

TRUST POLICY Preceptorship (Nursing, Midwifery, AHP's & Health Care Science)

Reference Number POL- HR/4413 /24	Version: Version 1.0	Status FINAL	Author: Job Title: Deputy Lead Nurse Professional Development Learning & Education Preceptorship Leads (AHP, Nursing)	
Version / Amendment History	Version	Date	Author	Reason
	1.0	Jan 2024	Kath Hulkorey, Rachael Hayllar, Christine Ward	Transition from Guidance to Development of Policy
Intended Recipients: This guideline applies to Nursing, Midwifery and AHP employees of the Trust, excluding Medical and Dental staff and agency workers.				
Training and Dissemination: Policy is launched and available through Net-i.				
To be read in conjunction with: Recruitment Policy, Developing our People Guidance, Inclusion policy, Equality Standards				
In consultation with and Date: Education & Planning group - CNLST (Chief Nurses Senior Leadership Team, People Policy Review Group - Education and Planning Group				
PEIRA completed				
Approving Body and Date Approved			Trust Delivery Group 1 July 2024	
Date of Issue			March 2024	
Review Date and Frequency			Every 3 years 2027	
Contact for Review / SRO			Head of Learning and Education	
Executive Lead Signature			Amanda Rawlings, Executive Chief People Officer	

**Trust Policy for Preceptorship (Nursing,
Midwifery, AHP's & Health Care Science)**

Contents

1. Introduction	4
1.1 National context	
1.2 Local Context	4
2. Purpose and Outcomes	5
2.1 Purpose of the policy	5
2.2 Preceptorship enables	6
2.3 What Preceptorship is not	6
2.4 Criteria for Preceptors	6
2.5 Criteria for Preceptor champions	6
2.6 Protected time for Preceptorship	7
3. Preceptorship Programme Structure	7
3.1. Programme for Nursing, Nursing Associates AHP's & Health Care Scientists	7
3.2. Programme for Midwives	7
3.3. Clinical Supervision	8
3.4 Concerns and escalations	8
4. Preceptorship Reporting Process	8
4.1 Recording Preceptorship	8
4.2 Compliance reporting	9
5. Evaluation of Preceptorship	9
6. Monitoring Compliance and effectiveness	9
7. References	10
8. Appendices:	
I Governance Structure: Key Responsibilities & Duties	10
II Definitions used within the policy	13
lii Infographic Preceptorship Journey	16

Preceptorship Policy

1. [Introduction](#)

1.1 The National Context

Preceptorship is one of our key features of Developing our People at University Hospitals of Derby and Burton's (UHDB) objectives and reflects the Trust's acknowledgement that the organisation is full of talented people committed to delivering the best healthcare. It is essential that as an organisation we recognise this and provide the necessary support to ensure that we address the retention issues of this workforce, which is reflected in the Trust's values and behaviours. This policy will be read in conjunction with the Developing our People Guidance (UHDB 2023).

This policy is based on the guidance and standards established by the NHSE National Preceptorship Framework for Nursing (2022), NHSE National Preceptorship Framework for Midwifery (2023) and NHSE AHP Preceptorship Standards (2023). It complies with the guidance and principles set out by the Nursing and Midwifery Council (NMC, 2020).

A period of preceptorship in line with the national standards is a key mandate which we are committed to facilitating for all newly registered health care practitioners (HCPs) working within the UHDB in collaboration with Joined-Up Care Derbyshire ICB.

Nationally it is recognised the period of time following registration as a health care professional (HCP), whether transitioning from student to newly qualified practitioner (NQP) / new to the register practitioner (NRP) on completion of an education programme or following an extended break from practice, can be a challenging time requiring support and guidance.

Having skilled, motivated well-supported and developed people is our greatest assurance to provide the necessary care to our patients now and in the future. To achieve this for new registrants we need to provide a supportive programme for our colleagues transitioning from student to registrant. Thus, is both an excellent recruitment and retention strategy.

1.2. Local Context

The preceptorship policy encompasses how as an organisation we support and develop our colleagues throughout their career with us, by creating a culture of shared learning, compassion, and inclusivity. It outlines the elements that contribute towards this and how they fit together to fulfil our aims throughout an individual's person-centred career journey, with fair access by monitoring protected characteristics with us from their induction, maximising their development opportunities, and finally to leaving the organisation through to retirement.

Patient safety is the golden thread of learning that connects all colleagues, across all disciplines and roles, from apprentice and undergraduate right through to retirement. To reflect this, our patients are at the centre of education and training, and colleagues from all levels, sectors and disciplines have opportunities to be educated and trained together, driving the move towards integrated care and an open culture.

The policy echoes the philosophy of our Inclusion policy in that as an organisation we are committed to ensuring our employees can receive training, develop and progress to achieve their full potential to deliver excellent patient care.

2. Purpose and Outcomes

The purpose of preceptorship, as defined by NHS Employers & NHS England (2022) is to provide a period of 'structured support to guide and support all newly qualified /registered practitioners from student to autonomous professional in order to develop their practice further', including their competence and confidence.

2.1. The purpose of this policy is to:

- Provide a framework to promote consistency across divisions and across Nursing, Midwifery, Allied Healthcare Professions (AHPs) and Healthcare Scientists in the application of preceptorship.
- Outline best practice in which managers can provide support and development for their colleague in preceptorship.
- Outline the opportunities colleagues have to support their development in order to achieve their full potential during the Preceptorship period.
- Outline the minimum recommendations in the national Preceptorship Framework & NMC Standards to promote consistency.
- Where possible ensure that preceptorship is delivered collaboratively and is interprofessional.

Preceptorship is mandatory for all newly registered practitioners at UHDB (NRP, NQP) which includes international nurses having undertaken their OSCE assessment and joined the NMC register and those individuals that have returned to professional practice. Preceptorship is also available to new health care scientists.

Preceptorship can also be undertaken by those individuals new to the NHS/acute trust or new to an area that their manager feels may need additional support in practice.

All newly qualified and newly registered Nursing, Midwifery and Allied Health Profession registrants are automatically entered onto the UHDB Preceptorship Programme relevant to their profession, which is a minimum of one year and reflects the National Standards.

This policy may also be used for new starters within the organisation to provide guidance in their development.

Key responsibilities and duties for Preceptors, preceptees and line managers/supervisors are set out in *appendix i*.

Definitions used in this policy are set out in *appendix ii*.

2.2. Preceptorship enables:

- The opportunity to apply and develop the knowledge, skills and values already learned.
- Development of specific competencies that relate to the preceptee's role.
- Access to support in embedding the values and expectations of the profession/Trust.
- Access to a personalised programme of development that includes post-registration learning, e.g., leadership, management and effectively working within a multi-disciplinary team and confidence.
- The opportunity to reflect on practice and receive constructive feedback.

- A preceptee to take personal responsibility for continuing professional development (CPD), individual learning and development by learning how to 'manage self'.
- Introduction to the ethos of continuation of life-long learning.

2.3. Preceptorship should not:

- Replace the annual Trust Appraisal – this will still need to be fully completed.
- Intend to replace mandatory training.
- Intended to be a substitute for performance management processes.
- Intended to replace professional regulatory statutory bodies processes to deal with performance.
- Be an additional period in which another registrant takes responsibility and accountability for the newly registered practitioner's responsibilities and actions (i.e. it is not a further period of pre-registration training).
- Be formal coaching (although coaching skills may be used by the preceptor to facilitate the learning of the newly registered practitioner).
- Intended to replace induction to employment.
- A distance or e-learning package for a newly registered practitioner to complete in isolation (DOH, 2010).

2.4 Criteria for Preceptors

Nationally there is no mandate for formal qualifications associated with being a preceptor; nonetheless individuals will need preparation to undertake this role. At UHDB we recommend the following:

- Preceptors should be experienced registered practitioners who are at least 12 months post registration and have a minimum of 6 months relevant experience within the same area of practice as the new registrant.
- New preceptors will complete 'Preceptor training' through the NHSE multiprofessional 'Preceptor E-compendium', accessed through the Trust's mandatory training platform [here](#).
- Preceptors are expected to complete one hour of Preceptorship training yearly via forums, additional training sessions.
- It is recommended that Nursing, Midwifery & ODP preceptors at UHDB will have completed profession specific 'supervisor training', which would be recorded on the LMS system.
- Preceptors should ensure that they maintain their professional requirements for supervising and assessing through the update mechanism.

NB: It must be noted that to supervise pre-registration nursing, Midwifery & ODP students in the clinical environment the practitioner must have completed the 'supervisor' training. Attending the preceptorship preparation programme DOES NOT meet the Trust's and Regulatory Body's requirements for supervising and assessing students.

2.5 Criteria for Preceptor Champions

A preceptorship Champion is a nominated /self-nominated Preceptor with a greater understanding of preceptorship, they are the link between the Preceptorship team and the clinical area.

2.6 Protected time for Preceptors

It is recommended in the national documents that preceptors receive a minimum of 8 hours protected time, 20 hours for AHP's to undertake their role. To meet the quality mark UHDB support a minimum of 12 hours per year to meet the role requirements. There is a support network for preceptors through forums, peer support, preceptorship champions and preceptorship leads.

3. Preceptorship Programme Structure

The preceptorship programme is in addition to the Induction process. The Preceptorship hub on the Trusts intranet pages is accessible [here](#). The programme should follow the Preceptorship journey set out in appendix iii.

3.1. Programme of Education for Nurses, Midwives, Nursing Associates, Health Care Scientists & AHP's

Preceptees are given protected time to attend mandatory preceptorship days/workshops in the interprofessional programme for all individuals registered for the programme (these provide additional knowledge and skills training and take place in addition to the Trusts core mandatory training and induction programme).

The Interprofessional Preceptorship Programme details and progress are recorded in the Learning Management System (LMS), and on My Learning Passport (MLP) and details on the programme can be found on Net-I [here](#).

There are further days/workshops specific to the professional groups. The purpose of these additional days to support individuals working towards their clinical development in specific clinical areas/speciality at UHDB. Further details for nursing can be found [here](#). For other professional groups these are in - house.

During the preceptorship period, UHDB provides preceptees with:

- A minimum two-week supernumerary period on induction, which will include time in the clinical area (equivalent to 75 hours).
- A minimum of 12 months preceptorship structured programme consisting of a combination of mandatory and recommended interprofessional days/workshops, optional clinical skills and protected time for mandatory progress interviews every 2-3 months with a preceptor to support the transition from a student into an accountable and confident registered practitioner.
- Support from a dedicated Preceptor, the Practice Learning Support Unit, and Clinical Educators /Supervisors within each Division and Business Unit.
- An induction programme including essential to role training, IT training, **career development and further information about ongoing development after preceptorship can be found in the Developing Our People Guidance found [here](#)**
- Divisional specific/specialist/profession specific training
- Reflective practice/ discussion

3.2. Programme of Education for Midwifery (Agenda for Change)

In midwifery nationally, Agenda for Change (AfC) describes the process of preceptorship for Midwives, whereby new entrant midwives to Band 5 achieve accelerated progression through to the first pay point of band 6, provided they meet relevant standards of practice, three monthly meetings recorded on MLP.

The Midwifery preceptorship Framework outlines two models of Preceptorship for Midwives. At UHDB we adopt Model 2, More information can be found [here](#).

The role of the Professional Midwifery Advocate (PMA) has a role in preceptorship in supporting both preceptee and Preceptor using the AQUIP model of restorative clinical supervision.

3.3. Clinical Supervision

Clinical Supervision is separate to the role of Preceptor but can be part of preceptorship.

Clinical supervision in the workplace is an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice and experiences, fostering an open culture of learning from positive and negative events and replicating best practice. Clinical supervision is a time to think about knowledge and skills and how they may be developed to continually improve care.

In addition, it:

- Contributes to continuous improvement to clinical practice.
- Enables staff to become more self-aware, self-assured, assertive and confident. Provides guidance for individual development and skills progression.
- Broadens thinking through problem solving.
- Provides the opportunity for staff to feel supported and motivated.
- Improves professional development processes.
- Creates an environment to develop resilience.
- Can oversee the wellbeing and safety of the public, patients, colleagues and service users.

3.4. Concerns - Escalation

It is important that any issues in practice are dealt with in a timely fashion; initially issues should be dealt with at a local level where there is a need to review the overall development and competency of preceptees. Colleagues can refer to people services and the policy supporting individuals' wellbeing and / or capability, can be found [here](#).

It is important that preceptors and preceptees bring any issues or concerns regarding the preceptorship programme to the learning & development department preceptor contact email uhdb.preceptorship@nhs.net

4. Recording and reporting preceptorship

4.1 Recording

All individual training records are recorded on the Learning Management System (LMS). The LMS currently in use by UHDB is 'My Learning Passport' (MLP). This is a visual record that colleagues and managers can access which outlines the requirements of Preceptorship and records progress with Preceptor interviews and attendance at each Preceptorship training day.

Additional documentation to support the Preceptorship process for preceptees and preceptors can be found on the Trust intranet [here](#) for guidance and reference.

4.2 Compliance Reporting

Training compliance information is available on 'My Learning Passport' for individuals and their team leaders. The Preceptorship team undertake a yearly report and cascade out to Senior leaders, identify areas for improvement.

4.3 EDI Assurance

All new registrants are invited to the programme. EDI data associated with access to Preceptorship uptake and completion of preceptorship will be monitored to include the nine protected characteristics through anonymous surveys at six monthly intervals and reported to People and Culture Group, Education & Planning Group.

Consideration is given in both Preceptor and Preceptee training regarding information and training on EDI during the Preceptorship programme.

All new registrants are signposted in the programme to additional support through occupational health, wellbeing and learning needs that factor in EDI e.g. disability, language.

5. Evaluation of preceptorship

Quality of our programmes of training & preceptorship are vital to ensure that what is delivered is evidence based, current and contemporary. Therefore, evaluation of our preceptorship programme will include:

- Evaluation of preceptorship experience from preceptee feedback questionnaires at end point of Preceptorship yearly.
- Feedback from preceptors yearly.
- Feedback from line managers / practice educators / preceptorship champions yearly.
- Course evaluations (at the end of each workshop/day)
- Analysis of monitoring statistics at twelve months and twenty-four months post-registration / start date with organisation. These statistics are numbers of newly registered practitioners joining the organisation, attendance at preceptorship days and the retention of practitioners, this data is taken from Business Intelligence.

Analysis of evaluation adjustments made which has taken the feedback into account will be provided in the annual report outlined in section 4.2.

6. Monitoring Compliance and Effectiveness

The key requirements will be monitored in a composite report presented on the Trust Monitoring Report Template

Monitoring Requirements	Effectiveness of this policy will be via review of compliance rates for the following: <ul style="list-style-type: none"> • Attendance at Preceptorship workshops/days • Evaluations of Programme, Content • Uptake of Preceptor interviews • Retention data
Monitoring Method	Data will be analysed form MLP, and reports presented to the Trust Education and Planning Group, which reports to the People and Culture Improvement Group. They will evaluate the effectiveness of this policy reviewing adherence to good practice standards set out within the policy,
Report prepared by	Head of Learning and Education
Monitoring Report presented to	The Education and Planning Group and the People and Culture Improvement Group
Frequency of report	Annual Summary Report

7. References

1. National Preceptorship Framework for Nursing (2022) <https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-nursing/>
2. National Preceptorship Framework for Midwifery (2023) <https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-midwifery/>
3. NMC Principles for Preceptorship (2020) [Principles of preceptorship - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/principles-of-preceptorship)
4. HCPC Preceptorship Principles (2023) [Principles for preceptorship | \(hcpc-uk.org\)](https://www.hcpc-uk.org/principles-for-preceptorship)
5. NHS People Plan (2020) [NHS Long Term Plan](https://www.nhs.uk/long-term-plan)
6. NHS People Promise (2021) [NHS England » Our NHS People Promise](https://www.nhs.uk/our-nhs-people-promise)
7. NHSE Allied Health Professional (AHP) Preceptorship Standards and Framework (2023) [Allied Health Professions \(AHP\) Preceptorship Standards and Framework \(hee.nhs.uk\)](https://www.hee.nhs.uk/allied-health-professions-ahp-preceptorship-standards-and-framework)

8. Appendix i: Governance structures: Key Responsibilities and Duties

8.1. Preceptee

The preceptee is responsible for their own development and commitment to their preceptorship programme.

Responsibilities are:

- Contacting the preceptorship team to enrol onto the Trust's preceptorship programme.
- Recommended to wear "NQ Practitioner" identifiable lanyard.
- Identify and meet with preceptor as soon as able (within 2 weeks of starting in new role).
- Responsibility for communicating their preferred learning approach, learning needs and addressing/discussing these needs with preceptor.
- Have an awareness of the standards, competencies and objectives required to meet the standards of proficiency for your profession.
- Gather evidence that is of a suitable nature for their portfolio in line with the standards of continuing professional development (CPD) set out by your professional body.
- Attend all organised training and participate in all learning opportunities.
- Reflect on own practice.
- Booking onto (via MLP) and attending all preceptorship workshops as part of the programme, within their first 12 months.
- Maintain responsibility for ensuring appropriate documentation relating to the preceptorship process is complete including on the electronic training system (My Learning Passport).
- Prepare for and attend meetings with their preceptor at the agreed times.
- Work in collaboration with their preceptor to identify, plan and achieve their learning objectives, which includes developing an individual learning plan and completing all documentation within required time frames.
- Escalate concerns, reflecting on own practice, and taking ownership of own professional development.
- Submit evaluative comments and suggestions for improvement to the programme via the preceptorship lead (both during preceptorship and following completion of preceptorship).

- Be open, understand and acknowledge the limits of own competence and seek support as appropriate.
- Seek out and be prepared to receive constructive feedback and respond appropriately.

9.2. Preceptor:

- Must complete the e-learning on the UHDB platform My Learning Passport.
- Have an awareness of the standards, competencies and objectives required to meet the needs of a preceptee in their profession.
- Responsibility to develop others professionally to achieve potential.
- Support the preceptee to develop skills and competencies to develop professionally to meet job description requirements.
- Plan in protected time for progress reviews with the preceptee at key stages of preceptorship process.
- Responsibility to discuss individual practice and provide constructive feedback in relation to the preceptees developmental needs and capabilities in association with line manager.
- Responsibility to share individual knowledge and experience.
- Encourage the preceptee to reflect on their practice using a coaching approach.
- Supports the Preceptee to discuss with their line manager support required for developmental needs in advance of each planned progress review.
- Challenges poor practice professionally and escalate in case of health, safety and wellbeing of Preceptees, colleagues and patients.
- In nursing, the preceptor is recommended to hold the SSSA supervisor training.
- Monitor their own wellbeing and seek support as required.
- Undertake ongoing training and development relating to their preceptor role.
- Preceptors from the ICB/ICS may support some professionals within UHDB, with agreement of both organisations.

9.3 Line Managers / Supervisors / Team Leaders:

- Identify newly registered staff to the preceptorship team.
- Allocate an appropriate preceptor to each new preceptee within one week of starting their clinical preceptorship.
- Ensure that both preceptor and preceptee have sufficient protected time allocated to conduct the formal reviews at the set period(s) and registration on MLP using the self-declaration function.
- Ensure that preceptees are given protected time to attend the interprofessional preceptorship days/workshops.
- Ensure that identified learning needs brought to their attention are outlined and addressed as soon as practicable (before next formal review if practicable).
- Ensure that all members of the clinical team are informed of any registered workforce members undergoing preceptorship to facilitate support and guidance by all members of the immediate clinical team.
- Ensures that at the end of Preceptorship, the new registrant receives an appraisal in line with UHDB policy and professional registration.
- **Will give consideration to matching preceptors and preceptee.**

9.4 Preceptorship Lead (NMC/AHP Lead)

- Enables processes to support preceptorship for Nurses, Nursing Associates, Midwives, Health Care Scientists and AHP's across the Trust.
- Provide support and guidance to line managers, preceptors and preceptees.
- Monitor the effectiveness of the Trust preceptorship arrangements.
- Quality assures the preceptorship process.
- Maintain and monitor a preceptee database.
- Support individuals that may not be meeting the requirements of the profession to achieve their potential.
- Collect data to monitor effectiveness of preceptorship and early careers support.
- Engage in recruitment and retention strategies.
- To facilitate and lead on the delivery of the current preceptorship programme.
- To maintain the Trusts preceptorship policy.
- Will liaise with the practice learning facilitators and clinical educators to ensure a seamless transition to qualification and contribute to transition events held with HEIs and within the trust.
- Represent the trust for preceptorship at local, regional, and national levels.
- Will respond to concerns and requests for support in a time sensitive way.
- To act as a resource to managers and clinical staff/preceptors providing preceptorship training across the trust.
- Will monitor recruitment and retention of all newly registered staff, ensuring proactive measures are taken to reduce attrition within the remit of preceptorship.
- Attend identified meetings and forums pertaining to the role.
- Act as a resource to ward/dept managers, preceptors and preceptees in relation to preceptorship requirements.

9.5 Preceptorship Facilitator:

- Be a visible member of the team.
- Meet regularly with preceptees and preceptors.
- Reinforcing the importance of preceptorship.
- Encouraging and supporting with facilitating meetings between the preceptee and preceptor.
- Provide pastoral support for Preceptees.
- Escalate any concerns to the preceptorship lead.
- Identify areas of support needed, such as additional training, preceptorship support.
- Participate in data collection.
- Have career conversations with preceptees.
- Signpost to other support networks.

9.6 Preceptorship Champion:

- Promote preceptorship in your clinical teams/areas.
- Be a 'point of contact' regarding preceptorship.
- Identify new Preceptees in conjunction with the line manager and refer these to the Preceptorship team.
- Meet with new preceptees when they join (during local induction/orientation).
- Be an additional source of support to preceptees (a listening ear, signposting etc).

- Encourage preceptors in their area to undertake the initial mandatory preceptor training and other pertinent training available as it arises.
- Feedback to Preceptorship team to help with improvement/development of all aspects of the preceptorship offer.
- Stay up to date with developments in UHDB preceptorship and resources and share information.

Appendix ii: Definitions used within the policy.

Preceptee	Newly registered practitioner, internationally recruited practitioners that are new to a register in the UK, those returning to practice after an extended period of absence, those entering a new part of the register or those entering the NHS or an acute trust for the first time.
Preceptor	Preceptors should be experienced registered practitioners who are at least 12 months post registration and have a minimum of 6 months relevant experience within the same area of practice as the new registrant. They should be from within the same profession if possible and of the same pay band or higher. Preceptors are the people who support the Preceptee develop in confidence throughout their preceptorship
Supervisor	Clinical supervisor may be the person who supports the preceptee in clinical practice. This may be the same person as the preceptor, to guide them through their preceptorship period.
Preceptorship	Minimum 12-month period of support to ease the transition from student to fully competent and confident practitioner. Can be extended if required at line managers discretion.
Preceptorship Champion	An allocated/nominated experienced professional within each department that is the main point of contact for the preceptorship team to cascade information through.
NQP	Newly Qualified Practitioner - Health Care practitioners that have just transitioned from being a student to fully registered.
NRP	Newly Registered Practitioner - Health Care practitioners that have recently joined a register in the UK, includes NQPs, International recruits and return to practice.
Local Induction	Information and orientation provided to new employees by their line manager or designated person to integrate them into the workplace.

Trust Induction	A centrally organised process which presents new employees with an overview of the organisation and fulfils initial mandatory training requirements.
Workshops/days	These are sessions (face to face or via Microsoft Teams) planned and facilitated by the Professional and Practice Development Team, Practice Learning Support Unit, or senior clinical educators in your area.
Initial Meeting	Within the first 2 weeks of starting in their role, a more formal meeting should be set up with the preceptor to establish the preceptee's strengths and areas for development, as well as getting to know them. The next meeting or progress review date should be set.
Progress Review	We recommend that a preceptee should meet with their preceptor as often as they need to, but as a minimum, these must take place every 2 - 3 months. This should be a meeting between the preceptee and preceptor ideally, but the paperwork allows for the preceptee to complete it as a reflective practice before reviewing it with their preceptor, depending on the learning style of the preceptee. It is a chance to revise progress and previous objectives, provide feedback and plan for the next few months.
Final Review	This should occur at around 12 months to summarise progress made throughout their preceptorship period. It is a chance to celebrate achievements as well as plan for future development at UHDB.
Trust Appraisal	This is a trust wide system that must be completed in enough time prior to the employee's increment date. It can facilitate the decision for an individual's pay progression. The appraisal is an annual culmination of all the performance, behavior and development conversations between an appraiser and appraisee in more detail, whilst setting a more formal personal development plan for the future.
Pastoral Support	This is the support available for preceptors and preceptees with a more personal approach focussing on the wellbeing of the preceptee. Support is available from PLSU, PPD and preceptors/clinical educators and wellbeing services
Professional Midwifery Advocate	This is the Midwife with a qualification in restorative clinical supervision, who is identified as supporting both preceptees and preceptors in Midwifery and recognised in their national framework.





Your Preceptorship Journey

TRUST INDUCTION

Welcome to UHDB!

During your Trust induction you will receive a warm welcome, find out about staff services available to you and complete your mandatory training.

ACCESS NET-I

The fountain of all knowledge!

Net-i is UHDB's intranet site. Here you will find our Preceptorship Hub where you will find all relevant preceptorship documentation as well as resources to guide your CPD. There are Quick Links to IT systems, My Learning Passport, trust news, events and other up to date information.

INITIAL MEETING

Getting to know you.

During your first month you will meet with your preceptor/supervisor. This is a chance for you to get to know each other and to discuss plans for your development during your first year in post.

WORKSHOPS

Interprofessional learning.

The preceptorship workshops are a rolling program which is interprofessional, gives you further opportunity to develop your skills competence and confidence, as well as meet people from other professions and departments. The program and booking info can be found on Net-i or MLP.

LOCAL INDUCTION

Meet your team.

During your first week, you will meet with senior members of your team who will orientate you to the department and help you settle into your new role. You should find out who your preceptor is, arrange and complete your initial interview.

ACCESS MY LEARNING PASSPORT

Log into MLP

You can access the preceptorship program on MLP by clicking on the 'preceptorship' tab at the top of the MLP task bar when you log into MLP. Here you can book onto the workshops, access resources and update the system when you have had a preceptorship progress review.

PROGRESS REVIEWS

A time for reflection.

It is recommended that you meet with your preceptor to review your progress every 2-3 months during your preceptorship. These will be around an hour long but can be longer if required and you can have more sessions if you and your preceptor feel these will be of benefit. As an autonomous practitioner you are responsible for your progress reviews. Reflective documents to help you can be found on the Preceptorship Hub on Net-i and on MLP.

FINAL REVIEW

Time to fly!

You have made it through your first year of practice, well done! This is the time to reflect on and celebrate your achievements and look to your future lifelong professional development. You will need to complete all the required elements of preceptorship including the evaluation to go **GREEN** on My Learning Passport and receive your Preceptorship certificate.

Use My Learning Passport to...

- Book on to the workshops.
- SELF DECLARATION of initial interview and progress reviews
- SELF DECLARATION of completion of FINAL review and completion of preceptorship evaluation