

Regional Preceptorship Steering Group



Friday 4th November 2011

Conference Suite, NIPEC, Centre House, 79 Chichester Street, Belfast

ACTION NOTE

Present:

Francis Rice, Southern H&SCT, (Chair)	FR
Cathy McCusker, NIPEC, Project Lead	CMcC
Elizabeth Graham, Northern H&SCT	EG
Bob Brown, South Eastern H&SCT	BB
Dawn Ferguson, Southern H&SCT	DF
Brendan McGrath, Western H&SCT (teleconference call)	BMcG
Salliann Lewis, Belfast H&SCT	SL
Sally Campalani, NIPEC Council Member	SC
Annette Taylor, Western H&SCT (RCM representative)	AT
Sue Foster, NI Hospice	SF

Apologies

Moira Mannion, Belfast H&SCT
Kathy Fodey, DHSSPS
Phelim Quinn, RQIA
Louise Campbell, IHCP
Rita Devlin, RCN

Agenda item	Notes	Action by
1	<p>Welcome and Introductions</p> <p>Francis welcomed everyone to the meeting and advised that Brendan McGrath would be teleconferencing. Francis also advised that Moira Mannion was unable to attend and that Salliann Lewis was representing Moira.</p>	
2	<p>Background to the initiative</p> <p>Membership of the Steering Group was considered to ensure all key stakeholders were represented. It was agreed to invite:</p> <ul style="list-style-type: none"> • an Assistant Director of Human Resources (HR) from each Trust onto the Steering Group due to the applicability of preceptorship across professions and HR's role in planning mandatory training. • Fidelma Carolan to represent Unison. • Representatives from Beeches Management Centre, Nursing Education Development Consortium North and West, Queen's University Belfast, Open University and University of Ulster to the next Steering Group meeting to share the draft guiding principles and audit tool. 	CMcC

3	<p>Terms of Reference</p> <p>The draft terms of reference which had been previously circulated were agreed with one amendment - the stem should include <i>across sectors</i>.</p>	CMcC
4	<p>Draft Initiative Plan</p> <p>A draft Initiative Plan had been tabled at today's meeting, a copy of same had been forwarded to Brendan prior to the meeting. The Aims, Objectives, Risk Assessment, Evaluation and Communication and dissemination were discussed with the members.</p> <p><u>Aim</u> The draft initiative plan was discussed and the aim of the initiative was agreed.</p> <p><u>Objectives</u> The objectives were discussed and the following agreed:</p> <ul style="list-style-type: none"> • Definitions should include Return to Practice, new to clinical area, newly registered with NMC (as in an individual on another countries nursing/midwifery register. • Objective II: replace <i>successful</i> with <i>effective</i> preceptor and include <i>clinical supervisor</i> and <i>appraiser</i>. • The preceptorship period should be linked with the probationary period • Include a learning contract • Induction and preceptorship can be parallel processes • Need to consider how preceptees receive preceptorship when employed in bank or agency • Need to ensure that Higher Education Institutions (HEIs) understand the importance of including preceptorship in a pre-registration nursing student's management placement. • Insert objective IV: <i>Ensure KSF/Appraisal informs the preceptorship process</i>. <p><u>Risk assessment</u> The potential risks were considered and it was agreed that by inviting HR nominations from each of the 5 HSC Trusts, this will maximise the engagement of a key stakeholder.</p> <p><u>Evaluation</u> To assist NIPEC in collecting information to assist implementation of the impact measurement framework, the expectations of all stakeholders at the meeting were sought, seen Addendum 1.</p> <p><u>Communication and dissemination</u> It was agreed that in addition to NIPEC promoting it on its website</p>	

	and in its news bulletin, each of the Trusts represented will include information related to the initiative on their Trusts intranet.	
5	<p>Discussion and Agreement of next steps</p> <p>It was agreed each of the 5 HSC Trusts and Hospice will forward their preceptorship policies, procedures and programmes to CMcC by 11 November in order to begin the sifting process to draft guidelines and audit tool.</p> <p>Nominations were offered for sub group membership to draft the guidelines audit tool. A meeting of a sub-group would be arranged week beginning 12th December 2011. The membership of the Steering Group is:</p> <p style="padding-left: 40px;">Annette Taylor (representing WHSCT and RCM) Elizabeth Graham (representing NHSCT) Sue Foster (representing Hospice) Karyn Patterson (TBC) (representing HR and SHSCT) Saliann Lewis (TBC) (representing BHSCT) Bob Brown (Nomination TBC, representing SEHSCT) Dawn Ferguson (representing SHSCT)</p> <p>The sub-group to be emailed the draft outline of guidelines and audit tool in advance of the meeting.</p> <p>To clarify with Verena Wallace re: 12-18 month is there a cut off period for preceptorship process.</p>	<p>CMcC</p> <p>CMcC SL BB</p> <p>CMcC</p> <p>CMcC</p>
6	<p>Any other Business</p> <p>None</p>	
7	<p>Date and time of next meeting</p> <p>The second Steering Group meeting to be arranged for end of January/early February 2012 and the third meeting early/mid April 2012.</p>	CMcC

Key Stakeholders Expectations

BB	Have a consistent approach to preceptorship across the region – achieve clarity about the different roles with same skills set.
EG	Achieve consistency regionally and allow registrants to have a transferrable passport.
DF	Reflect on preceptorship processes within individual Trusts – to make them better. To make it happen on the Development Framework website.
FR	Embed the preceptorship process so it becomes the norm. NIPEC to have control the governance of the process i.e. any required revisions should be made/agreed regionally and amended through NIPEC.
AT	Achieve streamlining of the preceptorship process in midwifery. Need to ensure that if preceptorship is completed in a clinical area this can be transferred and will be recognised in another clinical area.
SF	Hospice would like consistent approach to preceptorship across Trusts which they could easily fit in with.
BMcG	Challenges in trying to achieve stream lining of the preceptorship process and the impact of how we achieve this. The need for clarity of roles and definitions.
SAL	Same as other stakeholders have mentioned.
SC	That all stakeholders would be able to see the relevance of NIPEC's work and find it useful and relevant.