Preceptorship
Standard Policy

Version 1 – January 2024

Document Information

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

- Equality, diversity and inclusion policy
- Performance management policy and procedure
- Job shadowing policy
- Disciplinary policy
- Professional registration policy
- Mandatory and Statutory training policy
- Appraisal and pay progression policy
- CPD policy

Definitions

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 6-12 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/appointed practitioner receiving support and guidance from the preceptor
Preceptorship lead	Central point of contact and lead for preceptorship within organisation or integrated care system (ICS)

Introduction

This preceptorship policy is intended for all new NMC or HCPC registered healthcare professionals, new to Trust NMC or HCPC professionals, preceptors, preceptorship lead, line managers, practice educators and all those involved directly or indirectly in the preceptorship of newly registered staff.

Preceptorship is a programme of structured support for newly qualified practitioners as they transition from student to registered practitioner. The Nursing and Midwifery Council[1] 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 programme 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), the Department of Health guidance (2010) and Allied Health Professional (AHP) Preceptorship Standards (2023). It complies with the guidance set out by the Nursing and Midwifery Council (NMC, 2020) and the Health & Care Professions Council (HCPC, 2023).

The Deputy Chief Nurse, Chief Nurse and CEO of Salisbury NHS Foundation Trust state that a preceptorship programme is mandatory for newly registered practitioners. It is optionally offered to newly appointed registered practitioners to support their transition into the Trust.

Purpose of Preceptorship

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

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.

Preceptorship is provided by trained preceptors for each preceptee for a minimum period of 6 months and a maximum of 12 months.

Scope

The preceptorship policy provides a framework and set of common standards and support (cultural, pastoral and wellbeing) which apply to all new NMC or HCPC registered healthcare professionals and transitioning practitioners from another organisational setting.

The preceptorship period for Salisbury NHS Foundation Trust mandates a preceptorship period of minimum 6 months (core) and a maximum 12 months. The length of the programme will be determined by previous experience and in discussion with the preceptorship team.

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

Process

Each newly registered practitioner 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 within the first week of joining the organisation or preceptorship programme 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 and developing learning objectives for the preceptorship period.
- Meetings between the preceptee should take place quarterly as a minimum requirement. These should be documented using the standard templates.
- The line manager will support attendance and participation in the organisation's preceptorship education programme. All training and meetings relating to preceptorship are protected time for both the preceptee and preceptor.
- 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.

New starter accepts offer and start date agreed
Once NMC/HCPC PIN is live, line manager allocates preceptor
Line manager enrols NRP on development programme
Line manager notifies preceptorship lead of new starter and expected date of joining



New starter joins and has a supernumerary period of 2 weeks (nursing)/ 4 weeks (midwifery)
NRP completes induction, mandatory and statutory training
Preceptor and preceptee meet during first two weeks
Training needs analysis / SLOT completed
Individual learning 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 has clinical supervision/peer support available
Preceptee and preceptor meet quarterly



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

The Preceptor

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 preferred minimum of 12 months' working in the work area or setting and have completed their preceptor development.

The preceptor development includes completion of the organisation's development programme (face-to-face or virtual) and completion of the e-learning for health preceptor development programme.

The preceptor should participate in preceptorship forums and support networks to maintain up-to-date knowledge and will receive 8 hours of protected time for preceptorship duties.

Role of the Preceptor

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 8 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
- Participate in preceptorship forums, clinical supervision and support networks to maintain up-to-date knowledge

Full details can be found in Appendix 2

Role of the Preceptee

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

Role of the Preceptorship Lead

The Preceptorship lead is responsible for leading the programme within their organisation and overseeing the preceptorship programme. The responsibilities of the preceptorship lead are to:

- Maintain a register of preceptors and ensure there are sufficient trained preceptors
- Provide development and support for preceptors
- Monitor and track completion rates for all preceptees
- Measure the effectiveness and impact of preceptorship programmes on retention and staff engagement and report back via appropriate mechanisms to Deputy Chief Nurse.
- Act as point of escalation to maintain the relationship between preceptor and preceptee in conjunction with Legacy Mentors.

Full details can be found in Appendix 2

Role of the Preceptorship Champion/Link

The role of the preceptorship champion may be any registered nurse / healthcare professional and is to promote the value and benefit of preceptorship and support implementation within their area and/or organization and to:

- 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 the clinical/ward lead when improvement and education is required in areas or where newly qualified staff require additional input

Role of the Line Manager

The role of the line manager is to ensure the implementation of the preceptorship policy within own area. The responsibilities are:

- To enroll the preceptee on to the preceptorship programme once they have a live NMC or HCPC PIN.

- To allocate a preceptor to each preceptee within one week of joining the programme
- To ensure completion of all induction, mandatory and statutory training for the preceptee
- To provide a supernumerary period of 2 weeks for the preceptee
- To ensure the preceptee and preceptor are given protected time for meetings at outset of programme and every three months
- To ensure all study days are allocated as study leave to enable preceptee's attendance throughout the year.
- To work collaboratively with Preceptorship Lead to ensure there are sufficient trained preceptors within work area, to provide support and evaluate the impact of preceptorship

Concerns

Concerns regarding the preceptor or preceptee performance must be addressed as soon as possible with the line manager. Where appropriate, the relevant policy and escalation processes may be followed and/or a referral to the People Advisors or Senior Responsible Officer (SRO). The escalation process can be found in Appendix Three

Programme Structure

Preceptorship will follow a core programme with branch specific/bespoke study days.

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 and line managers
- Course evaluations
- Analysis of retention statistics at 12 months and 24 months' post registration / start date with organization

Compliance

The preceptorship programme and policy should comply with:

- National Preceptorship Framework for Nursing (2022)
- NHSE AHP Preceptorship Standards and Framework (2023)
- National Preceptorship Framework for Midwifery (2023)
- NMC Principles for Preceptorship (2020)
- HEE Preceptorship Standards (2015)
- Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals, DH (2010)

Appendices

The following documents form part of the preceptorship policy

- National Preceptorship Framework Model for Nursing
- National Preceptorship Framework for Midwifery
- NHSE AHP Preceptorship Standards and Framework
- Role descriptors for Preceptor, Preceptee, Preceptorship Lead and Preceptorship Champion/link
- Escalation process
- Glossary of terms and abbreviations
- Document control

Appendix One – National Preceptorship Model for Nursing v1.5 – Final – 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 6 months on joining the organisation or receiving PIN	12 months on joining the organisation or receiving PIN
Supernumerary Period	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: - Within first two weeks - Middle of programme - Completion of preceptorship programme	As a minimum: Every two months including: - Within first week - Middle of programme - Completion of preceptorship programme
Roles (with expectations)	- Preceptor (protected time of 8 hours per year) - Preceptee	- Preceptor (protected time of 12 hours per year) - Preceptorship Lead - Preceptorship Champion / Ambassador / Link
Preceptor	- Equivalent level or senior to preceptee - Minimum 12 months experience post-registration - Attending initial training - Refer to role descriptor for detail	- 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
Preceptorship Lead	- Central point of contact within organization / ICS - Responsible for programme co-ordination - Monitoring and evaluating preceptorship - Development and review of programme and policy.	Plus: - 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
Core Elements	- Preceptorship policy - Formal, structured programme of learning - Standard documentation across organization - Role descriptions - Protected time - Monitoring and Evaluation - Development of preceptors / preceptor training.	- 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
Indicative content of development programme	- 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	May include: - Action learning - Peer support forums for preceptor and preceptee - Coaching - Mentoring - PNA / restorative supervision

Compliance	- 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	- 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	- Session feedback - Feedback questionnaire on preceptorship experience - mid-point and end-point - Preceptee involvement in design and development of programme - Stakeholder feedback

Recommendation of senior accountable officer at board level within organisations / ICSs.

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

Appendix Two – National Preceptorship Framework for Midwifery

The following National Preceptorship Model is based on the National Preceptorship framework for Midwifery (March 2023) which provides full details.

Criteria	Core Standard	Gold Standard
Intended Recipients	All Newly Registered Midwives	
Length of Preceptorship Programme*	Minimum of 12 months with the option for sign-off at nine months, and extend the programme to those requiring it, up to 18 months to complete.	• Early career support continues for a further 12-24 months, post-preceptorship. • An accelerated bespoke preceptorship programme for internationally recruited (IRs) educated midwives.
Supernumerary Period	• Newly registered midwives will have a minimum of four weeks (or equivalent to 150 hours) supernumerary time over the 12-month preceptorship period, pro rata. • Additional protected time of 8-12 hours throughout the programme for preceptor and preceptee.	Protected time includes three hours preparation, three hours for meetings with preceptee, two hours for personal development for both the preceptor and preceptee, over 12 months.
Meeting requirements (preceptor and preceptee)	• Meetings will take place as follows: ○ Start of the preceptorship year. ○ Progress meetings at 3, 6, and 9 months.	A named preceptor is allocated to each preceptee prior to preceptee starting in post and the preceptee is notified, with an initial meeting taking place within one week.

	○ Completion of preceptorship programme at 9-12 months. • A named preceptor is allocated to each preceptee within one week of starting in post, and the preceptee is notified, with an initial meeting taking place within two weeks.	
Roles	• Preceptor • Preceptee • Buddy • Professional midwifery advocate (PMA)	
Preceptor	• Registered midwife band 6 minimum • Minimum 12 months' experience post-registration working in the same area. • Completed own preceptorship programme • Attending preceptorship preparation training • Refer to role descriptor for detail	• No more than one preceptor to two preceptees. • Ongoing support and training. • Preparation training for buddies.
Preceptorship Lead	• Midwifery manager or band 7 midwife. • Programme coordination. • Monitoring and evaluating preceptorship. • Development and review of programme and policy. • Support for preceptors. • Maintain register of preceptors.	• Development programme for preceptors. • Support for preceptors. • Develop and deliver support network for preceptors. • Promotion of value and benefits of preceptorship within own organisation.

Buddy	• Band 6 midwife or above with a minimum of 12 months experience. • Critical friend, a named person for the preceptee. • Buddies allocated per shift or per rotation by the preceptorship lead or chosen by the preceptee. • Refer to role descriptor for detail.	
Core Elements	• Preceptorship policy. • Formal, structured programme of learning. • Standard documentation across organisation. • Role descriptions. • Protected time. • Monitoring and evaluation. • Development of preceptors/preceptor training.	• 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.

Induction	• An individualised plan for learning and development is discussed and agreed. • This includes a discussion around equality, diversity, inclusion and accessibility including for neurodivergent colleagues), with an offer of support and reasonable adjustments as required.	• May include: ○ allocated time with PMAs, head/director of midwifery, specialist midwives.

Indicative content of development programme	• Facilitated learning/study days (flexible dependent on work area and individual requirements)
	• Health and wellbeing initiatives.
	• Mindfulness.
	• Reflection.
	• Pastoral care and support.
	• Clinical supervision.
	• PMA/restorative clinical supervision.
	• Freedom to speak up (FTSU) guardian.
	• Preceptees' clinical placements take place within a continuity of carer team, if appropriate, where services have been assessed as safe and suitable support is appropriate.
	• Preceptees' placement also take place in traditional teams or hybrid teams where
		• May include:
		  ○ action learning
		  ○ peer support forums for preceptor and preceptee
		  ○ coaching
		  ○ mentoring
		  ○ active bystander training
		  ○ PMAs will also offer regular 1:1 meeting.
		• May include one-to-one study session or some supernumerary time alongside NIPE practitioner, followed by rotations which allow the midwife to maintain their skill level. Those who have yet to have their NIPE training should be put on a waiting list.

	continuity of carer has been paused. • Preceptees confirm that they are newborn and infant physical examination (NIPE) trained; plans are put in place to maintain competencies or register them to undertake NIPE training.	
Essential Requirements	• Newly registered midwives do not work on labour wards or provide intrapartum care in any location without appropriate regular fetal monitoring/cardiotocography (CTG) training and emergency skills training. • There is a system of immediate support to preceptee involved in a traumatic incident, provided by either a PMA, chaplain, preceptorship lead, health and wellbeing guardian, or an individual trained in debriefing as appropriate.	

Compliance	• A preceptorship policy is in place which:
	  ○ outlines the midwifery preceptorship year
	  ○ roles and responsibilities of key colleagues
	  ○ is in date
	  ○ is signed off through the organisation's clinical governance processes.
	• A preceptorship lead or designated midwifery manager is in place who assures compliance with preceptorship standards.
	• A real time preceptorship register is in use to monitor overall progress of preceptees and allows the allocation of a preceptor and or a buddy.
	• A senior responsible officer (SRO) for preceptorship.
	• National Preceptorship Framework (2023).
	• Nursing and Midwifery Council Principles for Preceptorship (2020).
	• The Ockenden Maternity Reviews (2020) and (2022).
	• Royal College of Midwives (2022).	

Evaluation	• 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 to preceptors and buddies. • Feedback from preceptor and preceptees.	• Session feedback. • Feedback questionnaire on preceptorship experience – mid point and end point. • Preceptee involvement in design and development of programme. • Stakeholder feedback.

Appendix Three – AHP Preceptorship Standards

HCPC Principles for Preceptorship	NHS England AHP Preceptorship Standards
Principle 1 - Organisational culture & preceptorship Preceptorship is a structured programme of professional support and development designed to improve registrant confidence as they transition into any new role. Preceptorship contributes to an organisational culture in which registrants are supported to achieve their potential whilst delivering safe and effective care and treatment	1.1 The organisation has a policy and governance framework for AHP Preceptorship. 1.2 The organisation has role descriptors for preceptees, preceptors, preceptorship champions and AHP preceptorship leads. 1.3 The organisation has processes for offering preceptorship to eligible staff, and for staff to request preceptorship.
Principle 2 - Quality & oversight of preceptorship Preceptorship is an important investment in a registrants' professional career. All registrants should have access to a quality preceptorship programme. It demonstrates the value of individual registrants' health, wellbeing and confidence during times of transition.	2.1 Preceptorship is inclusive of all AHPs within an organisation and supports different career and workplace transitions. 2.2 The organisation has clear leadership and accountability for AHP Preceptorship. 2.3 The organisation evaluates the impact of the preceptorship programme annually. 2.4 The organisation uses evaluation data as the basis for improving AHP preceptorship with the AHP workforce. 2.5 The organisation ensures preceptees have access to uni-professional support if there is a multi-professional preceptorship programme.
Principle 3 - Preceptee empowerment Preceptorship should be tailored to the individual preceptee, their role and their work environment. Preceptorship should not retest clinical competence but instead, empower the preceptee to reflect on what they bring to their role	3.1 The preceptee and preceptor agree how they will implement the tailored preceptorship and document how they will work together. 3.2 Preceptorship includes opportunities for preceptees to guide, review and evaluate their preceptorship.

and identify support needed to develop their professional confidence.	3.3 The organisation offers preceptorship for a suggested 12-month period. 3.4 The organisation provides protected time for the preceptee to attend preceptorship activities.
Principle 4 - Preceptor role The preceptor role is a fundamental part of effective preceptorship. Preceptors should have appropriate training, time and support to understand and perform their role. Preceptors do not need to be from the same profession as preceptees but should be the most appropriate individual to provide support.	4.1 The organisation provides initial and ongoing training and development for preceptors. 4.2 The organisation provides protected time for the preceptors to attend preceptorship activities.
Principle 5 - Delivering preceptorship programmes Preceptorship programmes should reflect the differences in routes to registration, range and intensity of previous practice experiences, and the variety of services and settings in which registrants work. These principles apply to all registrants working in any health or social care setting across the UK, including but not limited to, the NHS, the social care sector, and the independent and charitable sectors	5.1 Organisations establish the content for programmes based on the knowledge, skills and behaviours required for AHP Preceptorship. 5.2 The organisation can demonstrate the tailoring of preceptorship to meet the needs of their AHPs. 5.3 The initial preceptorship meeting occurs within the first week of the preceptee's transition. 5.4 Meetings between preceptor and preceptee are scheduled once per month as a minimum. 5.5 Meetings between preceptor and preceptee are of a minimum of one hour in duration. 5.6 The organisation provides a template to guide and record AHP Preceptorship meetings.

Appendix Four – Role Descriptors

Preceptor Role Descriptor

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 the 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 socialization
- 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 and ensure that this is signed off within the first 2 weeks of the programme
- 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

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

The responsibilities of the preceptee are to:

- Attend all organised training and participate in all leaning 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
- 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

Preceptorship Lead Role Descriptor

Each organisation or ICS should have an appointed preceptorship lead who is responsible for overseeing the 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
- Measure the effectiveness and impact of preceptorship programmes on retention and staff engagement. Evaluate programmes after each cohort
- Ensure there are sufficient trained preceptors
- Support / prioritize 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
- Ensuring preceptorship is operating 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 and/or organization / ICS. The role should be held by an experience preceptor who is passionate about preceptorship.

The responsibilities of the preceptorship champion are to:

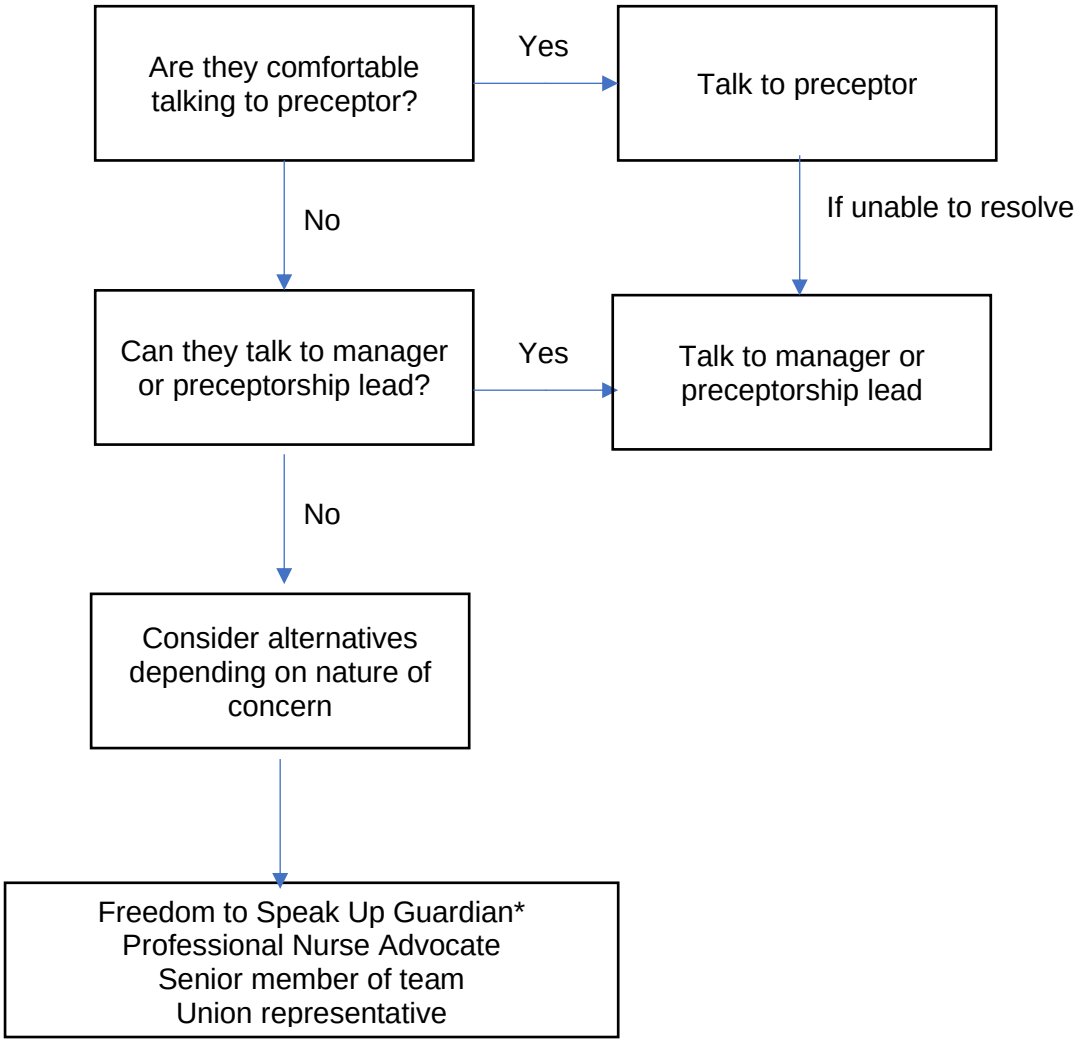
- Raise the profile of the preceptorship programme, the value and benefits within own clinical area or organisation
- Act as a role model for best practice in support of newly qualified staff or act as a role model for best practice undertaking the preceptorship programme (this will depend who the champion 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 Clinical/Ward leads 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

Appendix Five – 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 offer guidance for nurses and midwives at www.nmc.org.uk/raisingconcerns

The RCN offer 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*

Appendix Six - 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/link	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 Seven

Policy document version and control

Date	Version	Changes	Author	Approval