Preceptorship Policy

This policy outlines the requirements for substantive staff on the Trusts preceptorship programme for newly registered, returners to practice and, internationally educated practitioners in LPT. The aim is to aid their transition from student, new to role to practitioner.

Key words:

Newly Registered Staff, Preceptorship , New Starters, Return to Practice, Internationally Educated Staff, Nurses, Nursing Associates, Allied Health Professional, student, preceptor, supervisor, bank, psychology

Version: 14.2

Approved by: Training, Education and Development (TED) Group

Ratified By: Strategic Workforce group

Date this version was ratified: December 2023

Date issued for publication: 15th May 2025 (New template)

Review date: 1st July 2026

Expiry date: 31st December 2026

Type of Policy: clinical and non-clinical

Contents

1.0 Quick look summary

- This Preceptorship Policy outlines the requirements for newly registered, returners to practice and internationally educated practitioners to undertake a period of preceptorship.

- It is not applicable to registered staff working solely on the Bank.

- The Trust's preceptorship programme is aligned to the relevant NHS England National Preceptorship Frameworks.

- Preceptorship is a tool with which to structure development and should be used in conjunction with existing systems such as clinical supervision and appraisal.

- All preceptee's must be allocated a minimum of 150 supernumerary hours (approx. 4 to 6 weeks pro rata). This will commence on receipt of their PIN or start date in post if already registered.

- The first appraisal for staff on preceptorship must focus on completion of the preceptorship objectives.

- Completion of preceptorship must be within 12 months of starting.

- Completing and passing their first appraisal is the Trust's record that a preceptee has completed preceptorship. Should this not be the case then preceptor/manager must discuss this with the relevant preceptorship lead and HR advisor.

- Preceptorship can also be considered for staff members who have been absent from work for a significant period e.g., returning from maternity leave, long term sickness.

- Managers must ensure that all relevant staff are enrolled on preceptorship and provided with support to complete all parts of the programme.

- Managers must ensure that preceptors have protected time for their role

- Preceptors and preceptee must engage in the new forums and networks run by the trust.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
Version 1	19/01/2012	
Version 3	17/03/2012	Reference to KSF and clarification of use for band 5 staff
Version 4	21/03/2012	Amendments following staff side consultation
Version 5	23/05/2012	Added in section 10 dissemination and implementation Appendix 3- has received to fit in with the payroll suite of forms
Version 6	12/06/2012	Section 6.0 - monitoring and compliance provided further detail on how to measure compliance with the policy
Version 7	2013	Removal of references to accelerated increment in accordance with new Agenda for Change process
Version 8	July 2014	Amendments to paragraph 3.2, updated of documents in appendix and completion of new due regard documentation. Amendment to process chart to reflect changes in Appraisal Policy Added comment 3.5 on bank staff and Preceptorship. Removed Preceptor Appendix
Version 9	April 2016	Review and amendments to reflect local and national processes. Inclusion of formal supernumerary period
Version 10	March 2018	Review and amendments to reflect the introduction of the LPT Probation Policy Include Return to Practice nurses
Version 12	June 2021	Review of policy Inclusion of Nurse Associates
Version 13	August 2023	Policy review. Inclusion of criteria to meet NHSEI National Preceptorship Framework (2022) and HCPC Principles for Preceptorship (2023) • Updating consultation list • Added protected time for preceptors. • Register of preceptors • Support network of preceptorship ambassadors added • Adding senior responsible officer role

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.

Version number	Date	Comments (description change and amendments)
		• Updated templates • Added need for preceptor forum • Clarified bank staff position.
Version 14	December 2024	Additional information regarding the needs for differential supernumerary period/s for Internationally Educated Nurses.
Version 14.1	May 2025	Transferred to new policy template only
Version 14.2	February 2026	Points added in Section 3

1.2 Key individuals involved in developing and consulting on the document

Accountable Director	Anne Scott (Executive Director of Nursing/AHP's & Quality)
Author(s)	Maria Ward Preceptorship Lead (Nursing) Clare Turvey Professional Lead Occupational Therapist (CHS) Sam Branston Professional Lead Physiotherapist (CHS)
Implementation Lead	Jane Martin (Assistant Director Nursing & Quality)
Core policy reviewer group	Professional Standards Learning Group
Wider consultation	Jane Martin (Assistant Director Nursing & Quality)
	Deanne Rennie (Associate Director for AHP's and Quality)
	Professional Standards Learning Group
	Policy Review Group
Lesley Tooley	Clinical Education Lead
Beverly Lashley	Practice Learning Facilitator
Asha Day BEM	Head of International Recruitment

1.3 Governance

Level 2 or 3 approving delivery group – Training, Education and Development (TED) Group

Level 1 Committee to ratify policy – People and Culture Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 (Amendment) Regulations 2023 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010 (Amendment) Regulations 2023. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this policy.

Newly Registered - Newly Registered are staff who are starting in their clinical post following completion of their pre-registration training.

Returners to Practice - Staff returning to practice after a period away from the profession as defined by the NMC practice hours undertaken in registered practice

Internationally Educated - Staff recruited from outside of the UK or substantive staff who have worked in a support role and completed all requirements to be registered with a professional body

Preceptorship - A period of structured transition for the practitioner during which he or she will be supported by a Preceptor, to develop their confidence as an autonomous professional, refine skill, values and behaviours and to continue on their journey of life-long learning

Preceptor- A registered practitioner who provides clinical support to the Preceptee

Preceptee - A registered member of staff undertaking a period of Preceptorship

Supernumerary - Period when the Preceptee is not in the establishment / workforce numbers and is extra to staffing to allow the Preceptee to work under the supervision of another registered practitioner.

2.0 Purpose and Introduction

This preceptorship policy is intended for all newly registered nurses, nursing associates and newly registered practitioners, preceptors, preceptorship lead, line managers, practice educators and all those involved directly or indirectly in the preceptorship of staff.

The Department of Health (2010) defines Preceptorship as:

'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 skill, values and behaviours and to continue on their journey of life-long learning.'

The Nursing and Midwifery Council (NMC) has set out several principles for 'preceptorship' following on from the standards and proficiencies for registration. These principles form the basis of a framework and set of standards for preceptorship programme developed through Health Education England. These have been incorporated into the National Preceptorship Framework and approach.

The Health and Care Professions Council (HCPC) states that high quality preceptorship programmes support health and care professionals to develop and maintain confident, safe and effective practice throughout their careers. This forms a key part of the HCPC strategic objective to promote high quality professional practice, as a preventative and compassionate regulator.

This Trust's preceptorship programmes are based on the guidance and standards established by the NHS England National Preceptorship Framework (2022) (Appendix 1), HCPC Principles for Preceptorship (November 2023), Health Education England preceptorship standards (2015), Department of Health guidance (2010) and complies with the guidance set out by the NMC (2020).

The preceptorship period for LPT mandates a period of 12 months. The programme commences on receipt of PIN or start date for practitioners who are already in receipt of their registration. This may need extending according to each individual's progress. Preceptorship is provided by trained preceptors in practice.

For some preceptees (internationally educated registrants, returners to practice and new to clinical settings) an accelerated preceptorship programme may be offered upon commencing employment. This is based upon assessment of individual needs. However, support should continue throughout the first six months. Evaluation of the preceptorship package for Internationally educated nurses (IENs) indicates that a 12 month sign off is beneficial for the IENs and better ensures patient safety.

This policy should be considered in conjunction with LPT's Probation Policy, Appraisal, and Mandatory and Role Essential Training Policy

The Director of Nursing, AHP's and Quality / CEO / Board of Directors of LPT state that a preceptorship programme is mandatory for newly registered practitioners.

3.0 Policy Requirements - Preceptorship Programmes

- The Trust has preceptorship programmes that support each professional group. The largest being the one for nurses, but there are also programmes for AHPs and Psychologists. Please refer to professional lead to ensure staff are being support through the most appropriate programme.
- Preceptorship applies to all newly registered practitioners, internationally educated staff, returners to practice and practitioners transitioning from one setting to another.
- It provides a framework and set of common standards and structured support (cultural, pastoral and wellbeing) to build confidence and competence. It is a period of professional consolidation and growth and provides the registered practitioner with a friendly and supportive environment in which to develop offering a consistent approach to aid transition.
- Staff will not be in their preceptorship period time until registered. Time can be constructively used to support transition by undertaking some training and orientation, but they must not undertake the role of a registrant if not on the NMC or HCPC register.
- Preceptees need to be supported according to their own learning needs, and therefore require time to identify those needs along with opportunities for reflection and feedback. The most important element is the individualised support provided in practice by the preceptor. The goal of preceptorship is for the newly registered practitioner to develop their confidence and autonomy.
- Preceptees may apply for a bank position on completion of 6 months of preceptorship. Once they have achieved all competencies required and the confidence to work independently within their scope of practice.

There are the following exceptions to this:
- Allied Health Professionals and nursing staff, who have completed their apprenticeship within LPT may work on the bank before completing six months of preceptorship. A requirement for this exception is that they have been signed off on all relevant competencies. They can only bank within the clinical area where they completed their apprenticeship. On completion of six months of the preceptorship they can apply for a full bank additional post.
- A newly recruited AHP or nurse who has completed an apprenticeship in another organisation can gain an additional bank post on evidencing completion of 6 months preceptorship and achieved all competencies required.
- There may be cases where individual exceptions can be considered, and these would need to managed on a case-by-case basis with agreement from a senior nurse or AHP leader within the Chief Nurse directorate.

3.1   The staff groups which preceptorship is designed to support are:

The staff below can be on substantive or fixed term/temporary contracts. *It is not applicable to registered staff working solely on the Bank.*

- o All newly registered nursing staff
- o All newly registered nursing associates
- o All newly registered physiotherapists
- o All newly registered occupational therapists
- o All newly registered podiatrists
- o All newly registered dieticians
- o All newly registered speech and language therapists
- o All newly registered psychologists (see also local preceptorship agreements)
- o All registered returners to practice
- o All registered internationally educated staff recruited from outside of the UK
- o Care staff who are internationally educated nurses and become registered with the relevant professional body.
- o This framework can also be considered for staff members who have been absent from work for a significant period e.g. returning from maternity leave, long term sickness.

3.2   Benefits for staff undergoing preceptorship

- • Preceptorship offers the structured support needed to transition knowledge into everyday practice successfully.
- • It provides a lifelong journey of reflection and the ability to self-identify continuing professional development needs.
- • A positive preceptorship experience is reported to result in newly registered practitioners having increased confidence and sense of belonging, feeling valued by their employer.

3.3   Benefits for employers

- • Effective preceptorship outcomes are linked to improved recruitment and retention. Attracting and retaining skilled registered practitioners is important for delivering better, safe and effective care.
- • These principles can be applied to registered professionals joining the NMC or HCPC register, people returning to practise after re-joining the register and those coming to work in the UK from within or outside the EEA/EU.

3.4   Supernumerary period

- • Supernumerary time is required to support new staff to undertake and complete essential competencies required for their role through a supervised period of practice.
- • For all preceptees the supernumerary period should occur, following receipt of their NMC PIN number.

- Preceptee's should be allocated **150 supernumerary hours** (minimum 4 to 6 weeks pro rata). This will commence on receipt of their PIN or start date in post if already registered. This will enable the preceptee to maximize opportunities to achieve the skills and competence required to meet their role as a registered practitioner.
- There is a requirement for flexibility based on the preceptees' learning needs, and additional supernumerary hours may be required.

3.4.1   Supernumerary period for IENs.

- Recommended to match the supernumerary period as our Group partner and other similar NHS organisations to ensure patient safety and staff confidence:
  - CHS – Inpatients - Up to 12 weeks for Adult Physical Health IENs
  - CHS Community Nursing – Up to 16 weeks for Adult Physical Health IENs
  - DMH/FYPC.LDA – Up to 16 weeks for Mental Health IENs.

3.5   Appraisal
- The appraisal objectives set in a preceptee's first year of employment must be those that they are required to complete as part of their preceptorship programme.
- Completing and passing their first appraisal is the Trust's record that a preceptee has completed preceptorship. Should this not be the case then preceptors must discuss this with the relevant preceptorship lead and HR advisor.
- For newly registered practitioners, returners to practice, internationally educated staff the preceptorship objectives include completion of the preceptorship folder and relevant clinical skills competencies.

3.6   Probation
- The appointment of every new member of staff (excluding medical and dental staff) to a post is subject to a 6-month probationary period.
- It is recognised that preceptorship will extend beyond the 6 months probationary period. The required standards of performance of the individual will be in line with, but not exclusively related to, expected progress against the preceptorship they are undertaking.

3.7   Preceptorship Programme Structure
- Each profession's Preceptorship Programme will have unique profession specific elements. However, the core structure and content requirements for preceptors and preceptees will be similar and in accordance with the National Preceptorship Frameworks and profession specific standards.

Core documents:
  - Charter between preceptor and preceptee. (Appendix 3)
  - Protected time log. (Appendix 4)
  - Initial, interim and end point meeting templates. (Appendices 5 to 7)
  - Reflection template. (Appendix 8)
  - Preceptorship role descriptors. (Appendix 9)
  - Medication workbook (Nurses and Nursing Associates only).

o   Evaluation templates. (Appendix 10 to 12).

Core content:
   o   Competency assessment.
   o   Preceptorship development days covering
      -   Accountability
      -   Career development
      -   Communication
      -   Dealing with conflict/managing difficult conversations
      -   Delivering safe care
      -   Emotional intelligence
      -   Leadership
      -   Quality Improvement
      -   Resilience
      -   Reflection
      -   Safe staffing /raising concerns
      -   Team working
      -   Medicines management (where relevant)
      -   Interprofessional learning.

- Preceptees are expected to attend all sessions. These are an opportunity to network with peers from a variety of fields of practice and include Clinical Supervision sessions.

- The content of the study days are based on the Preceptorship Standards revised by Health Education England (HEE) in 2015, along with recommendations made in the NMC Principles of Preceptorship (2020) and the National Preceptorship Frameworks published in 2022 and HCPC Principles for Preceptorship 2023 and any service specific needs.

3.8   Clinical Competencies
- Each professional group will have competencies relevant to their clinical area, these will be developed by the appropriate service lead.
- Newly registered nurses, nursing associates, Allied Health Professional (AHP) and Psychologists should complete the essential competencies set as per LPT Probationary Policy and Appraisal within 6 months. These competencies evidence that the practitioner is competent to fulfil their role as a registered practitioner within their clinical area.
- Support remains in place for the first year following registration to ensure the preceptee is supported and clinical skills are acquired.

3.9   Concerns
- Concerns regarding the preceptor or preceptee performance must be addressed as soon as possible with the line manager. Where appropriate, escalation processes may be followed or referral to Human Resources. (Appendix 2).

3.10   Evaluation
- Evaluation of the preceptorship programme is undertaken bi-annually.

The evaluation includes:

- o Evaluation of preceptorship experience from preceptee feedback questionnaires at initial, midpoint and endpoint.
- o Feedback from preceptors
- o Feedback from line managers / practice educators / preceptorship Ambassadors
- o Course evaluations
- o Analysis of retention statistics at 12 months and 24 months' post registration / start date with organisation.

4.0 Duties within the Organisation

4.1　Policy Author Responsibilities

- Ensuring learning and best practice informs this Policy and that it is updated accordingly.
- To ensure the policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the Directorates and appropriate governance group.

4.2　Lead Director Responsibilities

- The Senior Responsible Officer (SRO) is the Executive Director of Nursing/AHP's & Quality and is responsible for ensuring that this policy is carried out effectively.
- Will communicate, disseminate, and ensure Directorates commence implementation of the policy and provide assurance through the Trust's Quality Governance Framework.

4.3　Directorate Directors and Heads of Service Responsibilities

- Supporting the preceptorship process.
- Embody a culture which enables service leads to support their services to deliver the Preceptorship Programme as per the policy.
- Oversight of governance relating to Preceptorship.
- Support escalation process in relation to services not adhering to policy.
- Support initiatives that support the development of the programme and recruitment and retention of workforce
- Support the programme to ensure LPT achieve the Quality Mark and to maintain Trust reputation.

4.4　Managers and Team Leaders Responsibilities

- To ensure the implementation of the preceptorship policy within own area.

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.

- To allocate a preceptor to each newly registered practitioner within one week of their joining date. Includes informing the preceptorship lead of start date and allocated preceptor's name.
- To ensure that preceptors have a maximum of two preceptees at any one time.
- To ensure complete of all induction, mandatory and statutory training for the preceptee
- To provide a minimum supernumerary period of 150 hours and offer flexibility to extend this based upon the individual preceptee's learning plan, needs and progress.
- Ensuing that preceptors are allocated protected time to meet their obligations.
- To ensure the preceptee and preceptor are given protected time for meetings at outset of programme and every two months thereafter.
- Allocating an initial meeting date between the allocated preceptor and preceptee within the first week of joining. The purpose of this meeting is to agree a charter and developing learning objectives for the preceptorship period.
- To work collaboratively with Preceptorship Lead to ensure there are sufficient trained preceptors within work area, to provide support and evaluate the impact of preceptorship.
- Ensuring that the Probation Policy is discussed and completed.
- Providing protected time for preceptors to meet with their preceptees and undertake their CPD, including attending preceptor training. A minimum of 12 hours pro rata per annum is recommended.
- Providing adequate support for preceptors especially when undertaking this role for the first time.
- Ensuring the supernumerary period occurs.
- Ensuring that preceptee & preceptor have opportunity to work together clinically on a regular basis.
- Evaluating the quality of the preceptorship process.
- Ensure that appraisal dates are set and are completed as per the Appraisal Policy.
- Ensuring the completion of preceptorship objectives are achieved as these form a part of probation and the appraisal objectives.
- Ensure the submission or uploading of competency sign off at the time or within a maximum of 1 year.
- Ensuring that preceptorship objectives are complete in order that the preceptee receives their year 1 increment.
- Ensure attendance and participation in LPT's preceptorship education programme.

4.5   The Preceptor Responsibilities

- The preceptor must be a registered professional of equivalent level or senior to preceptee with a minimum of 12 months' experience post-registration and minimum of 12 months' experience in setting.
- Utilise their protected time effectively to meet their responsibilities and CPD.
- To see the personal and professional benefits of taking on the role of preceptor.
- They must have completed their preceptor development. The preceptor development includes completion of LPT's preceptor development programme (face-to-face or virtual) or completion of the e-learning for health preceptor development programme.
- Participate in preceptorship forums and support networks to maintain up-to-date knowledge.
- The preceptor will provide guidance to the preceptee by facilitating the transition from student to registered practitioner (or transitioning professional) by gaining experience

and applying learning in a clinical setting during the preceptorship period. A minimum of 12 hours protected time is allocated to each preceptor (inclusive of training) to carry out preceptorship responsibilities using the resources in Appendices 2 to 11 to:

- Plan, schedule, conduct and document regular meetings with the preceptee using the standard templates. Meeting at least bi-monthly to give written and verbal feedback. This must include an initial, midpoint and final meeting.
- Assess learning needs and develop an individual learning plan with the preceptee.
- Act as a role model for professional practice and socialisation.
- Possess a good understanding of the preceptor requirements and communicate these to the preceptee clearly and concisely.
- Act as a professional friend, peer and advocate. Reporting back to the preceptee's line manager if preceptorship objectives are not being achieved, ready for the annual appraisal.
- Participate in preceptorship forums, clinical supervision and support networks to maintain up-to-date knowledge.
- Escalate any concerns of preceptee progress, performance and/or conduct to preceptorship lead, line manager and HR.

- Final sign off for the Preceptorship programme and folder:
  - UK educated Nurses and Nursing Associates: at 6 months and one year.
  - IENs: Flexibility is required based upon the IENs achieving the specified competencies for the role. This is a minimum of 6 months. Preceptorship will continue for the full year.
  - AHPs: at one year.

4.6   The Preceptee Responsibilities

- The preceptee is responsible for their development and commitment to their preceptorship programme. Protected time as identified within this policy is given for all responsibilities to:
  - Actively participate in the preceptorship process. Attend all organised training and participate in all learning opportunities.
  - Prepare for and attend meetings with their preceptor at the agreed times.
  - Work in collaboration with their preceptor to identify, plan and achieve their learning objectives, this includes developing individual learning plan and completing all documentation within required timeframes.
  - Complete the preceptorship portfolio to support and record learning outcomes, reflective practice and achievements.
  - Escalate concerns, reflecting on own practice, and taking ownership of own professional development. See reflection template in appendix
  - Ensure that they are open to constructive feedback.
  - Complete and submit the evaluation templates (Appendices 9 – 11)
  - Complete their Appraisal and Probation in line with Trust Policies.

4.7   Preceptorship Ambassadors Responsibilities

- The role of the preceptorship ambassadors is a new role to be introduced in 2024. The ambassadors will promote the value of preceptorship and support implementation within their area in LPT. The role should be held by an experienced preceptor who is passionate about preceptorship.

The preceptorship ambassador will:
- o Raise the profile, the value and the benefits of the preceptorship programme within their own clinical area in LPT.
- o Act as a role model for best practice in support of staff requiring preceptorship or act as a role model for best practice undertaking the preceptorship programme.
- o Engage with LPT's preceptorship team to continue the evolution of preceptorship work internally and across the region as appropriate.
- o Liaise with other preceptorship ambassadors and facilitate development and delivery of preceptorship communities of practice.
- o Feedback to LPT's preceptorship team when improvement and education are required in areas, or where preceptees require additional input.
- o Share knowledge and skills with others to help them develop their thinking and practice.

4.7   Clinical Staff Responsibilities
- All staff, substantive, temporary worker and volunteer within the Trust is responsible for complying with this policy. They need to be aware of their personal responsibilities in supporting preceptees in the workplace.
- A positive, compassionate staff attitude and flexible approach is essential to support preceptees and promotion of a learning and inclusive environments.

4.8   Practice Supervisors / Preceptor Responsibilities
- Competencies may be signed off by Preceptors or Supervisors or any experienced registered practitioner with the required level of expertise who is at the same grade or senior to the Preceptee.

4.9   Evaluation
- The evaluation of the preceptorship programme is essential to ensure that the programme meets the needs of the organisation and the preceptees.
  - o Bi-annual evaluation of the preceptorship programme through TED and Professional Standards Learning Group.
  - o Evaluation forms to Preceptors
  - o Evaluation forms to Preceptees
  - o Preceptorship Lead to analyse preceptorship data against leavers data.

The purposes of evaluation are to:
- o Ensure the programme meets the current objectives.
- o Identify areas for improvement in the programme.
- o Identify areas of concern within preceptorship.
- o Consider satisfaction and motivation levels of preceptees at different points of preceptorship.
- o Track and monitor completion rates.
- o Evaluate programmes in terms of retention of preceptees.

Process

- o Evaluation is through feedback forms. They are conducted at three defined points of the programme.
- o Evaluation forms are distributed to preceptees and responses collated by the preceptorship lead at the following points during the preceptorship programme:
- o One month after start date and induction: the purpose of this is to address any individual concerns, assess the preceptee's onboarding experience and identify areas for improvement.
- o Midway through the preceptorship programme to evaluate level of support and engagement in preceptorship.
- o End of the preceptorship programme to evaluable the programme and preceptorship experience overall.

5.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- • Understand information about the decision
- • Remember that information
- • Use the information to make the decision
- • Communicate the decision

6.0 Monitoring Compliance and Effectiveness

Monitoring tools must be built into all procedural documents in order that compliance and effectiveness can be demonstrated.

Be realistic with the amount of monitoring you need to do and time scales

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
4.9	All newly registered practitioners, return to practice and internationally educated staff	Reports provided of staff who have started and	Training, Education & Development (TED) Group	Bi-annually

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
	must have a period of Preceptorship	completed preceptorship		
3.7	Aligned to the national preceptorship framework standards	Report provide on how the trust preceptorship programme is aligned to the national preceptorship framework	Training, Education & Development (TED) Group	Bi-annually

7.0 References and Bibliography

Benner P. (1984). From Novice to Expert: Excellence and Power in Clinical Nursing Practice. Addison Wesley Publishing Company.

Department of Health [2010] Preceptorship Framework for Newly Registered Nurses, Midwives & Allied Health Professionals Department of Health. London.
https://www.cntw.nhs.uk/wp-content/uploads/2017/09/NTWC22-App1Precepframework-RCN-V02.pdf

Gibbs, G. (1988) Learning by Doing: A guide to teaching and learning methods. Further Education Unit, Oxford Brookes University, Oxford.

Health and Care Professions Council (HCPC). The HCPC - Principles for Preceptorship (November 2023) https://www.hcpc-uk.org/resources/information/principles-for-preceptorship/

Health Education England (2015) Preceptorship Standards. https://heeoe.hee.nhs.uk/sites/default/files/docustore/2904498_qipf_accessible_v0_2.pdf Appendix 1 Pages 115 – 116Morton – Cooper, A. (1993) Mentoring and Preceptorship: a guide to support roles in clinical practice. Blackwell Science. London.

NHSEI (2022) National Preceptorship Framework. https://www.england.nhs.uk/long-read/national-preceptorship-model-for-nursing/

National Association of Clinical Excellence http://www.nice.org.uk

Nursing and Midwifery Council (2004) Fitness to Practice Annual Report. NMC. London.

Nursing and Midwifery Council (2008) Standards to support learning and assessment in practice. NMC standards for mentors, practice teachers and teachers. (Second Edition) NMC. London.

Nursing and Midwifery Council (2018). The Code. Professional standards of practice and behaviour for nurses, midwives and nursing associates. Code of Professional Conduct. NMC. London

Nursing and Midwifery Council (2017) Future nurse: Standards of proficiency for registered nurses. NMC. London

Nursing and Midwifery Council (2018) Standards of proficiency for nursing associates. NMC. London.

Nursing and Midwifery Council (2020) Principles for preceptorship NMC. London. https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-principles-for-preceptorship-a5.pdf

Willis Commission (2012) 'Quality with Compassion' RCN

HCPC/ AHP Preceptorship Principles – Publication Pending

HCPC Standards of Proficiency for AHPs – 2023

HCPC Standards of Conduct, Performance and Ethics – 2023

8.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or

receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendices

Appendix 1

National Preceptorship Model for Nurses and Nursing Associates – a summary of the full framework.

Taken from: https://www.england.nhs.uk/publication/national-preceptorship-framework-for-nursing/

Nurses and Nursing Associates		
Criteria	**Core Standard**	**Gold Standard**
Intended recipients	All newly registered nurses and nursing associates.	All newly registered nurses and nursing associates
Length of preceptorship programme*	Minimum of six months from joining the organisation or receiving PIN *Where accelerated programmes are used, support should be available for six months	12 months from joining the organisation or receiving PIN
Supernumerary period	Minimum of two weeks' supernumerary for preceptee (or equivalent to 75 hours)	Additional protected time throughout the programme for preceptor and preceptee included in preceptorship policy for organisation
Meeting requirements (preceptor and preceptee)	Minimum of three meetings: - Within first two weeks of joining the organisation or receiving their PIN - Middle of programme - Completion of preceptorship programme	Meetings every two months including: - Within first week - Middle of programme - Completion of preceptorship programme
Roles	- Preceptor (protected time of eight hours per year) - Preceptee (participation in organisation preceptorship programme)	- Preceptor (protected time of 12 hours per year) - Preceptorship lead - Preceptorship champion/ ambassador/ link

Preceptor	- Equivalent level or senior to preceptee - Minimum 12 months' experience post-registration - Attending initial training - Refer to role descriptor for detail	- Equivalent level or senior to preceptee - Minimum 12 months' experience post-registration - Role expectations - Minimum 12 months' experience in setting - No more than one preceptor to two preceptees - Initial training - Ongoing support and training
Preceptorship lead	- Central point of contact within organisation/integrated care system - Responsible for programme co-ordination - Monitoring and evaluating preceptorship - Development and review of programme and policy	- Development programme for preceptors - Support for preceptors - Develop and deliver support network for preceptors - Maintain register of preceptors - Promotion of value and benefits of preceptorship within own organisation - Develop and support network of preceptorship ambassadors
Core standards	- Preceptorship policy - Formal, structured programme of learning - Standard documentation across organisation - Role descriptions - Protected time - Monitoring and evaluation - Development of preceptors / preceptor training	- Senior responsible officer at board level - Protected time for preceptors (minimum 12 hours) - Meeting templates - Development and support for preceptors - Preceptorship mandated across organisation - Audit trails to demonstrate

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.

		compliance, evaluation, and feedback
Indicative content of development programme	- Facilitated learning/study days (flexible dependent on work area and individual requirements) - Preceptee individual learning and development plans - Wellbeing initiatives - Reflection - Pastoral care and support - Clinical supervision	- Action learning - Peer support forums for preceptor and preceptee - Coaching - Mentoring - Professional nurse advocate / restorative supervision
Evaluation	- Course evaluations - Retention statistics (12 and 24-months post-registration) - Feedback questionnaire on preceptorship experience at end point - Annual review of the programme - Feedback mechanism for preceptors to support them - Feedback from preceptor and preceptees	- Session feedback - Feedback questionnaire on preceptorship experience – mid point and end point - Preceptee involvement in design and development of programme - Stakeholder feedback
Compliance	Core standard and gold standard: - National preceptorship framework for nursing (2022) - Nursing and Midwifery Council principles of preceptorship (2020)	

Example Flowchart for Preceptees

Attend LPT & Local Induction (organised by HR)
Participation in Preceptorship including: • Initial meeting with Preceptor within the first week to establish learning priorities, plan preceptorship period and outline expectations outlined in the Probation Policy • Newly registered staff to have protected supernumerary period on receipt of formal registration. • Regular meetings with Preceptor to review progress. These are a minimum of bi- monthly to include one at initial, midway and end points. • Attendance at preceptorship development days
At 3 months
• Completion of appraisal in accordance with Trust policy • Completion of all mandatory & clinically relevant training and associated competencies. Completion of relevant eLearning modules • Completion of relevant IT training and associated competencies • Completion of relevant medical device training and associated competencies • Completion of probation review in accordance with Trust policy
At 6 months
• Review of the probation period, in line with LPT Probation Policy. • Essential competencies and training completed. 6-month preceptorship signoff (nursing only)
At 12 months:
• Final review of preceptorship objectives and conclusion of preceptorship. • All objectives set during preceptorship must be completed

Required objectives have been demonstrated.	Refer to trust Supporting Performance Policy and Procedure	Required objectives have not been demonstrated.
Progression through pay gateway to next pay point as appropriate		Involve HR for Supporting Performance advice
Appraisal agreed to include actions needed to develop knowledge & skills for their role	Agree that individual is unable to develop or demonstrate the knowledge & skills required & initiate a development plan.	Agree that individual is unwilling to develop or demonstrate the knowledge & skills required & initiate performance management Policy
Pay progression will be dependent on achieving appraisal objectives	Individual develops knowledge & skills enough to progress through pay gateway.	Individual does not develop knowledge & skills required. Advice sought from HR

Charter between preceptor and preceptee

Preceptee
I understand that my responsibilities as a newly registered practitioner and preceptee include: • Completing Leicestershire Partnership Trust's (LPT) induction, local induction, statutory, mandatory and essential to role training. • Attending study days and all required learning and development to complete my preceptorship. • Observing and adhering to LPT's 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.

Name:	Signature:
Work area:	Date:

Preceptor
I understand that my responsibilities as a preceptor include: • Providing support and guidance to the preceptee. • Acting as a role model and professional friend. • Facilitating introductions and promoting good working relationships. • Participating in all preceptorship activities including attending required training and facilitating and documenting regular scheduled meetings. • Providing timely and appropriate feedback to the preceptee. • Liaising with the preceptee's manager about their progress as appropriate. • Advising on learning and development needs, facilitating a supportive learning environment and signposting learning resources.

• Completing and continuing my development as a preceptor.	
Name:	**Signature:**
Work area:	**Date:**

Appendix 4 Protected Time Log

Protected Time Preceptee/Preceptor Log: Meetings & Support

Preceptee Name:				Preceptor Name:		
Date	Time	Total mins/hours	Meeting/Clinical Supervision √	Supervised Practice √	Comments	Signature

Initial Meeting Template

Name of preceptee	
Name of preceptor	
Work area	
Date of meeting	

Icebreaker questions

Tell me a little about yourself. What do you enjoy doing? What are you looking forward to about your new role? What do you think is going to be challenging? How much do you know about preceptorship?

Expectations

What are your expectations of your new role? What development do you expect? What level of support do you expect from your preceptor?

Checklist

LPT induction

Clinical induction Local induction SLOT analysis* Individual learning plan*	
Comments/notes:	
Actions:	
Next meeting date:	
Preceptee signature	
Preceptor signature	

SLOT analysis

A SLOT analysis is a simple tool to evaluate the preceptee's current stage of knowledge, skill and experience and to assess development needs along with opportunities and barriers.

Strengths	Learning Needs
What do you do well? What knowledge, skill and experience do you have? Consider attitudinal strengths.	*Are there any gaps in your learning or experience? Do you need more experience in anything? Consider personal, clinical and professional development.*
Opportunities	**Threats**
What development opportunities are available? Consider shadowing, training, working with others, and research.	*What are the barriers? Consider time, workload pressures, personal commitments and energy levels.*

Individual learning plan (ILP)

The individual learning plan records development needs and agreed objectives. Objectives should be SMART (specific, measurable, achievable, realistic/relevant and timebound).

Name of preceptee	
Name of preceptor	

Date	Learning need	SMART objective	Support needed

Date should refer to the date the objective is set / date of meeting.
Learning needs should come from the SLOT analysis and should identify specific needs.

There should be no more than three objectives for each Individual Learning Plan, in order for it to be realistic.

Interim meeting template

Name of preceptee:	
Name of preceptor:	
Work area:	
Date of meeting:	

Reflection and discussion

What has gone well? What challenges have you met? How have you overcome them? Consider use of reflection templates* and the sharing of observations *(it is recommended that five reflections are completed during the preceptorship period).*

Review of development

What development/study days have you had? How have you found these? What has gone well? What have you found difficult? Are there areas in which you need more development or experience? Progression points?

Review of individual learning plan **Review ILP set during previous meeting. Assess achievement against objectives and, where appropriate, set further objectives.**
Comments/notes:
Actions agreed:

Next meeting date:	
Preceptee signature:	
Preceptor signature:	

Final sign-off meeting

Name of preceptee:	
Name of preceptor:	
Work area:	
Date of meeting:	

Reflection and discussion

What has gone well? What challenges have you met? How have you overcome them?

Review of development

What development/study days have you had? How have you found these? What has gone well? What have you found difficult? Are there areas in which you need more development or experience? Points of progression?

Review of individual learning plan **Review ILP set during previous meeting. Assess achievement against objectives and, where appropriate, set further objectives.**
Comments/notes:

Preceptorship sign-off declaration

This is to confirm that the preceptee has completed all aspects of the preceptorship programme satisfactorily.			
Name of preceptee		Signature:	
Name of preceptor		Signature:	
Work area:		Date:	

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.

Reflection Template

It is recommended that five reflections are completed during the preceptorship period. The following reflection is based on the work of Rolfe et al (2001). It has been designed as a simple way of learning from experience, evaluating the experience and identifying further action.

Reflective template provided. Link to NMC reflective template for revalidation is: https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/reflective-accounts-form.doc

| **What?** |
| **What happened? What did I do? How did I feel? What was good or bad? How did others respond? What were the consequences?** |
| |
| **So what?** |
| **So what did I learn from this? What did I base my actions on? What could I have done differently? What is my new understanding of the situation?** |
| |

Now what?

What do I need to do differently? Are there things I need to learn or consider? What do I need to do next time?

Preceptorship lead role descriptor

An appointed preceptorship lead is responsible for overseeing the preceptorship programme. The role may be combined with another role.

It is the responsibility of the preceptorship lead to:

- Coordinate the identification of preceptors, know who they are and provide the appropriate level of preparation and support.

- Identify all newly registered practitioners / returners to practice / internationally educated staff requiring preceptorship and others for whom preceptorship is deemed beneficial.

- Monitor workforce new starter data and liaise with managers to identify staff requiring preceptorship and confirm the name of the preceptor in time for the preceptee's start date.

- Monitor and track completion rates for all preceptees.

- Perform regular checks that the preceptor/preceptee relationship is working satisfactorily.

- Identify any development or support needs of preceptors.

- Measure the effectiveness and impact of preceptorship programmes on retention and staff engagement and evaluate programmes after each cohort.

- Ensure there are sufficient trained preceptors.

- Support and prioritise staff retention.

- Act as the point of escalation to maintain the relationship between preceptor and preceptee.

- Use coaching skills and techniques to facilitate as appropriate.

- Develop the Preceptorship Ambassador Network if required.

- Liaise with other local and national preceptorship leads.

- Ensure preceptorship operates within the DH framework (2010), HEE Standards (2017), NMC Principles of Preceptorship (2020), National Preceptorship Framework (2022) and HCPC Preceptorship Principles (2023).

Preceptor role descriptor

To provide guidance to the preceptee by facilitating the transition from student/new to service to competent registered practitioner. This should be achieved by gaining experience and applying learning in a clinical setting during the preceptorship period. The role of preceptor should be provided with protected time as set out in the preceptorship policy.

It is the responsibility of the preceptor to:

- Possess a good understanding of the preceptor framework requirements and communicate these to the preceptee clearly and concisely.

- Understand the scope and boundaries of the roles of the preceptee.

- Act as a professional friend, peer and advocate.

- Act as a role model for professional practice and socialisation to the profession.

- Ensure all induction has been completed and check that the preceptee is fully aware of local ways of working and appropriate policies.

- Facilitate introductions for the preceptee to colleagues, multi-disciplinary team, peers and others (internal and external to LPT, as appropriate)

- Promote networking and development of effective working relationships.

- Agree learning needs with preceptee and develop a learning plan with achievable goals.

- Carry out regular and confidential review with the preceptee.

- Use coaching and mentoring skills to enable the preceptee to develop clinically and professionally and to grow in confidence.

- Facilitate a supportive and inclusive learning environment by signposting resources and actively planning learning opportunities for clinical, professional and personal growth of the preceptee.

- Give timely and appropriate feedback to the preceptee on a regular basis.

- Liaise with the line manager to monitor progress and address areas of poor performance or areas requiring further development through objective setting and regular review, keeping preceptorship lead involved.

Preceptee role descriptor

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

It is the preceptee's responsibility to:

- Attend all organised training and participate in all learning opportunities, including induction.

  Organise and attend meetings with their preceptor at the agreed times and within the requirements of the framework.

- Have a clear understanding of the objectives and learning outcomes of the preceptorship framework.

- Work in collaboration with their preceptor to identify, plan and achieve their learning objectives.

- Develop an individual learning plan and complete all documentation within required timeframes.

- Promote the role to a high standard.

- Maintain timely and professional behaviour at all times.

- Adhere to their individual code of professional practice.

- Escalate concerns, reflecting on their own professional practice, and take ownership of their own development.

Preceptorship Ambassador role descriptor

The role of the preceptorship ambassador is to promote the value of preceptorship and support implementation within their area in LPT.

The role should be held by an experienced preceptor who is passionate about preceptorship.

It is the responsibility of the preceptorship ambassador to:

- Raise the profile, the value and the benefits of the preceptorship programme within their own clinical area in LPT.

- Act as a role model for best practice in support of staff requiring preceptorship **or** act as a role model for best practice undertaking the preceptorship programme (this will depend who the ambassador is)

- Engage with LPT's preceptorship team to continue the evolution of preceptorship work internally and across the region as appropriate.

- Liaise with other preceptorship ambassadors and facilitate development and delivery of preceptorship communities of practice.

- Feedback to LPT's preceptorship team when improvement and education are required in areas, or where preceptees require additional input.

- Share knowledge and skills with others to help them develop their thinking and practice

First Evaluation

Name		Role	
Department		Email	
Date of joining		Today's date	

1.	Did you feel welcomed?	Yes / No
	Comments:	

2.	Were you allocated a preceptor in your first week?	Yes / No
	Comments:	

3.	Did you have a local induction in your area which covered ways of working and local policies / processes / introductions?	Yes / No
	Comments:	

4.	Did you receive your supernumerary time?	Yes / No
	Comments:	

5.	Have you had the first meeting with your preceptor?	Yes / No
	Comments:	
6.	Do you have an individual learning plan and development objectives?	Yes / No
	Comments:	
7.	Were you aware of preceptorship before joining the organisation? How? eg. HEI, preceptorship lead, job interview, student conference	Yes / No
	If yes, please tell us how you became aware of preceptorship:	
8.	What have you enjoyed about your first months?	
	Comments:	
9.	How would you have changed about your first month?	
	Comments:	
10.	Any other comments or feedback?	
	Comments:	

Thank you for completing this feedback form

Mid-point Evaluation

Name		Role	
Department		Email	
Date of joining		Today's date	

1.	Do you have a preceptor? Is this the same preceptor as at the start of the programme?	Yes / No
	If No please email the preceptorship lead. Comments:	
2.	Do you know who allocated your preceptor?	Yes / No
	If yes, please advise who this was. Comments:	
3.	Did you have the opportunity to choose or to change your preceptor if you so wished?	Yes / No / NA
	Comments:	

4.	Please rate your preceptorship programme in terms of impact and usefulness in the following areas. *4 – very useful 3 – useful 2 – little use 1 – not useful*				

	4	3	2	1
In your daily work	4	3	2	1
Building confidence in your role	4	3	2	1
Feeling able to initiate changes that improve service delivery and patient care	4	3	2	1
Being able to provide an evidence base or rationale for your practice	4	3	2	1
Feeling able to take responsibility for the continuing development of your own skills and knowledge	4	3	2	1
Able to provide support to others to help their development	4	3	2	1
Providing your with the self-awareness to strengthen your leadership and progress with learning objectives	4	3	2	1

5.	How supported and valued do you feel as a preceptee in your preceptorship programme? **4 – very supported, 3 – supported, 2 – some support, 1 – no support**				
By your organisation		4	3	2	1
In your workplace setting		4	3	2	1
By your preceptorship lead		4	3	2	1
By your preceptor		4	3	2	1
By practice educators / facilitators / development nurses		4	3	2	1
By your buddy (where applicable)		4	3	2	1
By preceptorship ambassador (where applicable)		4	3	2	1
By your colleagues in the workplace		4	3	2	1

6.	Has the support met your expectations?	
	Comments:	
7.	What does 'well supported' look like to you?	
	Comments:	
8.	Are you happy in your role?	Yes / No
	Comments:	
9.	Does LPT have a preceptorship ambassador?	Yes / No
10.	What learning format do you find most useful for your learning needs and style? *Face-to-face Virtual Blended Support in practice e-learning*	
11.	Please provide one example of how your practice has been impacted or will change because of this programme (please provide a reflection)	
12.	What additional support, if any, will you need to be able to implement what you have learned during this programme? For example, supervisory support, clinical supervision, classroom-based training, etc.	
	Comments:	

Thank you for completing this feedback form.

End Point Evaluation

Name		Role	
Department		Email	
Date of joining		Today's date	

1.	Please rate your preceptorship programme in terms of impact and usefulness in the following areas. *4 – very useful 3 – useful 2 – little use, 1 – not useful*

	4	3	2	1
In your daily work	4	3	2	1
Building confidence in your role	4	3	2	1
Feeling able to initiate changes that improve service delivery and patient care	4	3	2	1
Being able to provide an evidence base or rationale for your practice	4	3	2	1
Feeling able to take responsibility for the continuing development of your own skills and knowledge	4	3	2	1
Able to provide support to others to help their development	4	3	2	1
Providing your with the self-awareness to strengthen your leadership and progress with learning objectives				

2.	List the three most valuable things you have learned as part of your preceptorship programme:
1.	
2.	
3.	

3.	What are the three greatest benefits that have made most impact on you as part of your preceptorship programme:
1.	
2.	
3.	

4.	To what extent did your preceptor strengthen your experience of preceptorship? *4 – a great extent 3 – some extent 2 – a little 1 – not at all*			
	4	**3**	**2**	**1**
Comments:				

5.	What learning format do you find most useful for your learning needs and style? ***Face-to-face Virtual Blended Support in practice e-learning***
	Comments:

6.	Have you been able to complete your objectives in your individual learning plan?	Yes / No
	Comments:	

7.	Please provide one example of how your practice has been impacted or will change as a result of this programme (please provide a reflection)
	Comments:

8.	What additional support, if any, will you need to be able to implement what you have learned during this programme? For example, supervisory support, clinical supervision, classroom-based training, etc.
	Comments:

9.	If you were given the task or revising or changing your preceptorship programme, what would you change and why?
	Comments:

10.	What advice would you give to a preceptee starting preceptorship?
	Comments:

Thank you for completing this feedback form.

Appendix 13 Training Requirements

Training Needs Analysis

Training topic:	Preceptor Training
Type of training: (See study leave policy)	☐ Mandatory (must be on mandatory training register) X Role specific ☐ Personal development
Directorate to which the training is applicable:	X Mental Health X Community Health Services ☐ Enabling Services X Families Young People Children / Learning Disability Services X Hosted Services
Staff groups who require the training:	All staff who undertake the role of preceptor in their service
Regularity of Update requirement:	Initial preceptor training for all with refresher training as required by staff
Who is responsible for delivery of this training?	Preceptorship Lead
Have resources been identified?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	X ULearn ☐ Other (please specify)
How is this training going to be monitored?	Bi annual reports Feedback forms from preceptees

Appendix 14 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	☐
Respond to different needs of different sectors of the population	☐
Work continuously to improve quality services and to minimise errors	√
Support and value its staff	√
Work together with others to ensure a seamless service for patients	☐
Help keep people healthy and work to reduce health inequalities	☐
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.

Appendix 15 Due Regard Screening Template

Section 1	
Name of activity/proposal	Preceptorship
Date Screening commenced	01/08/2023
Directorate / Service carrying out the assessment	Enabling. Learning and Development
Name and role of person undertaking this Due Regard (Equality Analysis)	Maria Ward. Practice Learning Facilitator and Preceptorship Lead
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: Updating of the policy that prescribes the standards expected for Preceptorship	
OBJECTIVES: To ensure that those entitled to Preceptorship, have a good experience that ensures Newly Registered Practitioners, Return to Practice and Internationally Educated staff become confident and competent practitioners.	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	No impact
Disability	No impact
Gender reassignment	No impact
Marriage & Civil Partnership	No impact
Pregnancy & Maternity	Preceptorship would be suspended during the maternity period, and recommended on return to work.
Race	No impact
Religion and Belief	No impact
Sex	No impact
Sexual Orientation	No impact
Other equality groups?	No impact

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
Yes	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4. √

Section 4			
If this proposal is low risk, please give evidence or justification for how you reached this decision:			
All newly registered, return to practice and internationally educated clinical staff are entitled to Preceptorship. If there are any individual requirements needed to access Preceptorship it will be the responsibility of the Preceptee, the Preceptor and the line manager to ensure this is acknowledged and acted upon.			
Signed by reviewer/assessor	Maria Ward	Date	01/08/2023
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	Alison O'Donnell	Date	

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.

The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Preceptorship Policy	
Completed by:	Maria Ward	
Job title	Practice Learning Facilitator & Preceptorship Lead	Date 01/08/2023

Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	

If the answer to any of these questions is 'Yes', please contact the Data Privacy Team via Lpt.dataprivacy@nhs.net In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.	
Data Privacy approval name:	**Hannah Plowright**
Date of approval	**30/11/2023**

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the Trust Website.

15/05/2025   *Status –Final*   *Title*   Preceptorship Policy

Page **52** of **52**