Midwifery Preceptorship Protocol

Summary statement: How does the document support patient care?	To ensure all newly qualified midwives at UHSussex are supported to embed their knowledge into everyday practice.
Staff/stakeholders involved in development:	Preceptorship Lead Midwives
Division:	Women and Children's
Department:	Maternity
Responsible Person:	Preceptorship Lead Midwives
Author:	Preceptorship Lead Midwives
For use by:	Maternity staff who work with newly qualified midwives and Preceptees.
Purpose:	To provide guidance that outlines the support available to newly qualified midwives (NMQ) at University Hospitals Sussex.
This document supports:	NHS England » NHS People Plan NHS Long Term Plan » The NHS Long Term Plan https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-midwifery/ The Code (nmc.org.uk) nmc-principles-for-preceptorship-a5.pdf
Key related documents:	
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1.0	September 2023	Preceptorship Lead Midwives	LIVE	New UH Sussex maternity protocol

The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician.
If in doubt contact a senior colleague or expert.

Contents

Midwifery Preceptorship Protocol

1.0 Aim

To provide guidance that outlines the support available to newly qualified midwives (NMQ) at University Hospitals Sussex.

2.0 Scope

This protocol applies to:

- Maternity staff who work with newly qualified midwives
- Preceptees

This protocol applies to PRH, RSCH, WH and SRH sites. In acknowledgment that aligning all clinical practice is a work in progress, where significant differences remain between sites, this is clearly detailed.

3.0 Responsibilities

Maternity staff who work with newly qualified midwives:

- To access, read, understand and follow this protocol.
- To use their professional judgement in application of this protocol.

Management:

- To ensure the protocol is reviewed as required in line with Trust and National recommendations.
- To ensure the protocol is accessible to all relevant staff.
- To ensure this protocol is available to service users on request.

5.0 Abbreviations used within this protocol

NQM Newly Qualified Midwives	**PRH** Princess Royal Hospital
RSCH Royal Sussex County Hospital	**SRH** St Richards Hospital
WH Worthing Hospital	**NMC** Nursing and Midwifery Council
CSF Clinical Skills Facilitator	**WTE** Whole Time Equivalent
PMA Professional Midwifery Advocate	**RCM** Royal College of Midwives
NIPE Newborn and Infant Physical Examination	**SLOT** Strengths, limitations, opportunities, threats
MDT Multidisciplinary Team	**SMART** Specific, measureable, realistic, time bound
IV Intravenous	**FSE** Fetal Scalp Electrode
PFIS Patient First Improvement System	**CPD** Continuing Professional Development

6.0 Introduction

Preceptorship is a period of structured support for newly qualified midwives (NQM). The main aim is to welcome and integrate the NQM into their new team and place of work, translate and embed their knowledge into everyday practice, help them to grow in confidence and have the best possible start to their careers.

Preceptorship is a key, high impact intervention to support newly qualified staff. Preceptorship is recognised as giving newly qualified midwives the best opportunity to get their career off to a good start and supports retention. The NHS Long Term Plan acknowledges that by better supporting and developing staff, NHS employers can make an immediate difference to retaining the skills, expertise and care service users need, now and in the future

Preceptorship is **not** designed to replace appraisals, substitute for a formal induction and mandatory training or be a way to re-test or repeat any knowledge and skills that a professional needs to qualify for the NMC register.

This document is based on the National Preceptorship Framework for Midwifery 2023 and the Nursing and Midwifery Council (NMC) Principles for Preceptorship. It reflects the workforce development plans in the Three year delivery plan for maternity and neonatal services, NHS Long Term Plan and NHS People Plan.

This document also sets out the nationally recommended and auditable core standards and gold standards for Preceptorship (Appendix 1).

7.0 Definitions of roles & responsibilities

7.1 Preceptee

At UHSussex, a midwife would be considered a preceptee if they are:

- A NQM entering practice for the first time

Midwives who may also benefit from accessing part or the entire preceptorship programme are:

- A midwife returning to practice after re-joining the register.
- A registered midwife coming to work in the UK from within or outside the EEA/EU who requires support and guidance as part of their individualised support and development package.

7.2 Preceptor

A preceptor provides guidance to the preceptee by facilitating their transition from student to registered midwife. This is done by gaining experience and applying learning in a clinical setting during the preceptorship period.

At UHSussex preceptee's are allocated a Clinical Skills Facilitator (CSF) midwife as their preceptor by the preceptorship lead/s before they start employment (or in their first week in exceptional circumstances). CSFs are experienced midwives who offer alongside support in clinical practice with a vast range of clinical skills as well as supporting preceptee's with their emotional wellbeing and socialisation into the workplace. CSFs are a point of contact for any concerns and learning needs and take an active role in Preceptorship study days.

Preceptors are responsible for:

- Possessing a good understanding of the preceptorship framework requirements and communicating these to the preceptee clearly and concisely.
- Understanding the scope and boundaries of the roles of the preceptee.
- Acting as an advocate and professional friend; demonstrating insight and empathy with the preceptee.
- Acting as a role model for professional practice by promoting organisational values of compassion, communication, teamwork, respect, professionalism and inclusion.
- Ensuring all induction has been completed and checked so that the preceptee is fully aware of local ways of working and appropriate policies.
- Facilitating introductions for the newly registered midwife to colleagues, multidisciplinary team, peers, and others (internal and external to the organisation as appropriate). Promoting networking and development of effective working relationships.
- Agreeing and documenting individual learning needs with the preceptee, co-developing a learning plan with achievable goals with regular and confidential review (see Appendix 2 and IRIS Preceptee page).
- Using coaching and mentoring skills to enable the preceptee to develop both clinical and professionally and to develop confidence.
- Facilitating a supportive and inclusive learning environment by signposting resources and actively planning learning opportunities for clinical, professional and personal growth.
- Giving timely and appropriate feedback to the preceptee on a regular basis
- Liaising with the preceptee's line manager to monitor progress, celebrate success and address areas of poor performance or areas requiring further development through objective setting and regular review.
- Participate in regular formal meetings with preceptee (see Initial Meeting & Progress Meetings).
- Completing the NHS England E-Learning for Healthcare Preceptorship module and updating annually to maintain contemporary knowledge.
- Embracing principles of NMC Code.

7.3 Preceptorship Lead

The preceptorship lead/s acts as the central point of contact and co-ordination for all preceptorship matters within UHSussex. Currently there is 1 WTE preceptorship lead post for PRH and RSCH and another WTE preceptorship lead post for Worthing and SRH.

The preceptorship lead/s are responsible for:

- Co-ordination, monitoring and evaluation of preceptorship programmes.
- Development and review of both programme and protocol.
- Ensuring the learning environment meets the needs of the preceptee.
- Ensuring a development programme is in place to prepare preceptors and identifying further support or development needs.
- Identifying all NQM/midwives requiring preceptorship and allocating a preceptor in time for their start date.
- Maintaining a register of preceptors and preceptees.
- Ensuring the preceptor/preceptee relationship is working satisfactorily.
- Ensuring adequate protected time is happening in line with policy (see Supernumery Period and Protected Time).
- Monitoring and tracking completion rates for all preceptees.
- Measuring the effectiveness and impact of the preceptorship programme in retention and staff engagement by evaluating the programme after each cohort.
- Working alongside preceptee's when required.
- Prioritising and supporting staff retention.
- Promoting the value of preceptorship within their organisation.

7.4 Buddy

A buddy is a registered midwife at band 6 or above with a minimum of 12 months' experience as a midwife. Buddies are a professional friend, a named person for whom the preceptee can go to for advice and guidance in the absence of their preceptor. Buddies are allocated per rotation by the preceptorship lead/s or chosen by the preceptee. Preceptee's may be allocated one or two buddies to meet their support needs. The aim of this role is to ensure there is always a named person that a preceptee midwife can go to for support while on shift. Preceptees are not expected to shadow or work directly with their buddy. All buddies will communicate regularly with the preceptorship lead/s or named preceptor on the progress of the Preceptee.

Buddies are responsible for:

- Facilitating reflection.
- Giving timely and appropriate feedback to newly registered midwife on a regular basis.

- Acting as a role model for professional practice by promoting organisational values of compassion, communication, teamwork, respect, professionalism and inclusion.
- Embracing principles of the NMC Code.

7.5 Professional midwifery advocate (PMA)

Professional midwifery advocates (PMAs) provide support to the preceptee and preceptor throughout the preceptorship programme using the advocating and education for quality improvement (A-EQUIP) model. This is made up of four functions:

1. Restorative
2. Normative
3. Personal action for quality improvement
4. Education and development to support the preceptee

The A-EQUIP model aims to contribute to the provision of high-quality care via:

- Facilitating continuous improvement
- Valuing the midwife
- Enhancing health and wellbeing
- Building personal resilience

A PMA can also offer restorative supervision: an evidence-based tool that enables midwives to feel valued, recognises their strengths and challenges, and identifies ways for them to progress, change and develop. This can be undertaken individually or in a group setting with the remit to help staff understand and process thoughts. This will enable them to contemplate different perspectives and inform decision making.
Currently, at PRH & RSCH midwives are allocated a named PMA. At Worthing & SRH midwives have access to a pool of PMAs.

Preceptees are encouraged to meet with a PMA at least twice in the preceptorship period. PMA's are invited to attend on at least one of the Preceptorship study days when Restorative Group Clinical Supervision is offered.

7.6 Line Manager

Preceptee's are initially line managed by the inpatient midwifery matron at their hospital site. The role of the line manager is to ensure the implementation of the preceptorship policy within their own area including:

- Working closely with the Preceptorship Leads to ensure the completion of all induction, mandatory and statutory training for the preceptee.
- Providing a minimum supernumerary period.

- Ensuring protected time for meetings at the outset of the programme and every three months.
- Working collaboratively with the preceptorship lead to ensure sufficient support and development opportunities for preceptee's.
- Participating in the final sign off process and arranging progression to Band 6.

7.8 The Chief Nurse

The chief nurse is the trust board member with overall responsibility for the delivery of the trust's preceptorship programmes for NMC registered professionals.

7.9 The Director of Midwifery

The director of midwifery is the trust board member with overall responsibility for the delivery of the trust's preceptorship programmes for midwives.

7.10 The Head of Midwifery

The head of midwifery (1 WTE for PRH & RSCH, 1 WTE for Worthing & SRH) are responsible for operational direction and the provision of midwifery services management to ensure the delivery of a consistently high standard of care, patient experience and satisfaction. They have a responsibility to ensure any preceptorship programme meets the needs of newly qualified midwives and all national and local policies.

8.0 Model of preceptorship provision

At UHSussex Model 1 of Preceptorship Provision as defined by the National Preceptorship Framework (2023) is followed.

The preceptorship programme is the responsibility of the preceptorship lead/s, supported by the Maternity Education Team/s, buddies and PMAs.

Preceptee's are allocated a named CSF midwife as their preceptor prior to starting in post or in their first week of employment as a NQM.

Preceptees are also assigned (or choose) a buddy/s who is a named midwife (B6 or above) in clinical practice who is available to the preceptee for 50 per cent of rostered shifts where possible, for at least the first six months in post and up to the entirety of their preceptorship programme if they wish.

The preceptorship lead/s co-ordinates and monitors provision of preceptorship.

8.1 PRH & RSCH

The named CSF (preceptor) undertakes formal meetings every three months with the preceptee to track their progress from band 5 to band 6. This ensures competencies are completed, confidence is grown, and pastoral support is provided until completion of the preceptorship period.

Preceptee's also have the opportunity to work with any of the CSFs in the Maternity Education Team if a particular area of practice is identified, during clinical emergencies attended by the CSF bleep holder or as part of in-situ skills drills.

8.2 WH & SRH

The preceptorship lead/s may work clinically alongside preceptees. The preceptorship lead/s undertakes formal meetings every three months to track preceptee progress from band 5 to band 6. This ensures competencies are completed, confidence is grown, and pastoral support is provided until completion of the preceptorship period.

9.0 Programme of learning

Preceptee's at UHSussex complete a structured programme of learning which includes:

- Trust Induction and orientation
- 5 Preceptorship study days (see Appendix 3)
- 5 Mandatory Training days
- Infant Feeding day

All days are rostered and are protected time for preceptorship.

10.0 Timeframes

The National Preceptorship Framework and RCM recommend a timeframe normally not less than one year and not more than two years based on full time working hours. Preceptee's who work part time are anticipated to complete their programme at around 18months but should also aim to to progress to B6 within 2 years. The National Preceptorship Lead acknowledges that some preceptee's may be ready to progress to a band 6 sooner than 12 months, and are supportive of earlier progression based on the individual achievement and experience of the preceptee. This decision must be made as part of a formal process with their preceptorship lead, preceptor, PMA and line manager (see Final Sign-Off).

11.0 Supernumerary period

On commencement of the preceptorship period, all newly registered preceptees will have supernumerary status for:

- A **minimum** of four weeks or 150 hours over a 12-month preceptorship period.
- This time can be used at the start of each rotation in a clinical area or at the start of the preceptorship programme.

The Preceptee will be allocated a midwife to work with, will not be personally allocated a caseload or patient, and will not be counted in the staffing numbers.

12.0 Protected time

12.1 Preceptee's

In **addition** to the programme of learning and supernumerary time described above, preceptee's are allocated a **minimum of 8 hours** protected time per year for progress meetings (see Initial and Progress Meetings) and PMA support. If meetings are undertaken outside of working hours, this time can be claimed back as time in lieu.

Preceptee's who have completed NIPE training as part of their Midwifery degree need to complete 10 supervised NIPE check and 10 unsupervised NIPE checks (which have already been completed by a signed off clinician or are re-checked by a signed off clinician) before they can perform this skill independently.
Preceptees are encouraged to work a minimum of 30 per cent of their shifts (ideally one shift a week) between Monday and Friday in day time hours. This is to enable them to access the direct support of their named preceptor and the Education Team.

12.2 Preceptors

Preceptors are allocated a minimum of 8 hours protected time per named preceptee per year to undertake progress meetings (see Initial and Progress Meetings) and meet support needs. If meetings are undertaken outside of working hours, this time can be claimed back as time in lieu.

In addition, Preceptor's are allocated a minimum of 4 hours protected time per year to ensure time for personal development such as attending national forums, workshops, education and training.

13.0 Initial meeting

Initial meetings should take place between the preceptee and their named CSF preceptor within the first week of preceptee employment as a NQM and no later than 2 weeks.

The initial meeting will result in an individualised, personalised development plan, jointly agreed by preceptee and preceptor, using strengths, limitations, opportunities, threats (SLOT) model.

At the initial meeting UHSussex preceptee's must complete the Midwifery Framework Charter (Appendix 4) where they commit to:

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

14.0 Progress meetings

Over the preceptorship programme, a minimum of four progress meetings should take place at approximately three, six, nine and twelve months between preceptee and preceptor or preceptorship lead. Meetings should last about an hour and are included as protected time for both preceptee and preceptor.

At each meeting, a formal review of progress is completed, and expectations of the next three months' competencies are agreed. This is documented using the meeting template (Appendix 2) and uploaded to the preceptee's ePortfolio on IRIS. Any planned support to help the midwife achieve their competencies should be documented. This should be regularly discussed and reviewed with outcomes recorded by the preceptee and preceptor throughout the preceptorship programme.

15.0 Record of progress

The preceptee will maintain an ePortfolio (record of progress) via IRIS that provides reflective accounts and captures evidence that demonstrates working towards, or meeting, the required standards, competencies, or outcomes of their role alongside regular practice feedback and their completed eLearning tasks. Preceptee's must also complete their "skills passport" which captures completion of practical skills and clinical experiences. Any registered member of the MDT can sign this document when witnessing skills and/or experience.

Preceptor's keep a record of alongside clinical support in the preceptee's progress log (Appendix 5) in their named electronic folder on the education drive. Entries should provide

a brief description of the session alongside any concerns or actions completed in conjunction and/or agreement with the preceptee.

16.0 Information sharing

Documentation of learning and development plans and progress meetings are jointly agreed between preceptee and preceptor. These documents are stored electronically on the preceptee's IRIS account and in the Education Team drive. Preceptee's may also choose to retain a paper copy if they wish. These documents may be used for information sharing within the Maternity Education Team to meet identified learning needs and/or with the preceptee's line manager. Information is only ever shared with the preceptee's permission, except in extraordinary circumstances.

17.0 Standardised documentation

Standard documentation for the preceptorship programme is used across UHSussex and includes:

- Policy
- Charter (Appendix 4)
- Meeting templates (Appendix 2)
- Individual learning plan – SLOT Analysis (Appendix 2)
- NMC Reflection (Appendix 6)
- Escalation process (Appendix 7)

18.0 Escalation process

It is imperative at UHSussex that staff feel able to raise concerns and that these are acted upon. In the first instance, all staff are encouraged to speak to the preceptorship lead/s about any concerns relating to preceptorship. Midwives are also encouraged to raise concerns with a PMA. If they are unable to for any reason, staff are encouraged to refer to the UHS Sussex Speaking Up/Raising Concerrns toolkit and/or NMC guidance document: Raising Concerns and follow the recommended steps.

18.1 Raising Concerns about a Preceptee

If there are concerns about a preceptee the flowchart in Appendix 7 should be followed. In all but exceptional circumstances the concern should be directly raised with the preceptee and a solution sought. Preceptee's should be copied in to any resulting communication and jointly agree next steps. If every reasonable effort has been made to raise concerns directly with the preceptee, and a solution has not been found, it is important to give a clear explanation of why when escalating further as per the flowchart in Appendix 7.

19.0 Final sign-off

The period of preceptorship ends after the preceptee has successfully acquired all necessary clinical skills, competencies and performance requirements of their position.

A final sign off meeting should take place when the preceptee has completed their skills passport and IRIS requirements and they have the confidence, competence and experience to progress to a band 6 (see Timeframes).

This is a formal process which includes progression from a band 5 to band 6. Staff present at the meeting should as a minimum include the preceptee, preceptor and line manager. It is recommended that the preceptee's PMA is also invited. In the absence of the preceptor, the preceptorship lead/s will attend. This will ensure the preceptee's progress has been satisfactory throughout, all competencies are achieved, the preceptee has gained sufficient confidence and autonomous skills competence to fulfil a band 6 role. The meeting is also an opportunity to celebrate the individual achievements of the preceptee during their preceptorship programme.

There is a formal documented process for sign off for both:

- Completion of the preceptorship year (via IRIS)
- Completion of the "skills passport"
- Progression from band 5 to band 6

If the preceptee has not provided sufficient evidence that they have successfully met the requirements of their position, the process outlined in the Trusts capability and poor performance guidance may be followed.

20.0 Evaluation

Evaluation of the preceptorship programme should be completed annually by the preceptorship lead/s. This will include:

- Evaluation of the preceptorship experience from preceptee feedback questionnaires at the end point
- Feedback from preceptors
- Feedback from line managers
- Feedback from practice educators
- Course evaluations
- Analysis of retention statistics at 12 months and 24 months' post registration/start date with the organisation.

21.0 Monitoring

See appendix 1.

References

NHS (2020) NHS People Plan. Online: NHS England » NHS People Plan (Accessed 01/05/2023)

NHS (2019) The NHS Long Term Plan. Online: NHS Long Term Plan » The NHS Long Term Plan (Accessed 01/05/2023)

NHS England (2023) National Preceptorship Framework for Midwifery. Online: https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-midwifery/ (Accessed 01/05/2023)

NHS England (2023) Three year delivery plan for maternity and neonatal services. Online: NHS England » Three year delivery plan for maternity and neonatal services (Accessed 01/05/2023)

Nursing and Midwifery Council (2018) NMC Code. Online: The Code (nmc.org.uk) (Accessed 01/05/2023)

Nursing and Midwifery Council (2022) Principles for Preceptorship. Online: nmc-principles-for-preceptorship-a5.pdf (Accessed 01/05/2023)

Appendix 1: Midwifery Preceptorship Recommended, Core & Gold Standards 2023

Core standards should be implemented and able to be evidenced by September 2023
Gold standards should be implemented or being worked towards

Standard	Recommended	Core	Gold	Evidence
Preceptorship Lead:				
Band 7 midwife or midwifery manager in post as named lead		X		12 month posts x2 WTE (E&W)
Oversees the preceptorship programme		X		
Maintains a register of preceptors and preceptees			X	Develop Spreadsheet
Promotes the value of preceptorship within their organisation				Present at Maternity Assembly
Ensures there is a development programme to prepare preceptors for their role			X	Protocol
Supports the preceptors as and when required			X	
Development of Preceptor's training		X		Evaluation forms, archive preceptorship days, map rationale for changes
Reports into the SRO, director of midwifery or head of midwifery	X			
A Senior responsible officer (SRO) for preceptorship should be in place at board level to mandate preceptorship across the organisation, confirm supernumerary and protected time for preceptees and preceptors, meeting templates and standard documentation				Director of Midwifery
Preceptor:				
Named Preceptor (CSF) allocated to Preceptee within 1 week of starting in post		X		Audit tool IRIS
Named Preceptor (CSF) allocated to Preceptee prior to them starting in post with PIN			X	Audit
Preceptor's allocated **at least** 8 hours protected time/year to successfully undertake their role		X		Audit
Preceptor's allocated **at least** 12 hours protected time/year for personal development			X	Audit

Preceptorship Programme:				
Timeframe: Normally not less than a year, not more than 2 years (RCM)	X			Audit tool IRIS
Includes orientation to the trust and maternity service provider and its values, objectives, policies, and procedures	X			Audit tool IRIS
Continuation of post-preceptorship year support over 12 months and up to 3 years			X	Not started
Bespoke accelerated preceptorship programme for international recruits			X	Not started
Formal sign-off process includes the preceptee, preceptor, preceptorship lead, line manager, and professional midwifery advocate to ensure the preceptee's progress has been satisfactory throughout, all competencies are achieved, the preceptee has gained sufficient confidence and autonomous skills competence to fulfil a band 6 role.	X			Audit tool IRIS
Documentation				
Formal, individualised learning agreement to allow the line manager, preceptor and preceptee to understand their roles and responsibilities in the process and provide an audit and evaluation of the preceptorship period		X		Learning charter IRIS Audit tool IRIS
Standard documentation should be used across the organisation including: • Policy • Charter • Meeting templates	X			Policy
Development needs analysis (SLOT analysis: Strengths, Learning needs, Opportunities and Threats) The SLOT model can assist in developing an agreed programme of development between preceptee and preceptor. • Individual learning plan • Reflection • Escalation process	X			Audit tool IRIS

Protected time				
Protected supernumerary time to allow orientation into all care settings in which midwives provide care				Audit/Evaluation
Protected learning time to develop skills/competencies and become familiar with unit policies and procedures, including multidisciplinary skills and drills training relating to emergency/urgent and complex care situations				Attendance D1
Protected time with named preceptor to reflect on practice and receive constructive feedback on preceptorship programme requirements				Completes meetings within timeframes Audit tool IRIS
Minimum of 4 weeks/150 hours of **supernumary** time - usually two weeks at the start of each rotation or at the start of each new clinical area. Preceptees must be allocated a named midwife to work with during supernumary time, will not be counted in the numbers or allocated a personal caseload or patient		X		Audit/Evaluation
Meetings:				
Initial meeting between named Preceptor and Preceptee takes place within 2 weeks of joining organisation		X		Audit tool IRIS
Initial meeting between named Preceptor and Preceptee takes place within 1 week of joining organisation			X	Audit tool IRIS
Individualised, personalised development plan jointly agreed at initial meeting		X		Audit tool IRIS
Minimum of 4 progress meetings should take place around: 3, 6, 9 & 12 months		X		Audit tool IRIS
More frequent schedule of meetings between preceptor and preceptee than 3, 6, 9 & 12 months			X	Audit tool IRIS
Progress meetings should last around an hour and be protected time for both preceptee & preceptor		X		Audit/ Evaluation
The preceptee will maintain a portfolio or a record of progress that provides reflective accounts and captures evidence that demonstrates working towards, or meeting, the required standards,		X		E portfolio IRIS Audit tool IRIS

competencies, or outcomes of their role alongside regular practice feedback				
Policy:				
Defines roles of Preceptorship Lead		X		Policy
Defines supernumary period		X		Policy
Defines protected time		X		Policy
Includes a formal structured programme of learning		X		Policy
Standardised documentation		X		Policy/IRIS
Evidence of Preceptor training			X	Audit
Audit compliance with framework			X	Audit/Live doc
Audit evaluation of programme			X	Audit/Evaluation
Audit feedback			X	Audit/Evaluation
Audit impact on recruitment & retention			X	Audit exit/retention at 12 & 24 months Audit/Evaluation/Exit interview (separate moving Trust/Leaving profession)
Compliance				
National preceptorship framework for midwifery (2023)	X			Policy/attend National forum
NMC principles of preceptorship (2020)	X			
RCM position statement on preceptorship (2022)	X			
(2022)	X			
Immediate and essential actions (EIAs) relating specifically to midwifery preceptorship	X			
Annual Evaluation:				
Analysis of course feedback forms		X		Feedback forms
Retention statistics at 12 and 24 months post-registration		X		Audit
Evaluation of preceptorship experience based on questionnaires from preceptee's		X		Feedback forms
Evaluation of preceptorship feedback from preceptor's		X		Feedback forms
Feedback analysed after each workshop or training session			X	Feedback forms
Midpoint preceptee feedback			X	Evaluation
Midpoint preceptor/stakeholder feedback			X	Evaluation
Precetees involved in the design & development of the programme			X	Evaluation

Appendix 2: Meeting templates

Initial meeting

Preceptee Name:
Preceptor Name:
Date of meeting:

Expectations:
Induction checklist
Study days / e-learning planned
Development Plan: SMART objectives (Specific, measurable, realistic, agreed, time bound)
Support to achieve objectives:
Comments /Notes Next meeting date: Preceptee signature Preceptor signature

Slot Analysis

This is a self-assessment tool to help you identify areas for discussion with your preceptor. Complete this at your initial meeting with your preceptor.

STRENGTHS/SKILLS	LEARNING NEEDS
What areas of practice do I already feel competent/confident in?	*What area of practice do I need to know more about?*
OPPORTUNITIES	**THREATS**
How can I exploit my strengths and meet my learning needs? *What can my workplace include to do this?*	*What is it that I am most worried about/ what might hold me back/how can I overcome?*

Date of Initial Meeting
Record of Discussion and agreed learning needs.
Plan of Action.
Agreed Date of next meeting:
Signature of Preceptor:
Signature of Preceptee:

Interim meetings

Preceptee Name:
Preceptor Name:
Date of meeting:

Review since last meeting, reflection of progress, what's gone well and any challenges
Study days / e-learning planned
Development Plan: SMART objectives (Specific, measurable, realistic, agreed, time bound)
Support to achieve objectives:
Comments /Notes Next meeting date: Preceptee signature Preceptor signature

Final meeting

Preceptee Name:
Preceptor Name:
Date of meeting:

Review since last meeting what's gone well and any challenges
Study days / e-learning completed/ programme completed
Review of last meeting's SMART objectives (Specific, measurable, realistic, agreed, time bound)
Future development needs
Sign Off declaration This is to confirm that I have completed all aspects of the preceptorship programme satisfactorily Preceptee signature This is to confirm that_____has completed the preceptorship programme and all competencies which are core to the preceptorship programme Preceptor signature Line Manager signature

Appendix 3: Preceptorship study days

The preceptorship Education Programme is updated annually based on feedback from preceptee's, presenting faculty and to reflect local and national themes. As an overview, the days include:

Welcome & Orientation	Introduction to Preceptorship Programme Introduction to role of PMA Human Factors Escalation & Speaking Up Medicines Management Assessment
Cannulation & Intravenous Infusions	Cannulating Workshop Introduction & update from Trust IV Team
Suturing, Speculums & FSEs	Suturing Workshop Speculums Workshop Applying a fetal scalp electrode (FSE)
Physiological Birth & Wellbeing	Physiological Birth Refresher Role of Consultant Midwife Restorative Clinical Supervision Staff Psychological Support Service
Moving Forward & Next Steps	Practice Supervisor and Practice Assessor Quality Improvement Projects/PFIS Utilising PMA Evaluating Preceptorship Programme Celebrating success

Appendix 4: Midwifery framework charter

Preceptee

I, _____commit to fulfilling my responsibilities as a newly registered midwife 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 midwife
- 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 at 3,6,9 and 12 months
- Providing timely and appropriate feedback to the preceptee
- Liaising with manager and Preceptorship Lead 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 progress log

Name:	
Telephone:	
Email:	
Site:	
Start Date:	
Hours:	
CSF:	
PMA:	

Date:	Information:	Action	Plan	Sign

Appendix 5: NMC reflective accounts form

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

Reflective account:
What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?
What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?
How did you change or improve your practice as a result?
How is this relevant to the Code? Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

Appendix 7: Raising concerns about a Preceptee