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Author / Originator and Job Title: Eleanor McManus - Preceptorship Coordinator		Risk Assessment: Not Applicable
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<i>Review dates and version numbers may alter if any significant changes are made</i>		Review Date: 01/09/2019
<p>Blackpool Teaching Hospitals NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that they are not placed at a disadvantage over others. The Equality Impact Assessment Tool is designed to help you consider the needs and assess the impact of your policy in the final Appendix.</p>		

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1 PURPOSE

Preceptorship is a structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of lifelong learning. (Department of Health, 2010, See Section 8)

- 1.1 The purpose of this preceptorship guideline is to provide a formalised and standard approach to preceptorship within the organisation. It defines a common framework to ensure consistency and equity of access across services for all newly registered practitioners prior to and following the achievement of professional registration.
- 1.2 The preceptorship guideline applies to qualified practitioners who are newly registered and / or who have not worked previously as a qualified practitioner.
- 1.3 It is recommended that any practitioner who is returning to practice after a period of five years absence will also undertake a period of preceptorship.
- 1.4 Creating a positive environment for the novice practitioner enhances his or her confidence while reducing first-year turnover (Schaubhut & Gentry, 2010. See Section 8).

2 TARGET AUDIENCE

All newly qualified registered employees or those returning to practice and staff working in areas where newly registered practitioners will be employed.

3 GUIDELINES

Governing bodies the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) strongly recommend that all new registrants have a period of preceptorship on commencement of their first post.

3.1 Role Responsibilities

Director of Nursing and Quality:

- Will have overall responsibility for ensuring that the Trust meets its contractual requirements in terms of preceptorship through audit of procedures, processes and compliance with this guideline.
- Will ensure that new registrants have access to a named preceptor, who is on the same professional register, who can be called upon to provide guidance, advice and support to the preceptee.
- Will ensure there are sufficient numbers of preceptors in place to support the number of newly registered practitioners employed.
- Will ensure there is a mechanism in place whereby all preceptees complete the required preceptorship programme.

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Service / Ward / Department Manager is the person responsible for managing the preceptorship process within their service / clinical area. They will:-

- Facilitate an induction/supernumerary period to allow the preceptee to be adequately inducted to the clinical area by experienced staff. (See Section 3.6.3)
- Ensure local induction requirements are finalised and relevant paperwork is completed.
- Ensure that preceptors and preceptees understand the concept of preceptorship and engage fully with the processes required.
- Identify an appropriate preceptor and keep a live database of trained preceptors in their work area.
- Ensure staff are adequately prepared for the role of preceptor.
- Provide protected time for preceptor / preceptee review meetings.
- Be aware of any special requirements the preceptor or preceptee may have, so that positive consideration can be given to meeting both of their learning needs.
- Provide support and supervision to the preceptorship relationship and ensure that documentation pertaining to the preceptorship period is maintained.
- Ensure that Preceptees are released to attend the Preceptorship Programme Training Days.
- Ensure appropriate arrangements are in place to intervene in situations where the preceptor-preceptee relationship appears to be failing.
- Ensure there are appropriate arrangements in place should the preceptor move out of that working area.
- Document successful completion of the preceptorship programme within defined timeframes, and the new registrants undergo a development review at 6 and 12 months.

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3.2 Preceptor

The preceptor must be a registered professional practitioner with at least twelve months experience within the same area of practice as the preceptee. Their role is to offer guidance and support to the newly registered practitioner. They will be identified and supported by their line manager in this role.

They will ensure their own support needs are met through clinical supervision and or other structured support mechanisms.

The preceptor will ensure that the initial meeting between themselves and their nominated preceptee takes place within the first week of the preceptee's commencement in post. This meeting will establish the preceptorship partnership and provide an opportunity to discuss the preceptorship outcomes.

The preceptor –

- Will ensure the preceptee is orientated to the ward / department / service area.
- Will have a working pattern that facilitates regular working with the preceptee.
- Will have demonstrated an aptitude and commitment to the role.
- Will be committed to the role for 12 months.
- Be considered as a suitable role model for a newly qualified practitioner.
- Will have undergone specific preceptorship training within their division.
- Will accommodate their responsibilities as part of their day to day work in accordance with their own professional development.
- Will be competent in the skills required to fulfil the duties of the role of preceptor.
- Will identify potential learning opportunities for the new staff member, through utilisation of a robust competency assessment framework.
- Will identify and agree suitable learning objectives.
- Will teach, advise, support, facilitate learning and reflective practice.
- Will be familiar with the requirements of support, goal setting action planning and evaluation.
- Will ensure a formal meeting occurs with the preceptee at least monthly to discuss progress and formally record activities occurring during the preceptorship period.
- Will assess progress against core and locally agreed competencies and provide feedback to the preceptee on their progression and performance.
- Will maintain their own personal and professional development, recognising his/her own limitations.
- Must raise any issues about progress with the preceptee in a timely manner and inform the line manager of progress/issues and any actions being taken to address these.
- Will liaise regularly with their line manager regarding the progress of the preceptee.

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- Will support their preceptee if they declare any disability, illness or communication issues and if they require extra support in terms of IT or access, by accommodating any required reasonable adjustments, which have been recommended by Occupational Health and/or agreed by the line manager.
- Will ensure that the preceptorship documentation is completed within 12 months and escalate to the line manager for intervention, if not completed.

3.3 Preceptee

A newly registered practitioner undertaking a period of transition within their first post on completion of their professional registration.

The preceptee –

- Will be aware of their role and responsibility within the preceptorship partnership and engage fully in the process.
- Will be proactive in achieving their learning outcomes and completion of preceptee passport and any other relevant documentation.
- Will attend a formal induction programme in line with Trust recommendations.
- Will contribute fully to complete agreed mandatory training objectives, competencies and other learning outcomes through seeking opportunities to engage in developmental activities.
- Should use other health care practitioners within the multi-disciplinary team as a source of knowledge, expertise and support under the guidance of their preceptor.
- Will access support and guidance if there are any concerns with regards to the preceptorship agreements not being met.
- Will ensure that meetings are scheduled with their preceptor at the intervals agreed on their commencement and inform their line manager if they are unable to attend due to any unforeseen circumstances.
- Will ensure that documentation is up to date and available for the preceptor to complete the agreed reviews.
- Will discuss the need with their preceptor/manager for extra support due to disability, illness or communication issues, so that extra support can be offered to them.

3.4 Divisional Responsibilities

Each division will have:

- A cohort of preceptors working in each area where a newly registered practitioner will be based
- A Preceptorship Development Programme Preceptee Passport and Clinical Skills Log relevant to the area of practice.
- A commitment from ward / departmental / service managers to monitor and supervise preceptorship within their area of management responsibility.

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- A lead who will ensure participation in the preparation of prospective preceptors and preceptees through acting as a preceptorship champion for their respective areas of responsibility.

3.4.1 Preceptorship Period

The preceptorship process for all newly qualified registrants will be 12 months and the preceptee will be reviewed against locally/professionally agreed outcomes at their 6 month review and 12 month review.

This guideline applies to the arrangements for preceptorship within the first 12 months of employment and completion of study days, competencies, documentation and mandatory requirements.

3.4.2 Protected time

A minimum of 2 hours per month will be allocated in order for the preceptee to meet with their preceptor. This is defined as a designated period when the preceptor / preceptee meet or work together where there is opportunity to discuss and document progress and allow the preceptee an opportunity for reflection.

The preceptee will receive protected time in order to attend any relevant study days outlined in the preceptee development programme.

3.4.3 Induction / Supernumerary period

Best practice indicates that the preceptee will undertake a minimum period of 4 weeks supernumerary status in which they will not be counted as part of the workforce numbers. During this 4 week period the preceptee should be provided with a corporate induction and a local induction which will be tailored to meet the service needs of that area/department.

In some cases the preceptee may carry an adjusted workload to enable them to work more closely with their preceptor / experienced staff during their first 4 weeks. This will allow newly qualified practitioners to adjust to new ways of working and enable them to settle into the new working environment with ease. This will be at the discretion of the preceptor and the line manager and agreed with the preceptee prior to commencement of the adjusted workload.

The Trust recognises that it may be necessary to extend the supernumerary/induction period beyond the minimum 4 weeks. This will be determined locally and may be dependent on the speciality/profession. This arrangement will be in agreement with the clinical matron / departmental manager/team leader.

The supernumerary period commences, when the practitioner is in receipt of their personal identification number (PIN) from their regulating body, e.g. NMC, HCPC etc.

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3.4.4 Documentation

All documentation relating to preceptorship must be kept in the Preceptee's personal development file.

A record of the 6 month and 12 month reviews will be documented and signed.

On completion of the preceptorship programme the sign off form must be held within the Preceptee's personal file by the line manager and a copy sent to the learning and development administration team for input to the Oracle Learning Management (OLM) system. (See Section 10)

3.4.5 Preceptorship Meetings

The initial meeting between the preceptor and preceptee should take place in the Preceptee's first week of employment. This meeting will establish the preceptorship partnership and the Preceptee's learning and development needs within the first 12 months of being qualified.

Identified learning needs to meet the preceptorship outcomes and fulfil the requirements of the job description will be agreed and documented, giving clear timescales for completion and agreed evidence to demonstrate achievement.

Subsequent monthly meetings will review progress against agreed outcomes, updating documentation and agreeing with the Preceptee further outcomes. All meetings with the Preceptee must be documented and will form part of the Preceptee's evidence for their annual appraisal.

3.4.6 Six Month Review

All new staff will have a review at six months, with their line manager and Preceptor. At this meeting relevant documentation will be reviewed and completed with the individual. The outcome of this meeting will be an agreed personal development plan to ensure that the individual's progress to achieve all the requirements of the preceptee training programme and job role within 12 months of commencing the period of preceptorship.

3.4.7 Failure to Meet Outcomes at 6 month Review

If the preceptee has not provided sufficient evidence that they are making progress and have not achieved their preceptorship outcomes, the line manager and preceptor will discuss the lack of progress with the individual and set an action plan with timescales for achievement. They will ensure that the individual is supported to achieve the requirements of the role within the timescales set and the regularity of preceptorship meetings should be increased to review ongoing development against the defined action plan.

A progress review meeting should be undertaken at 9 months in order to ascertain whether the 6 month outcomes have been achieved. If the outcomes have been achieved the preceptee can continue to progress as planned with the programme.

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If at the 9 month review the preceptee has not provided sufficient evidence that they have achieved the agreed outcomes from the 6 month review, the individual must be informed that failure to achieve the requirements of the job description and achieve their outcomes for the role may result in deferment in progression through the annual increment point. Formal action may be taken in accordance with the Trust's Performance Management Policy (See Section 7).

3.4.8 Twelve Month Review

A review will take place at 12 months after commencement of their role, allowing the individual time to achieve any recommendations made within the personal development plan or action plan.

3.4.9 Failure to meet outcomes at Twelve Month Review

If the preceptee has not provided sufficient evidence that they are making progress and have not achieved their preceptorship outcomes, the line manager and preceptor will discuss the lack of progress with the individual and set an action plan with timescales for achievement. This may result in deferment in progression through the annual increment point. The line manager and preceptor will ensure that the individual is supported to achieve the requirements of the role within the timescales set preceptorship meetings should continue, to review ongoing development against the defined action plan.

A progress review meeting should be undertaken at 15 months in order to ascertain whether the 12 month outcomes have been achieved. If the outcomes have been achieved the preceptorship process will end and the individual will be supported in their future development (See Section 3.7).

If at the 15 month review the preceptee has not provided sufficient evidence that they have achieved the agreed outcomes from the 12 month review, the individual must be informed that failure to achieve the requirements of the job description and achieve their outcomes for the role. Formal action may be taken in accordance with the Trust's Performance Management Policy (See Section 7).

3.4.10 End of Preceptorship Process

The period of preceptorship ends after the preceptee has successfully met the requirements of their job description. The individual will then be supported in their development, through the identification of a personal development plan, in accordance with Trust and department outcomes and identified at their annual appraisal.

3.4.11 Managing Performance

The newly registered practitioner and the employer should be aware that other processes and systems outside preceptorship are in place to manage ability and performance in relation to the competency of the newly registered practitioner. Preceptorship is not intended to be a substitute for the performance management process or to replace regulatory body processes to deal with under performance, although Preceptorship may be used to support this process.

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Failure to meet the required standards of the role of a newly registered practitioner will be addressed through the Trusts Performance Management Policy.

3.4.12 Band 5 practitioners awaiting course completion and registration with appropriate regulatory body

All practitioners who have completed a pre-registration course and are not currently registered with an appropriate regulatory body will, during this interim period, be contracted and remunerated as healthcare support staff at Agenda for Change Band 2. The Trust will allow these staff to commence in post prior to receipt of their professional registration but they will not be permitted to practice as a qualified practitioner until it has been confirmed directly with the regulatory body that the registration process has been completed.

It is expected that practitioners will obtain registration within 12 weeks of completing a pre-registration course; however this will be reviewed monthly at the discretion of individual directorates. Failure to obtain full registration with the appropriate regulatory body will result in the offer for the post being withdrawn.

During this period, it will remain the responsibility of individual line managers to ensure practitioners are working within the remit of their job description and only undertake the roles and duties outlined in that Job Description. Upon verification of registration, line managers will be responsible for completing change of assignment documentation.

To avoid misrepresentation, all practitioners awaiting completion of course and registration must identify themselves appropriately to colleagues and members of the public. They must therefore wear uniform and Trust identification badges that clearly represent them as first year registered practitioners awaiting registration or healthcare support staff.

3.4.13 Band 5 to 6 Progression for Midwives Process

See Appendix One

There must be separate job descriptions and person specifications for Band 5 New Entrant Midwives and Band 6 Midwives.

As part of the recruitment process the post holder will be recruited to the agreed New Entrant Midwife Band 5 job description and person specification, where they will be required to make autonomous decisions regarding the overall delivery of care.

At the 9 month review meeting the manager/preceptor will ensure that there is a clear understanding of the required level of knowledge and skills to be attained during the continued period of preceptorship in order for them to progress through to band 6 at their 24 month Formal Review.

Twenty-four months after appointment, an assessment should be made against the Band 6 job description and person specification. If it can be demonstrated that the post holder has achieved the required standard, they will be deemed ready to assume the responsibility and thereby work to the Band 6 job at the level expected of a new recruit to that band. Proof of achievement will be demonstrated by completion of the 24 month

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preceptorship period and achieving the competencies at the level set out in the Preceptorship and Competencies package. This must be submitted for review at this stage.

If this career progression is agreed, the line manager will inform the post holder of the outcome within one month, both verbally and in writing and all submitted evidence will be returned. The line manager will be responsible for authorising the post holders progression from Band 5 to Band 6 by completing an Assignment Change Form to action this change.

In the event where a practitioner is unable to attain the required level of knowledge and skill or cannot demonstrate that they have done so the Line Manager will refer to the Trust's Performance Management Policy (See Section 10).

3.4.14 Long Term Absence (Defined as a period of 4 weeks or more)

Every attempt should be made to follow the process so that progression takes place after 24 completed months of experience at Band 5. This period will, however, exclude gaps in service resulting from sick leave (totalling 4 weeks or more), maternity leave or career breaks.

3.4.15 Suspicion of Fraudulent Activity

Any suspicions of fraudulent activity will be referred to the Trust's Counter Fraud Specialist for detailed information gathering. Should such an investigation find reasonable grounds to suspect an offence has been committed, further action will be taken, in accordance to the Trust's counter fraud and corruption policy.

4 ATTACHMENTS	
Appendix Number	Title
Appendix 1	Band 5 Midwife Preceptorship Flowchart
Appendix 2	Equality Impact Assessment Tool

5 PROCEDURAL DOCUMENT STORAGE (HARD AND ELECTRONIC COPIES)
Electronic Database for Procedural Documents
Held by Procedural Document and Leaflet Coordinator

6 LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	Location	Date Issued
1	Intranet	20/09/2016
2	Wards, Departments and Service	20/09/2016

7 OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
CORP/GUID/422	Performance Management Guideline http://fcsharepoint/trustdocuments/Documents/CORP-GUID-422.docx
CORP/GUID/432	Appraisal (Non-Medical Employees) http://fcsharepoint/trustdocuments/Documents/CORP-GUID-432.docx

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7 OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
CORP/POL/046	Appraisal (Non-medical employees) http://fcsharepoint/trustdocuments/Documents/CORP-POL-046.docx
CORP/POL/517	Performance Management http://fcsharepoint/trustdocuments/Documents/CORP-POL-517.docx

8 SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References In Full	
Department of Health (2010) <i>Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals</i> . The Stationary Office, London	
NHS Employers. (02/08/2014). Preceptorships for newly qualified staff. Available: http://www.nhsemployers.org/your-workforce/plan/education-and-training/preceptorships-for-newly-qualified-staff . Last accessed 20/04/2016.	
NHS Employers. (15/01/2015). NHS Terms and Conditions of Service Handbook (Agenda for Change). Available: http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/nhs-terms-and-conditions-of-service-handbook . Last accessed 20/04/2016.	
Schaubhut, R.M., & Gentry, J.A. (2010). Nursing preceptor workshops: Partnership and collaboration between academia and practice. <i>The Journal of Continuing Education in Nursing</i> , 41(4), 155-160.	
Whitehead, B. (2001) Newly qualified staff nurses' perceptions of the role transition. <i>British Journal of Nursing</i> ; 10(5) 330-339	
Whitehead, B. (2011) Are newly qualified nurses prepared for practice. <i>Nursing Times</i> 107(19/20) 20-23	

9 CONSULTATION / ACKNOWLEDGEMENTS WITH STAFF, PEERS, PATIENTS AND THE PUBLIC		
Name	Designation	Date Response Received
Simone Anderton	Deputy Director of Nursing	19/05/2016
Steven Davidson	Professional Development Advisor	01/03/2016
Victoria Drake	Ward Manager	20/05/2016
Nicholas Lane	Head of Therapies	08/04/2016
Andrew Mayo	Staff Nurse	26/05/2016
Jane Meek	Associate Director of People Effectiveness and Development	12/04/2016
Nicky Moate	Practice Development Midwife	08/04/2016
Eleanor Palmer-Rigby	Workforce Business Partner	26/05/2016
Beverley Sanderson	Practice Education Facilitator	28/04/2016

10 DEFINITIONS / GLOSSARY OF TERMS	
HCPC	Health and Care Professions Council
OLM	Oracle Learning Management
NMC	Nursing and Midwifery Council
PIN	Personal Identification Number

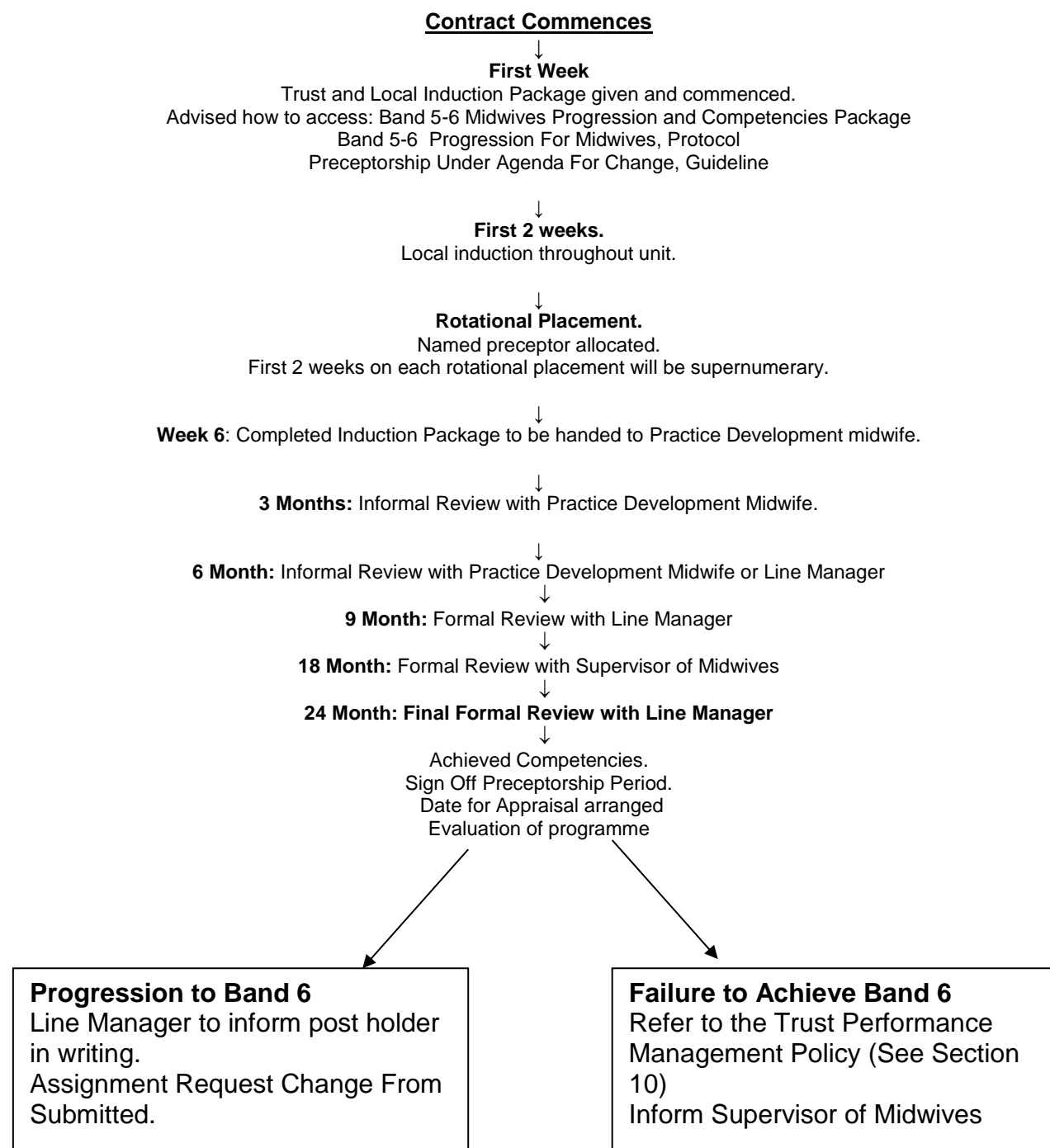
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10 DEFINITIONS / GLOSSARY OF TERMS	
Preceptor	A facilitator who facilitates the transition of the new registrant from a student to a registrant who is: <ul style="list-style-type: none"> 1. confident in his/her practice, 2. sensitive to the needs of patients/clients, 3. an effective team member, and up-to-date with his/her knowledge and practice.
Preceptee	A newly qualified registrant in their first 12 months (2 years, for midwives) post-registration.
Preceptorship Passport	The document containing the Preceptorship Agreement, the monthly meeting records, values-based competency requirements and sign off sheet. This will be distributed at induction and can also be found @ URL http://www.bfwh.nhs.uk/onehr/learning-development/preceptorship/preceptorship-links-and-resources/

11 AUTHOR / DIVISIONAL / DIRECTORATE MANAGER APPROVAL			
Issued By	Eleanor McManus	Checked By	Simone Anderton
Job Title	Preceptorship Coordinator	Job Title	Deputy Director of Nursing
Date	September 2016	Date	September 2016

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APPENDIX 1: BAND 5 MIDWIFE PRECEPTORSHIP FLOWCHART



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APPENDIX 2: EQUALITY IMPACT ASSESSMENT FORM					
Department	Learning and Development	Service or Policy	CORP/GUID/205	Date Completed:	
GROUPS TO BE CONSIDERED Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.					
QUESTION	RESPONSE		IMPACT		
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The aim is to provide a formalised and standard approach to preceptorship within the organisation. It applies to qualified practitioners who are newly registered and/or who have not worked previously as a qualified practitioner and/or awaiting professional registration, or are returning to practice.				
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	No				
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No – guideline applies equally to all staff				
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No				
How does the service, leaflet or policy/ development promote equality and diversity?	It defines a common framework to ensure consistency and equity of access across services for all newly registered practitioners				
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	No				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Our workforce is reflective of the local population				
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	Not applicable				
Does the service, leaflet or policy/ development promote equity of lifelong learning?	The guideline encourages return to practice at any age				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	No				
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	Not applicable				
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	Not applicable				

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APPENDIX 2: EQUALITY IMPACT ASSESSMENT FORM				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	None identified			
Does the policy/development promote access to services and facilities for any group in particular?	No			
Does the service, leaflet or policy/development impact on the environment	Not applicable			
<ul style="list-style-type: none"> During development At implementation? 				
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis		Yes	No	(Please delete as appropriate)
Name of Author:	Eleanor McManus	Date Signed:		
Signature of Author:				
Name of Lead Person:	Sharon Adams	Date Signed:		
Signature of Lead Person:				
Name of Manager:	Sharon Adams	Date Signed:		
Signature of Manager				