



Public – To be published on the Trust external website

Preceptorship Policy – Nurses and Nursing Associates

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1 Introduction

This preceptorship policy is intended for all newly registered nurses, nursing associates, newly registered international nurses, nurses returning to practice, practitioners transitioning from one setting to another, preceptors, preceptorship leads, line managers, practice educators and all those involved directly or indirectly in the preceptorship of nursing staff.

Preceptorship is a programme of structured support for newly qualified practitioners as they transition from student to registered practitioner. The Nursing and Midwifery Council¹ has set out a number of 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 programmes, developed through Health Education England. These have been incorporated into the National Preceptorship Framework and approach. This policy is based on the guidance and standards established by the NHSEI National Preceptorship Framework (2022), Health Education England preceptorship standards (2015), and the Department of Health guidance (2010). It complies with the guidance set out by the Nursing and Midwifery Council (NMC, 2020).

The Chief Nurse and Board of Directors of Tees, Esk and Wear Valley state that a preceptorship programme is mandatory for newly registered practitioners.

As such this policy links to [Our Journey to Change](#):

By helping **to co-create a great experience for our colleagues**, by assisting them with their transition from learner status to fully-fledged registered professional at this key early stage in their careers. It supports the aims to be well-led and managed and create a fit for purpose workplace, by embedding existing skills and equipping staff with some of the additional skills they will need at an early stage of their careers, which will include the line-management and leadership of others in the team and identifying early support networks for their development. It increases the likelihood of retaining new nurses in their NHS career in general, and more specifically within the Trust.

Having well-prepared colleagues will also cross-support the aim to **provide a great experience for patients, carers and families** by supporting the skills and confidence development of suitably equipped practitioners to provide outstanding care.

¹ <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-principles-for-preceptorship-a5.pdf>

2 Why we need this policy

The policy sets out the requirements of the Department of Health, Health Education England, NHS Employers as well as the requirements of the Nursing and Midwifery Council, for preceptorship within Tees, Esk and Wear Valleys NHS Foundation Trust. It also will assist the Trust in Our Journey to Change as set out in Section 1 above.

2.1 Purpose

The purpose of preceptorship is to provide support, guidance and development for all newly registered practitioners to build confidence and competence as they transition from student to autonomous professional.

The NMC principles of preceptorship focus on five core themes: organisational culture and preceptorship, quality, and oversight of preceptorship, preceptee empowerment, preparing preceptors for their supporting role and the preceptorship programme.

Preceptorship is provided by trained preceptors for each preceptee for a minimum period of twelve months from them receiving their NMC PIN.

2.2 Objectives

The policy aligns with trust values by supporting preceptees and individual needs. The objectives of preceptorship are to welcome and integrate the newly registered nurse and nursing associates into the team and place of work, help them grow in confidence, and begin their lifelong journey as an accountable, independent, knowledgeable and skilled practitioner. (NMC 2020).

3 Scope

The preceptorship policy provides a framework and set of common standards and support (cultural, pastoral and wellbeing), which will form the basis of the practitioner's journey of learning and development as they start their professional career with Tees, Esk and Wear Valleys NHS Foundation Trust. All preceptees should complete their portfolio within the timescales set out in this policy document.

The preceptorship period for Tees, Esk and Wear Valley mandates a preceptorship period 12 months.

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

3.1 Who this policy applies to

The preceptorship policy applies to all newly registered nurses, nursing associates, international nurses, nurses returning to practice and practitioners transitioning from one setting to another.

Where staff members are recruited into roles that do not involve putting recent training into practice protected time will be allowed during preceptorship for the preceptee to do so.

The policy aligns to Our Journey to Change and the Trust Values in several ways. This includes under the category of Respect, as the process involves listening to the learner and helping them to produce an individual learning plan. The policy also supports Compassion, with the recognition and celebration of the achievement that students have made in successfully completing their degrees and registering as practitioners with the Nursing and Midwifery Council. It, by definition, aims to be supportive at this early stage in the nurse's career, helping them to identify their learning needs and develop networks with other sources of support. Under the category of Responsibility, the focus is on early-stage learning, and being ambitious for one's career and ongoing development.

3.2 Roles and responsibilities

Role	Responsibility
Directors	The responsibility for policy implementation rests with the Executive Directors and Group Directors of the trust.
General Manager and Professional Heads	The responsibility for the overall operational management and co-ordination of workforce planning rests with the General Managers and Professional Heads.
Professional Heads	Ensure appropriate evidence-based preceptorship frameworks are in place for the professional group. Work with team leaders and managers to ensure the preceptorship policy is implemented. Maintain an up-to-date list of all preceptors and ensure they have received training for their role.
Line Managers	Each Line Manager has the responsibility for implementation and maintenance of this policy within their area of responsibility, ensuring allocation of an appropriate

	<p>preceptor and protected time as specified within individual professional protocols.</p> <p>Facilitate an induction with supernumerary period, of a minimum of 75 hours (or two weeks) to allow the preceptee to be adequately inducted into the clinical area by experienced staff.</p> <p>Facilitate attendance at the preceptorship development week and development days.</p> <p>Identify an appropriate preceptor and ensure they are adequately prepared for the role.</p> <p>Ensure that preceptors and preceptees understand the concept of preceptorship and engage fully with the process required.</p> <p>Ensure the preceptee is allocated to and meets with the preceptor within the first 2 weeks of receiving their PIN. with the purpose of agreeing the charter and developing learning objectives for the preceptorship period.</p> <p>Provide protected time at the outset of the programme for preceptor/preceptee bi-monthly meetings.</p> <p>Be aware of any special requirements the preceptee may have so that positive consideration can be given to meeting their learning needs inclusively.</p> <p>Provide support and management supervision to the preceptorship relationship and ensure that documentation pertaining to the preceptorship period is maintained.</p> <p>In accordance with the trust appraisal policy, ensure that the preceptee undergoes a development review in line with the trust appraisal requirements at 6 and 12 months, successfully documenting completion on the preceptorship programme at the 12-month appraisal.</p> <p>Ensure that the preceptee will have workplace adjustments in place to enable them to carry out their role.</p> <p>Ensure flexibility in the workplace, taking into consideration the preceptee's religious and cultural needs.</p> <p>Ensure completion of all induction, mandatory and statutory training for the preceptee.</p> <p>Work collaboratively with the preceptorship lead to ensure there are sufficient trained preceptors within the work area to provide support and evaluate the impact of preceptorship.</p>
People and Culture	People and Culture will inform the Professional Nursing and Education team of the registered practitioners who require a period of preceptorship.
Professional Nursing and	The Professional Nursing and Education Team will enter

Education Team	<p>details of the registered practitioners requiring preceptorship on a central register of preceptees.</p> <p>The Professional Nursing and Education Team have the responsibility for maintaining a central register of preceptees.</p>
Preceptorship Lead	<p>The Chief Nurse is the preceptorship lead with key named individuals identified to ensure compliance with policy.</p> <p>The preceptorship lead is responsible for leading the programme within the Trust and overseeing the preceptorship programme.</p> <p>The responsibilities of the preceptorship lead are to:</p> <ul style="list-style-type: none"> • Maintain a register of preceptors and ensure there are sufficient trained preceptors and facilitate forums for them to attend. • Provide development and support for preceptors. • Allocate or delegate the responsibility for identifying preceptors in time for the preceptee's start date. • Monitor and track completion rates for all preceptees. • Measure the effectiveness and impact of preceptorship programmes on retention and staff engagement. • Act as point of escalation to maintain the relationship between preceptor and preceptee. • The development of an annual report to present to the Trust Board. • Full details can be found in Appendix Four.
Preceptorship Champion	<p>The role of the preceptorship champion will be taken up by the Professional Nurse Advocates and is to promote the value and benefit of preceptorship for nursing and support implementation within the organisation, and to:</p> <ul style="list-style-type: none"> • Raise the profile of the preceptorship programme, the value and benefits within own clinical area or organisation. • Engage with the organisation's preceptorship team to continue the evolution of the preceptorship work internally and across region as appropriate. • To liaise with other preceptorship champions and facilitate development and delivery of preceptorship communities of practice. • Provide feedback to organisation's preceptorship team when improvement and education is required in areas, or

	where preceptees require additional input.
Preceptees	<p>The preceptee is responsible for their development and commitment to their preceptorship programme.</p> <p>Protected time is given for all responsibilities to:</p> <ul style="list-style-type: none"> • 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, which includes developing an 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 Four. <p>Preceptees can provide clinical supervision to junior staff in the later stages of preceptorship once they are deemed competent to provide this by both their preceptor and line manager.</p> <p>At the 6 month review if deemed competent preceptees can complete the Standards for Student Supervision and Assessment workshop to enable a gradual introduction to the wider supervisory role.</p> <p>Preceptees will receive preceptor training at the end of 12 month period.</p>
Preceptors	<p>The preceptor should be a registered professional with a minimum of 12 months' experience and working in the same profession as the preceptee. They should have a minimum of 12 months' working in the work area or setting and have completed their preceptor development.</p> <p>The preceptor will be a preceptor no more than 2 preceptees at one time.</p> <p>The preceptor development includes completion of the organisation's development programme (face-to-face or virtual) or completion of the e-learning for health preceptor development programme.</p>

	<p>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.</p> <p>A minimum of 12 hours protected time per year is allocated to each preceptor (inclusive of training) to carry out preceptorship responsibilities:</p> <ul style="list-style-type: none"> - 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 socialisation. - 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. - Participate in preceptorship forums, clinical supervision and support networks to maintain up-to-date knowledge. - Full details can be found in Appendix Four.
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4 Policy

The purpose of preceptorship is to provide the structured transition to practitioner developing competence and confidence in practice following registration.

The preceptorship programme will form the basis of the practitioner's journey of learning and development as they start their professional career with Tees, Esk and Wear Valleys NHS Foundation Trust. All preceptees should complete their portfolio within the timescales set out in the policy document.

To facilitate learning the preceptee should have:

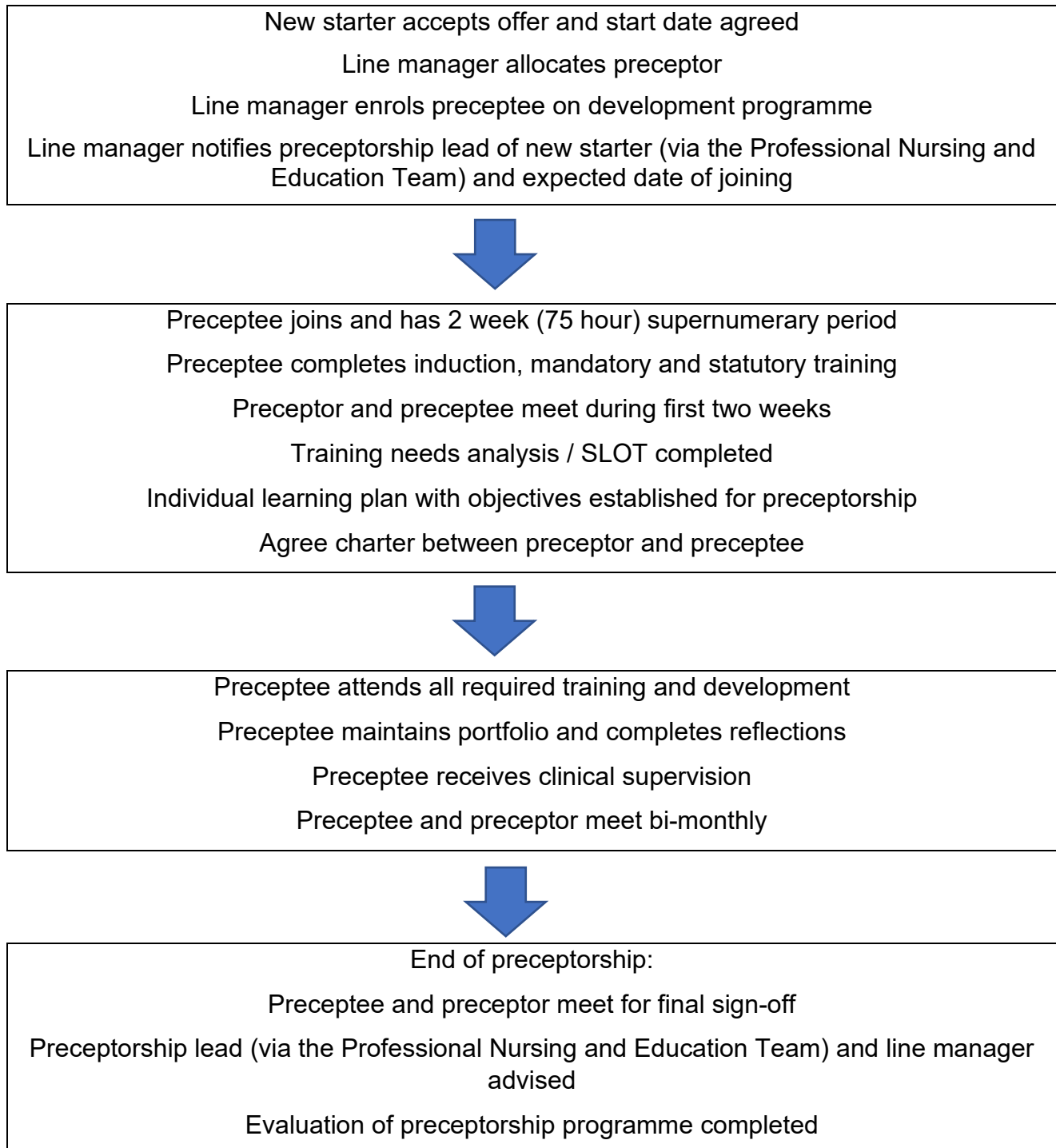
- Protected learning time during the preceptorship programme.
- Have access to a preceptor with whom regular meetings are held on a bi-monthly basis.

4.1 Process

Each preceptee will participate in the preceptorship programme and the line manager is responsible for ensuring that the appropriate arrangements are made to ensure that by the end of the preceptorship period, the preceptee will have completed their programme of learning, have developed confidence and competence, and achieved final sign-off as an autonomous practitioner. If during this process there are identified areas where further education, support or reasonable adjustments are identified these should be put in place immediately.

For some preceptees (international registrants, returners to practice or those new to clinical settings) an accelerated preceptorship programme may be offered upon commencing employment, however support should continue throughout the first 12 months. Staff in these categories will use the preceptorship workbook, which includes the SLOT analysis and individual development plan, and meet with their preceptor to ensure their development needs are identified and supported. Staff in these categories will be invited to preceptorship development days and will agree attendance with their manager.

Process flowchart:



4.2 Concerns

Concerns regarding the preceptor or preceptee performance must be addressed as soon as possible with the line manager. Where appropriate, escalation processes may be followed or referral may be made to the human resources department or senior responsible officer (SRO). The escalation process can be found in Appendix Five.

4.3 Programme Structure

There will be a structured preceptorship programme provided by the organisation for the preceptee,



All preceptees will be offered to attend a week long programme followed by bi-monthly structured development days for up to a period of 6 months to further support them.

4.4 Evaluation

Evaluation of the preceptorship programme should be completed annually by the preceptorship lead. 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.
- The development of an annual report to present to the Trust Board.



It is important feedback is completed and returned when requested to ensure continuous evaluation of our process.

5 Definitions

Term	Definition
Preceptorship	The purpose of preceptorship is to provide support, guidance and development for all newly registered practitioners to build confidence and further develop competence as they transition to autonomous professional.
Preceptorship Period	Designated period of support and guidance for new practitioner in 12 months post registration.
Preceptor	Person providing support and guidance to the preceptee. A qualified practitioner with a minimum of 12 months' experience and working in the same work area as the preceptee.
Preceptee	The newly registered practitioner receiving support and guidance from the preceptor.
Preceptorship Lead	Central point of contact and lead for preceptorship within organisation.

Please also see [Appendix 6 – Glossary](#).

6 Related documents

[Staff development Policy](#) (HR-0012-)
[Clinical Supervision Policy](#) (CLIN-0035)
[Managing concerns of potential conduct \(Disciplinary\) Procedure](#) (HR-0043)
[Managing Concerns of Potential Poor Performance \(Capability\) Procedure](#) (HR-0003)
[Probationary Period Procedure](#) (HR-00039)
 Preceptorship Procedure (CLIN-0031-001)
 Preceptorship Workbook (CLIN-0031-001)

7 How this policy will be implemented

- This policy will be published on the Trust's intranet and external website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.
- Ward and Team Managers will be responsible for their relevant areas and ensure the minimum standards within the policy are achieved.

- All staff recruited into posts that deliver direct service user care will be made aware of the preceptorship policy at Trust and local induction.
- The trust will make a commitment to making preceptorship available to all staff to whom this policy applies.

7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
The policy will be published on both intranet and Trust website.	Accessible to staff on intranet and external interested parties on Trust website	On ratification	Policy Co-Ordinator	Visible to policy lead to on both intranet and Trust website
All documentation will be recorded on the trust approved trust documentation. The Professional Nursing and Education team will maintain and monitor the completion of preceptorship with all newly registered nurses.	Compliance monitoring will be made available via the professional nursing education team.	Reviewed monthly	Professional Nurse Education team	Preceptorship Documentation

7.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff requiring preceptor training	<ul style="list-style-type: none"> e-learning Face to Face 	3 hour initial workshop or 1 hour refresher workshop	One time only

8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Compliance against Trust policy minimum standards.	<ul style="list-style-type: none"> Monthly Quarterly Annually By all staff	<ul style="list-style-type: none"> People, Culture and Diversity Exec group. Care Group Boards and sub-groups QuAIGs
2	Compliance with NHS litigation authority standards and Standards for Better Health.	Annually	<ul style="list-style-type: none"> People, Culture and Diversity Exec group. Care Group Boards and sub-groups QuAIGs

9 References

The preceptorship programme and policy should comply with:

- 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)
- Health Education England (2018) RePAIR Report Reducing Pre-Registration Attrition and Improving Retention or Report
- Care Quality Commission (2016) CQC Standards
- Council of Deans of Health (2009) **Report from the preceptorship workshops retreat.** Bristol; 27 May 2009 (unpublished)
- Department of Health (2004) **The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process.** London; Department of Health
- Department of Health (2005) **Agenda for Change: NHS Terms and Conditions of Service Handbook.** London; Department of Health
- Health Education England (2015) **NCEL Preceptorship Standards.**
www.hee.nhs.uk
- Nursing and Midwifery Council (03/2004) **Guidance: Complaints about unfitness to practice: A Guide for Employers and Managers.** London: Nursing and Midwifery Council
- Nursing and Midwifery Council (04/2004) **Guidance: Reporting unfitness to practice: A Guide for Employers and Managers.** London: Nursing and Midwifery Council
- Nursing and Midwifery Council (05/2004) **Guidance: Reporting lack of competence: A Guide for Employers and Managers.** London: Nursing and Midwifery Council
- Nursing and Midwifery Council (21/2006) Circular. **Preceptorship Guidelines.** London: Nursing and Midwifery Council
- Nursing and Midwifery Council (2008) **Review of Pre-Registration Nursing Education: Phase 1.** <http://www.nmc-uk.org/aArticle.aspx?ArticleID=2641>:
- Nursing and Midwifery Council (2008) **Annex 1: Developing new standards for nursing education in the UK.** www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4617
- Nursing and Midwifery Council (2013) **Raising Concerns. Guidance for Nurses and Midwives** London: Nursing and Midwifery Council
- Nursing and Midwifery Council (2014) **Standards for Competence for Registered Nurses.** London: Nursing and Midwifery Council
- Nursing and Midwifery Council (2015) **Employers Guide to Revalidation.** London: Nursing and Midwifery Council
- Nursing and Midwifery Council (2015) **The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives.** London: Nursing and Midwifery Council

- Nursing and Midwifery Council (2020) **Principles for Preceptorship**. London: Nursing and Midwifery Council

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	21 February 2024
Next review date	21 February 2027
This document replaces	Preceptorship policy v5
This document was approved by	ePCD (virtual approval)
This document was approved	08 February 2024
This document was ratified by	Management Group
This document was ratified	21 February 2024
An equality analysis was completed on this policy on	05 February 2024
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v5.1	21 Feb 2024	Full review with minor updates to reflect national standards	Ratified

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Professional Nursing and Education
Title	Preceptorship Policy
Type	Policy
Geographical area covered	Trustwide
Aims and objectives	This preceptorship policy is intended for all newly registered nurses, nursing associates, newly registered international nurses, nurses returning to practice, practitioners transitioning from one setting to another, preceptors, preceptorship leads, line managers, practice educators and all those involved directly or indirectly in the preceptorship of nursing staff.
Start date of Equality Analysis Screening	14 December 2023
End date of Equality Analysis Screening	05 February 2024

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All newly registered nurses, nursing associates, newly registered international nurses and preceptors
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO

Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Veterans (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	
Describe any positive impacts	Consideration will be given during this process there are identified areas where further education, support or reasonable adjustments are identified these should be put in place immediately.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	National Guidance
Have you engaged or consulted with service users, carers, staff and other stakeholders	Yes Staff consultation

including people from the protected groups?	
If you answered Yes above, describe the engagement and involvement that has taken place	Policy shared feedback received and included
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Training has now been developed and delivered for those new to the role of preceptor and refresher training for those who have previously been a preceptor
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	N/A	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the policy been reviewed for harm?	yes	No harm
	Does the document identify whether it is private or public?	yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	

Appendix 3 – National Preceptorship Model for Nursing v1.6 – June 2022

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 six 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 three meetings: <ul style="list-style-type: none"> - Within first two weeks - Middle of programme - Completion of preceptorship programme 	As a minimum, 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 eight 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

		<ul style="list-style-type: none"> - Initial training - Ongoing support and training
Preceptorship lead	<ul style="list-style-type: none"> - Central point of contact within organisation / 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 organisation - Develop and support network of preceptorship champions
Core elements	<ul style="list-style-type: none"> - Preceptorship policy - Formal, structured programme of learning - Standard documentation across organisation - 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 12 hours) - Meeting templates - Development and support for preceptors - Preceptorship mandated across organisation - Audit trails to demonstrate compliance, evaluation and feedback
Indicative content of development programme	<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

Compliance	<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) 	
Evaluation	<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 at mid point and end point - Preceptee involvement in design and development of programme - Stakeholder feedback

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

Appendix 4 – Role Descriptors

Preceptor role descriptor

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

It is the responsibility of the preceptor to:

- Possess a good understanding of the preceptor framework requirements and communicate these to the preceptee clearly and concisely
- Understand the scope and boundaries of the roles of the preceptee
- Act as a professional friend, peer and advocate
- Act as a role model for professional practice and socialisation to the profession
- Ensure all induction has been completed and check that the preceptee is fully aware of local ways of working and appropriate policies
- Facilitate introductions for the preceptee to colleagues, multi-disciplinary team, peers and others (internal and external to the organisation, as appropriate)
- Promote networking and development of effective working relationships
- Agree learning needs with preceptee, and develop a learning plan with achievable goals
- Carry out regular and confidential review with the preceptee
- Use coaching and mentoring skills to enable the preceptee to develop clinically and professionally, and to 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 preceptee
- Give timely and appropriate feedback to the preceptee on a regular basis
- Liaise with the line manager to monitor progress and address areas of poor performance or areas requiring further development through objective setting and regular review, keeping preceptorship lead involved.

Preceptorship lead role descriptor

An appointed preceptorship lead should be responsible for overseeing the preceptorship programme at each organisation or ICS. The role may be combined with another role, depending on the organisation and the number of preceptees.

It is the responsibility of the preceptorship lead to:

- Coordinate the identification of preceptors, know who they are and provide the appropriate level of preparation and support
- Identify all 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, which 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 or support needs of preceptors
- Measure the effectiveness and impact of preceptorship programmes on retention and staff engagement, and to evaluate programmes after each cohort
- Ensure there are sufficient trained preceptors
- Support and prioritise staff retention
- Act as the point of escalation to maintain the relationship between preceptor and preceptee
- Use coaching skills and techniques to facilitate as appropriate
- Develop the Preceptorship Champion Network if required
- Liaise with other local and national preceptorship leads
- Ensure preceptorship operates within the DH framework (2010), HEE Standards (2017), NMC Principles of Preceptorship (2020) and National Preceptorship Framework (2022).

Preceptorship champion role descriptor

The role of the preceptorship champion is to promote the value of preceptorship and support implementation within their area, organisation and/or ICS. The role should be held by an experienced preceptor who is passionate about preceptorship.

It is the responsibility of the preceptorship champion to:

- Raise the profile, the value and the benefits of the preceptorship programme within their own clinical area or organisation
- Act as a role model for best practice in support of preceptees 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 preceptorship work internally and across the region as appropriate

- Liaise with other preceptorship champions and facilitate development and delivery of preceptorship communities of practice
- Feedback to their organisation'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.

Preceptee role descriptor

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

It is the preceptee's responsibility to:

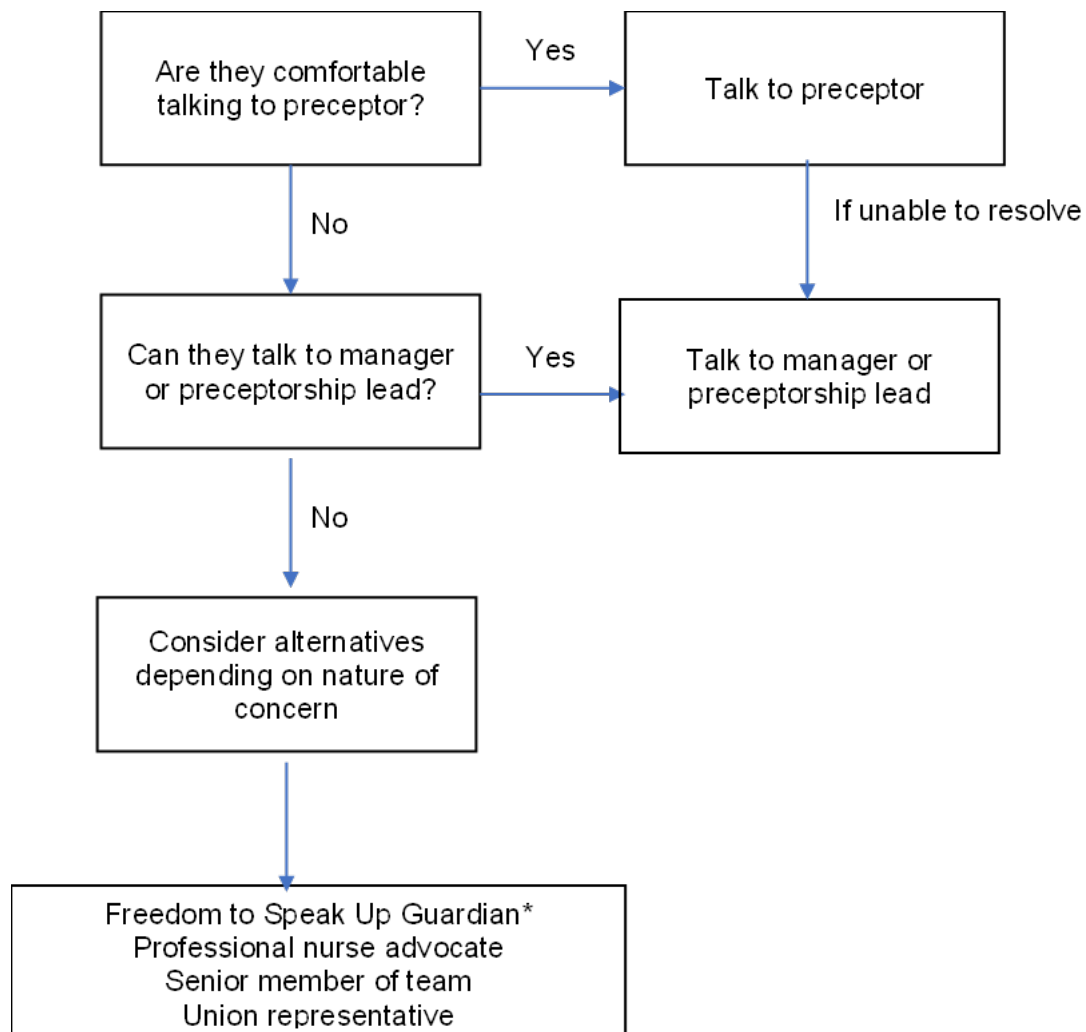
- Attend all organised training and participate in all learning opportunities, including induction.
- Organise and attend meetings with their preceptor at the agreed times and within the requirements of the framework.
- Have a clear understanding of the objectives and learning outcomes of the preceptorship framework.
- Work in collaboration with their preceptor to identify, plan and achieve their learning objectives.
- Develop an individual learning plan and complete all documentation within required timeframes.
- Promote the role to a high standard.
- Maintain timely and professional behaviour at all times.
- Adhere to their individual code of professional practice.
- Escalate concerns, reflecting on their own professional practice, and take ownership of their own development.

Appendix 5 – Escalation Process

The following National Preceptorship for Nursing escalation process is a sample chart to be adapted by organisations for preceptees who have concerns.

The NMC offers guidance for nurses and midwives at www.nmc.org.uk/raisingconcerns

The RCN offers comprehensive guidance on escalation process for nursing staff. This is available at [Raising concerns](#) | [Guidance for RCN members](#) | [Royal College of Nursing](#)



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

[TEWV Freedom to Speak Up Guardian link](#)

Appendix 6 – Glossary

Term	Definition
Accelerated preceptorship	Intensive preceptorship programme lasting approximately six weeks
AHP	Allied health professional
CEO	Chief executive officer
CN	Chief nurse
DH	Department of health
GPN	General practice nurse
GP	General Practitioner
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
NQP	Newly qualified practitioner
NRN	Newly registered nurse
NRNA	Newly registered nurse associate
NRP	Newly registered practitioners
PNA	Professional nursing advocate
Practitioner	Registered professional, i.e. nurse, nursing associate, midwife, allied health professional
Preceptorship champion	Person in designated role to promote value of preceptorship within organisation
Preceptorship model	Short version of the preceptorship framework
RTW	Returner to work

SLOT	A training needs analysis – Strengths, Learning needs, Opportunities and Threats
SRO	Senior responsible officer
SSSA	Standard for student supervision and assessment