

**Northern Ireland Practice and Education Council
for Nursing and Midwifery**

***Development of Guiding Principles for
Preceptorship***

Initiative Plan

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1.0 Introduction

- 1.1 The rapidly changing environment of health care delivery requires that all nurses, midwives and specialist community public health nurses (scphns) are committed to a journey of lifelong learning. This will enable them to continue to enhance their knowledge, skills, experience and attitudes (NMC, 2007¹) in order to facilitate the delivery of safe and effective, person-centred care to the patients and clients they serve.
- 1.2 At the point of entry to the Nursing and Midwifery Council's (NMC) register, nurses, midwives and scphns are defined as safe, competent, autonomous and accountable practitioners. The NMC, however, has recognised that nurses, midwives and scphns who are newly registered need an additional period of support in their new role to help them develop their confidence and enhance their competence, including their critical thinking and decision-making skills (NMC, 2006²).
- 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 preparing and developing our nurses and midwives of the future. It is important to acknowledge that experienced nurses also find transition to a new clinical environment or role challenging and will, therefore, benefit from a period of preceptorship, in conjunction with their induction (Sandau, 2011³).
- 1.4 There is much literature to support the benefits of preceptorship (Rose, 2007⁴; Smedley, 2008⁵ and Stewart, Pope and Hansen, 2010⁶):
- for new registrants, their confidence and competence is enhanced, leading them to feel valued and respected by their employer;

¹ NMC (2007) *A competency framework for NMC Council members*. London: NMC.

² NMC (2006) *Preceptorship guidelines*. London: NMC.

³ Sandau K E. (2011) Effect of a preceptor education workshop: part 2. Qualitative results of a hospital-wide study. *The Journal of Continuing Education in Nursing*. 2011. 42(4) 172-181.

⁴ Rose S. (2007) *A guide to nursing preceptorship*. Liverpool. MerseyCare NHS Trust High Secure Services Ashworth Hospital.

⁵ Smedley A. and Penney D. (2009) A partnership approach to the preparation of preceptors. *Nurse Education Perspectives*. Jan/Feb 2009. 30(1) 31-36.

⁶ 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.

- 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; and 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 NIPEC, in discussion with the Chief Nursing Officer DHSSPS, has undertaken to lead the development of guiding principles including the design of an audit tool to support employers of nurses, midwives and scphns and their managers in the effective implementation of preceptorship, in organisations across Northern Ireland.

2.0 Background

Each of the four United Kingdom (UK) countries has undertaken work to operationalise the NMC's recommendation regarding preceptorship. Scotland has the "Flying Start" programme (Banks et al, 2010⁷), England has developed a preceptorship framework and is adapting Scotland's Flying Start programme (DH, 2010⁸) and the Health Trusts in Wales have developed a preceptorship infrastructure. 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 the preceptorship period for nurses and midwives. The need for overarching principles has been identified to provide guidance on the preceptorship process, thus, ensuring consistency of approach in organisations employing nurses and midwives across Northern Ireland.

3.0 Initiative Plan – Aim and Objectives

3.1 Aim

The aim of this initiative is to develop guiding principles to support employers of nurses, midwives and scphns and their managers in the effective implementation of preceptorship.

3.2 Objectives

The objectives are to:

- I develop definitions relevant to the preceptorship process
- II define the essential qualities and skills required of effective preceptors and map these to those required by mentors, clinical supervisors and appraisers
- III develop standards for preceptorship and criteria by which they can be audited
- IV ensure that KSF/appraisal informs the preceptorship process
- V design a section on www.nipecdf.org to support preceptees and preceptors through the preceptorship period
- VI Design an audit tool to support the effective implementation of preceptorship

⁷ Banks P. Kane H. Roxburgh M. Lauder W. Jones M. Kydd A. and Atkinson J. (2010) *Evaluation of Flying Start NHS*. Scotland. NHS Education Scotland.

⁸ Department of Health (DH) (2010) *Preceptorship framework for newly registered Nurses, Midwives and Allied Health Professionals*. London. DH.

VI Submit the guiding principles and audit tool to the DHSSPS Chief Nursing Officer and Director of Human Resources (HR), Executive Directors of Nursing and Directors of HR.

4.0 Workplan Overview

4.1 This initiative will be facilitated by NIPEC, the lead Senior Professional Officer is Cathy McCusker. The Steering Group will be chaired by Francis Rice, Executive Director of Nursing, Southern HSC Trust and the initiative will be conducted over a period not exceeding six months. A work programme, designed to achieve the objectives, is attached at Appendix Two.

The initiative is planned as follows:

4.2 Start

The Steering Group, made up of membership from: HSC Trusts; Public Health Agency (PHA); Regulation, Quality and Improvement Authority (RQIA); Professional and Staff Side Organisations; NIPEC Council and DHSSPS, will have its first of three meetings in November 2011. It is proposed that a sub-group will take forward the development of guiding principles and audit tool, which will be presented to the Steering Group at the second meeting.

4.3 Midway

The Steering Group will have a second meeting to discuss and agree the draft guiding principles and outline audit tool. Any agreed amendments will be made before testing with managers and staff (preceptors and preceptees) in organisations employing nurses, midwives and scphns. The process for gathering feedback will be through existing organisational mechanisms, agreed at the Steering Group. NIPEC will collate and share feedback with members of the Steering Group at the final meeting.

4.4 Final

The Steering Group will hold its final meeting to agree the guiding principles and audit tool following the feedback received during the testing phase. The guiding principles and audit tool will then be presented to the Chief Nursing Officer and Executive Directors of Nursing.

4.5 The ongoing progress of the project will be available to view on NIPEC's website.

5.0 Resources

5.1 NIPEC will co-ordinate, host and provide administrative support to the project, within its own resources. Individuals on the Steering Group and sub group have a responsibility to represent their organisation effectively, by full attendance at meetings relating to the initiative. It is also important that organisations support the appropriate testing of the guiding principles and audit tool, proposed by the Steering Group.

6.0 Risk Assessment

6.1 There are a number of potential risks associated with this initiative:

- a. Lack of engagement from organisations employing preceptors and preceptees
- b. Lack of consensus on the purpose and development of guiding principles and audit tool
- c. Inability to complete the initiative within the agreed time span.

6.2 NIPEC will develop processes to minimise the risks in relation to lack of engagement and completion within the initiative period. The Steering Group will manage other risks, as they arise.

7.0 Evaluation

7.1 As part of NIPEC's focus on continuous improvement, an impact measurement framework is being developed by which NIPEC can measure the impact of the outputs, in an objective and systematic way, following completion of the initiative.

7.2 The initiative will also be reviewed on an ongoing basis, evidenced via an audit trail of the notes of Steering Group and any other group meetings. NIPEC will be responsible for the quality of the outputs in conjunction with members of the Steering Group who will quality assure the outputs as they are developed.

8.0 Communication and Dissemination

8.1 Communication and consultation processes will be ongoing throughout the project, using various mechanisms. The NIPEC website and news bulletin, will reflect the progress of the project. Updates will also be placed on Trust websites as necessary. Individuals' contribution and participation will be sought via email and via members of the Steering Group and sub-group.

Membership of Steering Group

Organisation	Representative
SHSCT	Francis Rice, Executive Director of Nursing, (CHAIR)
BHSCT	Moira Mannion, Co-Director of Nursing, Education and Learning
NHSCT	Elizabeth Graham, Head of Nursing, Education and Development
SEHSCT	Bob Brown, Assistant Director of Nursing, Learning and Development
SHSCT	Dawn Ferguson, Practice Education Facilitator
WHsCT	Brendan McGrath, Assistant Director of Nursing, Workforce Planning & Modernisation
Representing 5 HSC Trusts	TBC, Assistant Director of Human Resources
PHA	TBC
NI Hospice	Sue Foster, Lecturer in Palliative Care
IHCP	Louise Campbell, Home Manager
RQIA	Phelim Quinn, Director of Nursing
RCN	Rita Devlin, Senior Professional Development Officer
RCM	Annette Taylor, Midwifery Practice Education Facilitator
Unite	TBC
Staff Side (Unison)	Fidelma Carolan, Regional Organiser (Lifelong Learning)
DHSSPS	Kathy Fodey, Nursing Officer, DHSSPS
NIPEC Council Members	Sally Campalani, Senior Nurse, Cancer Services, BHSCT
NIPEC	Cathy McCusker, Senior Professional Officer (Project Lead)

WORK PROGRAMME

Timescale: November 2011 until April 2012	
Commence Initiative	
Activity	Target Date
<ul style="list-style-type: none"> • First Steering Group meeting and agree dates for further meetings, discuss and agree work plan. • Establish and agree membership of sub-group. • Sub-group meetings to progress development of guiding principles and audit tool. 	<p>4 November 2011</p> <p>November – January 2012</p>
Midway through Initiative	
<ul style="list-style-type: none"> • Second Steering Group meeting to discuss draft development of guiding principles and outline audit tool. • Agree process to test guiding principles and audit tool. • Test guiding principles and audit tool and collate feedback. 	<p>Late January/Early February 2012</p> <p>March 2012</p>
<ul style="list-style-type: none"> • Third Steering Group meeting to consider feedback from testing of guiding principles and audit tool. • Agree amendments to guiding principles and audit tool. • Agree developments required for new preceptorship section on NIPEC Development Framework website www.nipecdf.org • Present refined guiding principles, audit tool and proposed developments to www.nipecdf.org to Chief Nursing Officer, DHSSPS, for approval 	<p>Mid April 2012</p> <p>End of April 2012</p>

For further Information, please contact

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This document can be downloaded from the
NIPEC website www.nipec.hscni.net

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