

# Preceptorship for Midwives Policy

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|---|---|-------------------|---------|
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| To be read in conjunction with the following documents: None  |   |                   |         |
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| CQC Fundamental standards:<br>Regulation 9 – person centered care<br>Regulation 10 – dignity and respect<br>Regulation 11 – Need for consent<br>Regulation 12 – Safe care and treatment<br>Regulation 13 – Safeguarding service users from abuse and improper treatment<br>Regulation 14 – Meeting nutritional and hydration needs<br>Regulation 15 – Premises and equipment<br>Regulation 16 – Receiving and acting on complaints<br>Regulation 17 – Good governance<br>Regulation 18 – Staffing<br>Regulation 19 – Fit and proper |   |                   |         |

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## Policy Statement

The National Preceptorship Framework for Midwifery (March 2023) sets out preceptorship requirements for newly Registered Midwives (RM), midwives joining a new part of the register, return to practice midwives (RTP) and a RM coming to work in the UK from within or outside the European Economic Area (EEA)/European Union (EU) who receives preceptor support and guidance as part of their individualised support and development package.

This policy provides information for all staff about the implementation and ongoing requirements of preceptorship programme in midwifery services and complies with the National Preceptorship Framework for Midwifery March 2023.

It provides a common approach to promote consistency with the National Preceptorship Framework for Midwifery and preceptorship programme across midwifery practice and services to ensure a period of structured support for newly registered midwives and that the appropriate support and progression arrangements are in place.

## Executive Summary

Preceptorship is a period of structured support for newly Registered Midwives. The main aim is to welcome and integrate the newly Registered Midwife into their new team and place of work.

Preceptorship helps professionals to translate and embed their knowledge into everyday practice, grow in confidence and have the best possible start to their careers.

Preceptorship offers a formal, structured period of support of transition and learning that develops the newly Registered Midwife, who possesses the knowledge, skills and behaviours required to join the professional register, into an accountable midwife who can convert this knowledge into everyday practice and work confidently to the [Nursing and Midwifery Council \(NMC\) Code](#) on a day to day basis. It starts a lifelong journey of reflection and the ability to self-identify continuing professional development needs.

Preceptorship isn't designed to replace appraisals, be a 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 register on the NMC register.

A positive preceptorship experience is reported to result in newly Registered Nurses, Midwives and Nursing Associates having increased confidence and sense of belonging, feeling valued by their employer ([NMC Principles of Preceptorship 2022](#)), job satisfaction, and improved recruitment and retention ([RCM 2022](#)). Attracting and retaining skilled Midwives is important for delivering better, safe and effective care and fulfilling the [NHS Long Term Plan](#) and [NHS People Plan](#)

## Definitions (in alphabetical order)

**A-EQUIP** – Advocating and Education for Quality Improvement

**Buddy** - A buddy is a registered midwife at band 6 or above with a minimum of 12 months' experience as a midwife. They must have completed their own period of preceptorship and possess the necessary skills to observe practice, support, teach and assess skills, appraise competence, facilitate reflection and act as an exemplary role model at all times.

**CSU** – Clinical Service Unit

**EEA** – European Economic Area

**EqIA** – Equality Impact Assessment

**FTSU** – Freedom to Speak Up Guardians

**HEE** – Health Education England

**HR** – Human Resources

**IEA** – Immediate and Essential Actions

**IR** – Internationally Recruited

**MSS** – Managers Self Service

**NIPE** – Newborn and Infant Physical Examination

**NMC** – Nursing & Midwifery Council

**NQM** – Newly Qualified Midwife

**NRM** – Newly Registered Midwife, also known as the preceptee

**PDM** – Professional Development Midwife

**PMA** – Professional Midwifery Advocate

**Preceptee** - A newly registered midwife entering practice for the first time, those going onto a new part of the register, those returning to practice after re-joining the register and registered midwives coming to work in the UK from within or outside the EEA/EU.

**Preceptor** - The midwifery preceptor should be a registered midwife at band 6 or above with a minimum of 12 months' experience post-registration. They should have experience of working in the same setting as the preceptee.

**Preceptorship Lead Midwife** - The preceptorship lead is a registered midwife, at Band 7 or above who is responsible for overseeing the preceptorship programme in the organisation and ensures compliance to the nationally agreed preceptorship framework. They will act as the central point of contact and co-ordination for all preceptorship matters within the maternity department. They are responsible for the co-ordination, monitoring and evaluation of preceptorship development programmes, and development and review of both programme and policy.

The preceptorship lead maintains a register of preceptors and preceptees, promotes the value of preceptorship within their organisation. To support preceptees and buddies they will possess the necessary skills to observe practice, give feedback, support, teach, assess and appraise competence, facilitate reflection for preceptees, buddies and preceptors as required, and at all times act as an exemplary role model. In the model of preceptorship used at Milton Keynes University Hospital (MKUH) maternity the preceptorship lead will be the preceptor for all preceptees

**Professional Midwifery Advocate (PMA)** - PMAs provide support to preceptees throughout the preceptorship programme using the Advocating and Education for Quality Improvement (A-EQUIP) model. This is made up of four functions:

- Restorative
- Normative
- Personal action for quality improvement
- Education and development to support the preceptee.

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.

**RCM** – Royal College of Midwives

**RM** – Registered Midwives

**RTP** – Return to Practice

**TNA** – Training Needs Analysis

**TRiM** – Trauma Risk Management

## 1.0 Roles and Responsibilities:

**Preceptee** – The preceptee is responsible for making the most of their tailored preceptorship programme by:

- Engaging in all induction, training, reviews and support opportunities
- Applying and developing their knowledge, skills and embracing organisational values
- Developing specific clinical skills and competencies that relate to the preceptee's role (Perineal suturing, administration of IV medication, cannulation)
- Accessing support as required in embedding the values and expectations of the profession
- Participating in regular formal and informal meetings with the preceptorship lead, ward managers, PMA's as set out within the National Preceptorship Framework for Midwifery (March 2023), taking time to reflect on practice and receive constructive feedback
- Taking responsibility for individual learning and development by learning how to 'manage self' and reflective practice
- Maintaining a portfolio or a record of progress 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.
- Continuing life-long learning
- Embrace the principles of the NMC Code and values of the organisation
- Escalating clinical concerns to the Labour Ward Co-ordinator and obstetric team and non-clinical concerns to the Preceptorship Lead, Ward Managers or Senior Leadership Team.

### Preceptorship Lead Midwife

The responsibilities of the preceptorship lead are to:

- Possess a good understanding of the preceptorship framework requirements and communicate these to the preceptee clearly and concisely.
- To be the preceptor for all preceptees in the maternity department
- Implement the core and gold standards of the National Preceptorship Framework for Midwifery
- Ensure the learning environment meets the needs of the preceptee.
- Provide support in the recruitment process of NRM's
- Implement and maintain a register of preceptees and buddies to demonstrate there is sufficient capacity to support preceptorship.
- Ensure adequate preceptee protected and supernumerary time in line with policy
- Ensure that all regular formal review meetings take place with preceptee

- Identify any development / support needs of the preceptees
- Liaise with the preceptee's line manager to monitor progress and address areas of poor performance or areas requiring further development through objective setting and regular review
- Monitor and track completion rates for all preceptees
- Evaluate programmes after each cohort, analyse course feedback forms and quality assure preceptorship programme in line with the national preceptorship framework for midwifery 2023
- Completion of audit trails to demonstrate compliance, evaluation and feedback with a measure of impact on recruitment and retention
- Review the preceptorship programme and update such arrangements in line with statutory requirements, guidance and experience in order to ensure that NRMs receive a quality transitional experience through the preceptorship programme
- Promote and encouraging an open, honest and transparent safety culture among staff
- Support the delivery of high- quality efficient healthcare in line with national and local policies
- Report preceptorship activities and progress to the Senior Leadership Team/Divisional Chief Midwife
- Work with external national bodies and preceptorship forums/support networks to continually improve and enhance preceptorship programmes for NRMs and to ensure equity of provision and up to date knowledge
- Attend training and development opportunities connected to this role and maintain own competencies
- Ensure consistency in terms of midwifery specific competencies and outcomes that preceptees are required to meet and that preceptees have equitable access to preceptorship regardless of their status in relation to the nine protected characteristic groups of race, sex, gender reassignment, age, religion and belief, disability, sexual orientation, marriage and civil partnership, pregnancy and maternity (Equality Act 2010) - as well as equitable experiences from the process.
- Complete sign off process to band 6 on completion of preceptorship programme alongside the line manager
- Embrace principles of NMC Code and values of the organisation.

**Buddy** – The responsibilities of a buddy are to:

- Work clinically alongside preceptees, where possible, and develop and professionally support preceptees to achieve competency and confidence in performing extended clinical skills, completion of preceptorship period and transition to a Band 6.
- Be allocated per rotation by the preceptorship lead.
- Act as a peer and advocate, demonstrate insight and empathy with the preceptee.
- Buddies are a critical friend, a named person for whom the preceptee can go to for advice and guidance in the absence of the preceptorship lead.
- Act as a role model for professional practice and socialisation, living organisational values.
- Facilitate introductions for the newly registered midwife to colleagues, multi-disciplinary team, peers, and others (internal and external to the organisation as appropriate). Promote networking and development of effective working relationships.
- Give timely and appropriate feedback to preceptee on a regular basis.
- Communicate feedback and progress of preceptees regularly with preceptorship lead
- Embrace principles of the NMC Code and the values of the organisation.



## 2.0 Processes and procedures

### 2.1 Background and Principles for Preceptorship

The main aim of preceptorship is to welcome and integrate newly registered midwives into their new team and place of work. It helps translate their knowledge into everyday practice, grow in confidence and understand how to apply the NMC Code into their day-to-day work.

The [NMC principles of preceptorship 2020](#) (3.2 and 3.4) states: "Preceptorship is tailored to the individual nurse, midwife, and nursing associate preceptee's new role and the health or care setting. It seeks to recognise and support the needs of the preceptee to promote their confidence in their professional healthcare role."

The Royal College of Midwives (RCM) [issued a position statement in August 2022](#) outlining: "While qualified midwives are competent at the point of registration, they need to consolidate their skills and knowledge and develop their confidence."

Health Education England (HEE) recognise the importance of preceptorship and identify that an organisational policy and structured preceptorship programme, that has been agreed by the Executive nurse should be available for all new registered practitioners. HEE identified standards for preceptorship in 2015 and has since developed and published the [Capital Nurse/Midwife Preceptorship Framework \(2019\)](#) "to provide a high standard and harmonised approach to preceptorship across the capital".

The Ockendon Report (March 2022) is a report specifically about maternity services provision and includes several Immediate Essential Actions for midwives and those providing maternity services. For midwifery preceptorship, this includes:

All Trusts must implement a robust preceptorship programme for newly qualified midwives (NQMs), which supports supernumerary status during their orientation period and protected learning time for professional development as per the RCM (2022) position statement.

All NQMs must remain in the hospital setting for a minimum period of at least one-year post qualification. This timeframe will ensure there is an opportunity to develop essential skills and competencies to advance their clinical practice, enhance professional confidence and resilience, and provide a structured period of transition from student to accountable midwife.

[The National Preceptorship Framework for Midwifery](#) was published by NHS England in March 2023 and is a sister document to the [National Preceptorship Framework for Nursing published in October 2022](#). The framework sets out core and gold standards for midwifery preceptorship programmes. Organisations must have core standards in place by September 2023, aiming for gold standards thereafter. This policy is based on the standards in this framework.

### 2.2 Midwifery Preceptorship Model

The preceptorship lead midwife is the preceptor for all preceptees in the department and is supported by midwives who act as buddies and work clinically with the preceptees. The buddies work closely and communicate regularly with the preceptorship lead. The preceptorship lead midwife undertakes regular review meetings at 3, 6, 9 and 12 months, and tracks the progress of each preceptee, from band 5 to band 6 **and** completion of their preceptorship period.

The Senior Responsible Officer (SRO) responsible for preceptorship in the Trust is the Divisional Chief Nurse.

### 2.3 Pre-employment

At the point of contact pre-employment, the preceptorship lead email address will be provided to the preceptee to enable communication to begin, and any questions can be answered early in the

process. The preceptorship lead will liaise with maternity matrons, HR and recruitment with any recruitment questions or concerns.

## 2.4 Induction

When all relevant HR recruitment checks have been satisfactorily completed, a new starter list will be sent to recruiting matron, ward manager and preceptorship lead. The start date will be agreed between NRM and HR.

Each NRM will enrol automatically onto the preceptorship programme. Commencement of the preceptorship period will begin with a period of induction. This is a formal structured programme of learning which includes Trust induction training, manual handling, maternity mandatory training and will be both e-learning and face to face training. Protected time will be included for statutory/mandatory training. A total of 150hrs of supernumerary time across all clinical areas will be included in this timetable. During their supernumerary time 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. Allocated time with the Divisional Chief Midwife, the PMA lead midwife and other specialist midwives will be included in the induction.

The induction timetable will be created by the preceptorship lead midwife, the ward managers and the PDM administrator and sent to the NRM prior to start date. This will be disseminated to ward managers, community team leaders and matrons.

On the NRM's first day of employment, they will meet with the preceptorship lead midwife and that meeting will result in an individualised personal development plan being jointly agreed by the preceptorship lead and the preceptee. They will receive a preceptorship pack which includes:

- Milton Keynes University Hospital Midwife Preceptorship Programme Handbook
- MKUH New starter booklet
- Emergency contact details form
- Quick reference pocket cards
- NHS Health passport (to be discussed with PMA's/line manager)
- Health roster guide
- Equipment self-certification booklet

A buddy will be allocated to the preceptee during the induction period who ideally works in the same clinical area as the preceptee.

## 2.5 Preceptorship reviews and progression

Over the preceptorship 12 month programme, four progress meetings should take place as a minimum, at approximately 3, 6, 9 and 12 months between preceptee and preceptorship lead midwife. Meetings should last about an hour and will be protected time for both preceptee and preceptorship lead midwife. The meeting templates are within the Preceptorship handbook. At each review meeting, a formal review of progress is completed, and expectations of the next three months competencies will be agreed.

Any planned support to help the midwife achieve their competencies should be documented using the Preceptorship Support Form (Appendix 1). This should be regularly discussed and reviewed with outcomes recorded by the preceptee and preceptorship lead at least every 3 months throughout the first 12 months.

Feedback forms will be sent to each individual preceptee at 6 and 12 months by the preceptorship lead midwife to gain feedback on their experience of the preceptorship programme, enabling evaluation of the programme.



Facilitated learning and study days will be allocated into the preceptee's rota in line with NHS England's core competencies and the local Trust Training Needs Analysis (TNA).

At least one PMA reflective and/or restorative session should be arranged between the preceptee and PMA during the preceptorship period, either in a 1:1 or group setting and will be protected time for the preceptee and PMA. 8 hours of protected time will be allocated for review meetings, PMA sessions and peer support.

The preceptee will maintain a portfolio, or record of progress, that provides reflective accounts, service user feedback and captures evidence that demonstrates working towards, or meeting the required standards, competencies, or outcomes of their role. This should be regularly discussed and reviewed, with the outcomes recorded by the preceptee and preceptorship lead throughout the preceptorship period.

Preceptees who have completed a programme against the 2023 NMC Standards Framework for Nursing and Midwifery Education, including both theory and practice elements of the neonatal systematic physical examination, will be supported to maintain their competencies with individualised local Newborn and Infant Physical Examination (NIPE) support. This may initially include some supervised NIPE's with a trained NIPE practitioner. All other preceptee's will be encouraged to apply for training with an approved education institution with their needs ascertained by individual discussion with the PDM team.

A final sign off meeting should take place at 12 months, or longer at the end of the preceptorship period if competencies have not yet been met.

## **2.6 Process for completion of Preceptorship period**

Completion of the preceptorship period is when the preceptee has been through the minimum 12 month preceptorship programme, the preceptee has successfully acquired all necessary clinical skills and competencies and has met the performance requirements of their position. Mandatory training must also be up to date. This is a formal documented process.

At 12 months the preceptorship lead and the line manager will meet with the preceptee to review the progress through the 12 month preceptorship programme. Signing off the preceptee's transition to band 6 will be completed at this meeting using the sign off form, once all competencies are achieved and the preceptee has gained sufficient confidence, autonomous skills and competence to fulfil a band 6 role. Input from buddies/PMA's/Labour Ward co-ordinators will be included to ensure a consistent approach has been taken and the preceptee's progress has been satisfactory throughout. The Managers Self Service (MSS) form will be completed by the line manager and a certificate of achievement will be completed and sent to the preceptee by the preceptorship lead.

Thereafter the member of staff will continue to engage in regular clinical/managerial/professional supervision and other learning and continuing professional development opportunities, in order to address the objectives identified in their personal development review and appraisal, and other requirements set out in the Trust's performance management policy.

If the preceptee has not provided sufficient evidence that demonstrates they have successfully met requirements/competencies of their position at the 12 month review meeting, the process outlined in the managing performance and capability policy will be followed by the line manager. The preceptorship period may extend beyond 12 months to allow for the completion of competencies and clinical skills and a further preceptorship review meeting between the preceptee and

preceptorship Lead will take place at 15 months and again at 18 months if more time is required and agreed to complete requirements/competencies.

All preceptorship review and competency documents to be scanned and sent to the matron's administrator to be added into the individual's personnel file.

## **2.7 Post Preceptorship support**

We recognise the importance of post preceptorship support for midwives and continued professional development. Support and professional development will continue through appraisals, clinical managerial/professional supervisions and other informal meetings with the line managers, PMA's, practice development team (PDM) and practice retention midwife. Support will include 'stay and grow' conversations, becoming a preceptorship buddy, discussion on further study/qualifications and support to develop further skills and competencies depending on the individual's needs and intended career path.

## **2.8 Bank shifts**

NRM's are to be supported to work bank shifts in an area they have already worked in since qualification. Preceptees can book bank shifts once they have completed the supernumerary time in the clinical area. It is advisable that NRM should only book bank shifts when they feel confident within a clinical area. If concerns or specific learning needs are identified, ward managers are to discuss appropriateness of shift and book them on days where clinical support is available from the practice education team.

## **2.9 Escalation**

Preceptees will escalate clinical concerns to the Labour Ward Co-ordinator and obstetric team and non-clinical concerns to the Preceptorship Lead Midwife, Ward Managers, Senior Leadership Team or the Freedom to Speak Up Guardians (FTSU).

## **2.10 Support following traumatic events**

Immediate support will be provided to all preceptees involved in a traumatic incident through a PMA, chaplain, preceptorship lead, a trained Trauma Risk Management (TRiM) practitioner or an individual trained in debriefing as appropriate.

## **2.11 Internationally recruited (IR) midwives**

Internationally recruited midwives will have an accelerated bespoke preceptorship programme created by the preceptorship lead midwife and the practice educator for IR midwives. This will include a period of bespoke induction, supernumerary time in each clinical area, competency sign off, and regular reviews. Sign off to band 6 will be the same formal process as the standard preceptorship programme but will be with the practice educator for IR midwives, preceptorship lead and ward managers, with input from PMA's and buddies.

### 3 Road maps

#### 3.1 Road map for 12 month preceptorship programme



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### 3.2 Road map for when preceptorship is not completed by 12 months



## 4.0 Monitoring compliance of the preceptorship programme

To monitor compliance of the preceptorship programme the Preceptorship Lead will be responsible for:

- Evaluating the preceptorship programme annually using course feedback forms, training feedback forms, evaluation of the preceptorship experience from 6 and 12 month questionnaires and make programme adjustments taking the feedback into account
- Preceptorship audit monitoring key performance indicators
- Maintaining preceptee retention statistics at 12 and 24 months post registration and measure impact on recruitment and retention using ESR and Health Roster for data
- Involve preceptee in the design and future development of the preceptorship programme
- Retention update to be given at CSU within the governance report
- Retention themes to be identified through preceptorship programme
- Communicating with Governance and Quality Improvement Lead on all compliance.
- Ensure the preceptorship programme complies with the following:
  1. National preceptorship framework for midwifery (2023)
  2. NMC principles of preceptorship (2020)
  3. RCM position statement on preceptorship (2022)
  4. Ockendon Maternity Reviews (2022)
  5. Immediate and Essential Actions (IEA's) relating specifically to midwifery preceptorship

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| <b>Databases searched:</b><br>(Search history) | NICE, Cochrane Database of Systematic Reviews, BMJ Open Quality, NHS England, MAG Online, ClinicalKey, Medline, Google Scholar. |
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## 6.0 Governance

### 6.1 Document review history

| Version number | Review date   | Reviewed by  | Changes made   |
|----------------|---------------|--|--|
| 1.0            | Sept 2023     | Maternity Guidelines Review Group                      | New document   |
| 1.0            | Sept 2023     | Trust Document Committee                               | <b>Approved as new document.</b>   |
| 1.1            | Oct 2023      | Maternity Guidelines Review Group (chairman's actions) | <b>Section 2.2</b><br>Addition of the Senior Responsible Officer responsibilities.<br><b>Section 2.5</b><br>addition to include service user feedback in preceptor portfolio |
| 1.2            | November 2023 | Maternity Guidelines Review Group (chairman's actions) | Addition of references from library  |

### 6.2 Consultation History

| Stakeholders Name/Board              | Area of Expertise               | Date Sent  | Date Received | Comments      | Endorsed Yes/No |
|--------------------------------------|---------------------------------|------------|---------------|---------------|-----------------|
| Wendy Bellinger                      | Practice Development Nursing    | 25/7/23    | 31/7/23       |               | Yes             |
| Tracey Shaul                         | Legacy Nurse                    | 31/7/23    | 31/7/23       |               | Yes             |
| Lily Soribe                          | Preceptorship Lead Nursing      | 31/7/23    | 31/7/23       |               | Yes             |
| Becky Tough                          | Practice Education Lead Midwife | 4/8/23     | 4/8/23        |               | Yes             |
| Rachel Harrington                    | Preceptee Midwife               | 7/8/23     | 4/8/23        |               | Yes             |
| Katie Selby                          | Governance & QI Lead Midwife    | 4/8/23     | 17/8/23       |               | Yes             |
| Leticia Andrews                      | IR Practice development midwife | 10/8/23    | 10/8/23       |               | Yes             |
| Sent for comments to maternity staff | Maternity                       | 11/08/2023 | 18/08/2023    | None returned | n/a             |
|                                      |                                 |            |               |               |                 |

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## 6.3 Audit and monitoring

| Audit/Monitoring Criteria | Tool | Audit Lead | Frequency of Audit | Responsible Committee/Board |
|---------------------------|------|------------|--------------------|-----------------------------|
|                           |      |            |                    |                             |
|                           |      |            |                    |                             |
|                           |      |            |                    |                             |

## 6.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

| Equality Impact Assessment  |                              |   |           |
|---|------------------------------|---|-----------|
| Division  | Obs and Gynae                | Department  | Maternity |
| Person completing the EqIA  | Karen Buttery                | Contact No.   |           |
| Others involved:  |                              | Date of assessment:   |           |
| Existing policy/service   | None/Preceptorship programme | New policy/service  |           |
| Will patients, carers, the public or staff be affected by the policy/service? |                              | Yes   |           |
| If staff, how many/which groups will be affected?                             |                              | <i>Preceptee midwives, rotational midwives, ward managers, band 7 midwives, matrons</i>                   |           |
| Protected characteristic  | Any impact?                  | Comments  |           |
| Age   | YES NO                       | Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for staff |           |
| Disability  | YES NO                       |   |           |
| Gender reassignment   | YES NO                       |   |           |
| Marriage and civil partnership  | YES NO                       |   |           |
| Pregnancy and maternity   | YES NO                       |   |           |
| Race  | YES NO                       |   |           |
| Religion or belief  | YES NO                       |   |           |
| Sex   | YES NO                       |   |           |
| Sexual orientation  | YES NO                       |   |           |
| What consultation method(s) have you carried out?                             |                              |   |           |
| <i>Met with Nursing Education/Preceptorship team</i>                          |                              |   |           |
| How are the changes/amendments to the policies/services communicated?         |                              |   |           |
| <i>For example: email, meetings, intranet post, etc</i>                       |                              |   |           |

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| What future actions need to be taken to overcome any barriers or discrimination? |                     |                    |                  |
|--|---------------------|--------------------|------------------|
| What?  | Who will lead this? | Date of completion | Resources needed |
|  |                     |                    |                  |
|  |                     |                    |                  |
|  |                     |                    |                  |
| Review date of EqIA  |                     |                    |                  |



## Appendix 1



TheMKWay



**Milton Keynes**  
**University Hospital**  
NHS Foundation Trust

### Preceptorship Support Log Form

Preceptee name:

Date:

Details of discussion/support:

Actions:

Signed: \_\_\_\_\_ (Preceptee)

Signed: \_\_\_\_\_ Role: \_\_\_\_\_