



Black Country STP

General Practice Nurse Induction Framework and Preceptorship Standards

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RELATED DOCUMENTS

These documents will provide additional information:

REF NUMBER	DOCUMENT REFERENCE NUMBER	TITLE	VERSION
1.	N/A	The Black Country GPN Strategy	1.7
2.	N/A	The Black Country STP GPN Competency Framework	1.3
3.	N/A	The Black Country STP GPN Services Education and Career Framework	1.1

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Part 1 - HCA/GPN Induction Framework

Introduction

To ensure the best possible start for any nurse working in general practice regardless of their prior experience, a quality orientation, induction programme is essential, as is education and ongoing continuing professional development (CPD). For nurses new to general practice, additional support through preceptorship and training such as the Fundamentals to General Practice Nursing programme is important. A framework for this journey is displayed below.

The General Practice Nursing 10 Point Action Plan (2017) has a focus on engaging and developing a new GPN workforce through inductions and preceptorships. The plan states that commissioners and the Royal Colleges should be working to ensure all nurses new to general practice have access to an approved employer-led induction programme and a continuous professional development (CPD) plan that includes the GPN foundation or fundamentals standards. As a minimum, HCAs will have access to the care certificate training standards.

The role and remit of a HCA or nurse working in primary care can be wide and varied and new staff entering into the field of GPN will have many transferrable skills but will require additional skills to proficiently carry out the role.

The RCGP General Practice Foundation General Practice Nurse Competencies framework has been adopted by Black County Sustainable Transformation Plan members to enable consistency in competence across all General Practice Nurses within Dudley, Sandwell, Walsall and Wolverhampton and inform future training requirements.

This induction framework is also supported by new care models developed by NHS England; Five Year Forward View (NHS England, Five Year Forward View, 2014) and GP Forward View (NHS England, 2016) and more recently the General Practice Nursing Education and Career Framework (Health Education England, District Nursing and General Practice Nursing Services Education and Career Framework, 2015) and QNI Transition Frameworks (Queen's Nursing Institute, 2016) . This Framework, supports standardisation and also sets expectations in both clinical skills and educational requirements which will assist with workforce planning and educational commissioning assisting to strengthen this local strategy. We would like our workforce to feel engaged in the decisions about healthcare delivery and encourage all to benchmark key skills and identify future learning needs by developing a personal development plan.

This framework will be delivered as part of the Black Country GPN strategy and should be used in conjunction with the following documents:

- Black Country GPN Strategy
- Black Country GPN Competency Framework
- Black Country GPN Education and Career Framework
- Clinical Supervision Guidelines

A preceptorship programme has also been developed as part of this framework and can be seen in part 2 of this document.

Acknowledgements

This document was developed with insight from:

[Queen's Nursing Institute – Transition to General Practice Nursing](#)

[Capital Nurse programme](#)

[Sheffield University GPN Induction Programme](#)

[West Suffolk CCG GPN Training Programme](#)

Manchester CCG GPN Training Programme

Suggested elements for the Practice Orientation and Induction

Every practice large or small is likely to have an orientation and induction programme. It should provide all the information that a new employee needs, without overwhelming or diverting them from the essential process of integrating into the existing team.

Orientation

This may be a tour of the building, meeting new colleagues and becoming familiar with the IT system; all new starters should have this.

HEE suggests that practice orientation includes the following elements:

- Tour of the building/site
- Health and safety requirements and responsibilities
- Meeting other members of the team
- Contracts and terms of employment
- Set up of NHS.net account

Induction

Induction aims to acclimatise staff to their new job and working environment, helping the new staff member work out their role and how they fit into the team.

The length and nature of an induction depends on the complexity of the job and the background of the new employee; this may need to be adapted to suit. A standardised induction programme is unlikely to comprehensively meet anyone's needs, nursing staff may often have had experience in other roles in other settings; HEE suggests a practice induction should include the following elements.

Mandatory Training

- Basic Life Support
- Equality and Diversity
- Fire Safety
- Infection Control
- Information Governance
- Mental Capacity Act
- Moving and Handling
- Safeguarding Children

- Safeguarding Adults
- Prevent
- Chaperoning

Practice Administration and Management

- Primary care structure and funding
- Practice IT applications
- Electronic record keeping procedures and processes
- Audit and information collation/analysis
- Care Quality Commission (CQC) regulations and outcomes
- Equipment ordering and stock management
- Quality Outcomes Framework (QOF) – Introduction

Communications and Relationships

- Team working responsibilities (internally) and MDT collaboration
- Importance of developing and working with patients, carers and their families
- Effective primary care consultations and using appropriate communication skills
- Support for conflict management and managing difficult conversations
- Supervision, appraisal and on-going professional development

Education to Support New GPNs and HCAs

A new GPN or HCA will be unfamiliar with general practice, and may also be a newly qualified nurse or new HCA with little or no previous experience. Although GPNs will be autonomous and accountable, and may have several years of prior experience in another setting, they will not have all the knowledge and skills needed for running clinics from day one. They will need additional knowledge and skills beyond their initial nurse training and local induction.

By ensuring that a newly appointed GPN/HCA has access to educational support during the first 18 months of employment in general practice, will endeavour to enable the best possible support in their primary care career.

By accessing educational support, a new GPN/HCA will;

- Gain the knowledge, skills and competencies required for general practice nursing
- Enhance their existing skills of self-reflection, critical thinking and clinical judgement
- Be in the best position to understand and respond to the current and potential demand for nursing services within primary care

Examples of training and update schedules are shown in [Appendix 2](#).

The Care Certificate

The Care Certificate is a free programme with an identified set of standards that health and social care workers adhere to in their daily working life. This programme is aimed at the non-regulated workforce i.e. HCAs in order to build confidence through standardised introductory skills, knowledge and behaviours that promote

compassionate, safe and high quality care. The Care Certificate is based on 15 standards and can be seen at the link below:

[The Care Certificate](#)

A range of guidance and workbooks are available to support candidates and assessors, no specific training is required to support a staff member through the process and the standards have been mapped to this document and the GPN Competency Framework.

General Practice Education and Career Framework

HEE has developed a District Nursing and General Practice Education and Career Framework (2015). This framework sets out comparators and expectations for both DN and GPN knowledge and skills at different levels of responsibility, this has been adapted for use in the Black Country GPN Education and Career Framework. It is envisaged that this framework will:

- Enable practitioners to plan and develop their careers by providing a visualisation of what skills, knowledge and competencies at different levels of responsibilities across general practice nursing are suggested
- Assist practices, Training Hubs and CCGs to identify organisational learning needs in terms of current and future workforce requirements (in terms of skills and knowledge) – which will enable them to better plan for the number of appropriately skilled staff to deliver a high-quality care
- Enable practices to work collectively to state their nursing education needs.
- To enable CCGs and Training Hubs to in turn commission appropriate educational opportunities to support practice needs.

This framework has been adapted into an induction programme document that can be seen in [Appendix 1](#), this is not prescriptive, and can be modified to suit the needs of the nurse and the practice.

Delivered within practice

- Accountability and Responsibility
- Transferable skills
- Managing Risk
- Record keeping and IT
- Quality Outcomes Framework (QOF)
- Health Policy, law and ethics
- Partnership working
- Communications Skills
- CQC

Clinical Management

- Holistic assessment
- Anticipatory care and risk
- Supporting patient self-care

- Multiple pathology
- Deteriorating patient
- End of Life care
- Contraception and sexual health advice
- Health promotion and 'Making Every Contact Count'
- Minor Illness
- Minor Injury
- Spirometry
- Palliative care and symptom control
- Dementia care
- Long Term Conditions (LTC) and co-morbidities management
- Vaccinations & Immunisations
- Cervical
- Ear care
- Smoking Cessation
- Tissue viability
- ECG
- Oral Anticoagulation Management

Further Development

- Pharmacology and medicines management
- Prescribing
- Mentor preparation
- Appraisal of others
- Audit, review, research
- Leadership and management

Continuing Professional Development

The Nursing and Midwifery Council (NMC) is the legal regulator of nurses and Midwives in the UK. All nurses and midwives must register with the NMC in order to work. Since 1995, in order to remain on the NMC register all nurses must undertake a minimum of 35 hours of CPD every three years. Under revalidation guidelines that came into force in 2015, nurses must continue to undertake at least 35 hours of CPD every three years. However, 20 hours of this will have to be committed to participatory learning activities, such as seminars, learning workshops, shadowing other colleagues, etc. Nurses are required to ensure that when they do undertake any CPD-related learning that they are able to evidence learning outcomes which are directly relevant to their specialty.

Black Country STP is committed to supporting primary care workforce development, education and training. As part of this commitment and the on-going development and application of the framework, local CCGs will work in collaboration with each other, the local Training Hub, local Higher Education Institutions and Health Education England to ensure that GPNs can access high quality CPD.

A range of CPD opportunities are available across the STP footprint including:

- Nurse education forums
- Training workshops
- Apprenticeships
- Accredited training such as spirometry
- Pharmaceutical industry sponsored events
- Higher education programmes and modules

This list is not exhaustive

Fundamentals of General Practice Nursing

The Fundamentals of General Practice Nursing course was originally developed from work carried out by HEE and is designed to meet the CPD needs of RNs new to working in general practice and aims to provide a mix of theoretical and clinical skills relevant to current clinical practice and the changing context of primary care. The course is underpinned by the RCGP General Practice General Practice Nurse Competencies (2015) where appropriate and supports nurses in working towards and assembling evidence to demonstrate achievement of this with a focus on work-based learning.

Course content varies between instructions but generally includes:

- Clinical skills relevant to general practice e.g. cytology, venepuncture and LTC management
- Leadership
- Management

Local course providers include:

- [University of Wolverhampton](#)
- [Birmingham City University](#)
- [Staffordshire University](#)

Part 2 - General Practice Nurse Preceptorship Programme

Introduction

“A period of 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 life-long learning.”
(Department of Health, 2010, p. 11)

This preceptorship framework is a resource for health and care organisations across the Black Country to support the practice of nurses new to Primary Care, these nurses may also be newly qualified. This recommended “best practice” approach to preceptorship has been adapted from the London based CapitalNurse Framework (2017) which was developed through an extensive stakeholder engagement exercise involving practitioners from organisations across London, representing all fields of practice and settings across acute, community and primary care.

Background

The aim of this preceptorship standard is to facilitate a decrease in variation in initial support for new GPNs and HCAs (and also potentially other staff members such as Physicians Associates, Clinical Pharmacists, Paramedics and Mental Health Workers) to reduce attrition and to retain staff ensuring the right number of professionals with the right skills in the right place at the right time.

Nurse preceptorship was introduced as part of Project 2000 nurse training reforms in 1986 and evidence shows that the time period when transitioning from student to registered nurse is valuable and critical (Health Education England, "Raising the Bar: Shape of Caring": Health Education England's response, 2016). Health Education England (2015) published preceptorship standards for organisations to clarify the requirements of preceptorship as part of the Shape of Caring Review (2016). This outlines areas of best practice and includes 14 required elements.

Odelius et al (2017), undertook a literature review evaluating the value of implementing nursing preceptorship. The findings show that the majority of preceptees benefit from increased competence and confidence through a preceptorship programme. A minority find it less useful either because they are in a specialist area or due to poor relationship with their preceptor. The study identified different approaches offering different benefits.

The conclusions drawn showed that organisational commitment and culture were essential in establishing, implementing and sustaining effective preceptorship programmes. The benefits of a standardised approach were identified through this literature review.

HEE's national Reducing Pre-registration Attrition and Improving Retention (RePAIR) (2018) project is scheduled to report in the Spring of 2018; this work focuses on the fields of nursing, midwifery and therapeutic radiography. The focussed group work, with students, has highlighted just how important the model of preceptorship is. Many students who have the option to choose where they work immediately post-registration, are influenced by the preceptorship model on offer, and the commitment

of the employer to this programme. RePAIR also includes work with preceptorship leads from the project case study sites and the early evidence is that students and preceptorship leads value a programme that is a minimum of 12 months' duration. A review of preceptorship programmes examining preceptorship (Currie & Watts, 2012) concluded that organisational commitment was essential and outlined the key role requirements to support successful preceptorship.

What is Preceptorship?

Newly qualified nurses (NQN) become accountable as soon as they are registered and this transition from student to accountable practitioner is known to be challenging (Higgins, Spencer, & Kane, 2010). The purpose of preceptorship is to provide support during this transition. Preceptorship programmes may include classroom teaching and attainment of role-specific competencies, however the most important element is the individualised support provided in practice by the preceptor. The goal of preceptorship is for the newly registered nurse to develop their confidence and autonomy.

Currently the NMC states that as best practice, 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. They also strongly recommend that all new registrants should have a formal period of preceptorship of about four months but this may vary according to individual need. The NMC has launched [new guidance on pre-registration nurse training](#) and the supervision of students in practice. This will bring new challenges for the preceptorship period and the preceptors supporting this “future nurse”. This preceptorship framework will be reviewed in 2020 to reflect those changes and acknowledge the needs of a new registrant.

A Preceptorship programme provides:

- Integration of prior learning into practice
- Application in accordance with evidence-based practice
- Development of confidence
- Adherence to the Codes of Professional Conduct
- Update and enhance knowledge and clinical skills
- Adherence to policies and procedures
- Reflective practice
- Giving and receiving feedback
- Advocacy
- Interpersonal skills
- Clinical Risk Management and Governance
- Equality and Diversity
- Negotiation and conflict resolution
- Leadership and management development
- Develop a strategy for Continued Professional Development
- Team working within the multidisciplinary team
- Clinical judgement and decision making
- Enhancement of self-awareness: Provides training and education around use of medical devices, medicines management, documentation and electronic systems

Preceptorship is not

- Intended to replace mandatory training programmes
- Intended to be a substitute for performance management processes
- Intended to replace regulatory body processes to deal with performance
- An additional period in which another GPN takes responsibility and accountability for the newly registered practitioner's responsibilities and actions (i.e. it is not a further period of training)
- Formal coaching (although coaching skills may be used by the preceptor to facilitate the learning of the newly registered practitioner)
- Mentorship
- Statutory or clinical supervision
- Intended to replace induction to employment
- A distance or e-learning package for a newly registered practitioner to complete in isolation

Preceptorship Standards

The following set out the basic preceptorship standards, which are expected of all GP surgeries in the Black Country STP area.

Who is the programme for?

The overall aim of a preceptorship programme is to develop confident and competent practitioners, therefore preceptorship should be available to all nurses new to General Practice, and may also be relevant to Allied Health Professionals (AHP). For the purposes of this programme preceptorship is conceptualised as applicable to a NQN or a nurse new to general practice, although the programme can be applied to any nurse or AHP.

Preceptorship can also be applied to new Health Care Assistants, Nursing Associates and Associate Practitioners, these staff groups may include apprentices and it is important that there is robust workplace-based support as part of the apprenticeship contract.

Preceptor/preceptee charter

This sets out the responsibilities and expectations for both preceptor and preceptee. This is available in Appendix Two.

Length of programme

The recommended length of a preceptorship programme for a NQN is 12 months from the date of joining the organisation and a minimum of 6 months, this may be applied to any nurse (or AHP) new to general practice, but may vary depending on role and previous experience.

During the programme there will be certain expectations of both the preceptor and preceptee in terms of engagement in the programme, development of the professional relationship and completion of defined competences (which are outlined in the complementary induction document). These should comply with HEE Standards and

examples of indicative content of a preceptorship programme can be found in Appendix One.

Ideally a programme should include a minimum supernumerary period of two weeks to cover induction and orientation to the organisation; however some environments, organisations or individuals may require more than two weeks. This should be agreed locally with the preceptor and line manager and the expected outcomes of the supernumerary period made explicit.

Protected time

As best practice, protected time should be allocated for both the preceptor and the preceptee, which should be supported by the employer. The purpose of this protected time is to support the nurse, build confidence and competence, consolidate learning and build resilience. This can be achieved through a combination of working directly with a preceptor, reflection, action learning, supervision and work-based learning. The provision and format of this protected time may vary depending on the working environment and the practice team.

The recommended requirements are:

- The preceptee and the preceptor should work alongside each other at least four working days in the first month.
- Regular formal meetings during the preceptorship period.
- Half-day initial training workshop for preceptors – blended learning approach (to be developed)

Meetings between Nurse and Preceptor

It is recommended that there are formal review meetings between the preceptor and preceptee at regular intervals during the preceptorship period: Initial meeting – to set expectations and learning plan. Interim meetings to monitor progress, share reflection and further consider development needs should be held at 3, 6 and 9 months. A final meeting to establish competence and sign off should be held after 12 months (this can be done earlier if all standards and requirements have been completed).

The purpose of these meetings is to provide a supportive safe place for the preceptee to reflect on their progress and experience. Meetings should be documented briefly, and this record dated and signed by both the preceptor and preceptee. Templates to help guide the meetings can be found in Appendix Four. The timing of preceptorship meetings may be amended and outcomes shared with the appropriate manager, in order to inform decisions about the probationary period.

Preceptee

The preceptee is responsible for engaging fully in the preceptorship programme. This involves a number of activities including completing induction and other required training, attending regular meetings with their preceptor, actively seeking feedback, escalating concerns, reflecting on their professional practice and taking ownership of their own development.

Preceptees should be encouraged to utilise their preceptorship period, and develop their portfolio towards NMC revalidation. It should be recognised that although formal study days are important, learning is achieved in a variety of ways including observation, workplace learning, e-learning, experiential learning, reflection and working with others. The preceptee should be encouraged to make full use of all of these opportunities for learning.

Preceptors

Preceptors require no specialist qualification, but should be nurses with a minimum of 1 years' experience working as a registered nurse and ideally 1 year in general practice. They may volunteer or be asked to undertake the role by their lead nurse, or practice manager. Evidence suggests that the best preceptors are those who are volunteers, demonstrate supportive behaviours, share knowledge and build trust (Ferguson, 2010).

A preceptor should have no more than two preceptees at any one time. Some practices may adopt a team preceptorship model or may provide preceptorship within their practice or locality group, providing support across a number of practices.

The role of the preceptor is to provide guidance to the preceptee by facilitating the transition into their new role; supporting the preceptee to gain experience and apply learning in a clinical setting during the preceptorship period. A role descriptor for a preceptor can be found in Appendix Four.

Preceptor Support and Development

Preceptors should be prepared for their role and be offered some development in understanding the preceptorship programme and skills required. Ongoing support for preceptors should be available from the organisation leads. An approach to preceptorship development is currently being developed by NHSE and further information will be provided in due course.

Preceptorship Lead

Each CCG and/or Training Hub should have an appointed preceptorship lead who is responsible for overseeing the preceptorship programme which may include:

- Identifying preceptors, knowing who they are and providing links to appropriate level of preparation and support
- Identifying all nurses requiring preceptorship and others for whom preceptorship is deemed beneficial
- Allocating or delegating the responsibility for identifying preceptors in time for the preceptees start date
- Monitoring and tracking completion rates for all preceptees
- Performing regular checks that the preceptor/preceptee relationship is working satisfactorily
- Identifying any development/support needs of preceptors or preceptees
- Measuring the effectiveness and impact of preceptorship programmes on retention and staff engagement
- Ensuring preceptorship is operating within the DH framework (2010)

CCGs/Training Hubs will be responsible for monitoring the programmes and measuring success against key performance indicators, which could include:

- Retention of GPNs after one year
- Retention of GPNs after two years
- Staff engagement – general or specific groups, i.e. preceptees and preceptors
- Patient/service user feedback
- CQC ratings against key criteria of safe, effective, caring, responsive and well-led

Preceptee Development

Preceptees should be provided with learning opportunities, including study days/sessions, over the first year, in addition to the supernumerary period. The content, frequency and running of these study days/sessions will depend on needs, however the purpose is to ensure that the preceptee is able to meet the required clinical and professional competences by the end of their preceptorship period.

Areas should include the nine domains of the Preceptorship Career Framework, which incorporates the fourteen elements outlined in the HEE standards, as referenced in appendix one.

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Appendix 1: HCA/GPN Induction Framework Documentation

This Induction Framework is for all new nursing staff – this can be adapted for use by Registered Nurses, HCAs, Nursing Associates and Allied Health Professionals such as Physician’s Associates.

Staff may be at different levels of experience and may have worked in general practice before, this framework is not prescriptive and can be adapted to suit needs.

It should be used in conjunction with the following documents:

- GPN Competency Framework
- GPN Education and Skills Framework
- GPN Preceptorship Programme

Orientation Programme			
Practice Orientation	Signed Practitioner	Signed Supervisor	Date
Tour of the building/site			
Health and safety requirements and responsibilities			
Meeting other members of the team			
Contracts and terms of employment			
Occupational health clearance			
Set up of NHS.net account			
DBS clearance			
Set up Immform account			
Induction Programme			
Mandatory Training	Signed Practitioner	Signed Supervisor	Date
Emergency procedures			
Basic Life Support			
Equality and Diversity			
Fire Safety			
Infection Control			
Information Governance			
Mental Capacity Act			
Moving and Handling			
Safeguarding Children			

Safeguarding Adults			
Prevent/WRAP			
Practice Administration and Management	Signed Practitioner	Signed Supervisor	Date
Set up local training account e.g. eLFH			
Location of practice policies			
How primary structure and funding			
Practice IT applications			
Electronic record keeping procedures and processes			
Audit and information collation/analysis			
Clinical system searches			
Care Quality Commission (CQC) regulations and outcomes			
Equipment ordering and stock management			
Quality Outcomes Framework (QOF) – Introduction			
Register for Open Exeter for cytology access*			
Regulatory Responsibilities	Signed Practitioner	Signed Supervisor	Date
Accountability and responsibility			
Record keeping			
Revalidation - set up NMC online account*			
Confirmation of indemnity insurance			
Health policy law and ethics			
Communications and Relationships	Signed Practitioner	Signed Supervisor	Date
Team working responsibilities			

(internally) and MDT collaboration			
Importance of developing and working with patients, carers and their families			
Effective primary care consultations and using appropriate communication skills			
Support for conflict management and managing difficult conversations			
Supervision, appraisal and on-going professional development			
Clinical Skills	Signed Practitioner	Signed Supervisor	Date
Holistic assessment*			
Anticipatory care and risk			
Supporting patient self-care			
Multiple pathology			
Deteriorating patient			
End of Life care			
Contraception and sexual health advice*			
Health promotion and 'Making Every Contact Count'			
Minor Illness			
Minor Injury			
Palliative care and symptom control*			
Dementia care			
Long Term Conditions (LTC) and co-morbidities management			
Vaccinations and immunisations			
Cervical cytology*			
Ear care			
Tissue viability/wound care			

ECG			
Venepuncture			
Further Development as per requirements of service	Signed Practitioner	Signed Supervisor	Date
Spirometry (as per ARTP guidelines)			
Smoking cessation			
Oral anticoagulation management			
Travel health			
Pharmacology and Medicines management*			
Prescribing*			
Appraisal of others			
Mentorship*			
Audit, review, research			
Leadership and management			
Formal Training Programmes	Signed Practitioner	Signed Supervisor	Date
Care Certificate (HCAs only)			
Fundamentals of General Practice Nursing*			
Specialist Practice Programme*			
Advanced Clinical Practice*			
Additional Local Induction	Signed Practitioner	Signed Supervisor	Date

*Registered Nurses only

Appendix 2: Training Guidance

Mandatory Training	Update requirement
Basic Life Support and AED	Annually
Conflict Resolution	3 yearly
COSHH	3 yearly
Equality and Diversity	3 yearly
FGM	Once
Fire Safety Awareness	Annually
Health and Safety	Annually
Infection Prevention Control including Hand Hygiene	Annually
Information Governance	Annually
Manual Handling	3 yearly
Safeguarding Children (Level 1, 2 and 3)	initial course plus at least 3 yearly update
Safeguarding Adults and the Mental Capacity Act (Level 1, 2, and 3)	initial course plus at least 3 yearly update
PREVENT	Once

Additional training is required prior to undertaking any of the following services

Training	Update requirement	Provider
Asthma	Accredited course	
Cervical Cytology	Initial course then 3 yearly updates	Birmingham Women's Hospital
Childhood Immunisations	Initial course then annual updates	
CHD	Accredited course	
COPD	Accredited course	
Contraception	Initial workshop then 3 yearly updates	Faculty of Sexual and Reproductive Healthcare
Diabetes	Accredited course	
Ear Care	Initial course and 3 yearly update	
End of Life	Initial workshop	
Spirometry	Initial course and 3 yearly reaccréditation	ARTP
ECG	Initial course and 3 yearly update	

Appendix 3: Preceptorship Standard Domains

The following provides additional description for the nine domains of the Preceptorship Career Framework to inform preceptee development programmes to be completed over the programme.

Preceptorship Standard Domain	What it means – behaviours and outcomes
Clinical Practice	<ul style="list-style-type: none"> ○ Delivering person-centred, safe and effective care ○ Assessing and managing risks in delivering safe effective care to patients ○ Maintaining own skills and competence
Communication	<ul style="list-style-type: none"> ○ Sharing of health and care related information between a nurse and those in their care with both participants as sources and receivers. Information may be verbal or non-verbal, written or spoken. ○ Understanding techniques to facilitate courageous conversations ○ Understanding ways of managing conflict, taking ownership and using effective communication in difficult situations
Teamwork	<ul style="list-style-type: none"> ○ Working effectively as part of a team to achieve value-added patient, staff and organisational outcomes ○ Working with colleagues and other multi-disciplinary professionals to provide a cohesive approach to patient care ○ Understanding the components of effective team work
Leadership	<ul style="list-style-type: none"> ○ Effectively utilising personal skills and attributes to inspire people to achieve a common goal ○ Taking ownership and responsibility for self and practice. Acting as a role model for others ○ Understanding role as a leader, reflect on leadership styles and qualities of a good leader
Professionalism and Integrity	<ul style="list-style-type: none"> ○ Demonstrating a strong sense of professionalism through values, behaviours and relationships in line with NMC Code of Conduct (2015) Understanding range and remit of roles and scope of own responsibility. ○ Understanding professional accountability surrounding delegation
Research and Evidence	<ul style="list-style-type: none"> ○ Contributing to the body of nursing knowledge and using evidence to inform safe and effective practice ○ Understanding quality measures i.e. KPIs, friends and family, patient experience ○ Seeking out ways to develop and improve quality of practice and care

<p>Safety and Quality</p>	<ul style="list-style-type: none"> ○ Reducing the risk of harm and ensuring the best possible health outcomes for those receiving care ○ Taking active measures to reduce the risk of harm and ensure the best possible health outcomes for people receiving care. ○ Understanding risks and safe levels of staffing ○ Knowing how and with whom to raise issues ○ Understanding the appropriate policies
<p>Facilitation of learning</p>	<ul style="list-style-type: none"> ○ Creating an environment for learning and engaging in teaching and assessment ○ Learning with and from others, teaching others to improve patient care and collaboration ○ Understanding each other's professional roles and their contribution to the patient journey ○ Actively reflecting on positive and difficult situations and learning from these to improve practice ○ Providing preceptees with the opportunity to reflect on their practice, individually and with peer support
<p>Development of self and others</p>	<ul style="list-style-type: none"> ○ Helping self and others to identify learning needs and opportunities to achieve agreed goals ○ Taking an active part in own professional, personal and clinical development with PDP in place and planned learning activities ○ Understanding NMC revalidation requirements ○ Using emotional intelligence to work for, rather than against, promoting good working relationships ○ Finding ways to manage stress and develop resilience ○ Identifying support networks and how to access help

* Content included in the Preceptorship domains aligns to the key elements outlined in the HEE Standards.

Appendix 4: Preceptorship Charter

Charter between the preceptor and the preceptee

Preceptee I, _____ commit to fulfilling my responsibilities as a newly registered practitioner and preceptee.

This includes:

- Completing all organisation and local induction, statutory and mandatory training
- Attending study days and doing all required training to complete my preceptorship
- Observing and adhering to organisation values
- Participating fully in the preceptorship programme by preparing for and attending meetings as scheduled with my preceptor
- Working collaboratively with my preceptor to share my reflections and identify learning and development needs
- Seeking feedback from others to inform my progress
- Owning my learning and development plan

Signature: _____

Date: _____

Preceptor I, _____ commit to fulfilling my responsibilities as a preceptor.

This includes:

- Providing support and guidance to the newly registered nurse
- Acting as a role model and critical friend
- Facilitating introductions and promoting good working relationships
- Participating in all preceptorship activities including completing required training, preparing for, attending and documenting regular scheduled meetings
- Providing timely and appropriate feedback to the preceptee
- Liaising with manager about preceptee's progress as appropriate
- Advising on learning and development needs, facilitating a supportive learning environment and signposting learning resources

Signature: _____

Date: _____

Appendix 5: Preceptorship Meeting Templates

The following templates are suggested formats for formal review meetings to be completed by both preceptor and preceptee, signed, and dated and each maintaining a copy.

Initial Meeting (within first 3 months)

Preceptee Name:
Preceptor Name:
Date of Meeting:
Expectations:
Induction Checklist:
Study days / eLearning Planned:
Development plan:
Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Time-bound

Comments / Notes:

Next Meeting Date:

Preceptee Signature:

Preceptor Signature:

Date:

Interim Meeting (6 months)

Preceptee Name:

Preceptor Name:

Date of Meeting:

Expectations:

Induction Checklist:

Study days / eLearning Planned:

Development plan:

Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Timebound

Comments / Notes:

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Next Meeting Date:
Preceptee Signature:
Preceptor Signature:
Date:

Final Sign-Off Meeting (9 months)

Preceptee Name:
Preceptor Name:
Date of Meeting:

Expectations:

Induction Checklist:

Study days / eLearning Planned:

Development plan:

Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Timebound

Comments / Notes:

Next Meeting Date:
Preceptee Signature:
Preceptor Signature:
Date:

Preceptorship Sign-Off Declaration (12 months)

This is to confirm that the preceptee has completed all aspects of the preceptorship programme satisfactorily

Preceptee Name:
Signature:
Preceptor Name:
Signature:
Organisation Lead Name:
Date of completion:

Appendix 6: Role Descriptor for a Preceptor

Role Overview

To provide guidance to the graduate nurse by facilitating the transition from student to registered nurse by gaining experience and applying learning in a clinical setting during the preceptorship period.

Responsibilities

The role of the Preceptor is to:

1. Possess a good understanding of the preceptor framework requirements and communicate these to the newly registered nurse clearly and concisely
2. Ensure induction has been completed and check that the NRN is fully aware of local ways of working and appropriate policies
3. Facilitate introductions for the newly registered nurse to colleagues, multi-disciplinary staff and others, promoting effective working relationships
4. Guide in assessing learning needs and setting achievable goals with regular and confidential review with the newly registered nurse
5. Use coaching skills to enable the newly registered nurse to develop both clinical and professionally and to develop confidence
6. Facilitate a supportive learning environment by signposting resources and actively planning learning opportunities for clinical, professional and personal growth of the newly registered nurse
7. Give timely and appropriate feedback to newly registered nurse on a regular basis
8. Act as a critical friend and advocate
9. 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