Leicestershire Partnership NHS Trust

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.

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Contents

1.0 Policy on a page

Summary and aim

- 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 nursing preceptee's must be allocated a minimum of 150 supernumerary hours (approx. 4 to 6 weeks pro rata) as agreed by the trust. 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 24 months of starting, it is a 12-month programme, the 24 months allows for an annual leave or sickness.
- 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 and preceptees have protected time for their role.
- Preceptors and preceptee must engage in the forums and networks run by the trust.

Target audience

Preceptorship leads, Line managers, Preceptors, Preceptees.

2.0 Purpose and Introduction

This preceptorship policy is intended for all newly registered nurses and Allied health professionals, 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.

NHS England (2022) defines Preceptorship as:
'Preceptorship in NHS England is a structured, supported transition period for newly registered nurses, midwives, and Allied Health Professionals (AHPs), typically in their first year. It aims to build competence and confidence, aiding retention'.

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 grow our own) 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 Group Chief Nurse/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 and Objectives - 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. Modules also include acceleration programmes, team preceptorship and collaboration with partners such as HEI in delivery of preceptorship.
- Preceptorship applies to all newly registered practitioners, internationally educated staff, returners to practice and practitioners transitioning from one setting to another.
- Annual completion of the AHP organisational NHSE self-assessment tool, need to demonstrate the minimum maturity as achieving with an organisational improvement plan to aspire to higher maturity levels of thriving and areas of excellence.
- LPT are committing to supporting system AHP preceptorship improvement plans through completion of annual LLR self-assessment tool.
- Organisation to commit to regular peer review across the system of AHP preceptorship self-assessment, need to achieve moderate maturity levels as a system, share best practice and support continuous improvement.
- Preceptorship 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 need protected time to attend preceptorship meetings and structured learning programme.
- A Preceptee should be allocated a Preceptor, the Preceptor needs to have completed relevant training and gain regular support from supervisors, line managers and professional leads.

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.*

- All newly registered nursing staff
- All newly registered nursing associates
- All newly registered physiotherapists
- All newly registered occupational therapists
- All newly registered podiatrists
- All newly registered dieticians
- All newly registered speech and language therapists
- All newly registered psychologists (see also local preceptorship agreements)
- All registered returners to practice
- All registered internationally educated staff recruited from outside of the UK.
- Care staff who are internationally educated nurses and become registered with the relevant professional body.
- As new roles emerge other AHPS, or professions can access preceptorship.

- Some staff groups or individuals may need a different or bespoke model of preceptorship.
- AHP professions/services need to ensure job planning includes preceptorship activities for preceptors, preceptees and preceptorship leads.
- NHS boards should use preceptorship as an enabler to achieve the NHS People Plan.

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 practice after re-joining the register and those coming to work in the UK from within or outside the EEA/EU.

3.4 Supernumerary period (Nursing only)

- Supernumerary time is required to support new nurses 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.
- Nursing preceptee's should be allocated **150 supernumerary hours** (minimum 4 to 6 weeks pro rata) as agreed by Executive Directors of LPT which is above the national recommendation of 75 hours. This will commence on receipt of their PIN or start date in post if already registered. This will enable the preceptee to maximise 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.
- This does not apply to AHP Preceptees.

Supernumerary hours are offered to graduate nurses so they can focus on learning, building confidence, and developing competence without being counted in staffing numbers during their first weeks. This protects safe nurse-to-patient ratios, supports the delivery of essential care, and helps maintain a safe environment for patients and staff.

While other professional groups do not receive the same formal supernumerary status, they are still given a structured induction and protected time to develop the skills they need. Newly qualified colleagues in these roles also begin with a reduced caseload and appropriate clinical supervision. This creates a fair and balanced approach across professions, recognising the different regulatory expectations while ensuring everyone is supported to practice safely and effectively.

3.5 Supernumerary period for IENs.

- 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.

3.6 Bank Staff

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 be managed on a case-by-case basis with agreement from a senior nurse or AHP leader within the Chief Nurse directorate.

3.7 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.

3.8 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.

3.9 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.
- All organisational preceptorship programmes include pastoral support to preceptees.

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).
- Evaluation templates. (Appendix 10 to 12).

Core content:

- A formal structure individualised programme of learning and development for preceptees.
- Competency assessment – for nursing
- AHP- support preceptees to complete competency framework specific to the preceptees clinical area and in-line with induction/probation process.
- Pastoral offer which includes peer support/networking, 1-1 opportunities with Preceptorship leads/senior leaders, regular health, and wellbeing questionnaire.

- Preceptorship Standards and framework (2023) recommends preceptorship content should consider the skills, knowledge and behaviors needed for a preceptee to transition into their role, with some recommended topics. LPT development days include the recommended topics plus more suitable for the organisation.
- LPT development days are listed below.
    - Accountability
    - Career development
    - Communication
    - Dealing with conflict/managing difficult conversations
    - Delivering safe care
    - Emotional intelligence
    - Leadership
    - Goal setting
    - Supervision
    - Quality Improvement
    - Resilience, Health and Wellbeing
    - Reflection
    - Safe staffing /raising concerns.
    - Team working
    - Clinical governance
    - 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.

3.10 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.

3.11 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 and liaison with Human Resources. (Appendix 2).

3.12 Evaluation

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

The evaluation includes:

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

3.13 Evaluation

3.13.1 The evaluation of the preceptorship programme is essential to ensure that the programme meets the needs of the organisation and the preceptees.

3.13.1.1 Bi-annual evaluation of the preceptorship programme through TED and Professional Standards Learning Group.

3.13.1.2 Evaluation forms to Preceptors

3.13.1.3 Evaluation forms to Preceptees

3.13.1.4 Monthly health and wellbeing questionnaire to preceptees

3.13.1.5 New starter data to ensure every new starter on programme, reviewed at trust induction.

3.13.1.6 Monitor numbers on programme.

3.13.1.7 Preceptorship Lead to analyse preceptorship data against leavers data.

The purposes of evaluation are to:

3.13.1.8 Ensure the programme meets the current objectives.

3.13.1.9 Identify areas for improvement in the programme.

3.13.1.10 Identify areas of concern within preceptorship.

3.13.1.11 Consider satisfaction and motivation levels of preceptees at different points of preceptorship.

3.13.1.12 Track and monitor completion rates.

3.13.1.13 Evaluate programmes in terms of retention of preceptees.

Process

3.13.1.14 Evaluation is through feedback forms. They are conducted at three defined points of the programme.

3.13.1.15 Evaluation forms are distributed to preceptees and responses collated by the preceptorship lead at the following points during the preceptorship programme:

3.13.1.16 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.

3.13.1.17 Midway through the preceptorship programme to evaluate level of support and engagement in preceptorship.

3.13.1.18 End of the preceptorship programme to evaluable the programme and preceptorship experience overall.

4.0 Roles and Responsibilities

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.
- The role of preceptorship leads should meet NHSE job descriptor requirements, have professional knowledge and experience of the professional groups on the programme, leads should promote and champion preceptorship, review and evaluate programmes, and developed improvement plans.
- Education and training should be extended to include others in the organisation responsible for compliance – Line managers, Preceptees, Preceptors and workforce leads.

4.2 Lead Director Responsibilities

- The Senior Responsible Officer (SRO) is the Group Chief Nurse/Executive Director of Nursing, AHP's & Quality and is responsible for ensuring that this policy is carried out effectively.
- The AHP SRO is the most senior AHP in the organisation and works alongside SRO to ensure 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.
- To allocate a preceptor to each newly registered practitioner within one week (AHPs), two weeks (Nursing) 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 this 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/or 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 and share learning with peers.

- 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. 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 who will:

- 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.
- 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.

4.8 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.

4.9 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.

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.

Appendix One: Definitions

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 the individual will be supported by a Preceptor, to develop their confidence as an autonomous professional, refine skill, values, and behaviors and to continue 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.

Appendix Two: Governance

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 • 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	Nov 2025	Updated to meet Nursing and AHP core standards for the multi-professional quality mark.
Version 14.3	Jan 2026	Amended based on NHSE comments to meet the multi-professional quality mark.
Version 14.4	Feb 2026	Amended based on internal LPT comments before ready for sign off.
Version 14.5	Feb 2026	Further comments- response from pharmacy.
Version 14.6	March 2026	Change of policy template
Version 14.7	March 2026	Move appendices to appendix document.

Responsibilities

Responsibility	Title
Executive Lead	Group Chief People Officer
Policy Author	Nursing and AHP Preceptorship leads
Advisors	Heads of Nursing, Lead AHPs, NHSE, National, Regional and Organisational Preceptorship leads.
Policy Expert Group	

Governance

Governance Level	Name

Level 1 Assurance Oversight	Joint People and Culture Committee
Level 2 Delivery Group for policy approval and compliance monitoring	Workforce Development Group

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
All newly registered practitioners, return to practice and internationally educated staff must have a period of Preceptorship.	Bi-annually reports provided to Training, Education and Development group (TED).
Aligned to the national preceptorship framework standards	Bi-annually reports provided to Training, Education and Development group (TED).
HCPC Principles for preceptorship (Nov 2023)	Annual completion of organisational self-assessment, reported to TED and NHSE.
National AHP Preceptorship standards and framework (Nov 2024)	Annual completion with peer organisation and reported to TED and NHSE.

Training Requirements

To share as part of induction progress for senior leaders, line managers and mentors. Preceptors to complete preceptorship training including understanding the policy, preceptees to have access to the policy as part of entering the programme.

References

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 behavior 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