

Multi-professional Preceptorship Policy

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Division/ Department::	Learning and Organisational Development
Applies to: (Please delete)	Bury & Rochdale Care Organisation North Manchester Care Organisation Oldham Care Organisation Salford Royal Care Organisation
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1. Overview (What is this policy about?)

This policy sets out the requirements of the Department of Health, NMC, and Health Education England for running the Preceptorship Programme within The Northern Care Alliance (NCA).

If you have any concerns about the content of this document please contact the author or advise the Document Control Administrator.

2. Scope (Where will this document be used?)

- All health care professionals – Nurses, Health visitors, Midwives, Allied Health care professionals, Health care scientists, Medical engineers, Nursing Associates and all registered professionals.
- Professional Leads
- Practice Development Team
- Learning and Development
- Ward/Unit managers
- Clinical supervisors / Preceptors
- Newly qualified professionals employed by the Trust

The policy applies to all clinical departments and staff working within the Northern Care Alliance.

3. Background (Why is this document important?)

- The Department of Health (DoH) identifies that Preceptorship is “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” (DoH, 2010). The process supports the newly qualified practitioner (Preceptee) to develop and apply the key skills necessary at foundation level of the knowledge and skills framework under the guidance and supervision of an experienced practitioner (Preceptor).
- It is widely known the months following the transition from student to practitioner can be challenging. It is acknowledged as good practice that healthcare practitioner at the point of entry into the profession, should engage in a period of preceptorship. The knowledge, skills and attitude acquired during training will now be applied in practice with the new demands and responsibilities that come with being registered professionals.

- Nursing and Midwifery Council (NMC) and the Department of Health strongly recommend that all new registrants have a period of preceptorship on commencing employment and the NCA has thus made it a mandatory requirement.
- Often the impact on a newly qualified practitioner can be dependent on their individual character and the availability of support from a clinical team. Alongside this policy the individual's professional body guidance should also be read and adhered to in relation to the preceptorship period, examples of which would include; Department of Health (2010) Preceptorship Framework for Nursing, The British Psychological Society (2006).
- The NCA notes that each professional group may have slightly differing methods of undertaking preceptorship which should be honoured.
- There are clearly documented benefits to undertaking preceptorship within clinical settings, these include; enhancement of quality care, improved recruitment/retention, developing an understanding of the organisational objectives, supporting the concept of lifelong learning, making care the priority and enhancing the image of health care professionals (Department of Health, 2009). It is therefore the intention of the NCA to ensure that all eligible staffs undertake an appropriate and timely preceptorship period. The NCA is committed to developing newly graduated health care practitioners including return to practice health care professionals through a preceptorship programme. It is expected that the NCA's employee takes personal responsibility to achieve and sustain high standards of performance, behaviour and conduct that reflects the NCA's vision and values at all times. The registered health professional, though professionally qualified, is inducted into the NCA, being guided and supported by more experienced practitioners who are at least 12 months post qualification to ensure that they have the skills required to provide safe, clean and personal care to their patients.
- The Care Quality Commission (CQC) (2010) has made recommendations in relation to preceptees being supported and appropriately managed. They suggest that all staff receive a comprehensive induction, taking account of recognised standards within the sector and which are relevant to their workplace and their job role. Preceptorship provides an individual teaching and learning programme in which the Preceptee is assigned a preceptor for the agreed period of time which captures a variety of learning and developmental opportunities.

4. What is new in this version?

- This Policy is now a policy for the Northern Care Alliance covering all Care Organisations and replaces the Preceptorship Policy for SRFT TWGLD01(14)
- Supernumerary period in practice has been changed to a minimum of 3 weeks
- The preceptorship programme is a 12 month programme as outlined in the HEE guidance
- Midwives will have an 18 month preceptorship programme
- Contacts have changed
- Regularity of meetings has changed

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5. Policy

Preceptorship is about supporting the transition of newly qualified Nurse and Midwife, Nursing Associate, Return to Practice Nurse, Allied Health Professional and Health Visitor staff who are new to the NHS to develop the competence and confidence to function as an independent healthcare professional.

This will enable the newly qualified Healthcare Practitioner to:

- Practice in accordance with the Code of Professional Conduct: standards for conduct, performance and ethics.
- Apply and develop the knowledge, skills and values gained as a student.
- Develop specific competencies that relate to the Preceptee's role.
- Nurture professional relationship which assists their development and minimises the risk of inexperienced practitioners being given responsibilities which are beyond their scope of practice.
- Access support in embedding the values and expectations of the profession.
- A personalised programme of development that include post-registration learning.
- Reflect on practice and receive constructive feedback.
- Provide a safer environment for the novice, their colleagues and the service users.
- Develop confidence in their competence as a health care professional.
- Take responsibility for individual learning and development.
- Continue life-long learning.

To facilitate this, the new registrant (the Preceptee) should have:

- Preceptorship handbook.
- Identified and protected learning time during the Preceptorship Programme.
- Have access to a Preceptor with whom regular meetings are held.
- Identified with yellow ID badges.
- Will attend 4 mandatory study days within the 12 months.

The Preceptorship Programme will form the basis of the practitioner's journey of learning and development as they start their professional career within the Northern Care Alliance. All new registrants (Preceptees) should complete their Preceptorship within the timescales set out in this policy document.

The structure of the preceptorship programme

- The NCA will provide workshops for both new registrants and for new and existing Preceptors to familiarise themselves with this policy document, preceptorship handbook and all other related documents.
- Any additional training needs will be identified through the ward area and CF2 process.
- The Preceptor and Preceptee should meet regularly to review objectives and performance; all meetings should be documented by the Preceptees and Preceptors in their booklet, with a copy being given to their line manager for their Personal (P) file. Any issues with the Preceptee should be managed with their line manager and each organisations policy utilised.
- Meetings should take place within the first week, at 3 months, at 6 months, at 9 months and 12 months. These meetings can assist with Contribution Framework.

Annual leave

- No annual leave should be authorised on the initial two week Preceptorship Programme as this programme demands 100% attendance. Exceptional circumstances and pre-booked holidays should be discussed with the line manager prior to commencing on the programme.
- The Preceptorship Team must be made aware if there are any reasons why the Preceptee cannot attend any of the study days. The manager and the Preceptee will take responsibility of rearranging another session.
- Any leave taken without authorisation during these two weeks will be considered as unauthorised leave after the Preceptorship Team have discussed with their line manager.

Preceptorship Performance Process

- The newly registered practitioner and the employer should be aware that other processes and systems outside of preceptorship are in place to manage ability and performance in relation to the competency of the newly registered practitioner, local policies should be adhered to (SRFT and PAT policies).
- Preceptorship is not intended to be a substitute for the performance management process or to replace regulatory body processes to deal with under performance. It does however link into the NCA's Performance Capability Management Policy.

- Failure to meet the required standards of the role of a newly registered practitioner will be addressed through the Trust Performance Capability Management Policy at ward level. Poor performance, negligence and/or lack of ability will also be managed with support from the Human Resources Department.
- If the Preceptee has not provided sufficient evidence that they are making progress and has not achieved their preceptorship outcomes, the line manager and preceptor will discuss this lack of progress with the individual and set an action plan with timescales for achievement. This will ensure that the individual is supported to achieve the requirements of the role within the first 12 months. In these instances the regularity of preceptorship meetings should be increased to review ongoing development against the defined action plan (See Performance flowchart in Appendix 1).

5.1 Core outcomes

Standard 1	GM organisations will offer Preceptorship to every newly qualified and returning registrant
Standard 2	GM organisations will provide every newly qualified and returning registrant with a 12 month structured Preceptorship Programme
Standard 3	GM organisations will provide every newly qualified and returning registrant with agreed Domains of Learning (Appendix 1) to be met within the Preceptorship period
Standard 4	GM organisations will provide every newly qualified and returning registrant with a network of support including named Preceptor
Standard 5	GM organisations will provide every newly qualified and returning registrant with identified protected learning time
Standard 6	GM organisations will provide every newly qualified and returning registrant with identified time for pastoral support
Standard 7	GM organisations will provide every newly qualified and returning registrant with documentation to record individualised Preceptorship activity
Standard 8	GM organisations will have a ratified Preceptorship Policy
Standard 9	GM organisations will have a designated Preceptorship Lead
Standard 10	GM organisations will provide a means of Preceptorship identification for every newly qualified and returning registrant

Standard 11	GM organisations will track every newly qualified and returning registrant throughout the Preceptorship
Standard 12	GM organisations will provide every newly qualified and returning registrant with a means of celebrating success

5.2 Preceptorship workbook and assessments

- All of the assessments are contained within the preceptorship workbook in which evidence is collected and recorded.
- A workbook is available for each Preceptee and can be adapted to each professional area/field of practice.
- It is expected that the Preceptee will complete all the formal assessments of the programme and maintain a portfolio of evidence of competence in the specified learning outcomes for each assessment.
- A Preceptorship contract should be utilised to formalise commitment, boundaries and detail record keeping/confidentiality arrangements.
- Each Preceptee will have a minimum of 3 weeks clinical supernumerary time, which can be extended at the discretion of the ward manager. Supernumerary time may vary between professionals and clinical areas. Nursing Associates may not be given supernumerary time as they have transitional placements to their place of employment.
- A named Preceptor will be identified prior to commencement of the programme.
- The Preceptor and the Preceptee will create a convenient time to meet on a regular prearranged basis for subsequent development meetings until the programme is completed. Informal meetings may be held whenever a meeting is required. All meetings should be documented.
- The preceptorship process will run alongside existing staff inductions: it does not replace any induction process.
- It is essential that all the assessments are successfully completed, even if the Preceptee has recently completed any assessment within it previously
- Preceptees must have protected time to be able to achieve all the requirements of the preceptorship programme.
- On completing the preceptorship documentation, the Preceptee will keep their evidence safe and available for revalidation and audit if required.

5.3 Supernumerary time/Nights/Moving wards

- Each Preceptee will have a minimum of 3 weeks clinical supernumerary time, which can be reduced or extended at the discretion of the ward manager. Supernumerary time may vary between professionals and clinical areas. Nursing Associates may not be given supernumerary time as they have transitional placements to their place of employment.
- Preceptees' should not be moved to another ward within their supernumerary period and if they are not up to date with clinical skills
- Preceptees' should not work night shifts within their supernumerary period and if they are not up to date with clinical skills

5.4 What will the preceptee achieve?

After completion of the preceptorship it is expected that the Preceptee will be able to:

- Identify areas for personal and professional development.
- Function effectively as a member of the multi-disciplinary team.
- Demonstrate understanding of their role and responsibilities and accountabilities, and the role of others within the team.
- Demonstrate effective communication skills at all times, ensuring that respect and dignity are demonstrated in all aspects of the role.
- Demonstrate an evidenced-based person-centred approach to the care of service users.
- Demonstrate awareness of ethical, legal and professional issues. Understanding of the accountability and responsibility associated with safe clinical practice in these issues.
- Identify and apply relevant policies and procedures in relation to the day-to-day unit/team activities.
- Demonstrate a high level of skills, including practical application and underpinning related knowledge.
- Demonstrate effective skills of management and leadership and to safely act as an independent accountable and reflective practitioner.
- Be able to manage courageous conversations ie conflict resolution, communicating with people in distress.
- Feel safe when responding to an emergency situation.
- Be equipped with resilience and coping skills.
- Meet post specific required clinical competency standards.

6. Roles & responsibilities

Where teams, groups or individuals have specific roles and/ or responsibilities specifically relating to this policy, they should be listed in this section. There is no need to list the generic responsibilities of executives and senior clinical managers.

6.1 The role of the Preceptorship Team

- Works in collaboration with the Human Resources Team, and assist where possible, in the recruitment process of the newly qualified professionals.
- Ensures there is a current policy, and that there are relevant support mechanisms/resources in place to support the Preceptee and Preceptor, this includes Preceptorship paperwork, training and Preceptor programmes (list not exhaustive).
- Establishes communication and works in collaboration with all Directorates' Practice Development Team, and Department Leads in the clinical areas to ensure adequate support is given to the Preceptees.

- Is responsible for ensuring preceptorship information is available on the Trust intranet.

6.2 The Roles and Responsibilities of the Preceptor

- The Preceptor will be a registered Healthcare Professional, ideally registered in the same professional register as the Preceptee, who has been given a formal responsibility to support a newly qualified through Preceptorship.
- Has been qualified and practising for at least one year and be able to demonstrate the attributes of an effective Preceptor.
- Though there are no formal qualifications associated with being a Preceptor, the individual will need preparation for their role.
- An effective team member.
- Ability to provide clinical supervision to the new registrant.
- Promotes an environment of trust and confidentiality.
- Be a mediator in conflict involving the Preceptee practice.
- Identify other resource people who could assist with learning.
- Demonstrate competent independent professional practice, leading by example, and encourage the Preceptee to integrate clinical and professional practice.
- Demonstrate knowledge of the patients/clients of the area of practice, common clinical needs and frequently used clinical skills.
- Demonstrate the underpinning knowledge of the NCA standards, competencies, objectives and values. Create an environment which facilitates learning and safe practice.
- Ensure that a plan is in place, incorporating the Preceptee's goals, so that the skills needed by the Preceptee to function at the expected level are gained.
- The Preceptor must be familiar with the roles and responsibilities of both Preceptor and Preceptee
- The Preceptor must be familiar with new tools and policies in the area of practice,
- The Preceptor should have input into the twelve months evaluation of the Preceptee, constructive feedback on the Preceptee's strengths and areas for improvement.
- Provide honest and objective feedback on those aspects of performance that require improvement and assist a new registrant to develop a plan of action to remedy these.

6.3 The roles and responsibilities of the Preceptee

The NCA firmly believes that the new registrant, who is receiving the preceptorship has a responsibility to:

- Meeting ideally within their first week.
- Practice in accordance with his/her code of professional conduct: standards for conduct, performance and ethics.
- Identify and meet with the Preceptor as soon as practicable after taking the post.
- Identify specific and measurable learning objectives and develop an initial action plan for addressing these.
- Have good understanding of the standards/competencies/objectives set by the Trust.
- Utilise clinical supervision to reflect on practice and experience.
- Seek feedback on own performance from the Preceptor or who he/she works with.
- Being proactive in stating own learning needs.
- Demonstrate awareness of professional accountability and responsibility for own practice.
- Be accountable for own learning.
- Be open to learning and new experiences.
- Be open to receiving constructive feedback.
- Has responsibility to ask questions when/she does not know or answer questions when asked.
- Recognising own limitations. Integrate into the team and familiarise with the team/ward purpose, philosophy, culture and roles.
- The Preceptee has a responsibility to acquire the core skills of their area of practice according to their level of practice, within a reasonable time frame so Preceptee can demonstrate safe practice in accordance to the Vision and Values of the Organisation.

6.4 Roles and responsibilities of the Manager /Team Leader/Practice Educator

- Identifies and selects the Preceptor.
- Devises and implements an adequate local orientation and induction package for the Preceptee.
- A resource, supporting and facilitating the Preceptor and Preceptee i.e. ensure rostering is appropriate, allowing for protected time, offer advice etc.

- The line manager must agree off duty/ planned sessions to facilitate the preceptorship process. This includes adequate time (approximately 1 hour) for the Preceptee/Preceptor to work together and to meet to reflect/ monitor progress. If the meetings are unable to take place a clear rationale must be documented as to the reasons why. These meetings will be seen as 'protected time'.
- Be aware of individual strengths, areas for development / support and ensure adequate training / guidance is provided in order for the preceptor to feel at ease and capable in their role.
- Be available as a resource and assessor for completion of documentation.
- Highlights and discusses relevant issues with her Lead / Line Manager.

6.5 The role of Professional Leads

- Ensure appropriate evidence based preceptorship frameworks are in place for their professional group.
- Work with team leaders/managers to ensure the preceptorship policy is implemented.
- Maintain an up-to-date list of all Preceptors and ensure they have received training for their role.

6.6 The role and responsibilities of the organisation

The NCA will provide the following:

- A 12 month Preceptorship programme and this can be lengthened according to individual need and local team arrangements.
- The period of preceptorship can be extended if there are significant periods of absence, for example, long term sickness, leave or maternity leave.
- The period of preceptorship can also be extended to support any staff with disabilities, long term health conditions and any nurses that may require time off due to treatment, procedures or require flexibility with shifts.
- The programme is available for all newly qualified registrants of all ages
- Formal preceptorship is dependent upon new registrants having easy access to a named individual with due regard to the same part of the register and field of practice, who can be called upon to provide guidance, help, support and advice as a Preceptor.
- Preceptorship should be incorporated into existing systems and practices for supporting new registrants such as clinical supervision.

- An NCA wide policy which can be supplemented with area specific agreed competencies.
- To arrange Care Organisation days.
- Continuity of Preceptor (e.g. alternatives where long term sickness, Preceptor leaving post etc. occurs).
- Preceptor updates.
- Methods and documentation for recording initial and interim objectives and the final evaluation, as detailed in respective department's Preceptorship handbook.

7. Monitoring document effectiveness

Suggested layout:

- **Key standards:**
All newly qualified registrants will receive a 12 month preceptorship period, including training and education and pastoral support throughout this time period. The preceptorship programme will adhere to the Greater Manchester Preceptorship Framework Standards.
- **Method(s):**
Preceptorship documentation will be audited and monitored to ensure that Preceptees are meeting the Greater Manchester standards for preceptorship.
- **Team responsible for monitoring:**
The NCA preceptorship team will audit and monitor documentation.
- **Frequency of monitoring:**
Audits will take place on an annual basis
- **Process for reviewing results and ensuring improvements in performance:**
An annual preceptorship report will be developed and reported to the preceptorship steering group and to each care organisation for review and actions.

8. Abbreviations and definitions

NCA Northern Care Alliance

Preceptors: A registered practitioner who has been given a formal responsibility to support a newly registered practitioner through preceptorship.

Preceptee: Newly registered health practitioner who is engaged in Preceptorship.

DoH Department of Health

NMC Nursing and Midwifery Council

9. References

Access to Professional Journals	Register free for a Athens Account to access a range of professional journals	https://register.athensams.net/nhs/nhsen/
NHS England	Access to a range of subjects to support personal and professional development	www.leadershipacademy.nhs.uk/grow/professionaldevelopmentprogrammes/edward-jennerprogramme/
Pathology	Institute of Biomedical Scientists (IBMS) Health and Care Professions Council (HCPC)	www.ibms.org www.hcpc-uk.org.uk
Nursing	NMC Code of Professional Conduct Preceptorship Framework Nursing careers	http://www.nmc-uk.org/Publications/Standards/The-code/Introduction/ http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/preceptorships-for-newly-qualified-staff http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Aboutus/Chiefprofessionalofficers/Chiefnursingofficer/DH_108368
Occupational Therapy	The British Association of Occupational Therapists and the College of Occupational Therapists have a 'members only' internet resource for CPD	http://www.cot.co.uk/professional-resources
Pharmacy	The Centre for Pharmacy Postgraduate Education at Manchester University is funded by the DOH to provide continuing professional development for practicing pharmacists and pharmacy technicians in the NHS. The National Prescribing Centre has a range of suitable resources.	http://www.cppe.ac.uk/ http://www.pharmacyregulation.org/
Photobiology	Useful link	http://www.bpg.org.uk/links.asp?SID=9
Physiotherapy	The Chartered Society of Physiotherapy provides a range of ideas and supporting material to	http://www.csp.org.uk/director/carersandlearning/continuingprofessionaldevelopment.cfm

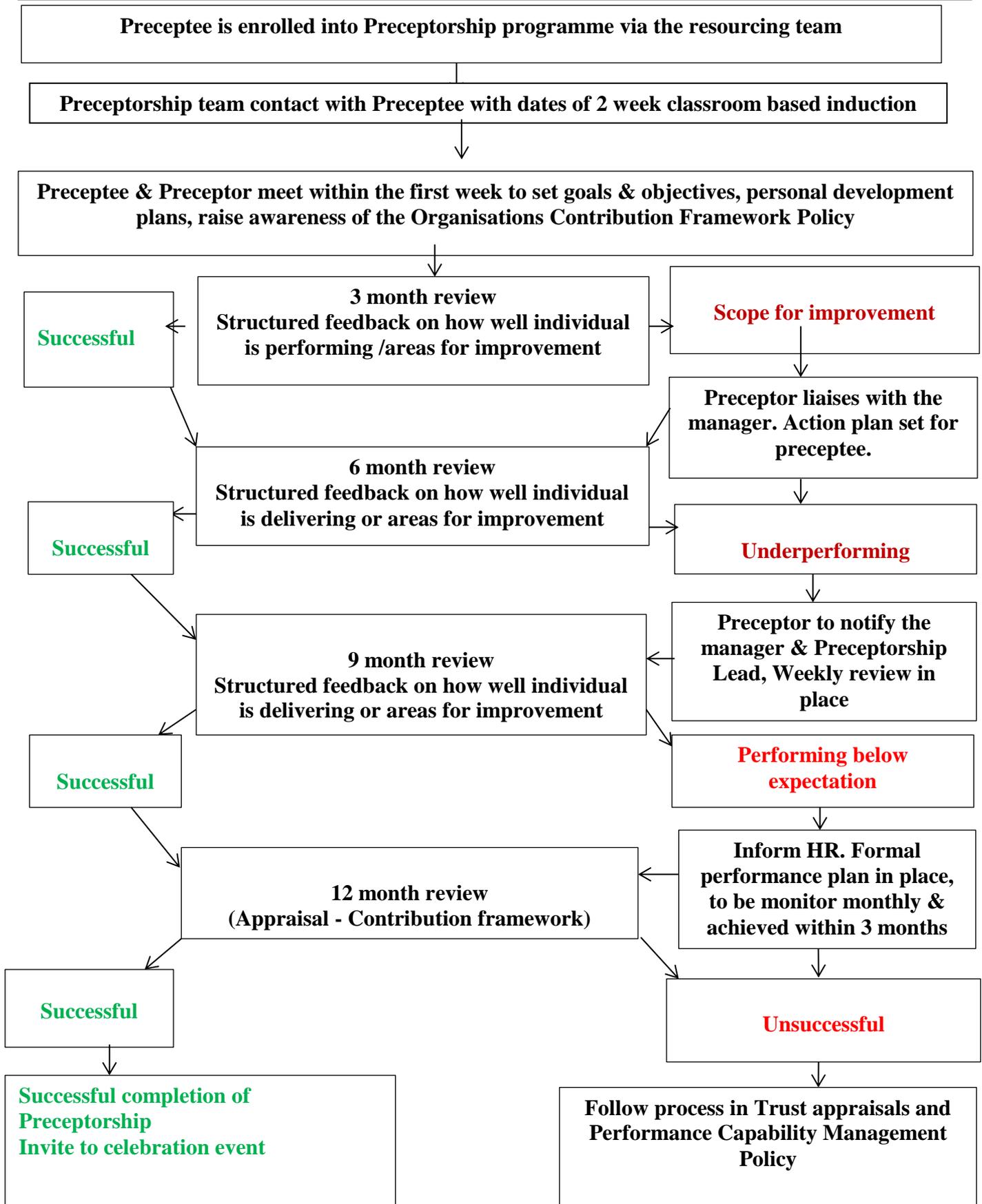
	support the CPD of qualified and student physiotherapists.	
Podiatry	The College of Podiatry and Podiatrists website has a programme of online CPD which can be accessed by its members	http://www.cop.org.uk
Psychology	CPD resources for Chartered Psychologists and Trainees are provided on the British Psychological Society website.	http://www.bps.org.uk/profession/development/cpd/cpdindex.cfm
Radiology	The Society of Radiography provides a range of ideas and supporting material to support the CPD of qualified radiographers.	www.sor.org
Social Care	The social care institute has a range of professional resources including safeguarding, mental capacity and dementia	http://www.scie.org.uk/
Speech Therapy	The Royal College of Speech and Language Therapists provide members only CPD area, along with a CPD Diary and a Guide to Continuing Professional Development.	http://www.rcslt.org
Medical Physics and Clinical Engineering	Institute of Physics and Engineering in Medicine Register of Clinical Technologists	http://www.ipem.ac.uk http://therct.org.uk
Orthotics	The British association of prosthetists and Orthotists (BAPO)	https://www.bapo.com/
Dietetics	The British Dietetic Association (BDA)	https://www.bda.uk.com/
Orthoptics	The British and Irish Orthoptic Society	https://www.orthoptics.org.uk/

Acknowledgement of sources

Thank you to the Greater Manchester Preceptorship group for the standards of preceptorship.

10. Appendices

Appendix 1



11. Document Control Information

All sections must be completed by the author prior to submission for approval

Lead Author:	Danielle Beswick L&OD manager- TNA/Preceptorship		
Lead author contact details:	Danielle.beswick@pat.nhs.uk 0161 778 3279		
Consultation List the persons or groups who have contributed to this policy. (please state which Care Organisation)	Name of person or group	Role / Department / Committee (Care Org)	Date
	Ursula Caldwell	Preceptorship co-ordinator	10/6/19
	Lynsey Clarke	Preceptorship co-ordinator	10/6/19
	Preceptorship Steering group	Multi-professionals across the NCA	10/6/19
Endorsement List the persons or groups who have seen given their support to this policy. (please state which Care Organisation)	Name of person or group	Role / Department / Committee (Care Org)	Date
	Suzanne Drury	Lead for Clinical Workforce Transformation Northern Care Alliance	30/9/19
	Lynda Spaven	Group Director Learning & Organisational Development Northern Care Alliance	30/9/19
Keywords / phrases:	Preceptorship Preceptor Preceptee Newly qualified		
Communication plan:	Launch of the policy, care organisation walk rounds, Communication on CONNECT, email to all ward managers/Preceptees/ Preceptors.		
Document review arrangements:	This document will be reviewed by the author, or a nominated person, at least once every three years or earlier should a change in legislation, best practice or other change in circumstance dictate.		

This section will be completed following committee approval

Policy Approval:	Name of Approving Committee: Strategic, Workforce, learning and OD committee at Salford Royal Foundation Trust Strategic, Workforce, learning and OD committee at Bury/Rochdale Strategic, Workforce, learning and OD committee at Royal Oldham Hospital
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Multi-professional Preceptorship Policy

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	Strategic, Workforce, learning and OD committee at North Manchester General Hospital	
	Education and research committee	
	Chairperson: SRFT- Charlotte Layton- Associate Director of Workforce Bury/Rochdale-Jacqueline Burrow Oldham- Karen Wright – Head of Corporate Governance NMGH- Dean Hambleton-Ayling Associate Director of Workforce Perter Turkington – Chief Officer and Medical Director	
	Approval date: SRFT- 9 th July 2019 Bury/Rochdale – 9 th July 2019 Oldham – 31 st July 2019 NMGH – 23 rd July 2019 Education and research committee 10 th September 2019	
	✓ Formal Committee decision	✓ Chairperson's approval (tick)

12. Equality Impact Assessment (EqIA) screening tool

Legislation requires that our documents consider the potential to affect groups differently, and eliminate or minimise this where possible. This process helps to reduce health inequalities by identifying where steps can be taken to ensure the same access, experience and outcomes are achieved across all groups of people. This may require you to do things differently for some groups to reduce any potential differences.

1a) Have you undertaken any consultation/ involvement with service users, staff or other groups in relation to this document?	Yes Please state: Steering group set up with members from all Care organisations and multi- professionals Staff side involvement
1b) Have any amendments been made as a result?	Yes Please Comment:
2) Does this policy have the potential to affect any of the groups below differently or negatively? This may be linked to access, how the process/procedure is experienced, and/or intended outcomes. Prompts for consideration are provided, but are not an exhaustive list.	

Protected Group	Yes	No	Unsure	Reasons for decision
Age (e.g. are specific age groups excluded? Would the same process affect age groups in different ways?)		X		
Sex (e.g. is gender neutral language used in the way the policy or information leaflet is written?)		X		
Race (e.g. any specific needs identified for certain groups such as dress, diet, individual care needs? Are interpretation and translation services required and do staff know how to book these?)		X		
Religion & Belief (e.g. Jehovah Witness stance on blood transfusions; dietary needs that may conflict with medication offered.)		X		
Sexual orientation (e.g. is inclusive language used? Are there different access/prevalence rates?)		X		
Pregnancy & Maternity (e.g. are procedures suitable for pregnant and/or breastfeeding women?)		X		
Marital status/civil partnership (e.g. would there be any difference because the individual is/is not married/in a civil partnership?)		X		
Gender Reassignment (e.g. are there particular tests related to gender? Is confidentiality of the patient or staff member maintained?)	X			
Human Rights (e.g. does it uphold the principles of Fairness, Respect, Equality, Dignity and Autonomy?)		X		
Carers (e.g. is sufficient notice built in so can take time off work to attend appointment?)	X			
Socio/economic (e.g. would there be any requirement or expectation that may not be able to be met by those on low or limited income, such as costs incurred?)		X		

<p>Disability (e.g. are information/questionnaires/consent forms available in different formats upon request? Are waiting areas suitable?) Includes hearing and/or visual impairments, physical disability, neurodevelopmental impairments e.g. autism, mental health conditions, and long term conditions e.g. cancer.</p>	X			
<p>Are there any adjustments that need to be made to ensure that people with disabilities have the same access to and outcomes from the service or employment activities as those without disabilities? (e.g. allow extra time for appointments, allow advocates to be present in the room, having access to visual aids, removing requirement to wait in unsuitable environments, etc.)</p>				
<p>3) Where you have identified that there are potential differences, what steps have you taken to mitigate these?</p> <p>The period of preceptorship can also be extended to support any staff that may require time off due to treatment, procedures or require flexibility with shifts</p> <p>Flexibility with hours/shifts for important religious events such as Ramadan will be available providing notice has been given</p> <p>Flexibility can be worked into shift patterns for those with caring responsibilities</p>				
<p>4) Where you have identified adjustments would need to be made for those with disabilities, what action has been taken?</p> <p>The period of preceptorship can also be extended to support any staff with disabilities and long term health conditions</p>				
<p>5) Where the policy, procedure, guidelines, patient information leaflet or project impacts on patients how have you ensured that you have met the Accessible Information Standard – please state below:</p> <p>.....</p> <p>EDI Team/Champion only: does the above ensure compliance with Accessible Information Standard</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <p>If no what additional mitigation is required:</p>				
<p>Will this policy require a full impact assessment? Yes / No</p> <p>Please state your rationale for the decision:</p> <p>(a full impact assessment will be required if you are unsure of the potential to affect a group differently, or if you believe there is a potential for it to affect a group differently and do not know how to mitigate against this - Please contact the Inclusion and Equality team for advice on equality@pat.nhs.uk)</p> <p>Author: Type/sign: Danielle Beswick Date: 15/06/2019</p> <p>Sign off from Equality Champion:  Date: 26/06/2019</p>				