



Policy:

NP 028 - Preceptorship

Executive Director Lead	Executive Director for Nursing and Professions
Policy Owner	Executive Director for Nursing and Professions
Policy Author	Trust Leads for Preceptorship Development

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Summary of policy

The Preceptorship policy informs Registered Nurses, Allied Health Professionals, Heads of Service and other clinical leaders / managerial staff of the requirements for the implementation of Preceptorship for newly registered staff in their clinical /service areas.

Target audience	Registered Nurses, Allied Health Professionals, Head's of Service
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Keywords	Preceptorship, preceptor, Registered Nurse, Allied Health Professional, New Registrant
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Storage & Version Control

This is Version 5.0 and is stored and available through the SHSC intranet/internet.

This version supersedes the previous Version 4.0 dated June 2023.

Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log (Example)

Version No.	Type of Change	Date	Description of change(s)
V2 D0.1	Policy review	Oct 2012	To update previous version July 2010.
V2 D0.2	Second draft	Feb 2013	On-going discussions and development.
V2 D0.3	Third draft	Oct 2013	On-going discussions and development.
V2 D0.4	Fourth draft	Dec 2015	On-going discussions and development.
V2 D0.5	Feedback from HRWF Group	April 2016	Medicines management section added; EIA to be updated; Pharmacy to be added to target audience.
V2 D0.6	JCF (verification)	May 2016	Verified subject to the suggestion that the policy should cross-reference to and include elements of the Clinical Professional Registration Policy regarding access to computers.
V2 D0.7	Re-formatted	Sept 2016	Re-formatted for new policy document template and Policy on Policies. Duties clarified.
V2	Ratified / finalised / issued.	Oct 2016	Finalised and issued.
V3	Amended and Up-dated	Sept 2019	Re-formatted for new policy document template. Definitions and Duties expanded. Appendices up-dated.
V4	Amended and Updated in line with new guidance	June 2023	Policy amended and updated in line with new National Guidance.
V5	Amended and Updated in line with new guidance	April 2025	Policy amended with updated HCPC guidance and NHS England AHP Preceptorship and Foundation Support Programme

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Flowchart

Manager / Team leader / Clinical Lead allocates preceptee to preceptor. This process is undertaken prior to preceptee formally beginning new post. Preceptor is fully aware of their role and expectations of preceptorship process.

A preliminary interview between Preceptee Preceptor in first week to discuss:

- Personal learning outcomes / opportunities
- Agree Objectives
- Agree supervision arrangements.
- Identify activities and evidence of learning to be produced and recorded in the preceptorship handbook
- Set a date for future formal meetings at end of month one, minimum two monthly
- Sign off and feedback from line manager

Preceptee attends trust induction and receives local induction. Preceptee meets with preceptor in first week of commencing in post. The meeting is an opportunity to agree and develop learning needs and actions. Preceptee has up to 4 weeks supernumerary status

Formal review meetings between the preceptor and nursing preceptee should be held at the end of months 1,3,5,7,9,11, Final Sign off. For AHPs formal meetings should take place monthly. The preceptorship period can be completed in 6 months (dependent on preceptees performance) and a maximum of 1 year.

- Review progress to date
- Document evidence of learning as appropriate
- Sign off and feedback from line manager.

Preceptee and preceptor meet to review until the process is complete. At least 1 hour should be protected for the meeting. Evidence of achievements of outcomes should be brought to the meeting for discussion and reflection. These should be documented in the preceptee's portfolio and work booklet.

Preceptee has protected time to attend study days. Study day development programme bespoke for professional groups. 6 study days in first 6 months. Study days to include peer supervision

6 months plus - Opportunity for preceptee to join the Edward Jenner Leadership Programme, via learning set. Programme aimed at new registrants.

1 Introduction

Preceptorship is a framework which provides a recommended set of standards, based on best-practice NHSE (2022), and which provides a structured programme of professional support and development designed to improve registrant confidence as they transition into any new role (HCPC 2023)

Preceptorship contributes to an organisational culture in which registrants are supported to achieve their potential whilst delivering safe and effective care and treatment. Effective preceptorship defined by HCPC (2023) should:

- a) be embedded in healthcare workforce and organisational systems to enable preceptee access and engagement;
- b) comply with equality legislation and take account of national and local equality, diversity and inclusion policies;
- c) provide opportunities for preceptees to develop confidence and to support their future career;
- d) prioritise preceptee and preceptor health and wellbeing; and
- e) promote a culture of learning, self-reflection and safe practice

The Nursing and Midwifery Council (NMC) (2018) requires all its registrants to practice effectively and highlights that everyone should provide support to their colleagues in order, to help them develop their professional competence and confidence. In a new role, registrants are required to demonstrate a level of competency and must be actively seeking to maintain and improve their knowledge and skills in order they meet the requirements of Revalidation (NMC).

The NMC (2006) previously recognised that nurses and midwives who are newly registered need an additional period of support in their new role. This support is designed to help them develop their confidence and enhance their competence, including their critical thinking and decision-making skills.

The Health and care professional councils (HCPC) statutory role is to protect the public by regulating healthcare professionals (including Allied Health Professional, AHPs), ensuring standards of proficiency are met by registrants working with in the UK.

The Care Quality Commission (CQC, 2017 regulation 19.1(b)) states that “Providers may consider that a person can be engaged in a role based on their qualifications, skills and experience with the expectation that they will become competent within a specified timeframe once in the role. This means that they may work for the provider and undergo training at the same time in order to become competent being supported and appropriately managed.” They suggest that all staff receive a comprehensive induction, taking account of recognised standards within the sector and which are relevant to their workplace and their job role.

The Trust is committed to providing all Preceptees with a structured Preceptorship programme, which supports their transition into clinical roles, embedding a solid foundation for lifelong learning. Preceptorship should be considered as a transition phase for all participants as a continuation of their professional development, building their confidence and further developing competence to practice. This Preceptorship Policy provides a formalised and standardised approach to Preceptorship within the organisation. It defines a common framework to ensure consistency and equality of access across services for all Preceptees.

2 Scope

This Policy applies to all newly qualified Registered Nurses, Newly Qualified Allied Healthcare Professionals (AHPs) Newly Registered Nursing Associates, Registered Nurses and AHPs working in the UK for the first time, Return to Practice (RtP) Registered Nurses (subject to successful completion of their return to practice course and reinstatement on the NMC register) and AHPs, and Registered Nurses / AHPs moving into new roles.

3 Purpose

This policy seeks to provide consistency across the trust in the application of preceptorship. It ensures that there is a clear preceptorship strategy and framework across SHSC, which meets the requirements of the NHS England Preceptorship Framework for nurses (NHSE 2022) and all SHSC AHP roles in line with the NHSE AHP Preceptorship Standards & Framework (2023).

It provides clear guidance for SHSC preceptees and preceptors in terms of roles, responsibilities and timescales and enables annual evaluation against framework standards.

4 Definitions

4.1 Preceptorship

Preceptorship is a structured programme for the newly qualified Registered Nurse, Registered Midwife, Registered Nursing Associate, Allied Health Professionals (AHPs). Registered Nurses/AHPs practising for the first time in the United Kingdom, returning to practice and practitioners significantly changing their area of practice e.g. moving from a nursing home into an acute hospital, are also able to access the preceptorship offer. They should be supported by an experienced practitioner (a preceptor), to develop their confidence as an independent professional, in order to refine their knowledge, skills, values and behaviours. Having this level of expert support and learning from best practice in a dedicated time frame gives a foundation for lifelong learning and allows nurses and AHPs to provide effective patient-centred care. Preceptorship is not a replacement for appraisals or be a substitute for a formal induction and mandatory training. (HCPC 2023).

4.2 Preceptor

The Preceptor is a nurse / nursing associate from the same part of the NMC register as the Preceptee, who has been identified to support a Preceptee through the programme. For AHPs, the preceptor does not need to be from the same profession as the preceptee but should be the most appropriate individual to provide support. The preceptor role is a fundamental part of effective preceptorship. Preceptors should have appropriate training, time and support to understand and perform their role.

4.3 Preceptee

A preceptee is a Newly registered practitioner, a Nurse, Nursing Associate or Allied Health Professional (AHP) who is entering employment in England for the first time following professional registration with the NMC or HCPC. It includes those recently graduated students, those returning to practice, those entering a new part of the register e.g.

Registered Nurse Adult qualifying as a Registered Mental Health Nurse, and those moving to a new role.

5 Detail of the policy

The broad overview of this policy is as described in the introduction.

6 Duties

6.1 The Preceptor has responsibility to:

- Possess a good understanding of the preceptorship framework requirements and communicates these to the preceptee clearly and concisely.
- Act as a critical friend and advocate.
- Complete training to prepare / update for the role. AHP Preceptors are advised to use the 14. AHP Preceptorship Preceptor Checklist within the AHP Preceptorship toolkit.
- Be a substantive team member with at least 12 months post–registration experience. They must be entirely familiar with the clinical area and the team.
- Will be a role model demonstrating high standards of clinical and professional practice for the patient/client group.
- The Preceptor will identify potential learning opportunities for the new staff member, through the utilisation of any competency assessment framework developed by the clinical area.
- Provide initial and ongoing support to the Preceptee.
- Integrate Trust standards, competencies, objectives and core values into practice and contribute to an environment which facilitates learning for the Preceptee.
- Provide honest and objective feedback on those aspects of performance that are a cause for concern and assist the Preceptee to develop a plan of action to remedy these in collaboration with Ward Manager / Team Leaders / AHP lead

Ensure the preceptee has access to profession specific input either within or external to the organisation

Engage with and support organisational and system level preceptorship evaluation and improvement projects, including opportunities for preceptees to guide, review and evaluate their preceptorship.

Have an awareness of the HCPC Principles for Preceptorship and the NHS England AHP Preceptorship Standards and Framework

Complete the Multi-Professional Preceptor e-Compendium training. **Multiprofessional Preceptor e-Compendium** As part of the above training:

- Complete Preceptor Skills Checklist (provided as part of the training) for your own ongoing development, use this to identify current strengths as well as opportunities for development.
- Complete the Organisational Checklist (provided as part of the training)
- Contact Preceptorship Champions and/or Leads to support your understanding as required.
- Scope out and identify relevant training, development and networking opportunities within your organisation, system and professional body which will allow you to update and develop in role. This may include additional skills-based training such as coaching, supervision and reflective skills.
- Familiarise yourself with your organisations paperwork related to preceptorship such as policy, portfolio and meeting templates, role descriptors and protected time for preceptees and preceptors.

Discuss and agree with your Line Manager your protected time for:

- Meeting your preceptee
- Preceptor role related training and development
- Any other preceptorship related activity with your Line Manager. Discuss whether the above is outlined within your job description.

Refer to your organisation's preceptorship policy and the AHP Preceptorship Standards and Framework for guidance around protected time.

6.2 The Preceptee has a responsibility to:

- Adhere to the NMC/HCPC Code of standards of conduct, performance and ethics and ensure that they additionally understand the Trust values and incorporate these into their practice.
- Identify any of their individual learning needs applicable to their practice and seek support to ensure that these are met.
- Reflect on their practice and experience and are able to evidence this.
- Be responsible for arranging their initial feedback and every month thereafter, reviewing progress with their Preceptor to address any concerns and to provide regular feedback.
- Attend planned study days.
- Organise and attend meetings with their Preceptor at the agreed times.
- Fully complete the Preceptorship paperwork
- Complete the programme in 52 weeks for those Preceptees working full time. Preceptees working part time can negotiate an extension with their Ward Manager / team leader but this must not be disproportionately long.

6.3 Executive Director of Nursing and Professions has a responsibility to;

Ensure that there is an appropriate Preceptorship Policy in place and implemented by the Heads of Nursing & AHPs Leads. Has overall responsibility for ensuring that all appropriate staff have undertaken a formal Preceptorship period as part of their introduction to the organisation.

6.4 Heads of Nursing / Allied Health Professional Leads have a responsibility to;

Have the responsibility for ensuring there are available resources including time and availability of Preceptors for the implementation of this policy. This includes the monitoring of the effectiveness of the Preceptorship programme(s) and the enforcement of this policy-

6.5 Matrons / AHP Clinical Leads have a responsibility to;

Ensure that all staff within their areas comply with the policy. They must make certain that all staff are supported and released to attend required statutory/ mandatory training as part of their Preceptorship period. Matrons will monitor rosters to ensure compliance with the Trust's Roster Management Policy for Nurses. Matrons / AHP Team Leaders will work with the Preceptorship Lead Nurse's / Ward managers / Team managers where issues relating to non-compliance with the policy are having a detrimental effect on the experience of the Preceptee or Preceptor

6.6 Lead Nurses for Preceptorship / AHP Clinical Leads will have responsibility to;

To be a key point of contact for Preceptees and Preceptors, working in partnership with the clinical teams by providing / facilitating educational programmes and supporting a framework to enable preceptees to become competent practitioners.

Maintain a register of Preceptees, being able to identify which registrants are in a period of preceptorship. The register to include nominated preceptor supporting individual preceptee.

This is achieved by:

- Ensuring that Preceptorship remains a positive and supportive experience, sharing best practice within and outside of the organisation.
- Supporting the Delivery of an educational training and support program for Preceptees, including evaluation and audit aligned to any national standard requirement
- Act as an advocate and role model providing pastoral support.
- Ensuring that there are relevant support mechanisms/resources in place to support the Preceptee and Preceptor. This includes Preceptorship paperwork, training and Preceptorship programmes which will be circulated in advance all preceptees.
- Providing verbal and written feedback to Ward Managers, Team Leaders, Matrons, AHP leadership and Heads of Nursing on individual progress,
- Working clinically with Preceptees if appropriate.
- Keeping contemporaneous records of the Preceptees progress.
- Ensuring preceptorship is operating within the Department of Health framework (2010), Health Education England Standards (2017), NMC Principles of Preceptorship (2020) and National Preceptorship Framework (2022). AHP National Preceptorship Framework and Standards (2023)

6.7 Ward Managers / Team Managers / AHP Team Leaders have responsibility to;

Direct line management, performance monitoring and capability management remains the responsibility of employing wards and departments. The Preceptorship Leads will provide support and guidance as required and in conjunction with the Ward Managers / Team Leaders /AHP team leaders will:

- Ensure all Preceptees are allocated a named Preceptor who has the appropriate skills.
- Allocate an associate Preceptor where possible and appropriate.
- Make contact with the Preceptee before their start date to welcome them to the team and provide relevant information with regard to the clinical area. Ensure supernumerary time is provided for a period of up to 4 weeks. Night duty or lone working should be avoided in the first few months.
- Ensure duty rosters are completed which maximize Preceptee and Preceptor contact time including review meetings. Ensure preceptor is given protected time to meet regularly with preceptee.
- Ensure Preceptees are released from the working environment to attend study sessions and any further training required by the Trust.
- Ensure all Preceptee reviews are conducted aligned with the National Standards. This will ensure that the Preceptee receives regular support and feedback.
- Ensure that the Preceptorship documentation is completed and a statement of completion is placed in the Preceptees personal file.
- Ensure the Preceptee completes any relevant competency documentation and assessments (if required)
- If it becomes apparent that an individual's performance is considered to be below the required standard, take action as per the Trust's Capability Policy.

7 Procedure

7.1 What is Preceptorship?

Preceptorship is a structured programme for the newly qualified Registered Nurse, Registered Midwife, Registered Nursing Associate, Allied Health Professionals (AHPs), Registered Nurses practising for the first time in the United Kingdom, Registrants returning to practice and practitioners significantly changing their area of practice e.g. moving from a nursing home into an NHS hospital. During this time, they should be supported by an experienced practitioner (a preceptor), to develop their confidence as an independent professional, in order to refine their knowledge, skills, values and behaviours. Having this level of expert support and learning from best practice in a dedicated time frame gives a foundation for lifelong learning and allows nurses, midwives and AHPs to provide effective patient-centred care

The Health and care professional councils (HCPC) defines preceptorship as a structured programme of professional support and development designed to improve registrant confidence as they transition into a new role. Preceptorship helps to establish an organisational culture in which registrants are supported to achieve their potential whilst delivering safe and effective care and treatment.

Preceptorship is about providing support and guidance enabling new registrants to make the transition from student to an accountable practitioner in order to:

Practice in accordance with the NMC and HCPC Codes of Professional Conduct: standards for conduct, performance and ethics;
Develop confidence in their competence as a nurse or Allied Health Professional (AHP).

To facilitate this, the new registrant should have:

- Learning time protected in their first year of qualified practice.
- Have access to a preceptor with whom regular meetings are held.

The AHP Professionals Preceptorship and Foundation Support Programme aims to support over three phases of Pre-preceptorship, Preceptorship and Foundation support. These phases are described as:

Pre-Preceptorship: A period of preparation for AHP's to support their transition towards employment.

Preceptorship: A period of structured support and development during periods of transition, during which the AHP will be supported to help them grow in confidence as an autonomous and accountable practitioner.

Foundation Support: A matrix of opportunities for professional and personal development for AHPs, that supports upskilling across the 4 pillars of practice, while simultaneously supporting developing a diverse workforce fit for the future.

7.2 Preceptorship Time Frame;

All new registrants will have a formal period of preceptorship of between 6 and 12 months duration, but that this can vary according to individual need and local team arrangements. However, consideration should be given to new registrants who are working part time and an agreement should be reached as to the length of the period of preceptorship. The period of preceptorship can be extended if there are significant periods of absence, for example, long term sickness leave or maternity leave.

Formal preceptorship is dependent upon new registrants having easy access to a named individual with due regard to the same part of the register and field of practice, who can be called upon to provide guidance, help, support and advice and should be incorporated into existing systems and practices for supporting new registrants such as clinical supervision and PDR's. For AHPs the preceptorship framework sits outside of other forms of support <https://www.hcpc-uk.org/resources/information/principles-for-preceptorship/differences-between-preceptorship-and-other-forms-of-support/>

Preceptees will not be expected to be rostered to be the Nurse in Charge / Lead Registered professional during their preceptorship period. Preceptees should always be rostered to work alongside a registered professional who themselves will not be a preceptee.

7.3 Preceptor requirements

The preceptor (experienced registered Nurse / Registered Nursing Associate / AHP must have current registration with the Nursing and Midwifery Council (NMC) or the Health and Care Professions Council (HCPC) and will have at least 12 months full time experience (or equivalent part time). Whilst there are no formal qualifications associated with being a preceptor, individuals will need preparation for their role. Preceptors should be first level registered nurses/AHPs with at least 12 months post registration experience. The trust will provide training for preceptors (Bespoke to each professional grouping) to prepare them for the role.

The nature of the relationship between the preceptor and the new registrant is best agreed in accordance with their own needs taking into account the environment within which they practice.

It is the preceptor's role to facilitate the transition of the new registrant from a student to a registered practitioner who is:

- Confident in their practice.
- Sensitive to the needs of service users.
- An effective team member.
- Up to date with their knowledge and practice.
- Able to provide clinical supervision to new registrants.

7.4 Preceptorship arrangements

The Trust provides the following:

- A Trust-wide policy which can be supplemented with locally agreed standards/competencies/objectives which will differ from each service area;

- Continuity of preceptor (e.g. alternatives where long term sickness, preceptor leaving post etc);
- Preceptor updates (professional group specific)
- Methods and documentation for recording initial and interim objectives and the final sign off of achievement.
- Preceptorship study days, 6 during the first 6 months, professional specific. Preceptee offered the opportunity to complete the 'Edward Jenner Leadership' Programme via facilitated learning set – from 6 months.

Prior to the new registrant starting in the clinical area / team, his/her line manager (or deputy) will assign a suitable preceptor; and referring to the Nurse preceptorship handbook or local AHP processes the preceptor and new registrant will discuss / agree:

- Preceptorship and support arrangements;
- Supervision arrangements;
- Personal learning outcomes/opportunities;
- Set a date for intermediate interview;
- Activities and evidence of learning to be produced and recorded.

The line manager must ensure the preceptor and new registrant are able to work together regularly in order to both ensure that new registrant is well supported and to ensure that preceptorship requirements are met.

7.5 Nurses in Preceptorship working on the Flexible Workforce;

Following completion of their supernumerary period Preceptees may, with the permission of their ward sister/charge nurse work shifts through the nurse bank on their base ward only, and this will be from three months into the Preceptorship Programme. Ward managers must be satisfied that the preceptee is competent and able to fulfil the duties expected of the second qualified nurse.

8 Development, Consultation and Approval

- *These amendments were developed to ensure that it reflects latest HCPC guidance, the AHP Preceptorship Framework. This by AHP clinical leads and was in consultation with SHSC Nursing Preceptorship Leads. AHP Preceptees were involved in the development of the AHP Preceptorship Portfolio which sits alongside this policy.*
- *This was reviewed by the Policy Governance Group and Quality Assurance Committee*
- *The planned review for version 4 was August 2026. Its is advised this is brought forward to reflected the multi-disciplinary quality mark due to be launched by NHSE and include all professions at SHSC.*

9 Audit, Monitoring and Review

This section should describe how the implementation and impact of the policy will be monitored and audited. It should include timescales and frequency of audits.

If the policy is required to meet a particular standard, it must say how and when compliance with the standard will be audited.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Line Managers ensure that all eligible staff receive preceptorship	Assurance report	Line Managers in Liaison with the Professional Leads / Preceptorship Development Leads	Annual	Preceptorship Development Leads / AHP Leads	Preceptorship Development Leads / AHP Leads	Professional Leads
Line Managers ensure that all relevant staff have completed training associated with their (preceptorship) role.	Review of training records /audit	Line Managers in liaison with the Professional Leads / Preceptorship Development Leads	Annual	Preceptorship Development Leads / AHP Leads	Preceptorship Development Leads / AHP Leads	Professional Leads
Line Managers ensure that there is a written record of the new registrant	Review of preceptorship records	Line Managers in liaison with the Professional Leads / Preceptorship Development Leads	Annual	Preceptorship Development Leads / AHP Leads	Preceptorship Development Leads / AHP Leads	Professional Leads

completing their preceptorship (if applicable).						
Regular review of the preceptorship process.	Review	Policy Lead	≤ 3 yearly	Preceptorship Development Leads / AHP Leads	Preceptorship Development Leads / AHP Leads	Professional Leads
Regular review of role requirements (duties).	Review	Policy Lead	≤ 3 yearly	Preceptorship Development Leads / AHP Leads	Preceptorship Development Leads / AHP Leads	Professional Leads

Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. June 2026

10 Implementation Plan

All policies should include an outline implementation plan (this will summarise sections 7, 8 and 9 above). It should include consideration of:

- *Dissemination, storage and archiving*
- *Training and development requirements and who will provide the training*
- *Any new job roles and responsibilities and how these will be implemented*
- *Resources needed*
- *Timescales*
- *Lead role and responsibilities for implementation*
- *Audit or monitoring of implementation planned*

The implementation plan should be presented as an action plan and include clear actions, lead roles, resources needed and timescales. The Director of Corporate Governance team can provide advice on formats for action plans however; an example layout for the plan is shown below:

Action / Task	Responsible Person	Deadline	Progress update
	Chief Nurse	01/12/2016	Completed 30/11/2016
<i>e.g. Make team aware of new policy</i>	<i>Team manager</i>	<i>17/12/2016</i>	<i>On agenda for team meeting</i>

			17/12/2016
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11 Dissemination, Storage and Archiving (Control)

This section should describe how the new policy will be disseminated. It says where the policy will be made available and to whom. This will normally be that the policy is available on the Trust's intranet and available to all staff.

It makes it plain that any previous versions must be deleted and describes the archiving and storage arrangements for the current and previous versions of the policy.

It says who is responsible for archiving and version control, and what they should do.

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0	July 2010	July 2010	All Staff E-mail July 2010	
2.0	October 2016	October 2016	All Staff E-mail October 2016	
3.0	October 2019	October 2019	All Staff E-mail October 2019	
4.0				
5.0				

12 Training and Other Resource Implications

Preceptor training / refresher training will be offered to all preceptors in preparation for the role.

13 Links to Other Policies, Standards (Associated Documents)

Local:

Recruitment and Selection Policy <https://jarvis.shsc.nhs.uk/system/files/2022-06/Recruitment%20and%20Selection%20Policy%20%28HR%20019%20V6%20May%202022%29.pdf>

National:

Principles for preceptorship | (hcpc-uk.org)
<https://www.hcpc-uk.org/resources/information/principles-for-preceptorship/>

<https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-allied-health-professionals-preceptorship-foundation-support-programme/preceptorship>

Nursing and Midwifery Council <https://www.nmc.org.uk/>

<https://www.england.nhs.uk/publication/national-preceptorship-framework-for-nursing/>

National Allied Health Professionals Preceptorship and Foundation Support Programme | NHS England | Workforce, training and education (hee.nhs.uk)

<https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>

14 Contact Details

The document should give names, job titles and contact details for any staff who may need to be contacted in the course of using the policy (sample table layout below). This should also be a list of staff who could advice regarding policy implementation.

Title	Name	Phone	Email
Preceptorship Development Lead	Kim Tissington / Anthony Bainbridge		
AHP Preceptorship lead			

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.

Name/Date: karen khamis-burtoft 28/04/25

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age			
Disability			
Gender Reassignment			
Pregnancy and Maternity			

Race			
Religion or Belief			
Sex			
Sexual Orientation			
Marriage or Civil Partnership			

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Name /Date

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	
2.	Is the local Policy Champion member sighted on the development/review of the policy?	
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	
5.	Has the policy been discussed and agreed by the local governance groups?	
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	
Template Compliance		
7.	Has the version control/storage section been updated?	
8.	Is the policy title clear and unambiguous?	
9.	Is the policy in Arial font 12?	
10.	Have page numbers been inserted?	
11.	Has the policy been quality checked for spelling errors, links, accuracy?	
Policy Content		
12.	Is the purpose of the policy clear?	
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	
15.	Where appropriate, does the policy contain a list of definitions of terms used?	
16.	Does the policy include any references to other associated policies and key documents?	
17.	Has the EIA Form been completed (Appendix 1)?	
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	
20.	Is there a plan to <ol style="list-style-type: none"> i. review ii. audit compliance with the document? 	
21.	Is the review date identified, and is it appropriate and justifiable?	

