

Preceptorship Policy

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Services	Applicable
Trust wide	Yes
Mental Health and LD	Yes
Community Health Services	Yes

This policy should be read in conjunction with other organisational human resource policies which include:

- Equality and diversity policy
- Disciplinary policy
- Appraisal and supervision policy
- Staff Development Policy
- CPD policy
- Staff performance improvement policy

Preceptorship	The purpose of preceptorship is to provide support, guidance and development for all newly registered, return to practice and internationally recruited practitioners to build confidence and further develop competence as they transition to autonomous professionals in the NHS.
Preceptorship period	Designated period of support and guidance for -6-12 months post registration
Preceptor	Person providing support and guidance to the preceptee. A qualified practitioner with a minimum of 12-months' experience in the field of practice in which the preceptee is working.
Preceptee	The newly registered practitioner receiving support and guidance from the preceptor
Preceptorship champion	A preceptorship champion may be any registered healthcare professional and is to promote the value and benefit of preceptorship.
Preceptorship lead	Central point of contact and lead for preceptorship within organisation

Policy summary

This Preceptorship Policy provides a formalised and standardised approach to deliver a consistently high standard of preceptorship programme within East London NHS Foundation Trust; in line with the National Preceptorship framework.

Introduction

This preceptorship policy provides information for service managers, professional leads, line managers, preceptors, preceptees, practice educators, preceptorship lead and other staff about the implementation of Preceptorship in their area.

This policy sets out preceptorship arrangements for Band 5 entrants (NMC and HCPC), Band 4 entrants in the new Nursing Associate role, staff returning to practice and internationally recruited staff who are new to the NMC and HCPC register in UK. Where possible a common approach to promote consistency across service and care groups within the Trust has been adopted to ensure that the appropriate support and progression arrangements for staff are in place. It is acknowledged however that due to the different professional and regulatory requirements related to preceptorships variations are required. Profession specific requirements are detailed in the accompanying appendices to this policy.

This policy is based upon and reflects the following guidelines and frameworks:

- HEE national preceptorship standards (2015)*
- Capital AHP preceptorship framework (2022)†
- NMC principles of preceptorships (2022)‡
- HCPC principles of best practice for preceptorships (2023)§

Mission statement

As an outstanding provider of health care, East London NHS Foundation Trust is committed to providing a comprehensive preceptorship programme to newly qualified registrants, in order to deliver the highest possible quality of care to patients, and to improve recruitment and retention of staff.

Scope

The preceptorship policy provides a framework, and where appropriate to professional requirements, a set of common standards and support (cultural, pastoral and wellbeing) which apply to all newly registered nurses and allied health professionals, nursing associates, internationally recruited nurses and allied health professionals, returners to practice and transitioning practitioners from one setting to another.

East London Foundation Trust mandates a preceptorship period of 6 months (core) to 12 months. This will vary according to each individual's progress.

* <https://www.fhft.nhs.uk/media/2601/hee-branded-preceptorship-standards-2015.pdf>

† <https://www.hee.nhs.uk/sites/default/files/documents/CapitalAHP%20Preceptorship%20Framework.pdf>

‡ <https://www.england.nhs.uk/publication/national-preceptorship-framework-for-nursing/> and <https://www.nmc.org.uk/standards/guidance/preceptorship/>

§ <https://www.hcpc-uk.org/>

This preceptorship policy is intended as a resource for all those involved in the preceptorship of preceptees within the organisation.

Definitions:

Preceptorship - A preceptorship can be defined as “a period of structured support and development during periods of career transition, during which a preceptee is supported by a preceptor to develop their confidence as an autonomous and accountable professional.”**

It is important to note that Preceptorships:

- Do not replace mandatory training;
- Are not a substitute for performance management processes;
- Are not a period in which another registrant takes responsibility and accountability for the newly registered practitioners actions and responsibilities;
- Can be a personalised programmes with specific competencies relating to the Preceptee’s role and includes the opportunity to reflect on practice and receive constructive feedback.

Preceptor -The preceptor should be a registered professional with a minimum of 12 months experience and working in the same profession as the preceptee and they should have completed their profession specific preceptor development programme.

For nursing the preceptor development includes completion of the organisation’s preceptor development programme (face-to-face or virtual) or completion of the e-learning for preceptor development programme. Allied health professionals are required to complete the preceptor training provided by an agreed provider.

The preceptor should participate in preceptorship forums and support networks to maintain up-to-date knowledge and will receive 12 hours of protected time per annum for preceptorship duties.

The effectiveness of the preceptor is monitored through appraisal system.

The role of the preceptor is to 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 to:

- Plan, schedule, conduct and document regular meetings with the preceptee
- Assess learning needs and develop an individual learning plan with the preceptee
- Act as a role model for professional practice and socialization
- Possess a good understanding of the preceptor framework requirements and communicate these to the preceptee clearly and concisely
- Act as a professional friend, peer and advocate

** <https://www.hcpc-uk.org/globalassets/consultations/2022/preceptorship/consultation-on-preceptorship---consultation-document.pdf>

- Participate in preceptorship forums, clinical supervision and support networks to maintain up-to-date knowledge

Full details can be found in Appendix 2

Preceptee – The preceptee can be a newly registered practitioner entering practice for the first time. International recruited nurses who have successfully completed Objective Structured Clinical Exam (OSCE) will also be required to undertake preceptorship. Allied health professionals who are recruited internationally may be offered a preceptorship period at their line managers discretion. Managers may also use their discretion on whether to offer staff new to the NHS, those who have had a break in service or those who are transitioning from different care settings/changing to a significantly different role or work environment a preceptorship, as these staff may benefit from this added support also^{††}.

The Preceptee is responsible for their development and commitment to their preceptorship programme. Protected time is given for all responsibilities to:

- 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
- Escalate concerns, reflecting on own practice, and taking ownership of own professional development

Full details can be found in Appendix 2

Details of the over sight and delivery of the preceptorship programmes offered to Nursing and Allied health professions can be found in the appendices.

Concerns

Preceptorship is not performance management and is not an assessment of competence or capability. Concerns regarding the preceptor or preceptee's performance should be addressed as soon as possible with the line manager so that any concerns can be address either informally or formally via the appropriate processes. Where appropriate, escalation processes may be followed or referral to the People and Culture Team or Senior Responsible Officer (SRO).The escalation process can be found in Appendix Seven.

Unforeseen Circumstances

Guidance around specific circumstances, such as the preceptee moving to a different clinical area, for example, is set out in the appendices.

If an existing preceptor is unable to continue with a preceptee due for example to a change of job, sickness, parental leave, absence or study leave etc. then a new preceptor must be identified by the line manager immediately to ensure continuity of the preceptorship process. The incoming and outgoing preceptors should, if possible meet to ensure a smooth handover. A preceptee should not be without a preceptor for more than 2 weeks.

^{††} <https://www.hcpc-uk.org/globalassets/consultations/2022/preceptorship/consultation-on-preceptorship---consultation-document.pdf>

The preceptee is responsible for advising the nurse preceptorship lead or the education and development lead for allied health professionals of any difficulties or change.

Any problems or challenges around preceptorship should be escalated to the responsible education lead for that professional discipline.

Evaluation

Evaluation of the preceptorship programme should be completed annually; for nursing this will be completed by the preceptorship lead, for allied health professionals this will be completed by the education and development lead allied health professionals. This will include:

- Evaluation of preceptorship experience from preceptee feedback questionnaires at end-point
- Feedback from preceptors
- Feedback from line managers / practice educators / preceptorship champions
- Course evaluations
- Analysis of retention statistics at 12 months and 24 months' post registration / start date with organisation

Compliance

The preceptorship programme and policy should comply with:

- National Preceptorship Framework (2022)
- NMC Principles for Preceptorship (2022)
- HEE Preceptorship Standards (2015)
- Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals, DH (2010)
- HCPC principles of preceptorships (2023)
- HEE Capital AHP preceptorship (2023)

Appendices

The following documents form part of the preceptorship policy

- Nursing and nurse associate preceptorship guidance
- Allied health professions preceptorship guidance
- NMC National Preceptorship Framework Model
- HCPC principles of best practice
- Capital AHP preceptorship framework 2023
- Role descriptors for Preceptor, Preceptee, Preceptorship Lead and Preceptorship Champion^{##}
- Escalation process
- Glossary of terms and abbreviations
- Document control

^{##} Nurse specific role

Appendix-1: Nursing preceptorship process

Each newly registered nurse will participate in the preceptorship programme and the line manager is responsible for ensuring that the appropriate arrangements are made:

- The line manager is responsible for enrolling the new starter on the appropriate induction, mandatory and statutory training, and the preceptorship development programme. The line manager also advises the preceptorship lead of each newly registered professional with start date and name of preceptor
- Each preceptee will be allocated a nominated preceptor ideally within the first week of joining the organisation by their line manager.
- The preceptee will meet with their allocated preceptor within the first two weeks of joining with the purpose of agreeing a charter (see appendix-8) and developing support plan (see appendix-11) for the preceptorship period
- Meetings between the preceptee should take place bimonthly as a minimum requirement. These should be documented using the standard templates (see appendix 9-13).
- The line manager will support attendance and participation in the organisation's preceptorship programme
- By the end of the preceptorship period, the preceptee will have completed their programme of learning, have developed confidence and competence as an autonomous practitioner

For some preceptees (internationally educated nurses / returners to practice / new to clinical settings) an accelerated preceptorship programme may be offered upon commencing employment, however support should continue throughout the first six months.

New starter accepts offer and start date agreed. Line manager allocates preceptor (for international recruited nurses, preceptorship starts after passing the OSCE).
Line manager enrolls Newly Registered Practitioner (NRP) on development programme
Line manager notifies preceptorship lead of new starter and expected date of joining



New starter joins and has minimum supernumerary period
NRP completes induction, mandatory and statutory training
Preceptor and preceptee meet during first two weeks
Training needs analysis / SLOT completed
Individual support plan with objectives established for preceptorship
Agree charter between preceptor and preceptee



Preceptee attends all required training and development
Preceptee maintains portfolio and completes reflections
Preceptee receives clinical supervision
Preceptee and preceptor meet bimonthly



End of preceptorship:
Preceptee and preceptor meet for final sign-off
Preceptorship lead and line manager advised
Evaluation of preceptorship programme completed

Appendix 2: Allied health professional preceptorships oversight and delivery

The Director of allied health professionals

The Director of AHPs has overall responsibility for the delivery of preceptorships for HCPC registered preceptees.

Professional development lead for allied health professionals

The professional development lead for AHPs has strategic oversight of the development, delivery and ongoing monitoring of all preceptorships for AHPs. The Professional development lead for AHPs will support the AHP education and development lead, professional leads, service leads and line managers in the development and delivery of preceptorships for Allied health professionals.

Allied health professions education and development lead

The allied health professions education and development lead is responsible for co-ordination and contribution to the preceptorship process and assists with the identification and tracking of new and returning HCPC registrants commencing employment. The allied health professions education and development lead is the named individual responsible for the delivery of allied health professional preceptorships, provides support as covered by a preceptorship champion. They will ensure that future applicants to the Trust are aware of our allied health preceptorship offer; liaise with the Trust's induction teams to identify those newly employed staff eligible for a preceptorship; maintain a data base of preceptees and preceptors, ensuring that the latter are appropriately supported in their role; work with managers and clinical practice leads to help identify an appropriate preceptor for staff; and finally they will monitor the ongoing quality of the AHP preceptorship delivery and individual preceptor/preceptee experiences.

Professional leads

The allied health professional leads will help contribute to the development of profession specific elements of allied health professional preceptorships as well as supporting line managers and the allied health professions education and development lead with any profession specific requirements.

Managers and Clinical Practice leads

Managers and Clinical Practice Leads are responsible for ensuring that newly registered allied health professional staff employed within their services are informed about this policy and the Trust's Preceptorship arrangements. They are responsible for ensuring that an appropriate preceptor is identified for the incoming preceptee and that the preceptor role is monitored through supervision and personal development review and time is allocated to fulfil the role. The preceptee should be informed of who their preceptor is during their induction period.

The line managers are responsible for advising the allied health professions education and development lead of preceptees joining their teams. Managers must ensure that suitable arrangements are made to support the new member of staff. If it is not possible for a preceptor to be appointed the allied health professions education and development lead will advise and discuss with the manager and agree suitable arrangements.

The line manager and preceptee are responsible for informing the allied health professions education and development lead when the preceptee has met all of the competencies and outcomes required and completed Preceptorship.

It is recognised that within the Trust some departments will have senior staff members designated as being responsible for the education within their area and this may include supporting preceptees. In these circumstances, some of the activities outlined above may be fulfilled, however overall responsibility will be with the education and development lead for allied health professionals.

Where allied health professional staff are employed within a rotational post it is expected that their allocated preceptor remains unchanged. If this cannot be achieved then a new preceptor must be identified. A meeting must be held between the 2 preceptors and the preceptee to ensure that all information about progress to date is handed over and any additional requirements related to the new setting is considered.

New/returning HCPC registrants commence employment with ELFT (refer to 3.2 of policy)

People & Culture Team to send new starter report to AHP Education & Development lead monthly

Line managers to inform AHP education & development lead of new starters

All new employees to be offered Oxleas Preceptorship programme

ELFT AHP Education & Development lead to inform Oxleas Preceptorship Lead

AHP Education & Development lead to update the Trust preceptee database

Preceptorship programme commenced

Employee allocated a named preceptor (whom must have completed the Oxleas preceptor training)

If a suitable preceptor can not be identified, AHP education & Development lead must be informed for further action

Documentation provided by Oxleas (domains of learning provided) and contract signed

Preceptorship programme continues for 12 months

Preceptee to arrange and document regular meetings with their Preceptor and maintain their Preceptorship portfolio

Preceptee to attend and document monthly meetings with Oxleas

Raise any concerns or delays with AHP Education & Development Lead in a timely manner

Completion of Oxleas Preceptorship programme

Line manager or preceptee to inform AHP Education & Development Lead of completion

ELFT acknowledgement & celebration

If the preceptee has not provided sufficient evidence to complete the programme, the line manager should inform the AHP Education & Development lead and contact the People & Culture team for support

Evaluation of preceptorship programme to be completed

Annual report to be sent from Oxleas to AHP Education & Development Lead of all completers and evaluation feedback

Following completion, employee to continue to engage in regular management, clinical and professional supervision and CPD

Employee to consider Beyond Preceptorship programme

Appendix 3: National Preceptorship Model for Nursing

The following National Preceptorship Model is based on the National Preceptorship framework for Nursing (June 2022) which provides full details.

The purpose of preceptorship is to provide support, guidance and development for all newly registered practitioners to build confidence and develop further competence as they transition from student to autonomous professional. Preceptorship may also be provided for nurses transitioning from one role or setting to another

Criteria	Core Standard	Gold Standard
Intended Recipients	All Newly Registered Nurses and Nursing Associates	All Newly Registered Practitioners
Length of Preceptorship Programme*	Minimum of 6 months on joining the organisation or receiving PIN	12 months on 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 3 meetings: <ul style="list-style-type: none"> - Within first two weeks - Middle of programme - Completion of preceptorship programme 	As a minimum: <ul style="list-style-type: none"> Every two months including: <ul style="list-style-type: none"> - Within first week - Middle of programme - Completion of preceptorship programme
Roles (with expectations)	<ul style="list-style-type: none"> - Preceptor (protected time of 8 hours per year) - Preceptee 	<ul style="list-style-type: none"> - Preceptor (protected time of 12 hours per year) - Preceptorship Lead - Preceptorship Champion / Ambassador / Link
Preceptor	<ul style="list-style-type: none"> - Equivalent level or senior to preceptee - Minimum 12 months experience post-registration - Attending initial training - Refer to role descriptor for detail 	<ul style="list-style-type: none"> - 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

<p>Preceptorship Lead</p>	<ul style="list-style-type: none"> - Central point of contact within organization / ICS - Responsible for programme co-ordination - Monitoring and evaluating preceptorship - Development and review of programme and policy. 	<p>Plus:</p> <ul style="list-style-type: none"> - 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 organization - Develop and support network of preceptorship champions
<p>Core Elements</p>	<ul style="list-style-type: none"> - Preceptorship policy - Formal, structured programme of learning - Standard documentation across organization - Role descriptions - Protected time - Monitoring and Evaluation - Development of preceptors / preceptor training. 	<ul style="list-style-type: none"> - Senior responsible officer (SRO) at board level. - Protected time for preceptors (minimum 15 hours) - Meeting templates - Development and support for preceptors - Preceptorship mandated across organisation - Audit trails to demonstrate compliance, evaluation and feedback
<p>Indicative content of development programme</p>	<ul style="list-style-type: none"> - 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 	<p>May include:</p> <ul style="list-style-type: none"> - Action learning - Peer support forums for preceptor and preceptee - Coaching - Mentoring - PNA / restorative supervision
<p>Compliance</p>	<ul style="list-style-type: none"> - National Preceptorship Framework (2022) - NMC Principles for Preceptorship (2020) - HEE Preceptorship Standards (2015) - Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals, DH (2010) 	

<p>Evaluation</p>	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - Session feedback - Feedback questionnaire on preceptorship experience - mid-point and end-point - Preceptee involvement in design and development of programme - Stakeholder feedback
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Recommendation of senior accountable officer at board level within organisations / ICSs.

* Where accelerated programmes are used, support should be available for six months

Appendix 4: HCPC principles of best practice (2023)

<u>HCPC principles of best practice</u>
<u>Organisational culture</u>
<u>1 a</u> <u>effective preceptorship should be embedded in healthcare workforce and organisational systems to enable preceptee access and engagement</u>
<u>1 b</u> <u>Effective preceptorship should comply with equality legislation and take account of national and local equality, diversity and inclusion policies</u>
<u>1 c</u> <u>Effective preceptorship should provide opportunities for preceptees to develop confidence and to support their future career</u>
<u>1 d</u> <u>Effective preceptorship should prioritise preceptee and preceptor health and wellbeing</u>
<u>1 e</u> <u>Effective preceptorship should promote a culture of learning, self-reflection and safe practice.</u>
<u>Quality and oversight</u>
<u>2 a</u> <u>There should be processes to identify registrants who require preceptorship and their individual needs</u>
<u>2 b</u> <u>There should be processes in place to support an appropriate mix of profession-specific and multiprofession learning and development within organisations or with wider system and professional networks</u>
<u>2 c</u> <u>There should be integration with induction to professional role where appropriate</u>
<u>2d</u> <u>There should be recognition of wider system challenges and reasonable steps to mitigate these</u>
<u>2e</u> <u>There should be systems in place to monitor, evaluate and review preceptorship programmes</u>
<u>2f</u> <u>There should be professional and organisational governance frameworks which allow the process to be audited and reported</u>

<p><u>2g</u></p> <p><u>There should be understanding of, and compliance with, national and local policies, and the relevant governance requirements required by the four countries of the UK</u></p>
<p><u>Preceptee empowerment</u></p>
<p><u>3a</u></p> <p><u>Preceptorships should provide registrants with access to a preceptorship programme which instils the importance of continuing professional development</u></p>
<p><u>3b</u></p> <p><u>Preceptorships should provide registrants with appropriate resources and guidance to develop confidence and support continuing professional development</u></p>
<p><u>3c Preceptorships should provide registrants with a tailored programme of support and learning reflecting individual needs</u></p> <p>-</p>
<p><u>3d</u></p> <p><u>Preceptorships should provide registrants with a nominated preceptor for the duration of their preceptorship</u></p>
<p><u>3e</u></p> <p><u>Preceptorships should provide registrants with autonomy to influence the duration and content of their preceptorship in partnership with their preceptor, others in their organisation and wider professional networks</u></p>
<p><u>The preceptor role</u></p>
<p><u>4a</u></p> <p><u>Preceptors should act as a professional role model and be supportive, constructive and kind in their approach</u></p>
<p><u>4b</u></p> <p><u>Preceptors should help to facilitate multi-professional aspects of preceptorship where appropriate</u></p> <p>-</p>
<p><u>4c</u></p> <p><u>Preceptors should support preceptees to reflect on their development and signpost to relevant support and development opportunities</u></p>
<p><u>4d</u></p> <p><u>Preceptors should support preceptees to engage with their wider profession, and help build networks locally or through external professional networks</u></p>
<p><u>4e Preceptors should share effective practice and learn from each other</u></p>

4f

Preceptors should be encouraged to see the personal and professional benefit of taking on the role of preceptor

4g

Preceptors should have access to feedback on the quality and impacts of all aspects of their work as preceptors

Delivering preceptorship programmes

5a

Programmes should be tailored to take account of the environment the individual preceptee is working in

5b

Programmes should be flexible to support various types of transition in a timely way

5c

Programmes should have flexibility to deliver common themes of preceptorship in a multi-professional way while ensuring profession specific elements are provided where necessary

5d

Programmes should have a structured design which describes how the programme delivers success for preceptees

5e

Programmes should vary in length and content according to the needs of the individual preceptee and the organisation. Individual countries, regions or organisations may set minimum or maximum lengths for preceptorship

5f

Programmes should have awareness of, and align with, other profession specific and workforce development programmes

Appendix 5: Capital AHP Preceptorship Framework

Capital AHP Preceptorship framework 2023
Standard 1 Organisations will offer preceptorship to all newly registered allied health professionals (AHPs) with a minimum length of program of 6 months.
Standard 2 Preceptorship activities will complement existing processes for new members of staff.
Standard 3 Organisations will have a preceptorship policy in place
Standard 4 Organisations will have a designated lead for preceptorship.
Standard 5 Organisations will have a system to identify preceptees.
Standard 6 Organisations will offer every newly qualified preceptee a preceptor
Standard 7 Each preceptee and preceptor will have protected time for preceptorship
Standard 8 Organisations will track and monitor preceptees through the preceptorship program.
Standard 9 Preceptorships will provide the preceptees with agreed domains of learning.
Standard 10 Organisations will monitor and evaluate their preceptorship program.
Standard 11 Organisations will provide newly qualified AHPs with documentation to record preceptorship activity
Standard 12 Organisations will recognise and celebrate preceptorship completion.

Appendix 6: Role Descriptors

Preceptor Role Descriptor (nurse and allied health professional)

To provide guidance to the preceptee by facilitating the transition from student to registered practitioner 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.

The responsibilities of the Preceptor are to:

- Possess a good understanding of their profession specific preceptorship 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
- 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 newly registered practitioner to colleagues, multi-disciplinary team, peers and others (internal and external to the organization as appropriate). Promote networking and development of effective working relationships
- Agree learning needs with preceptee, develop a learning plan with achievable goals with regular and confidential review with the newly registered practitioner
- Use coaching and mentoring skills to enable the newly registered practitioner to develop both clinical and professionally and to develop confidence
- Facilitate a supportive and inclusive learning environment by signposting resources and actively planning learning opportunities for clinical, professional and personal growth of the newly registered practitioner
- Give timely and appropriate feedback to newly registered practitioner 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

Preceptee Role Descriptor (nurse and allied health professional)

The Preceptee is responsible for their development and commitment to their profession specific preceptorship programme.

The responsibilities of the preceptee are to:

- Attend all organised training and participate in all learning opportunities including induction
- Prepare for 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, this includes developing individual learning plan and completing all documentation within required timeframes
- Promote the role to a high standard as prescribed by their professional Code of Practice
- Maintain timely and professional behavior at all times
- Adhere to their individual code of professional practice
- Escalate concerns, reflecting on own professional practice, and taking ownership of own development

Nurse Preceptorship Lead Role Descriptor^{§§}

An appointed preceptorship lead is responsible for overseeing the nurse preceptorship programme. The role may be combined with another role depending on the organisation and the number of newly registered practitioners.

The responsibilities of the preceptorship lead are to:

- Coordinate the identification of preceptors, knowing who they are and providing appropriate level of preparation and support
- Identify all NRNs / NRNAs requiring preceptorship and others for whom preceptorship is deemed beneficial
- Allocate or delegate the responsibility for identifying preceptors in time for the preceptee's start date. This may include involvement in the recruitment process
- Monitor and track completion rates for all preceptees
- Perform regular checks that the preceptor / preceptee relationship is working satisfactorily
- Identify any development / support needs of preceptors
- Evaluate the effectiveness and impact of preceptorship programmes on retention and staff engagement. Assess programmes after each cohort
- Ensure there are sufficient trained preceptors
- Support / prioritise staff retention
- Act as point of escalation to maintain the relationship between preceptor and preceptee.
- Use coaching skills and techniques to facilitate as appropriate
- May include development of preceptorship champion network
- Liaise with other local and national preceptorship leads

^{§§} nursing only see appendix 2 for details re AHPs

- Ensuring preceptorship is operating within the DH framework (2010), HEE Standards (2017), NMC Principles of Preceptorship (2020) and National Preceptorship Framework (2022)

Nurse Preceptorship Champion Role Descriptor^{*}**

The role of the preceptorship champion is to promote the value of preceptorship and support implementation within ELFT. The role should be held by an experience preceptor who is passionate about preceptorship.

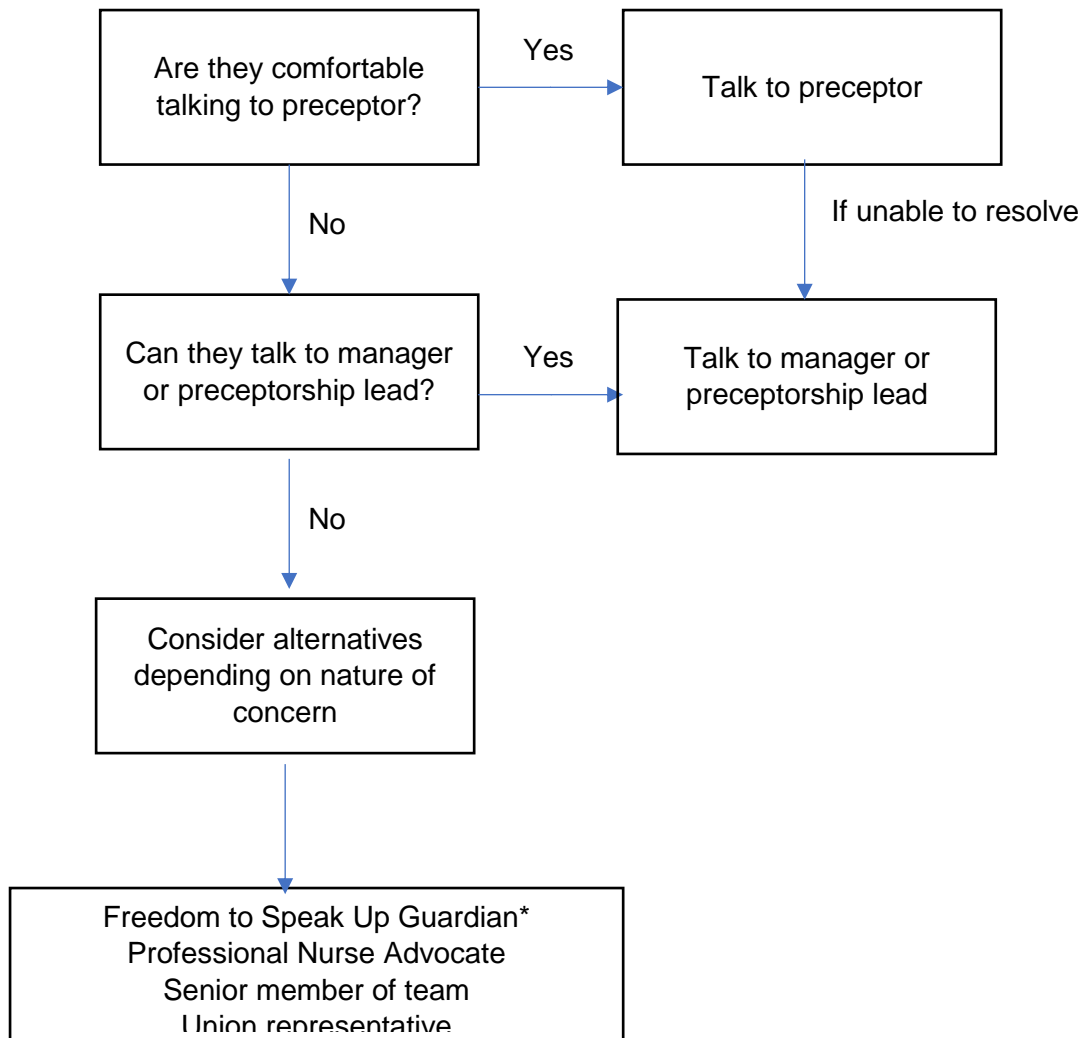
The responsibilities of the preceptorship champion are to:

- Raise the profile of the preceptorship programme, the value and benefits within own clinical area or organisation
- Act as a role model for best practice in support of newly qualified staff or act as a role model for best practice undertaking the preceptorship programme (this will depend who the champion is)
- Engage with the organisation's preceptorship team to continue the evolution of the preceptorship work internally and across region as appropriate
- Liaise with other preceptorship champions and facilitate development and delivery of preceptorship communities of practice
- Feedback to organisation's preceptorship team when improvement and education is required in areas or where newly qualified staff require additional input
- Share knowledge and skills with others to help them develop their thinking and practice

^{***} nursing only see appendix 2 for details re AHPs

Appendix 7: Escalation Process

The following escalation process for preceptees who have concerns covers all preceptees at ELFT. The NMC offer guidance for nurses and midwives can be found at www.nmc.org.uk/raisingconcerns



** Freedom to Speak Up Guardian may have different titles according to organisation*

Appendix 8: Charter between preceptor and preceptee

Preceptee	
I understand that my responsibilities as a newly registered practitioner and preceptee include:	
<ul style="list-style-type: none"> • Completing the organisation induction, local induction, statutory training and mandatory training • Attending study days and all required learning and development to complete my preceptorship • Observing and adhering to organisation 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:	
<ul style="list-style-type: none"> • Providing support and guidance to the newly registered practitioner • 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 manager about the preceptee's 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 9: 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 Organisation induction Clinical induction Local induction SLOT analysis* Individual learning plan*	
Comments/notes:	

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Actions:

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Next meeting:	
Preceptee signature	
Preceptor signature	

Appendix 10: 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.

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

Appendix 11: 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 ILP, in order for it to be realistic.

Appendix 12: 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:****Preceptee signature****Preceptor signature**

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

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.

Appendix 13: 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:	
Organisation lead		Signature:	
Work area:		Date:	

Appendix 14: Glossary

Term	Definition
Accelerated preceptorship	Intensive preceptorship programme lasting approximately six weeks
AHP	Allied health professional
CEO	Chief Executive Officer
CN	Chief Nurse
GPN	General practice nurse
HCPC	Health and Care Professionals Council
HEE	Health Education England
ICS	Integrated care system
ILP	Individual learning plan
NA	Nursing associate
NMC	Nursing and Midwifery Council
NRP	Newly registered practitioner
NRN	Newly registered nurse
Practitioner	Registered professional, ie nurse, nursing associate, midwife, allied health professional
Preceptee	Person receiving support and guidance from the preceptor, usually the newly registered practitioner
Preceptor	Person providing support and guidance to the preceptee
Preceptorship champion	Designated role to promote value of preceptorship within organisation
Preceptorship lead	Central point of contact and lead for preceptorship within organisation or ICS
Preceptorship model	Short version of the preceptorship framework
Preceptorship period	Designated period of support and guidance for new practitioner in 6-12 months post registration
RTW	Returner to work
SLOT	A training needs analysis – Strengths, Learning Needs, Opportunities and Threats
SRO	Senior Responsible Officer

Appendix 15: Policy document version and control

Date	Version	Changes	Author	Approval