....



# Notes

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

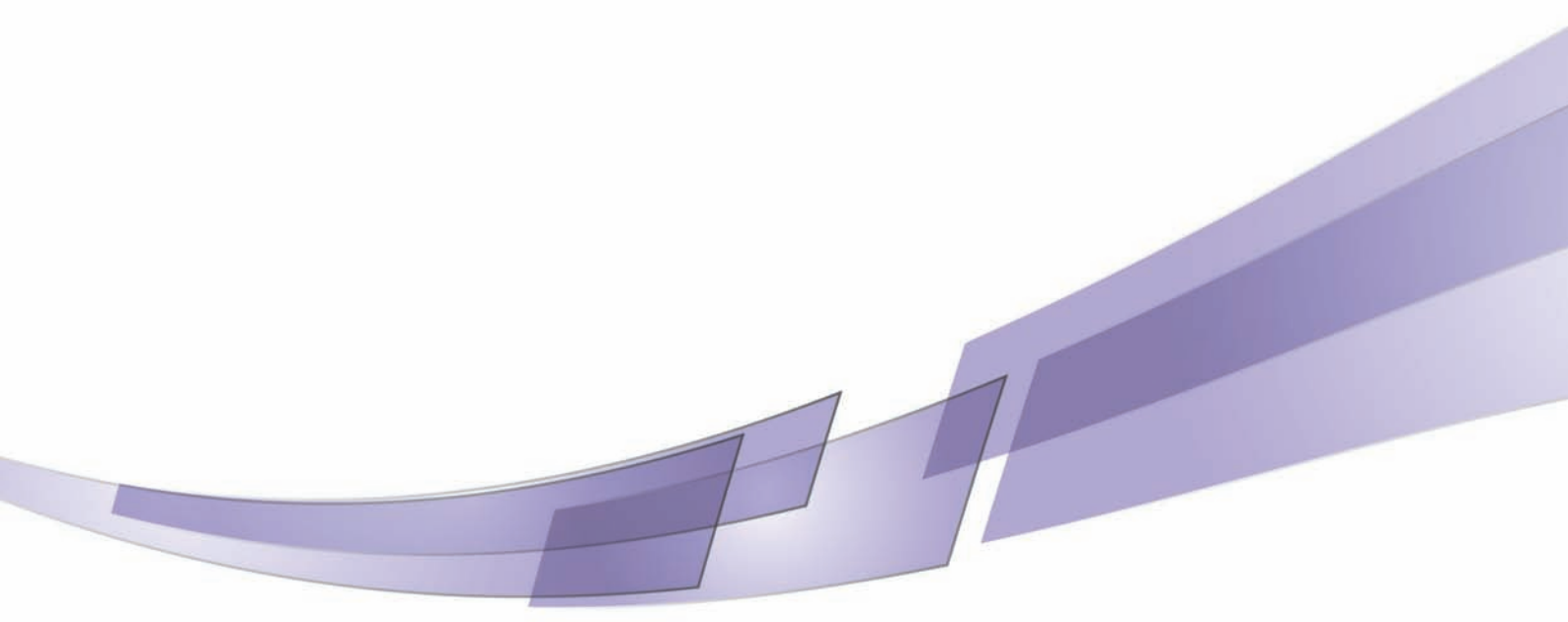
---

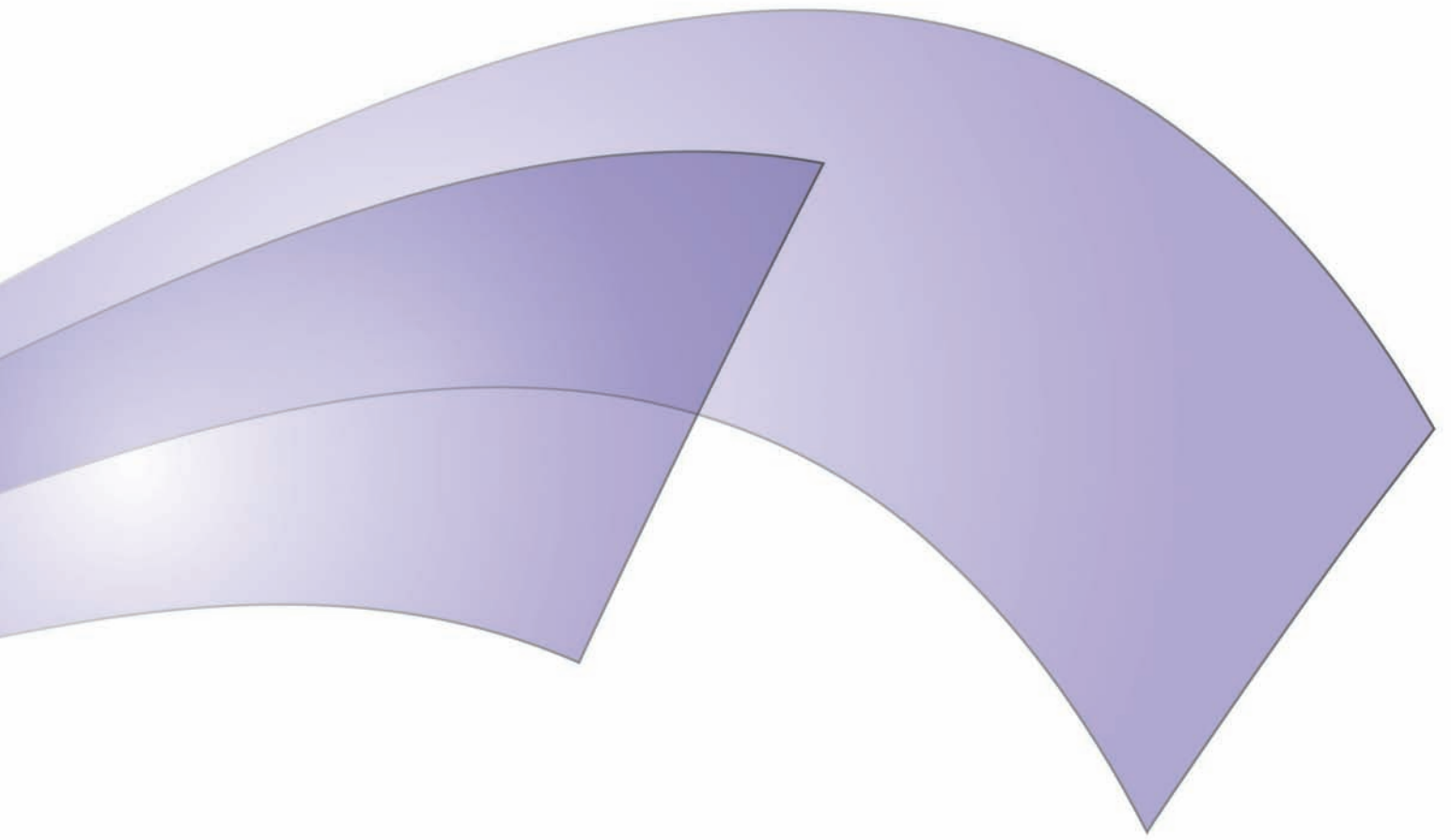
---



# Notes

Lined area for notes with horizontal dotted lines.







For further Information, please contact:

**NIPEC**

Centre House, 79 Chichester Street,  
BELFAST, BT1 4JE

**Tel:** (028) 9023 8152

**Fax:** (028) 9033 3298

This document can be downloaded from the  
**NIPEC website:** [www.nipec.hscni.net](http://www.nipec.hscni.net)

January 2013

**ISBN No:** 978-1-903580-40-0

