



Public – To be published on the Trust external website

Preceptorship Policy – Allied Health Professionals and Social Workers

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1 Introduction

In November 2023 NHS England (NHSE) published the Allied Health Professions (AHP) Preceptorship Standards and Framework and the Health and Care Professions Council (HCPC) published the Principles for Preceptorship.

Preceptorship is a period of structured support provided to HCPC and Social Work England (SWE) registrants at key moments of career transition. This includes joining the workforce for the first time, returning to work after a long period away (including being re-admitted to the register), working in the UK for the first time, taking up a new role, or moving to a new organisation. These transitions can be challenging for individuals. Well-resourced and tailored preceptorship programmes offer support for HCPC and SWE registrants at such moments of transition, giving them the support they need and in a way that can meet their individual circumstances.

As part of the ambition to ensure sustainable future staffing and improve patient care, the NHS England Long Term Workforce Plan identifies good quality preceptorship for the wider workforce as key to supporting recruitment, supporting staff to integrate into their places of work, and supporting staff retention. This policy is critical to the delivery of Our Journey to Change (OJTC) and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

This policy supports the trust to co-create a great experience for our colleagues by ensuring that staff are supported when starting their first role after qualifying, supporting those returning to work following a career break, those staff moving from a significantly different clinical area or specialism and those who are internationally educated or recruited.

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.

2 Why we need this policy

- To provide consistency across the Trust and Allied Health Professionals (AHPs).
- To meet the requirements of NHS England for provision of an AHP preceptorship programme

2.1 Purpose

Adhering to this policy will ensure that all AHPs and Social Workers are supported and experience high quality preceptorship. This should, in turn support retention of AHP staff thus enabling us to have a more stable AHP workforce that can deliver safe and effective care.

2.2 Objectives

- To ensure that periods of career transition are managed well.
- To ensure that HCPC and SWE registrants feel confident as they develop into autonomous practitioners.
- This policy sets out how the Tees, Esk and Wear Valley NHS Foundation Trust (the Trust) will meet the AHP and SW preceptorship requirements of:
 - Department of Health
 - NHSE
 - NHS Employers
 - HCPC
 - SW England

3 Scope

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. It provides a framework for preceptors and preceptees to follow over the 12month preceptorship period.

3.1 Who this policy applies to

This policy applies to all AHPs and Social Workers who have been identified as:

- Newly Qualified Practitioners (essential).
- Internationally Educated and Internationally Recruited (essential).
- Those moving into a significantly different clinical area or specialism (to be discussed on an individual basis).

- Those returning to work from a break e.g. career, maternity, sick leave* see section 7 for details of other transitions (To be discussed on an individual basis).

3.2 Roles and responsibilities

Role	Responsibility
Director of Therapies	The responsibility for policy implementation rests with the Executive Directors and Group Directors of the Trust
Chief AHP and Associated Professions Officer	Overall accountability for AHPs and SWs
Professional Heads	Confirm any employees that are eligible and require preceptorship
AHP Practice Placement Facilitator and AHP Preceptorship Lead	<ul style="list-style-type: none"> • Keep up to date with national guidance and policy and make changes as necessary. • Hold an up-to-date register of those going through preceptorship. • Contribute to Preceptorship events. • Provide support and guidance to Preceptors. • Gather, review and act on feedback from the preceptorship programme • Provide certificate on completion of preceptorship
Line Manager	<ul style="list-style-type: none"> • Support all those going through preceptorship to attend relevant preceptorship events. • Ensure preceptee is aware of who their preceptor is within the first two weeks of employment
Lead AHP	<ul style="list-style-type: none"> • With the Professional Head, confirm any employees that are eligible and require preceptorship. • Ensure that an appropriate preceptor is identified and allocated within the first two weeks • Act as Preceptor where needed. • Be aware of those needing to or are currently undertaking preceptorship. • Support staff that are preceptees to attend relevant preceptorship events

	<ul style="list-style-type: none"> • Ensure preceptee's job plans allow for protected time each week to fulfil their preceptorship requirements, in addition to the preceptorship programme study days • Ensure preceptee and preceptor have access to the AHP preceptorship procedure; the AHP Preceptorship Workbook and their profession specific overview and monitoring sheet.
Workforce lead	<ul style="list-style-type: none"> • Send monthly AHP workforce numbers to AHP Admin support.
Preceptee	<ul style="list-style-type: none"> • Complying with the policy and the procedure. • Make themselves available for any supervisions/meetings, taught sessions and complete any work as advised. • Practice in accordance with their professional code: standards for conduct, performance and ethics
Preceptor	<ul style="list-style-type: none"> • Support the preceptee to engage in all areas of preceptorship, as outlined in the preceptorship procedure. • Ensure appropriate time is allocated for role, as per agreed job plan. • Completed relevant supervisory skills training (Clinical supervision/preceptor training or have the relevant experiences) • May act as the preceptees clinical/professional supervisor. • Must be a registered AHP or SW, registered in the same profession as the preceptee, who has been given a formal responsibility to support a preceptee through preceptorship • Qualified and practising for at least one year* and be able to demonstrate the attributes of an effective preceptor. *pro rata for part time staff.

4 AHPs and Social Workers Employed in Multi-Professional Roles

AHPs and Social Workers may be employed in a multi-professional role (e.g. Mental Health Practitioner, Primary Mental Health Worker, CAMHS Clinician). As part of their multi-professional role, they will need to maintain their professional registration if it is required and will also need to complete preceptorship if they are:

- Newly Qualified Staff (essential).
- Internationally Educated and Internationally Recruited (essential).
- Those moving to a significantly different clinical area or role (to be discussed on an individual basis).
- Those returning from work after a career break (to be discussed on an individual basis).

If an AHP or SW is working in a nursing related role they have the choice of following the nursing preceptorship policy e.g., a paramedic in a physical health practitioner role or the AHP preceptorship policy.

Those in multi-professional roles must be allowed protected time to complete preceptorship and will be required time to practice in their profession. This should be agreed prior to them starting work and an appropriate person (of the same profession) identified as their preceptor. AHPs in multi-professional roles will follow the same preceptorship overview and monitoring sheets as AHPs in profession specific roles, however it is clearly marked on the document which elements are not required for staff in those multi-professional roles.

5 Support for Preceptees / Reasonable adjustments / protected characteristics

Additional support and reasonable adjustments will be considered and applied as necessary to preceptees where required; for example, for staff who have the protected characteristic of 'disability' and may require reasonable adjustments made to their workplace.

The Trust will endeavour to support Internationally educated and recruited preceptees to achieve their potential by considering their individual needs.

6 How long does Preceptorship Last?

For all full-time Newly Qualified Preceptees, preceptorship should last no less than 12 months unless they are a Newly Qualified Social Worker (NQS) who is undertaking their Assessed and Supported Year in Employment (see ASYE protocol for details).

There may be exceptional circumstances where the preceptorship is longer than 12 months (i.e. sick leave/maternity leave, part time working). This is to be discussed and agreed on an individual basis with the Preceptor, Preceptee, Line Manager and AHP Professional Lead at the start of the preceptor's employment. A suggestion may be that if the staff member works 20% less hours than a full-time staff member (e.g. 0.8 WTE as opposed to 1.0 WTE) then they could get up to 20% more time to complete preceptorship (this however is not mandated and will be at the discretion of the staff involved).

For staff in other career transitions, it is recognised that they may bring experience and expertise from previous roles, so their preceptorship duration will be tailored to them and agreed with their preceptor depending on their individual needs.

7 Definitions

Term	Definition
Preceptorship	<p>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.</p> <p>Preceptorship is not just suitable for newly qualified clinicians but also for individuals who are returning to practice, international recruits or those changing career direction.</p> <p>Preceptorship is not designed 'to replace appraisals or be a substitute for a formal induction and mandatory training.' (HCPC, 2022)</p>
Preceptee	A qualified AHP or SW going through preceptorship
Preceptor	A suitably qualified, experienced individual giving one to one support to someone undertaking preceptorship
NHS England	NHS England is an executive non-departmental public body sponsored by the department lead the NHS in England, they promote high quality health and care for all through the NHS Long Term Plan.
Allied Health Professional	The third largest clinical workforce in the health and care sector. In main they are degree level professions and are professionally autonomous practitioners. There are currently 14 registerable titles for AHPs.
Health and Care Professions Council	A regulator of the health and care professions in the UK. Their role is to protect the public.
Social Work England	A specialist body who regulates social workers in England. They are an independent public protection body.
Multi-professional role	A role which can be fulfilled by individuals from different professional backgrounds (e.g. the role may be fulfilled by a nurse, occupational therapist, social worker etc).

8 Related documents

- [AHP and SW Preceptorship Procedure](#)
- Appraisal Procedure (forthcoming)

- [Human Rights, Equality, Diversity and Inclusion Policy](#)
- [AHP Professional and Clinical Supervision Protocol](#)
- [Probation Period Procedure](#)
- [Assessed and Supported Year in Employment \(ASYE\) procedure](#)
- [Clinical and professional Supervision Policy](#)
- [Staff Development policy v](#)

9 How this policy will be implemented

- This policy will be published on the trust intranet and trust website.
- AHP Preceptorship Lead will notify AHP and SW Leads about the policy.
- Line managers must make sure all their staff know about this policy if it is relevant to their role.

9.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
NA				

9.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
New Preceptor training	Online training supplied by E Learning for Health "Multi-Professional Preceptor e-Compendium" by NHS	5 modules (approx. 2.5 hours)	Once, on becoming a TEWV preceptor. Refresher

	England and the University of Huddersfield		training to be discussed in individuals' supervision
Existing Preceptors	<p>To be discussed on an individual basis with AHP Preceptorship Lead/Prof Head</p> <p>An experienced Preceptor can use the Multi-Professional Preceptor e-Compendium as a refresher or for support if there was a particular challenge or situation, they need some extra guidance on. They can access each session without completing the knowledge checks; however, this will not lead to certification.</p>	If completing the E Learning for Health "Multi-Professional Preceptor e-Compendium" by NHS England and the University of 5 modules approx. (2.5 hours)	Refresher training to be discussed in the individuals' supervision

10 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	A minimum of 80% of preceptors will have completed their training or been assessed by Prof head/AHP Preceptorship lead	<p>Frequency = annually</p> <p>Method = MS forms: all AHPs declare they have completed Preceptor training and paste a copy of their certificate into the</p>	Report to Chief Allied Health Professions Officer (CAHPO)

	as having the relevant skills, prior to having a preceptee	form. Randomly sample 10%. Responsible = AHP preceptorship Lead/Prof Head and Line Manager	
2	100% of preceptees have a preceptor assigned to them from their first day	Frequency = annually Method = MS form questionnaire/Lead AHP report to Prof head Responsible = AHP preceptorship Lead/Prof Head and Line Manager	Report to CAHPO

11 References

- [The AHP Preceptorship Standards and the HCPC Principles for Preceptorship \(NHSE 2023\)](#)
- [NHS Long Term Workforce Plan](#)

12 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	17 June 2025
Next review date	17 June 2028
This document replaces	N/A – new document
This document was approved by	Allied Health Professionals (AHP), Social Work (SW) & Peer Work (PW) Advisory Group (AHPSPAG)
This document was approved	05 June 2025
This document was ratified by	Management Group
This document was ratified	17 June 2025
An equality analysis was completed on this policy on	19/02/2025
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
v1	17 June 2025	New document	Ratified

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Allied Health Professions and Social Workers
Title	AHP and SW Preceptorship Policy
Type	Policy
Geographical area covered	Trust-wide
Aims and objectives	<p>The purpose of preceptorship is to provide the structured and tailored support for those staff going through a career transition. Adhering to this policy will ensure that all AHPs and Social Workers are supported and experience high quality preceptorship. This will in turn reduce the impact of attrition thus enabling us to deliver safe and effective care.</p> <ul style="list-style-type: none"> • To ensure that periods of career transition are managed well. • To ensure that HCPC and SWE registrants feel confident as they develop into autonomous practitioners.
Start date of Equality Analysis Screening	31/05/2024
End date of Equality Analysis Screening	19/02/2025

Section 2	Impacts
<p>Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?</p>	<p>Patients, families and carers and staff will benefit from high professional standards developed through AHP and SW preceptorship.</p>
<p>Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?</p>	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual 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 / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)

Describe any negative impacts / Human Rights Implications	N/A
Describe any positive impacts / Human Rights Implications	<p>The AHP and SW preceptorship policy supports all preceptees to benefit from appropriate professional development at the beginning of their careers/transitions into new roles.</p> <p>This policy also affords additional support and reasonable adjustments to ensure that preceptees have equitable professional development opportunities.</p>

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.)	See references section
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	<p>AHP PPF led 2 separate AHP Preceptorship development days in January 2024 to canvas views and opinions on the development of AHP preceptorship. Additionally, this policy will be sent for trust wide all staff consultation.</p> <p>Allied Health Professionals (AHP), Social Work (SW) & Peer Work (PW) Advisory Group (AHPSPAG) have also engaged on multiple occasions to offer feedback on behalf of their professional groups.</p>
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 impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	N/A
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

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	Allied Health Professionals (AHP), Social Work (SW) & Peer Work (PW) Advisory Group (AHPSPAG) as well as trust wide consultation
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?	Yes	
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	
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?	NA	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	

Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	NA	
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