

Preceptorship Handbook for Registered Nurses new to Primary care.

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England
Midlands

Issued by	
Issue date	
Version	

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“The beginning of a newly qualified practitioner's career can be a challenging time and their initial experiences can shape how they develop in their career. To ensure the best possible start for newly qualified nurses, nursing associates, midwives and allied health professionals, a quality preceptorship programme is essential.”

NHS employers

Introduction

This document has been written following the launch of the [National preceptorship framework](#) (2022) to guide and support primary care in establishing a preceptorship programme for registered nurses.

The content within the clinical skills section of the document has been based on evidence gathered from the nursing regional survey undertaken in the Midlands in May 2023.

Preceptorship is a process, to support new registered nurses in the transition from student to newly qualified autonomous practitioner. Preceptorship needs to take place for all that are new to practice in primary care and is supported by the Nursing and Midwifery Council (NMC) and their published [Principles of Preceptorship](#).

This document has been written to support newly qualified and new to primary care nurses to engage with preceptorship programmes in primary care. It is a document to enhance patient care and provide support within practice, promote best practice, and encourage critical reflective thinking.

In this document, professionals engaged on preceptorship programmes are referred to as 'preceptees.' Those who support preceptees are referred to as 'preceptors' and the period of preceptorship is called the 'preceptorship programme'.

Preceptorship is used within many different professions, such as nursing, nursing associates, midwives and AHP's, and is valued in the support it provides during transition of roles.

What is preceptorship?

Preceptorship is a period of structured transition to guide, support, and develop newly registered practitioners to build confidence and competence as they transition from student to autonomous professional.

The main aim is to welcome and integrate newly registered practitioners into their new team and place of work. Preceptorship helps professionals to translate and embed their knowledge into everyday practice, grow in confidence and have the best possible start to their careers. Preceptorship is not designed to replace appraisals or be a substitute for a formal induction and mandatory training. During this time, they

should be supported by an experienced practitioner, and a preceptor, to develop their confidence as an independent professional, and to refine their skills, values and behaviours.

Whilst preceptorship can commonly be framed around newly registered nurses, the principles can also be usefully applied to those who are joining primary care for the first time from another sector or coming to work in the UK from within or outside of the EEA/EU.

Newly registered nurses become accountable as soon as they are registered with the Nursing and Midwifery Council (NMC) and this transition from student to accountable practitioner is known to be challenging. Where preceptorship is firmly established as part of the culture of an organisation, there are significant benefits for newly registered nurses, other staff, and the organisation itself in terms of retention, recruitment, and staff engagement.

Clinical supervision is a process of professional learning and development that enables individuals to reflect on and develop their knowledge, skills, and competence, through agreed and regular support with another professional. This is an essential part of the preceptorship programme.

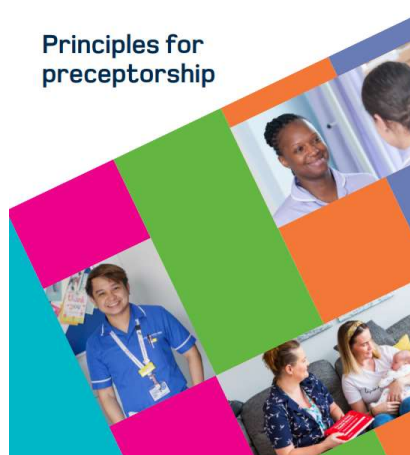
[Appendix 1](#) outlines some of the commonly asked questions and can be used as a helpful resource to send to nurses during the pre-employment stages to outline the supportive package of preceptorship that will support them to join general practice.

Principles of Preceptorship

The goal of preceptorship is for the newly registered nurse to develop their confidence and autonomy. The Nursing and Midwifery Council (NMC) have brought together a common set of principles in a document; '[Principles for Preceptorship](#)' (2015), for organisations and employers that can be used to develop an effective model of preceptorship. These principles help organisations and employers think about what they need to do to achieve consistently high quality and effective preceptorship for every newly registered nurse.

These principles are outlined as 5 domains.

1. Organisation and Culture and preceptorship
2. Quality and oversight of preceptorship
3. Preceptee empowerment
4. Preparing preceptors for their supporting role
5. The preceptorship programme.



The [National preceptorship framework](#) for nursing was launched in 2022 and was designed to improve the quality of preceptorship, and to develop and deliver a collectively agreed framework for good practice in implementing preceptorship for newly registered nurses. The core purpose and expected outcome is improved recruitment and retention for newly registered nurses and nursing associates. To facilitate smooth transition between student and autonomous practitioner within protected time, with an experienced preceptor.

All newly registered nurses, nursing associates, and midwives should receive preceptorship in their first-year post-registration. Employers should be advocating that all new registrants on a preceptorship programme should have learning time protected in their first year of qualified practice and access to a preceptor with whom regular meetings are held. The [National preceptorship framework](#) strongly recommends that all new registrants should have a formal 12 month preceptorship period.

Primary care needs to consider doing new and innovative things to address nursing and nursing associate retention and recruitment, by considering different ways of providing training, support and supervision. Preceptorship of new nurses into

primary care, will provide a highly skilled, sustainable, supported workforce for the long term.

As Primary care is increasingly complex, all new nurses will require preceptorship in order to transition into their new role. This will offer the support and guidance required to manage this transition and will lead to a more sustainable, valued, skilled and resilient workforce for the future.

Promoting support through a structured preceptorship programme will enhance recruitment and retention onto the nursing workforce in primary care.

A Preceptorship programme for General Practice

A preceptorship programme should last for 12 months, in order to complete the core standards of the programme, found in the appendices. A minimum of 12 months has been identified as gold standard practice. **National preceptorship framework.**

Also recommended is a minimum of two weeks' supernumerary for the preceptee, which equates to 75 hours. This should be in addition to induction requirements, however individual needs should be recognised as required by the NMC and may need to be longer in some circumstances.

Protected time should be ensured for both preceptor and preceptee during this 12-month period, in order to facilitate a positive learning and a supportive environment.

Each preceptee should have an initial discussion with their preceptor, during which their development needs can be explored, and an individual learning plan established with realistic objectives.

Due to the complexities within primary care, it is recommended that a 12 month preceptorship programme be undertaken, to ensure the preceptee feels supported, therefore improving retention of new starters.

What your first 2 weeks should look like

1. First 2 weeks supernumerary practice. Up to 75 hours.

2. First preceptor/preceptee meeting to establish learning objectives sign preceptorship agreement document

3. Complete initial learning contact and interview record.

4. Set date and time for next meeting (these should be monthly)

5. Use the meeting and learning contract templates within the appendices.

6. Highlight which core competencies are to be achieved and by when

7. Ensure open lines of communication and support.

Key components of a positive preceptorship programme in primary care include;

1. Preceptors
2. Preceptee Led
3. Protected time
4. Meeting schedule.
5. ICS Preceptorship Lead, (know your system)

Preceptors

Whilst there are no formal qualifications associated with being a preceptor, the [National preceptorship framework](#) recommends that individuals receive preparation for the role. Such preparation will ensure the preceptor demonstrates the attributes required. This preparation may not be of a formal nature but should ensure that the preceptor:

- Has sufficient knowledge regarding the practitioner's education and practical experience (including the content of the return to practice programme for those returning after a break) to be able to identify the practitioner's current learning needs;
- Is able to help the practitioner to apply knowledge to practice;
- Understands how practitioners integrate within a new practice setting and what problems this can present for the individual and the team;
- Acts as a resource to facilitate the practitioner's professional development;
- Understands that, from the moment a practitioner is first admitted to the register, they are professionally accountable for all their own actions and omissions – the preceptor cannot be accountable on their behalf.

The preceptor will have sufficient knowledge of the practitioner's programme leading to registration to identify current learning needs, as well as having at least 12 months post-registration experience in their current role.

E-learning is available to preceptors who wish to improve their knowledge surrounding preceptorship and the use of coaching. An e-learning programme on preceptorship can be found on the e-Learning for Health (e-LfH) hub and can be accessed for free by anyone who has a valid e-LfH account.

The preceptor will be expected to:

- Possess a good understanding of the preceptor framework requirements and communicate these to the preceptee clearly and concisely
- Understand the scope and boundaries of the roles of the preceptee
- Act as a professional friend, peer and advocate
- Act as a role model for professional practice and socialisation to the profession
- Ensure all induction has been completed and check that the preceptee is fully aware of local ways of working and appropriate policies
- Facilitate introductions for the newly registered practitioner to colleagues, multi-disciplinary team, peers and others (internal and external to the organisation, as appropriate)
- Promote networking and development of effective working relationships.
- Agree learning needs with preceptee, and develop a learning plan with achievable goals
- Carry out regular and confidential review with the newly registered practitioner
- Use coaching and mentoring skills to enable the newly registered practitioner to develop clinically and professionally, and to develop confidence
- Facilitate a supportive and inclusive learning environment by signposting resources and actively planning learning opportunities for clinical, professional and personal growth of the newly registered practitioner

- Give timely and appropriate feedback to the newly registered practitioner on a regular basis
- Liaise with the line manager to monitor progress and address areas of poor performance or areas requiring further development through objective setting and regular review, keeping preceptorship lead involved.

The nature of preceptorship is to offer support and guidance to the preceptee within the first 12 months of practice. All meetings are to be documented and confidentiality maintained by the preceptor.

Preceptors must have the capacity to offer the level of support outlined above. If this is not possible, the preceptor should decline the role. Preceptees must understand the nature of their role and be committed to the values underpinning a preceptorship programme; this also applies to the preceptor.

Any registered healthcare professional of an equivalent or senior level to the preceptee, and within the same discipline (i.e., nursing), may be a preceptor. They should have a minimum of 12 months' experience post-registration, with experience of working within the setting, and they should attend initial training or development. Nursing associates (with a minimum of 12 months' experience post registration) may act as preceptors for newly registered nursing associates. In areas where a team preceptorship approach is adopted, each new registrant should have access to a preceptor within their own discipline or profession. A gold standard programme includes a minimum of 12 months' experience in the setting or work area and access to ongoing support and training.

One preceptor should have no more than two preceptees at gold standard level.
[National preceptorship framework.](#)

Preceptee led.

Involving the preceptee in this process will empower them to be in control of their own learning and reflection from the start of their nursing career; all good practice to support them with future revalidation.

National preceptorship framework state that preceptees need to be supported according to their own learning needs and require time to identify those needs along with opportunities for reflection and feedback. The most important element is the individualised support provided in practice by the preceptor. This can be done in various ways, meetings, protected time.

Protected Time

The Nursing and Midwifery Council (NMC) states that a new registrant on a preceptorship programme should have learning time protected in their first year of qualified practice and access to a preceptor with whom regular meetings are held. The council strongly recommends that all new registrants should have a formal preceptorship period, which may vary according to individual needs. However, 12 months is recognised as gold standard. [National preceptorship framework](#).

The pressures of primary care can make it a challenge to schedule both a new nurse and a practice nurse out from their clinical duties, but this protection can be extremely valuable, to have space away from clinical practice that allows for discussion and reflection that can increasingly develop an autonomous practitioner. Due to the complexities of primary care, and individuals' requirements, It is recommended that the programme will run for 12 months as suggested.

Protected time will enable -

- Open lines of communication
- Clear goal setting
- Review of competencies
- Reflection
- Support transition into an autonomous practitioner
- Clinical supervision
- A safe environment to discuss concerns
- Improve resilience and well being

Meetings

The most valuable way preceptorship programmes support during the transition to autonomous professional is to provide preceptees with face-to-face contact to share, reflect and discuss their own practice. This will take place over the preceptorship programme, building over time, through regular meetings with the preceptor.

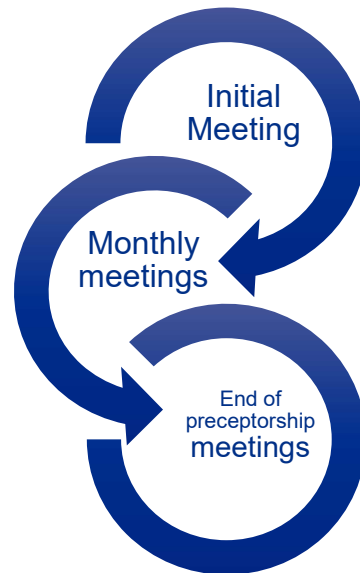
This will start with an initial meeting between the preceptor and preceptee, within the **first two weeks** of joining primary care and continue throughout the preceptorship period.

The initial meeting should take place with the preceptor and will facilitate the preceptee's socialisation and integration into their new work area and identify the individual learning needs and actions.

The preceptor and preceptee will jointly agree a follow up meeting format and frequency that works best for them. The gold standard during the preceptorship period would be recommended at monthly meeting frequency. These meetings should be around an hour long and should include protected time for both preceptee and preceptor. [National preceptorship framework](#)

These meetings should be documented to provide both the preceptor and the preceptee with any comments, challenges and actions which can be used to reflect upon during the preceptorship period. Template meeting records and prompts have been included and can be found in [Appendix 4-8](#). These are there as a resource and should be used within the program.

The individual learning plan records development needs and agreed objectives. Objectives should be SMART (specific, measurable, achievable, realistic/relevant and timebound). This should be completed during each meeting to ensure the preceptor and preceptee are clear on which competencies will be achieved.



These all vary according to the individual preceptee and the primary care need, but they must ensure all learning objectives are mutually agreed and achievable.

At the end of the preceptorship programme, the preceptor and preceptee, will evaluate the learning that has taken place. This is an ideal opportunity to discuss future learning needs and goals, and to plan what comes next, review what has gone well, and what has not.

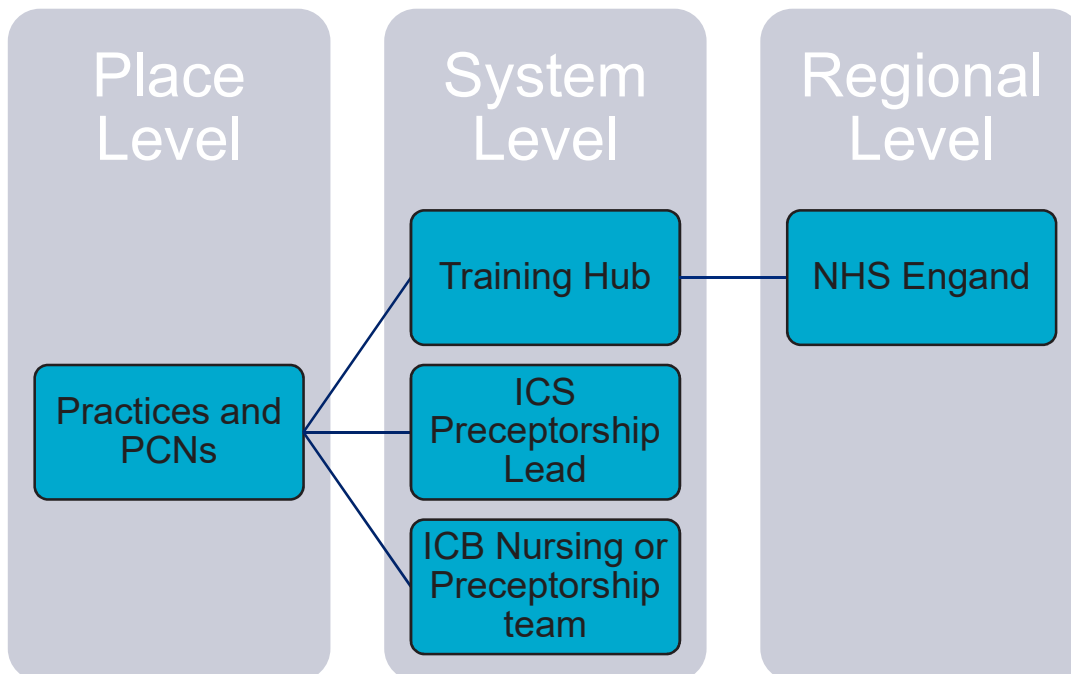
Review reflections and discuss re-validation and encourage the use of reflection for best practice and personal wellbeing and resilience.

Preceptorship Lead

It is recommended that each organisation has a nominated preceptorship lead.

National preceptorship framework

The preceptor should be aware of other organisations within their area that may offer support and good networking around preceptorship.



Competencies

Developing confidence and capability within the scope of clinical practice will be a key feature of the preceptorship.

Following a Midlands Nursing survey in May 2023, key skills and competencies were identified as an area that required further guidance and found that there was a need for a core clinical competency guide.

This has been included as a recourse for induction and on-going development, if needed.

The clinical competencies document in [Appendices 2](#), can be used as a guide to preceptees and preceptors to support learning and development across the preceptorship period to support confidence and capability in the core and extended clinical competencies for nurses in general practice. The core competencies should look to be completed within the 12-month preceptorship period.

Core skills should be obtained first before moving onto additional clinical skills all preceptees will require support and guidance through the core skills framework.

Some clinical competencies will be covered if the nurse participates in the Fundamentals of general practice nursing courses provided by higher education institutions and is funded by NHS England.

The section on clinical skills is there as a guide for preceptors and preceptees to select competencies to concentrate on. This is not a fully comprehensive list, and all clinical skills may not be achieved within 12months. Depending on the needs of the preceptee, preceptor, and employing organisation, these clinical skills are nursing specific and are not compulsory.

Supervision

Clinical supervision

Clinical supervision, in the context of primary care nursing, entails primary care nurses meeting regularly to reflect on their practice with the intention of learning, developing, and assuring high quality, safe care for patients.

Whilst accepted across larger organisations, clinical supervision has not always been readily understood or embraced by those working in primary care. As the pipeline of new nurses working in primary care grows, clinical supervision needs to develop and be established across all primary care settings.



Revalidation

Revalidation is the process that allows registered professionals to maintain their registration with the NMC and builds on existing renewal requirements to demonstrate continued ability to practise safely and effectively and is a continuous process that professionals will engage with throughout their career.

Revalidation is the responsibility of nurses, nursing associates and midwives themselves. The professional is the owner of their own revalidation process.

Revalidation is not:

- An assessment of a nurse, nursing associate's or midwife's fitness to practise;
- A new way to raise fitness to practise concerns (any concerns about a nurse, nursing associate or midwife's practice will continue to be raised through the existing fitness to practise process), or
- An assessment against the requirements of your current/former employment.

Revalidation and the Code

One of the main strengths of revalidation is that it reinforces the Code by asking nurses, nursing associates and midwives to use it as the reference point for all the requirements, including their written reflective accounts and reflective discussion.

This should highlight the Code's central role in the nursing and midwifery professions and encourage nurses, nursing associates and midwives to consider how it applies in their everyday practice. The Code requires professionals to fulfil all registration requirements. To achieve this, professionals must:

- Meet any reasonable requests so NMC can oversee the registration process;
- Keep to the prescribed hours of practice and carry out continuing professional development activities, and
- Keep knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop competence and improve individual performance.

Revalidation Requirements

Revalidation will require individuals to regularly demonstrate that they remain fit to practice every 3 years. This will include:

- 35 hours of Continuous Professional Development (CPD) – at least 20 of which must be participatory
- 5 written reflective accounts relating to the NMC Code
- Evidence of having completed 450 hours of practice
- Reflective discussion with an NMC registrant
- Demonstrate good health and good character
- 5 pieces of practice-related confirmation feedback / confirmation by employers.

It is important to remember that everything nurses do during their preceptorship year will help towards the evidence required with the revalidation process.

[NHS England » Professional nurse advocate](#)

The Professional Nurse Advocate (PNA) programme delivers training and restorative supervision for colleagues right across England. The programme launched in March 2021, towards the end of the third wave of COVID-19. This was the start of a critical point of recovery: for patients, for services and for our workforce.

PNA training provides those on the programme with skills to facilitate restorative supervision to their colleagues and teams, in nursing and beyond. A version of this programme exists already for maternity colleagues, where outcomes point to improved staff wellbeing and retention, alongside improved patient outcomes. The training equips them to listen and to understand challenges and demands of fellow colleagues, and to lead support and deliver quality improvement initiatives in response.

All nurses should have access to restorative clinical supervision after their preceptorship programme, and throughout their career, to improve resilience, and wellbeing. This will therefore improve retention and patient care.

Appendices Part 1.

Appendix 1: Frequently asked Questions around Preceptorship

Preceptorship frequently asked questions

What is it?

The Preceptorship programme has been introduced to assist newly registered clinical staff (as well as those who have recently joined a different part of the NMC/HCPC register, those who have completed a Return to Practice course and Internationally Recruited staff) in consolidating their course content and helping them to translate theoretical knowledge into practical skills within their new role.

Why do I need it?

Beginning a new role can cause anxiety and this period of support should help you in the transition from student to qualified clinician. You are accountable for your own practice but can expect support from your colleagues during this period.

How long will it last?

There is no prescribed length because all learning is individual, however it is envisaged that 6-12 months will allow you to further develop your professional and reflective skills, which will assist you in becoming a competent practitioner in your new role.

Who will support me?

Preceptorship should be under the guidance of a preceptor who should be a first level clinician with at least 12 months experience in the clinical area where the Preceptorship is to take place. Preceptors must be familiar with their own profession's guidance relating to Preceptorship and will require preparation to undertake the role.

This support is aimed at easing your transition from a student to a registered clinician or from one post to a new one. Preceptors are guides/supporters as well as colleagues who are a valuable resource of help, both professionally and personally.

What does it involve?

The Preceptorship programme comprises of three main components:

- a) orientation to the clinical area
- b) support and supervision in the clinical area
- c) further development of the skills you have already acquired and development of new skills pertinent to your clinical area via a variety of learning methods

How does it work in practice?

Whilst Preceptorship into a new role is variable there are certain requirements which must be met. You should expect:

- Immediate identification of your preceptor/assessor on appointment. You may have both a main preceptor/assessor and should expect to be allocated a second preceptor/assessor if one member of staff is unavailable to you for prolonged periods.
- An orientation to other staff in your area and the appropriate management structure, relevant to the work place within your first week of work.
- A formal meeting with your main preceptor/assessor in the first week to establish your learning needs and to identify learning opportunities. This may include skills acquired during your training which may need further development as well as new skills pertinent to your area of work.

How much time do I have to spend with my Preceptor?

A proportion of your time during the Preceptorship programme will be spent working with your preceptor. The precise amount of time will vary according to your needs, development and progress, although the Trust recommends weekly working/communication with your preceptor and to have monthly formal meetings to support and track your progress. You may be working directly alongside them or they may be in a co-ordinator role, whichever applies you should have access to your preceptor and be able to raise relevant issues or seek clarification in the course of your day.

How often am I supposed to meet my Preceptor?

As a guideline, you should aim to spend a minimum of one shift a week with your preceptor; this will need to be agreed with your preceptor as sufficient, to meet your

needs. However, communication with your preceptor/assessor is ongoing but you should also have a formal meeting part way through your preceptor period and again at the end of the Preceptorship programme to assess your progress and development. As a minimum this should be on a quarterly basis with monthly reviews.

What is a preceptorship programme?

A variety of learning methods will be employed so that programmes can be personalised to meet the needs of each newly qualified practitioner. Some will be compulsory others are recommended as indicative of good practice.

The indicative content of the programme will reflect that which is outlined in the Health Education England (2015) Preceptorship standards and the National Preceptorship Framework (NHSE, 2022) below:

1. Accountability
2. Career development
3. Communication
4. Dealing with conflict/managing difficult conversations
5. Delivering safe care
6. Emotional intelligence
7. Leadership
8. Quality Improvement
9. Resilience
10. Reflection
11. Safe staffing /raising concerns
12. Team working
13. Medicines management (where relevant)
14. Interprofessional learning
15. Restorative supervision
16. Career conversations

What is evidence?

Try to keep evidence simple and use what you produce as part of your working day. Remember one piece of evidence may cover a number of standards contained in the Knowledge and Skills Framework;

- Care plans
- Referral letters/forms

- Minutes of meetings
- Feedback from preceptors or other colleagues
- Journal articles
- Certificates of attendance.
- E-LFH modules and mandatory training.
- Evidence of shadowing a colleague Pharmacist/Physiotherapist/ACP/Social prescriber/GP etc.

What are reflective accounts?

Reflection is an important aspect of Preceptorship and clinical supervision. Use a notepad so that you write things down as it helps to clarify things later. Discuss ideas with your preceptor. Please remember that patient information is confidential.

Whilst you are welcome to complete some written reflections during your preceptorship period using the model that you feel most comfortable with, the NMC Reflective Accounts Form is within the clinical supervision chapter of this document and may be useful to you, in order to prepare for your revalidation date.

Appendix 2: Preceptorship Agreement

Preceptorship Agreement

Induction

- On arrival the preceptor will check you have a copy of your Job Description, Personal Specification, Full Outlines and Band 4 Clinical and Generic Competencies to the Preceptee.
- The Preceptor will organise a comprehensive Service/Speciality induction programme for the Preceptee and will provide an induction timetable with dates, times and venues of events organised.
- The Preceptee will attend the activities organised on the timetable, participate fully in the opportunities offered.
- At the end of the first week the Preceptor and Preceptee will meet to review the first week and to discuss mutual expectations including clarifying any issues raised by the Job Description, Personal Specification.
- At least first 2 weeks of employment will be supernumerary.

Initial Objective Setting

- The Preceptor and Preceptee will produce mutually agreed initial objectives by the end of the 2nd week which will be documented on the learning contract.
- This document will be signed by both parties and used in monthly supervision sessions.

Supervised Practice

For the purpose of this agreement supervised practice will be defined as direct observation of the clinical practice of the Preceptee and/or joint clinical working with identified patients. This does not mean that all clinical work will be supervised.

- The Preceptor and Preceptee will meet once a month for formal, documented supervision sessions, which will be documented using the supervised practice documentation.
- The session will initially be led by the Preceptor with full participation by the Preceptee; once the supervisor/supervisee relationship is established the Preceptee will assume responsibility for the effectiveness of the sessions.

- The supervision sheet will document progress made and identify objectives for the following month agreed by both parties.
- The Preceptee will complete a retrospective, reflective practice sheet prior to attending for supervision and will be willing to share the reflections with the Preceptor.
- The Preceptor and Preceptee will work together a minimum of 1 shift per week supplemented by on the job guidance and support via monthly Clinical Supervision sessions.

Tracking of Progress

- The Preceptor and Preceptee will meet at regular intervals to track progress against initial objectives. The date will be set by the end of the second week.
- Progress made will be documented together with any new objectives.
- The Preceptor and Preceptee will meet at the end of each month to review progress, set new objectives and produce a mutually agreed evidential sheet to be used at the Preceptee's annual appraisal. The date will be mutually agreed and set by the end of the 2nd week.

The Learning and Development Programme

- The Preceptee will ensure that their Portfolio of Continuing Professional Development is updated.
- The Preceptee will identify learning needs and participate in identifying how these needs can be met including attending and contributing to educational provision provided.
- The Preceptee will reflect on learning opportunities experienced within their Portfolio including the application of theory to practice and improved outcomes for patients/carers.
- The Portfolio will be brought to the Preceptee's first appraisal and used as supporting evidence for revalidation.

"I agree to accept joint responsibility for the Preceptorship agreement and to work pro-actively to fulfil my responsibilities in ensuring the Preceptorship Programme is effective."

Signed/printed: Preceptor _____

Preceptee _____

Date _____

Appendix 3: Learning Contract

Learning Contract

It is essential that you complete this learning contract to document the learning activities that you will undertake. Please photocopy this sheet as often as necessary.

Agreed Activities (How will they be achieved?)	Timeframes (When will it be achieved?)	Agreed Evidence (How will learning be demonstrated?)

Signature of Preceptor _____ Date _____

Signature of Preceptee _____ Date _____

Appendix 4: Initial Meeting Record Template

Initial Meeting Record

Name of preceptee	
Name of preceptor	
Work area	
Date of meeting	
<p>Icebreaker questions</p> <p>Tell me a little about yourself. What do you enjoy doing? What are you looking forward to about your new role? What do you think is going to be challenging? How much do you know about preceptorship?</p>	
<p>Expectations</p> <p>What are your expectations of your new role? What development do you expect? What level of support do you expect from your preceptor?</p>	



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Induction Checklists Has the preceptee had the opportunity to complete the following?	Organisation induction	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Clinical induction	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Local induction	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Individual learning plan*	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments/notes:			
Actions:			
Date of next meeting:			
Preceptee signature:		Date	
Preceptor signature		Date	

Appendix 5: Individual Learning Plan Template

Individual Learning Plan (ILP)

The individual learning plan records development needs and agreed objectives. Objectives should be SMART (specific, measurable, achievable, realistic/relevant and timebound).

Name of preceptee	
Name of preceptor	

There should be no more than three objectives for each ILP, for it to be realistic.

Date	Learning need	SMART objective	Support needed

Appendix 6: Monthly Meeting Record Template

Preceptorship Monthly Meeting Record

Name of preceptee	
Name of preceptor	
Work area	
Date of meeting	

Reflection and discussion

What has gone well? What challenges have you met? How have you overcome them? Consider use of reflection templates* and the sharing of observations (*it is recommended that five reflections are completed during the preceptorship period*). Review written reflections.

Review of development

What development/study days have you had? How have you found these? What has gone well? What have you found difficult? Are there areas in which you need more development or experience? Progression points?

Review of individual learning plan

Review ILP set during previous meeting. Assess achievement against objectives and, where appropriate, set further objectives.

Comments/notes:

Actions agreed

Date of next meeting:			
Preceptee signature:		Date	
Preceptor signature		Date	

Appendix 7: Final sign off Meeting Record Template

Preceptorship Final Sign off Meeting Record

Name of preceptee	
Name of preceptor	
Work area	
Date of meeting	

Reflection and discussion

What has gone well? What challenges have you met? How have you overcome them?

Review of development

What development/study days have you had? How have you found these? What has gone well? What have you found difficult? Are there areas in which you need more development or experience? Points of progression?

Review of individual learning plan

Review ILP set during previous meeting. Assess achievement against objectives and, where appropriate, set further objectives.

Comments/notes:

Actions agreed

Date of next meeting:

Preceptee signature:

Date

Preceptor signature

Date

Appendices Part 2.

Resources for induction and on-going development.

Appendix 8: Competencies Document

General Practice Nurses Clinical Competencies

Name of Registered nurse	
Name of preceptor	
Date of commencement	
Date of completion	

The below competencies are linked to the Multi-Professional Framework for Preceptorship (NHS, 2018) and should be signed off within the 12-month period for Preceptorship, in agreement with both the preceptee and preceptor. **The occasional competency may not be appropriate/applicable to all, so please document “N/A” if a certain competency is not applicable or able to be achieved.**

The core competencies are listed in section 1 and should be achieved within the first 12m post registration.

Additional competencies are listed in section 2. Please note that this is not an exhaustive list of competencies and may well take longer than 12m to achieve.

All competencies will be specific to general practice nurses and practice need.

These competencies are in alphabetical order and can be undertaken as needed rather than in order.

SECTION 1:

CORE COMPETENCY: Understand your workplace.				
	1 month review	3-month review	6-month review	12-month review
Knowledge of the wider workplace context and the health and care system in England				
Knowledge of the current policy and practice relating to health and social care, including how to ensure updated knowledge				
Knowledge of the NHS Constitution and the values of individuals own organisation				
Knowledge of the role of the employer within the wider health and care system (i.e., PCN and ICB)				
Understanding of the role, skills and knowledge of other qualified professionals within own organisation and the wider health and care system				
Organisational policies and procedures and the reasons for them				
The aims and objectives of preceptorship, including the different staff roles, the use of the professional portfolio and the relationship between preceptorship and the organisation's appraisal framework				

Spend time with all clinical and non-clinical staff, to understand other roles within a general practice.				
Mandatory training 100% completed, as per practice guidelines.				
CORE COMPETENCY: Understand self and others				
	1 month review	3-month review	6-month review	12-month review
Recognise limits of personal competence, identifying when to seek advice, help, personal or professional development				
'Professional curiosity' skills, considering how professional standards, skills and knowledge can be applied in different teams, organisations and models of care				
Personal resilience, the ability to remain calm under pressure and manage stress				
Skills and techniques (verbal and non-verbal) to resolve conflict and reduce distress				
Generational differences impacting on individuals				
Assertion of ideas and opinions in a respectful, positive way which advocates the needs and wishes of the patient or person accessing care				
Emotional intelligence within the workplace				
Appropriate management of self in a variety of work scenarios				

Ensuring continued fitness to practice, recognising if support is required and accessing that support as appropriate				
Own personal motivations, work preference and communication style, and those of others, including how to apply this knowledge to ensure effective teamwork				
Recognise own values, beliefs and behaviours, unconscious bias and the effect this could have on others, with the ability to change personal behaviour as appropriate				
A positive image of self, profession, service and organisation, acting as a positive role model to gain and retain the public's trust and confidence, e.g., attitude, dress code, etc				
Accountability for decision-making, including delegated tasks				
Autonomous practice (or semi-autonomous practice for roles such as Assistant Practitioner not yet registered)				
CORE COMPETENCY: Create effective relationships that support collaborative practice				
	1 month review	3 month review	6 month review	12 month review
Introductions and positive personal communication, including active listening				

Choice of appropriate communication method (verbal, non-verbal, written, electronic) depending on the scenario, setting and people involved				
Skills to undertake difficult conversations in a sensitive manner when required, with patients, advocates, residents, carers, volunteers, families and staff				
Effective communication methods to support behaviour change, including health coaching and motivational interviewing				
Inter-professional learning and collaborative working with professionals from different disciplines working across the health and care system				
Effective and appropriate leadership and management of others				
Effective and appropriate supervision of others, delegation and/or education of others				
Treatment of others with empathy, dignity and respect, integrity and sensitivity, providing care and peer support in a compassionate manner				
Treatment of others fairly, equally and free from discrimination, contributing to a safe environment free from harassment, bullying or violence				
Positive engagement of appropriate people in decision-making and planning to enable safe care, including those who can provide relevant history and overview to inform the				

need for care (for example, patient, resident, carer, family member, colleague)				
Multi-professional working in order to agree appropriate pathways of support and ensure continuity of care for the person concerned				
CORE COMPETENCY: Deliver safe person-centred care				
	1 month review	3 month review	6 month review	12 month review
Ability to explain use of learned competencies and assessment in practice				
Medicines awareness and/or safe management of medicines				
Relevant legal frameworks and application to practice, following appropriate organisation policy and procedures where required. This includes: <ul style="list-style-type: none"> • equality and diversity issues and potential impact on care, such as cultural issues, barriers to communication and associated ethical issues, impact of protected characteristics (for example, age, disability, race, gender, sexuality), health inequalities • ethical and legal issues and potential impact on care, such as ensuring individual rights are upheld and protected, data protection and confidentiality, informed consent, a person's mental capacity for decision-making, safeguarding and 				

providing appropriate care and advocacy for vulnerable persons, response to complaints, deprivation of liberty • health and safety issues and potential impact on care, including health and safety at work – risk assessments, incident reporting, lone working				
Clear and accurate clinical decision-making in a variety of scenarios, with appropriate record-keeping				
Appropriate use of equipment, monitoring procedures and ordering processes				
Suitable risk assessment across of variety of scenarios, with the ability to act accordingly to mitigate risks and to escalate risk as appropriate				
Skills to identify when a person needs urgent help or safeguarding, with the ability to intervene and raise concern appropriately by alerting relevant professionals				
An awareness of mental health (including dementia) and learning disabilities and the impact this can have on ensuring safe care, including the Mental Capacity Act				
An awareness of relevant long-term conditions and the impact these can have on ensuring safe care				
An awareness of safe staffing and how to appropriately raise concerns about observed malpractice				
Knowledge of the ABCDE (Airway Breathing Circulation Disability Exposure) approach to emergency care, with the ability and confidence to apply this if required				

Awareness of and adherence to policies/procedures for correct decontamination of equipment				
Protection of patient, self and other staff when dealing with body fluids				
Teaches others correct hand washing techniques				
Undertakes and teaches safe processes for the collection, handling and disposal of waste				
Undertakes and teaches safe processes in receiving and handling specimens in practice				
Clear and accurate clinical decision-making in a variety of scenarios, with appropriate record-keeping				
Appropriate use of equipment, monitoring procedures and ordering processes				
Suitable risk assessment across of variety of scenarios, with the ability to act accordingly to mitigate risks and to escalate risk as appropriate				
CORE COMPETENCY: Identify and use resources appropriately				
	1 month review	3 month review	6 month review	12 month review
Social prescribing and how to access local information in order to signpost people to appropriate support services				
Ensuring effective clinical decision-making is underpinned by evidence-based practice				

Use of appropriate observation charts, assessment tools, incident reporting templates and other documentation relevant to the role, scenario and setting, competent use of EMIS for record keeping				
Effective use of available resources (for example, clinical equipment, information technology, consumables, processes, library and knowledge services, buildings, funding, staffing), including appropriate maintenance and the identification and implementation of improvements as relevant				
Identification of valid data to support decision-making, including feedback, ensuring appropriate use and storage of data, respecting confidentiality and ensuring data informs quality improvement as appropriate				
CORE COMPETENCY: Promote health lifestyles				
	1 month review	3 month review	6 month review	12 month review
Understanding of health promotion principles and the impact in different scenarios, as relevant				
Ability to identify preventative measures an individual can take in order to maximise the chance to be healthy or as a minimum manage his/her condition as effectively as possible				
Knowledge of good nutrition and hydration practice				

Implementation of Make Every Contact Count (MECC) by supporting people (for example, through motivational interviewing and/or health coaching conversations) to recognise an appropriate level of responsibility for lifestyle choices				
Responsibility for retaining own general health and well-being and a healthy work life balance#				
Understand and inform patients of results for NHS health checks, ensuring healthy lifestyle advice is given.				
Promote healthy lifestyle at every patient encounter when appropriate.				
Be aware of the implications on long term health				
CORE COMPETENCY: Use professional judgement				
	1 month review	3 month review	6 month review	12 month review
Ensure the provision of care remains person-centred and actions are taken in the best interest of that person				
Use professional judgement to make clinical and professional decisions (or under supervision if in a semi-autonomous role) to benefit the person being provided with care				

Work within the scope of the role, own professional practice and regulatory body requirements as relevant, identifying when to seek advice or help				
Identify and utilise relevant clinical skills (core and specialist) and associated procedures appropriately depending on required care and setting				
Declare any personal or professional interests and manage those professionally				
Practice only when fit to do so				
Consider and manage appropriately any personal or organisational goals, incentives or targets, ensuring the care that is provided reflects the needs of the person requiring care				
Maintain appropriate personal and professional boundaries with the people being provided with care and with others				
CORE COMPETENCY: Apply reflective practice to support continuous improvement				
	1 month review	3 month review	6 month review	12 month review
Personal contribution to quality improvement, e.g. audits				
Provision of constructive and timely feedback to others, to help improve performance or services				

Asking for and receiving feedback from others (for example, colleague, supervisor, patient), improving practice if required (e.g. clinical supervision sessions)				
Engage in relevant de-briefings or review meetings, learn lessons to inform continuous improvement, e.g. clinical governance				
Continuous reflective practice and its contribution to continuous improvement				
Maintaining and developing professional skills and knowledge				

SECTION 2

Cytology				
Clinical Skill	1 month review	3 month review	6 month review	12 month review
Undertaken an accredited cytology takers course				
Practitioner has completed the full assessment process as recommended by the education provider				
Practitioner has visited a local colposcopy department.				
Practitioner has obtained the correct amount of supervised and un-supervised samples.				
Practitioner has reviewed these results with the preceptor.				
Practitioner has completed the final assessment with an external assessor				
Practitioner has passed the final assessment and be given a pin number in order to practice.				
Practitioner is able to deliver female health and wellbeing advice during your consultation				
Practitioner is able to demonstrate clear end to end communication with the patient regarding the procedure and results process.				
Ensure the patient is fully aware of the results and results process.				

The practitioner has a clear understanding of what actions will be needed if an abnormal result is received in line with local procedures.				
Ear Care				
Clinical Skill	1 month Review	3 month review	6 month Review	12 month review
Undertake the appropriate training.				
Complete the full assessment process as recommended by the education provider				
Work closely with your preceptor, to gain clinical skills				
Practitioner is able to recognise and act upon clinical presentations that determine assistance may be required				
Practitioner can gain and record consent for the procedure prior to undertaking.				
Practitioner can determine that there are no contra indications to the procedure				
Practitioner can check non-invasive methods such as ear drops have been used for the appropriate length of time.				
Practitioner can ensure equipment is fit for purpose, clean, and in good working order.				
Practitioner has read and understands local policies and procedures.				

Health Observations: Blood Pressures/pulse/Height/Weight/BMI/Monofilament/ECG				
Clinical Skill	1 month Review	3 month Review	6 month Review	12 month Review
Practitioner has undertaken the appropriate training for procedures				
Practitioner has completed the full assessment process as recommended by the education provider				
Work closely with your preceptor, to gain clinical skills				
Practitioner is able to gain and record consent prior to the procedure/s				
Practitioner is able to take and record a manual and automated blood pressure reading				
Practitioner is able to take and record a manual and automated pulse reading.				
Practitioner understands the important of having manual blood pressure and pulse monitoring.				
Practitioner is able to take and record height, weight and BMI and is able to offer lifestyle advice where required				
Practitioner has undertaken the appropriate training to perform monofilament.				
Practitioner is able to document findings of 10mg monofilament readings and inform the requesting clinician.				

Practitioner is able to recognise abnormal readings and can clearly record these in the clinical system and report.				
Practitioner is able to review and determine where abnormal results can be reprioritised from urgent to routine.				
Document and inform requesting clinician.				
Practitioner is able to take and record appropriate ECG monitoring				
Practitioner is able to determine abnormal results and can determine how, where and who to escalate this to, determined by local policies and procedures.				
Intramuscular (IM) Injections				
Clinical Skill	1 month Review	3 month Review	6 month Review	12 month Review
Practitioner has received appropriate training and support from a qualified GPN				
Practitioner can demonstrate they have been assessed as competent.				
Attend training as appropriate.				
Practitioner can gain and record consent for the procedure.				
Practitioner can identify the correct injection site for the appropriate injection being administered				
Practitioner can describe the different Intramuscular (IM) injection sites				
Practitioner can check and ensure there has been an appropriate prescription written if required prior to the appointment				

For 12 weekly injections, the practitioner can demonstrate they are able to check the location and date of the previous injection.				
The practitioner can check when the patient last had a review with a clinician				
Practitioner can demonstrate they are able to give healthy lifestyle advice as required.				
Practitioner has read and understands all local policies and procedures				
NHS Health checks				
Clinical Skill	1 month Review	3 month Review	6 month Review	12 month Review
Practitioner has undertaken the appropriate training.				
Practitioner has completed the full assessment process as recommended by the education provider				
Work closely with your preceptor, to gain clinical skills				
Practitioner has undertaken training to understand and action the results of the health checks in line with local policies				
Practitioner is able to demonstrate that they can offer lifestyle advice				
Practitioner is able to demonstrate that they can promote healthy living, exercise and diet				

Practitioner can communicate clearly the risks of abnormal results with patients, or refer to the requesting clinician				
Practitioner is able to recognise abnormal results and can determine who, when and how to escalate them in line with local practice/PCN processes.				
Practitioner is able to document and inform requesting clinician.				
Practitioner has read and understood all local policies and procedures				
Phlebotomy				
Clinical Skill	1 month Review	3 month Review	6 month Review	12 month Review
Practitioner has undertaken the appropriate training				
Practitioner has completed the full assessment process as recommended by the education provider				
Work closely with your preceptor, to gain clinical skills				
Practitioner can gain and record consent prior to the procedure				

Practitioner is aware of the appropriate hand hygiene procedures, in line with Infection Control guidance, and can conform to standard PPE				
Practitioner is aware of Infection control procedures and policies.				
Practitioner can prepare equipment and determine the appropriate needle gauge				
Practitioner of aware and can determine the appropriate vacutainer required for all different types of samples				
Practitioner can appropriately apply correct tourniquet where required				
Practitioner can dispose of waste accordingly with local policies				
Practitioner can ensure sample and request form are completed fully				
Practitioner is aware of when and who to ask for support				
Practitioner can determine and is able to take appropriate action when complications (excessive pain/bleeding) occur as a result of the procedure.				
Vaccinations: Adult				
Clinical Skill	1 month review	3 month Review	6 month review	12 month review
Practitioner has attended an accredited vaccination course				

Practitioner has completed the full assessment process as recommended by the education provider				
Work closely with your preceptor, to gain clinical skills				
Practitioner is able to give all immunisation pre and post advice clearly and comprehensively				
Practitioner is aware of and can appropriately follow the vaccination programme guidelines.				
Practitioner is aware of and can follow the process of what to do if immunisations are out of schedule				
Practitioner is aware of what to do if immunisations are out of schedule				
Practitioner is aware of who and when to ask for support				
Practitioner is able to ensure a PGD has been written correctly in good time prior to vaccination.				
Practitioner is aware, and can identify, the appropriate criteria to determine when not to continue with vaccinations.				
Practitioner can gain and record full consent for the vaccination/s				
Practitioner has up to date CPR and anaphylaxis training.				
Practitioner has read and understands local policies and procedures.				
Practitioner has read all the PGD's and attended mandatory update training which is in date.				

Vaccinations: Childhood				
Clinical skill	1 month review	3 month review	6 month review	12 month review
Practitioner has attended an accredited childhood vaccination course				
Practitioner has completed the full assessment process as recommended by the education provider.				
Work closely with your preceptor, to gain clinical skills				
Practitioner is able to give all immunisation pre and post advice clearly and comprehensively				
Practitioner is aware of and can appropriately follow the vaccination programme guidelines and schedules.				
Practitioner is aware of what to do if immunisations are out of schedule				
Practitioner is aware of when and who to ask for support				
Practitioner is able to ensure a PGD has been written correctly in good time prior to vaccination.				
Practitioner is aware, and can identify, the appropriate criteria to determine when not to continue with vaccinations				
Practitioner is able to determine and ensure the child is well prior to administering the vaccination				
Practitioner is able to gain and record full consent from the parent and understands the local process to do this where the parent is not present for the vaccination appointment				
Practitioner has up to date CPR and anaphylaxis training.				

Practitioner has read and understands local policies and procedures.				
Practitioner has read all PGD's and attended mandatory update training which is in date.				
Vaccines: Flu/Shingles/Pneumonia				
Clinical skill	1 month review	3 month review	6 month review	12 month review
Practitioner has attended an accredited vaccination course				
Practitioner has completed the full assessment process as recommended by the education provider				
Work closely with your preceptor, to gain clinical skills				
Practitioner is able to give all immunisation pre and post advice clearly and comprehensively				
Practitioner is aware of, and able to follow the relevant vaccination programme guidelines for each vaccine.				
Practitioner is aware of what to do if immunisations are out of schedule				
Practitioner is aware of when and who to ask for support				
Practitioner is able to ensure a PGD has been written correctly in good time prior to vaccination.				

Practitioner is aware, and can identify, the appropriate criteria to determine when not to continue with vaccinations.				
Practitioner is able to determine, through appropriate checks, that the recipient is well prior to vaccinations				
Practitioner is able to gain and record full consent				
Practitioner has up to date CPR and anaphylaxis training.				
Practitioner has read and understands local policies and procedures.				
Practitioner has read all PGD's and attended mandatory update training which is in date				
Wound Care				
Clinical Skill	1 month review	3 month review	6 month review	12 month review
Practitioner can demonstrate understanding of the principles of aseptic technique.				
Practitioner can recognise a deteriorating wound and report appropriately.				
Have the appropriate training and support from a qualified GPN. Attend the appropriate accredited training course and complete competencies as required.				
Practitioner has been assessed as competent in the removal of sutures and clips				
Practitioner is able to gain and record consent for the procedure				
Practitioner can recognise the clinical signs of infection and report				

Practitioner can demonstrate they are able to assess a non-healing wound/s and is able to determine when and who to ask for review.				
Practitioner is able to recognise and report when a treatment plan is not working and may need to be changed.				
Gain consent for the procedure				
Practitioner has read and understood all local policies and procedures.				
Wound Care: Advanced including Dopplers and compression				
Clinical Skill	1 month review	3 month review	6 month review	12 month review
Practitioner has undertaken the appropriate training.				
Practitioner has completed the full assessment process as recommended by the education provider				
Work appropriately within your scope of practice				
Practitioner can ensure the results are filed appropriately in the patient notes, and the requesting clinician is made aware that the results need to be reviewed and actioned.				
Practitioner is able to assess a non-healing wound/s and be able to determine when and who to ask for review.				
Practitioner is able to recognise the clinical signs of infection and report.				
Recognise when a treatment plan is not working and report when you may feel a change of treatment is necessary.				
Practitioner is able to gain and record consent for the procedure.				

Practitioner has read and understood the local policies and procedures.				
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1 month review Comments/actions			
Preceptee signature:		Date	
Preceptor signature		Date	
3 month review comments/actions			
Preceptee signature:		Date	
Preceptor signature		Date	
6 month review comments/actions			
Preceptee signature:		Date	

Preceptor signature		Date	
12 month review comments/actions			
Preceptee signature:		Date	
Preceptor signature		Date	

Appendix 9: NMC Reflective Accounts Form

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

Reflective account:

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

How did you change or improve your practice as a result?

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

Useful Resources

'Preceptorship' e-learning programme on e-LfH

<https://portal.e-lfh.org.uk/Component/Details/511328>

NMC 'Standards for student supervision and assessment', January 2019

<https://www.nmc.org.uk/standards-for-education-andtraining/standards-for-student-supervision-and-assessment/>

NMC Principles of preceptorship

<https://www.nmc.org.uk/standards/guidance/preceptorship/>

NHS Long Term Plan

<https://www.longtermplan.nhs.uk/>

NHS People Plan

<https://www.england.nhs.uk/ournhspeople/>

National Retention Programme, National preceptorship framework for nursing

<https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-nursing/3/8>

NHS people promise

<https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-peoplepromise/>

NHS England National Preceptorship Programme - National Workforce Skills Development Unit

[NHS England » Professional nurse advocate](#)

Nursing Associate Questionnaire analysis



NA Questionnaire
.pdf