

# Preceptorship Policy for Nurses, Nursing Associates, Midwives, Allied Health Professionals and Healthcare Scientists

<b>Department / Service:</b>	Human Resources
<b>Originator:</b>	Deputy Chief Nursing Officer
<b>Accountable Director:</b>	Chief Nursing Officer
<b>Approved by:</b>	Senior Nurse Group
<b>Date of approval:</b>	25 <sup>th</sup> February 2026
<b>Review Date:</b>	24 <sup>th</sup> February 2029
<b>This is the most current document and should be used until a revised version is in place</b>	
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust
<b>Target Departments</b>	All Departments
<b>Target staff categories</b>	All staff who are or work with newly qualified band 4 and band 5 registered practitioners.

## Policy Overview:

This policy provides a framework for effective preceptorship. Worcestershire Acute Hospital recognises there is a need to ensure practitioners at every level are supported and that new registrants and those who returned to practice can be supported as they move from novice to competent practitioner.

## Key amendments to this Document:

<b>Date</b>	<b>Amendment</b>	<b>By:</b>
6 <sup>th</sup> March 2013	Removal of references to accelerated pay progression associated with preceptorship for staff joining pay band 5 as new entrants	Sonya Murray
March 2013	Updated to reflect the national changes to incremental progression as agreed in February 13 progression through all incremental pay points in all pay bands to be conditional on individuals demonstrating that they meet locally agreed performance requirements in line with a proposed new Annex addition to the handbook	Sonya Murray

May 2015	Removal of references to Practice Placement Team replaced with Professional Development Team. Job titles and roles updated for Chief Nurse and Associate Chief Nursing Officer – Workforce & Education	Joanna Logan
May 2015	Removal of reference to state registration. Replaced with Professional registration	Joanna Logan
May 2015	Inclusion of reference to Health Education England London and East Standards for Preceptorship 2014	Joanna Logan
May 2015	Inclusion of Monitoring template Section 7	Joanna Logan
Dec 2016	Document extended for 12 months as per TMC paper approved 22 <sup>nd</sup> July 2015	TMC
Nov 2017	Document extended whilst under review	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as approved by TLG	TLG
August 2018	Change of document title to include nurse associates and combine specialities under ‘AHP’ heading Inclusion of HEE multi-professional framework for preceptorship 2018 Updates to roles and responsibilities with the inclusion of the chief nursing officer Removal of Associate Chief Nursing Officer for Workforce and Education Inclusion of Deputy Chief Nursing Officer Update of NMC reference Inclusion of education/training and resources Update to Preceptorship Flow Chart Inclusion of overseas nurses Inclusion of nurse associates	Kate Title
October 2020	Amended main content about supervision time, in-line with flow chart Night duty discussions and paperwork Update NMC reference (Principals of Preceptorship)	Rebecca Delalandre
14 <sup>th</sup> Dec 23	Document extended for 6 months whilst under review	Sue Smith
22/04/24	Added return to practise to policy overview Removed clinical supervision and coaching from definitions and added preceptorship period, preceptorship champion and preceptorship lead. Added Preceptorship Champion to responsibilities and duties Updated responsibilities and duties Policy detail replaced with process Added a section for concerns Added appendix for process, escalation process and glossary Added reference to national preceptorship framework for nursing, national preceptorship framework for midwifery and AHP preceptorship standards and framework Updated Preceptorship flow chart	
November 2025	Title of policy amended, pharmacists removed Contents page updated	Kim Creighton

	<p>Updated the introduction section to reflect multi-disciplinary approach and reference the national frameworks and standards                  Added in purpose of document                  Section 4 preceptorship period changed to 12-24 months                  Section 5 updated to give an overview and more in-depth details moved to appendices                  Section 7 updated education offer and resources for specific professions                  Merged chief nurse with senior leadership to create multi-disciplinary leadership style                  Professional development name changed to Practice educators in whole document                  Monitoring and compliance – added in references to principles, standards and frameworks that comply with preceptorship                  12.5 Appendices Preceptorship Flow Chart                  Incorporated in the process of Appendix 2                  Appendix 1 – role descriptors, added specific midwifery preceptor description and midwifery buddy role.                  Appendix 2 – AHP’s added                  Appendix 4 – added midwifery specific preceptorship pathway                  References reviewed and updated</p>	
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**1. Introduction**

This Preceptorship policy is intended for all newly registered healthcare practitioners, preceptees, preceptors, preceptorship lead, line managers, practice educators and all those involved directly or indirectly in the preceptorship of newly registered healthcare professionals and healthcare scientists.

Preceptorship is a programme of structured support for newly registered practitioners as they transition from student to registered practitioner. The Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) have 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 NHS England. These have been

incorporated into the National Preceptorship Frameworks for Nursing, Midwifery and Allied Health Professions.

This policy is based on the guidance and standards established by the NHS England National Preceptorship Framework for Nursing (2022), the NHS England National Preceptorship Framework for Midwifery (2023), the NHS England National AHP Preceptorship Standards and Framework (November 2024), the Health Education England preceptorship standards (2025), the Department of Health guidance (2010). It complies with the guidance set out by the Nursing and Midwifery Council (NMC, 2020) and by the Health and Care Professions Council (2023)

The Chief Nurse, Chief AHP, CEO and Board of Directors of Worcestershire Acute Hospitals NHS Trust state that a preceptorship programme is required for newly registered practitioners and other groups of healthcare professionals.

This Policy needs to be read in conjunction with other organisational human resource policies which include, as a minimum:

- Equality and Diversity policy
- Disciplinary policy
- Appraisal and supervision policy

Reference must also be made to the following current documents if necessary:

- Trust Induction Policy
- Trust Mandatory Training Policy
- Trust Personal Development Review Policy
- Trust Recruitment and Selection Policy
- Starting Salaries and Salaries Discretion Policy
- Trust Performance Management Policy

## 2. Purpose of Preceptorship

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

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

## 3. Scope of this document

The Preceptorship policy provides a framework and set of common standards and support (cultural, pastoral and wellbeing) which apply to all newly registered healthcare professionals, internationally educated professionals joining the NHS, returners to practice, and staff transitioning from non-registered to registered roles which include nurses, nursing associates, midwives, allied health professionals and healthcare scientists.

The preceptorship programme for Worcestershire Acute Hospitals NHS Trust provides a 12-month preceptorship period. This will vary according to each individual's progress and will include a facilitated multiprofessional programme and a profession specific programme. The Preceptorship may also include different models of preceptorship, for example accelerated or bespoke preceptorship, which may be part of organisational offerings, in such cases elements of the programme may be completed before the 12-

month period. Access to a named preceptor, professional development and wellbeing support, should be available for 12 months.

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

#### 4. Definitions

##### Preceptorship

Preceptorship is a period of structured support provided to health and care workers at key moments of career transition, such as entering the workforce for the first time, returning to work after a long period away, working in the UK for the first time, taking up a new role, or moving to a new organisation, to give them confidence to act as an autonomous practitioner. (NHS England). The start of the preceptorship period will commence on receipt of their PIN number or equivalent.

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

##### Preceptee

A health care professional who is newly registered, or a health care professional returning to work following a break from practice of more than five years for nurses or midwives and a break from practice of more than two years for allied health professionals; that is undergoing a transition period of novice to competent (NHS England). This includes overseas practitioners new to the NMC/HPC register. A preceptee is defined clearly as a newly registered practitioner receiving support and guidance from the preceptor.

##### Preceptor

Any registered healthcare professional of an equivalent or senior level to the preceptee, They should have a minimum of 12 months experience post-registration, with experience of working within the setting, and they should attend initial training or development. (NHS England)  
Preceptors do not need to be from the same profession as Preceptees but should be the most appropriate individual to provide support (HCPC Preceptorship Principles, 2023)  
One preceptor should have no more than two preceptees at the same time.

##### Preceptorship period

Designated period of support and guidance for new practitioner 12- 24 months post registration

##### Preceptorship Champion

A preceptorship champion may be any registered healthcare professional who promotes the value and benefits of preceptorship and supports implementation within their area of work in the organisation.

**Preceptorship Lead**

Central point of contact and lead for preceptorship within organisation

**5. Roles and Key Responsibilities**

**Preceptor:**

A preceptor should be a registered professional with a minimum of 12 months experience. The role of a 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.

The preceptor development includes completion of the organisation’s Preceptor face to face training (this can be booked through ESR) or the completion of the e-learning for health preceptor development programme (the e-learning is a national recommendation if you are an AHP this can be found on [elfh e-compendium](#))

The preceptor should participate in preceptorship forums and support networks to maintain up to date knowledge and will receive allocated time for preceptorship duties.

During this allocated time participation in the following activities and responsibilities include:

- 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
- Complete any required initial and ongoing training to deliver the role effectively
- Participate in preceptorship forums, clinical supervision and support networks to maintain up to date knowledge and professional development.

**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 and within required framework.
- Work in collaboration with their preceptor to identify, plan and achieve their learning objectives, this includes developing individual learning plan and complete all documentation within the required timeframes.
- Escalate concerns, reflecting on own practice, and taking ownership of own professional development

Full details of role descriptors can be found in the Appendix 1

**Clinical area managers:**

The role of line manager is to ensure that preceptorship is implemented in accordance with the policy within own clinical area. The responsibilities are:

- To allocate a preceptor to each newly registered practitioner – nursing within 2 weeks, midwifery and AHP’s prior to joining the organisation
- To ensure completion of all induction, mandatory and statutory training for the preceptee

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- To provide a minimum supernumerary period for the preceptee. A minimum supernumerary period of 75 hours for nursing preceptees, 150 hours for paediatrics and midwifery. This will vary for AHP's and Healthcare Scientists depending on local departmental practices but will involve a high level of supervision and support.
- To ensure the preceptee and preceptor are given protected time for meetings that support that delivery of Preceptorship.
- 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.

### **Senior Leadership Teams**

Leaders across the Trust are responsible for providing professional leadership and both Trust-wide and directorate-wide perspectives on preceptorship, ensuring a cohesive and consistent approach to its implementation. They must have a clear understanding of the preceptorship policy and associated documentation, and support managers in embedding the policy into practice. This includes agreeing on and supporting the provision of the training and education required for effective preceptorship, as well as offering advice on managing performance and monitoring outcomes. Additionally, leaders should work with clinical managers to ensure preceptees are granted protected study time to attend all course dates. A review of preceptorship will be received as part of the annual education report to evaluate progress and inform future developments.

### **Preceptorship Champion**

- Raise the profile of the preceptorship programme, the value and benefits within own clinical area or organisation
- Engage with the organisations preceptorship team to continue the evolution of the preceptorship work internally and across the region as appropriate.
- To liaise with other preceptorship champions and facilitate development and delivery of preceptorship communities of practice
- Provide feedback to organisations preceptorship team when improvement and education is required in areas or where newly qualified staff require additional input.

### **Preceptorship Lead**

The Preceptorship lead is responsible for leading the programme within their organisation, liaising with other professional leads which may include nursing, midwifery, allied health professional groups and other professions 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
- Allocate or delegate the responsibility for identifying preceptors in time for the preceptee's start date
- Monitor and track completion rates for all preceptee's
- 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

Full details can be found in the Appendix 1

## 6. Process

Each newly registered practitioner will participate and engage with the preceptorship programme and the preceptorship lead. The line manager is responsible for ensuring that the appropriate arrangements are made

- The line manager, midwifery or paediatric nursing preceptorship lead 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 two weeks of starting in the Trust for nursing and prior to joining the organisation for midwifery and AHP's, by their line manager, midwifery or paediatric preceptorship lead
- In midwifery – the preceptorship lead is the named preceptor for all midwives preceptees in the organisation, supported by buddy midwives, an education team and/or midwifery skills educators.
- The preceptee will meet with their allocated preceptor within the first week for AHPs and Midwives or within the first two weeks for nurses of joining, with the purpose of agreeing a charter and developing learning objectives for the preceptorship period. A second preceptor should be identified in case of periods of annual leave or prolonged sick leave
- Meetings between the preceptee and preceptor should take place in line with National Frameworks. These should be documented using the organisations monitoring templates (manual or digital). (AHP's and nursing monthly, Midwives every 3 months)
- The line manager will support preceptee attendance and participation in the organisation's preceptorship programme
- The line manager will support preceptor attendance at meetings and participation in education, training and development to deliver the preceptor role.
- 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.
- It is understood what whilst preceptees cannot "fail" the preceptorship programme, it is a Trust expectation that individuals who enrol onto the preceptorship programme aim to complete within the specified 12-month period. Should a preceptee have personal circumstances and/or require an extension to complete the programme, this needs to be highlighted with their preceptor, line manager and the Trust's preceptorship lead, who will formalise a plan of action and support within an agreed time frame to ensure the programme is able to be completed.

Further details can be found in the Appendix 2

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**7 Education Training and Resources**

The multi-disciplinary preceptorship programme offers preceptees a mixture of facilitated preceptorship days alongside other multi-professional preceptees, with some profession specific days tailored to meet the needs of individual staff groups. The MDT programme includes sessions on reflection, wellbeing, accountability, roles and responsibilities, documentation, ALERT course, tier 2 dementia training, leadership and continuous professional development.

**Nurses** and some AHP professions undertake additional clinical skills such as cannulation, venepuncture, administration of intravenous medications and male catheterisation.

**AHP's** undertake additional workshops to support the development of confidence through simulation and opportunities to network with other AHPs across the system.

**Midwifery** undertakes additional study days including PROMPT Skills and Drills, a 3-day maternity specific training, fetal surveillance, infant feeding, perineal suturing and saving babies lives. There will also be organisation of clinical skills including venepuncture, cannulation and intravenous medication administration. If the midwife is allocated the continuity or community pathway they will complete NLS.

Midwifery specific preceptorship pathway details are in Appendix 4

**Paediatric** nurses undertake a 4-week supernumerary period, 6 paediatric specific study days across 12 months, complete a paediatric medicines management workbook and paediatric immediate life support training.

**Healthcare Scientists** undertake specialist training and supervision within their departments across a 12-month period, and complete profession specific training requirements.

Each preceptee will have access to the Preceptorship handbook and Preceptorship Bee pin

**8 Concerns**

There should be a clear process for the Preceptor and Preceptee to raise concerns regarding performance or other issues. This must be addressed as soon as possible with the line manager. Where appropriate, escalation processes may be followed or referral to the Human Resources department.

The escalation process can be found in Appendix 3

**9 Implementation**

The implementation of the policy and preceptorship continuum will be supported by the Practice Education Team, AHP Practice Education Team, Midwifery Preceptorship Lead, Paediatric Preceptorship lead, who will assist clinical areas and Preceptors in delivering Preceptorship to staff, by offering support and guidance.

**10 Dissemination**

Staff may print key documents but must be aware that these are only valid on the day of printing and must refer to the intranet for the latest version. Hard copies must not be stored for use as this undermines the effectiveness of an intranet-based system. Individuals are responsible in ensuring they are familiar with all key documents that impinge on their work and must ensure that they work within the current version of the document.

Line managers are responsible for ensuring that a system is in place for their clinical area of responsibility that keeps staff up to date with any new key documents and policy changes.

### **Plan for dissemination**

The policy will be placed in the HR Policies Folder on the intranet.

Awareness will be raised through dissemination of the intranet link to all relevant departmental managers and senior staff who can then cascade the relevant information down in staff meetings.

## **11 Training and awareness**

Trust has well designed preceptorship programs. Staff are expected to attend study days designed for their work stream. Preceptors can access support and training from Practice Educator Teams or preceptorship leads.

## **12 Monitoring and compliance**

The preceptorship programme and policy should comply with the principles, standards and frameworks for preceptorship:

- National Preceptorship Framework for Nursing (2022)
- NMC Principles for Preceptorship (2020)
- National Preceptorship Framework for Midwifery (2023)
- RCN position statement of preceptorship (2022)
- Ockenden Maternity Reviews (2022)
- Immediate and essential actions (EIAs) relating specifically to midwifery preceptorship
- HCPC Principles for Preceptorship (November 2023)
- National AHP Preceptorship Standards and Framework (November 2024)
- AHP professional bodies' position statement on preceptorship
- HEE Preceptorship Standards (2015)
- Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals, DH (2010)

The documentation and processes related to preceptorship will be reviewed by the Practice Education Team, and departmental managers to ensure compliance with policy standards. The preceptorship handbook, and associated documentation must be checked during staff reviews, supervision or appraisal meetings. Managers are responsible for promoting preceptorship in line with the policy, ensuring that all required documentation is completed appropriately. Additionally, the Practice Education Team will conduct an annual review of the preceptorship course and handbook to ensure they remain current, relevant, and fit for purpose

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 through evaluation forms and forums
- Feedback from line managers and practice educators
- Course evaluations
- Analysis of retention statistics at 12 month and 24 months' post registration or start date with the organisation

# Policy

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
Section 7	Review of the Preceptorship Course	Evaluation and Feedback from Preceptees/ Preceptors and Managers	Annually	Practice Education Team lead for Preceptorship	Associate Chief Nursing Officer – Workforce & Education	Annual
Section 7	Review of the Preceptorship Skills Booklet	Evaluation and review by Practice Education Team and feedback from Preceptees/ Preceptors and Managers	Annually	Practice Education Team lead for Preceptorship	Associate Chief Nursing Officer – Workforce & Education	Annual

**13 Policy Review**

This policy will be reviewed after 3 years

**14 References**

AHP Preceptorship Organisational Self-Assessment Tool  
<https://future.nhs.uk/NationalPreceptorship2024/view?objectId=246521349>  
 Allied Health Professions Preceptorship Standards and Framework  
<https://www.hee.nhs.uk/sites/default/files/NHSE%20AHP%20Preceptroship%20standards%20and%20Framework.pdf>  
 British and Irish Orthoptic Society, [https://orthoptics.org.uk/search/?\\_string=preceptorship](https://orthoptics.org.uk/search/?_string=preceptorship)  
 eLearning for healthcare <https://www.e-lfh.org.uk/?s=PRECEPTORSHIP>  
 Chartered Society of Physiotherapy <https://www.csp.org.uk/professional-clinical/cpd-education/preceptorship>  
 HCPC Principles for preceptorship(2023) <https://www.hcpc-uk.org/resources/information/principles-for-preceptorship/>  
 National preceptorship framework for nursing (2022)  
 NHS England » National preceptorship framework for nursing  
<https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-nursing/>  
 National Preceptorship model for nursing(2022) <https://www.england.nhs.uk/long-read/national-preceptorship-model-for-nursing/>  
 National Preceptorship Framework for Midwifery (2023)  
<https://www.england.nhs.uk/long-read/national-preceptorship-framework-for-midwifery/>  
 NHS Employers(2023) <https://www.nhsemployers.org/articles/preceptorships>  
 NMC Principles of preceptorship (2020)  
<https://www.nmc.org.uk/standards/guidance/preceptorship/>  
 NMC Code(2018); <https://www.nmc.org.uk/standards/code/read-the-code-online/>  
 NMC offer guidance for Nurses and Midwives  
<https://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/>  
 Ockenden Maternity Review <https://www.ockendenmaternityreview.org.uk/>  
 Preceptor Development Workshop -Nursing 2022  
<https://future.nhs.uk/NationalPreceptorship2024/view?objectId=245958053>  
 Role descriptors(2025)  
<https://future.nhs.uk/NationalPreceptorship2024/view?objectId=245950469>  
 Royal College of Occupational Therapists <https://www.rcot.co.uk/learn-about-occupational-therapy/working-occupational-therapist/supporting-early-career-occupational-therapists>  
 Royal college of Speech and Language Therapist,  
<https://www.rcslt.org/learning/preceptorships/>



**15 Background**

**a. Consultation**

This policy will be circulated to the following for comments:

- Human Resources
- Director of Nursing.
- Nursing and Midwifery Matrons and Managers.
- Allied Health Care and Medical Scientists Managers
- Head of Clinical Governance and Risk Management

**b. Approval process**

This policy will be approved by the Key documents Approval Group

**c. Equality requirements**

There are no equality requirements if the following is observed:

It is critical that all newly registered practitioners have equitable access to preceptorship, as well as equitable experiences and outcomes from the process.

Preceptorship should be barrier free; it is important that the transition from student, or arrangements to support new registrants following other routes, supports and promotes the individual's equality of opportunity. Preceptorship seeks to build confidence in the delivery of the role an individual has been employed to do and should empower them to give safe, competent, high-quality care using the human rights principles of fairness, dignity, equality, respect and autonomy.

Preceptorship arrangements should give due regards to individual difference and respond accordingly, taking all reasonable steps to ensure that adjustments are made according to need and requirement. Differentials should be considered and planned for in anticipation of need against an equitable outcome standard (DOH 2010).

**d. Financial risk assessment**

There are no financial risks.

## APPENDIX 1 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. Each preceptor will receive a minimum of 12 hours per year (ideally 20 hours per year for AHP staff) to undertake their role, including time to meet with their preceptee at regular intervals, training, development, ongoing support and networking.

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
- 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 learning opportunities including induction
- Prepare for and attend meetings with their Preceptor at the agreed times and within the requirements of the framework

- Have a clear understanding of the objectives, and learning outcomes of the Preceptorship framework
- Work in collaboration with their Preceptor to identify, plan and achieve their learning objectives, this includes developing individual learning plan and completing all documentation within required timeframes
- Promote the role to a high standard
- Maintain timely and professional behaviour 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 newly registered professionals 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 (2015), NMC Principles of Preceptorship (2020) and National Preceptorship Framework (2022)

## **Midwifery**

### **Preceptor**

The preceptorship lead is the named preceptor for all midwife preceptees in the organisation, supported by buddies (midwives), an education team and/or midwifery skills educators.

They work clinically alongside preceptees and undertake formal meetings every three months to track preceptees' progress from band 5 to band 6. This ensures competencies are completed, confidence is grown, and pastoral support is provided until completion of the preceptorship period, which is a minimum of 12 months. Pastoral support offered at Worcestershire Acute Hospitals includes access to Professional Advocates, Freedom to Speak up Guardian, trained coaches, restorative supervision and health & wellbeing services.

The preceptorship lead co-ordinates and monitors provision of preceptorship. Preceptees must also have a named midwife (buddy) in clinical practice who works alongside and is available to the preceptee for a proportion of clinical shifts.

### **Buddy**

A buddy is a registered midwife at band 6 or above with a minimum of 12 months experience as a midwife, who has completed their own period of preceptorship. A buddy will:

- Work clinically alongside preceptee
- Act as a professional friend, peer, and advocate, demonstrate insight and empathy with the preceptee
- Act as a role model for professional practice, socialisation, living organisational values
- Facilitate introductions for the newly registered midwife to colleagues, multi-disciplinary team, peers and others (internal and external to the organisation as appropriate). Promote networking and development of effective working relationships.
- Give timely and appropriate feedback to newly registered midwife on a regular basis.
- Embrace principles of the NMC Code

**APPENDIX 2  
Process**

New starter accepts offer and start date agreed  
 Line manager, midwifery or paediatric preceptorship leads allocates preceptor  
 Line manager enrolls Newly Registered Professional on development programme  
 Line manager notifies preceptorship lead of new starter and expected date of joining

**Nursing and Midwifery**

For a minimum of 6 months post qualification the Preceptee must not;  
 take charge of the clinical area  
 be the only trained member of staff  
 be moved to another clinical area, including staff shortages (in extreme circumstances a  
 move can be made with the support of their preceptor)

**AHP's**

Preceptees may have their own work or caseload with support by clinical teams  
 Supernumerary period is determined by needs and clinical area, will always be supported  
 by team  
 AHP's may rotate to different specialities



New starter joins and has minimum supernumerary period  
 AHP's have no set supernumerary period  
 New starter completes induction, mandatory and statutory training  
 Preceptor and preceptee meet during first week (AHP or Midwife) or two weeks for  
 nursing  
 Training needs analysis completed  
 Individual learning plan with objectives established for preceptorship  
 Agree charter between preceptor and preceptee

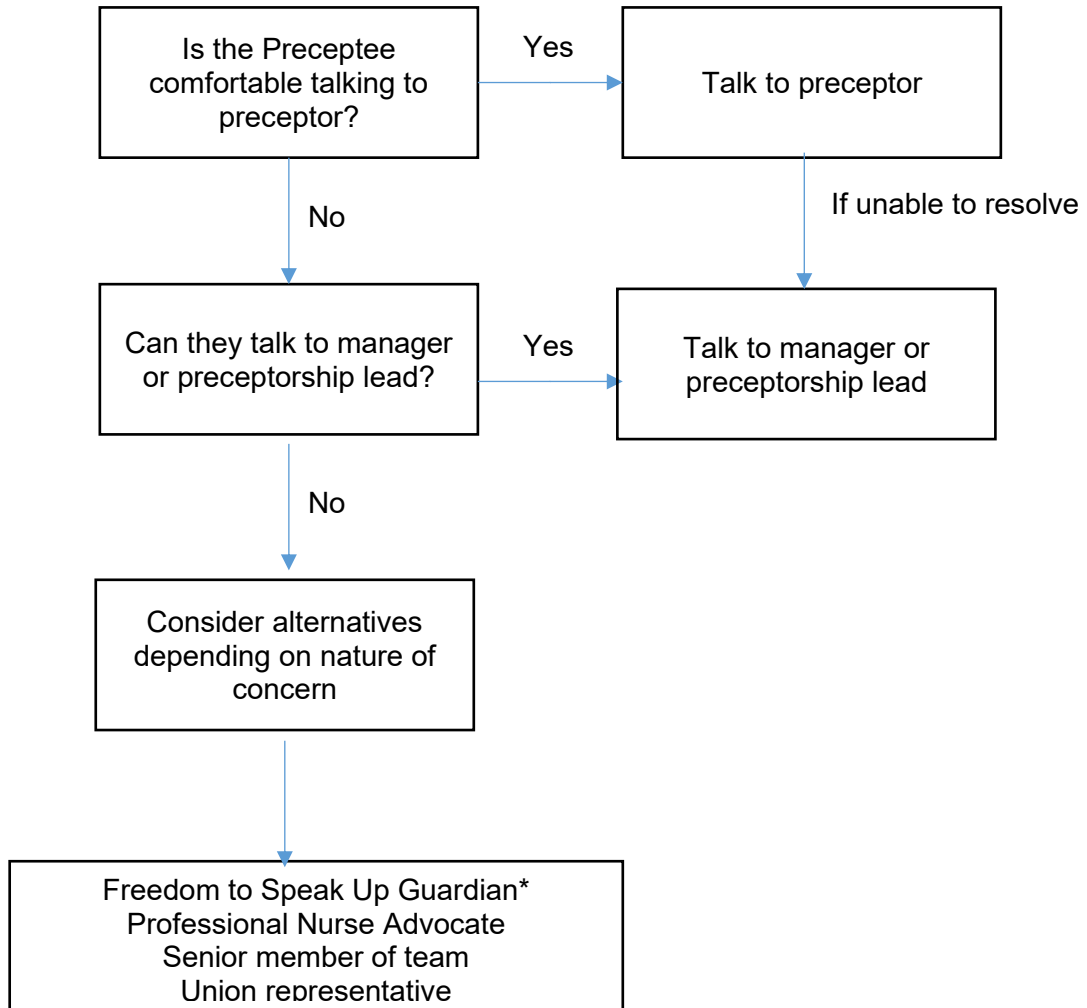


Preceptee attends all required training and development  
 Preceptee maintains portfolio and completes reflections  
 Preceptee receives clinical supervision  
 Preceptee and preceptor meet monthly if AHP or nurse or nursing associates,  
 every 3 months for midwives



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

### APPENDIX 3 Escalation Process



## Appendix 4

### Midwifery Specific Preceptorship Pathway

Within midwifery, Newly Qualified Midwives (NQM) are supported through three distinct preceptorship pathways, determined by their appointed area of practice. These pathways are designed to ensure consistent and comprehensive support across all maternity services.

- Unit Based Rotational Model
- Community Model
- Continuity of Carer Model

The associated frameworks [Frameworks A, B, and C] outline the structure and delivery of these preceptorship programmes.

#### Supernumerary Period and Allocation

Each maternity preceptorship includes a defined supernumerary period within its framework. The national framework requires a minimum of 150 supernumerary hours over the course of one year. During this period, the preceptee is allocated a midwife to work alongside and is not counted within the staffing numbers. National frameworks recognise the importance of a supportive comprehensive orientation and therefore recommend protected supernumerary time at the beginning of each rotation. This time should be in addition to the standard induction requirements, with adjustments made to meet individual needs.

#### Definition of Supernumerary

During the supernumerary period, the NQM is the primary caregiver, providing all essential care under their own NMC registration. This supports the development of confidence and autonomy in preparation for transition to a non-supernumerary role. The NQM is supported by a senior staff member to ensure a thorough orientation. The following definitions clarify how supernumerary practice is applied across different ward areas:

#### Inpatient Ward Areas (Antenatal/Postnatal Ward)

*“A supernumerary staff member works in the clinical area in addition to the staffing numbers for that shift. They are indirectly supervised by an allocated core team member or the midwife in charge. The NQM carries a small caseload (up to four women/babies), which provides orientation while developing skills in prioritisation and caseload management.”*

#### Intrapartum Care (Delivery Suite/MBC)

*“A supernumerary staff member works in the clinical area in addition to the staffing numbers for that shift. They are directly supervised by an allocated core team member to ensure appropriate support with labour care and theatre cases. Over time, supervision may be adapted to a more indirect model depending on the individual needs of the NQM.”*

## Community

“A supernumerary staff member works in the clinical area in addition to the staffing numbers for that shift. They are directly supervised by an allocated core team member during community visits and antenatal clinics. As confidence grows, this support may transition to indirect supervision, with a buddy available via phone or positioned outside the clinic room as needed.”

### Framework A [Unit Based Rotational Preceptorship Model]:

Unit Based Preceptorship																		
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12						
Support	Agree needs and initial review [Week 1]											Final Appraisal						
	● 1-2-1 quarterly meetings with preceptor [Review progress, facilitate reflective discussions, implement support plans if required and pastoral support]																	
	Direct clinical support with preceptorship lead midwife throughout the year period																	
	Line manager support access																	
Allocated Time	Preceptee Support groups																	
	●	●	●	●								●						
	Week 1: Induction Academy	Week 2-3: Supernumerary Period (See definitions below)		Rotation 1	Rotation 1	Rotation 1	Supernumerary Week	Rotation 2	Rotation 2	Rotation 2	Supernumerary Week	Rotation 3	Rotation 3	Rotation 3	Supernumerary Week	Rotation 4	Rotation 4	Rotation 4
	3 monthly rotations across DS, ANW, PNW and Community. All must have a supernumerary week or equivalent prior to the rotation																	
	On-going learning	Individual self-reflection opportunities (preceptee-led)																
		Annual mandatory training as per maternity training needs analysis [WHAT-TP-094]																
		Preceptorship skills competency handbook																
	Evaluation	Processes in place to facilitate reflection and feedback on preceptorship experience											Exit feedback					

#### Considerations:

**Support** is the first item of the framework to reflect its importance. The first preceptor meeting should ideally take place within the first week and agree the elements of the preceptorship programme **per preceptee needs**.

**Individualised Approach:** The duration of each rotation will be tailored to the Newly Qualified Midwife’s individual learning needs. Where required, the programme may extend beyond 12 months to provide additional time for consolidation and confidence building.

### Framework B [Community Based Preceptorship Model]:

Community Preceptorship													
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	
Support	Agree needs and initial review [Week 1]											Final Appraisal	
	● 1-2-1 quarterly meetings with preceptor [Review progress, facilitate reflective discussions, implement support plans if required and pastoral support]												
	Direct clinical unit supervision with preceptorship lead midwife												
	Line manager support access												
	Allocated buddy within community team												
Allocated Time	Team Lead and Preceptorship Lead Discussions (Monthly)												
	Preceptee Support groups												
	●	●	●	●									●
	Week 1: Induction Academy	Approximate 3 month period in the unit for consolidation and exposure [Supernumerary period across each area]			Caseloading a group of women within a community setting across visit days and an allocated antenatal clinic [Split Contract: Incorporating One Mandatory Unit Day allocated per week = Long Shift]								
	On-going learning	Individual self-reflection opportunities (preceptee-led)											
		Annual mandatory training as per maternity training needs analysis [WHAT-TP-094]											
		Preceptorship skills competency handbook											
	Evaluation	Processes in place to facilitate reflection and feedback on preceptorship experience											Exit feedback

#### Considerations:

**Support** is the first item of the framework to reflect its importance. The first preceptor meeting should ideally take place within the first week and agree the elements of the preceptorship programme **per preceptee needs**.

**Individualised Approach:** This community preceptorship will be tailored to the Newly Qualified Midwife's individual learning needs. Where required, the programme may extend beyond 12 months to provide additional time for consolidation and confidence building or the facilitation of additional support plans.

## Framework C [Continuity Based Preceptorship Model]

Continuity Preceptorship												
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Support	Agree needs and initial review [Week 1]	1-2-1 quarterly meetings with preceptor [Review progress, facilitate reflective discussions, implement support plans if required and pastoral support]										Final Appraisal
	Direct clinical unit supervision with preceptorship lead midwife											
	Line manager support access											
	Allocated buddy within continuity team (2-4 Weekly Meetings)											
	Team Lead and Preceptorship Lead Discussions (Monthly)											
	Preceptee Support groups											
Within a continuity preceptorship, there are two available options for allocated time across the year period depending on experience and confidence on qualification												
Option 1: Allocated Time	Week 1: Induction Academy Supernumerary Period (Across all inpatient settings) (Approximately 6 weeks)	Supernumerary Period (Continuity Setting) (Approximately 4 weeks)	Caseloading a group of women within a continuity model across the continuum including visit days and an on call team rota [One Day On Call per week as a Mandatory Unit Day for a minimum of 6 months]									
Option 2: Allocated Time	Week 1: Induction Academy	Approximate 3 month period in the unit for consolidation and exposure [Supernumerary period across each area]	Supernumerary Period (Continuity Setting) (Approximately 4 weeks)	Caseloading a group of women within a continuity model across the continuum including visit days and an on call team rota [One Day On Call per week as a Mandatory Unit Day for a minimum of 6 months]								
On-going learning	Individual self-reflection opportunities (preceptee-led)											
	Annual mandatory training as per maternity training needs analysis [WHAT-TP-094]											
	Preceptorship skills competency handbook											
Evaluation	Processes in place to facilitate reflection and feedback on preceptorship experience											Exit feedback

### Considerations:

**Support** is the first item of the framework to reflect its importance. The first preceptor meeting should ideally take place within the first week and agree the elements of the preceptorship programme **per preceptee needs**.

**Allocated Time** allows for a NQM within a continuity model to have a reduced caseload to ensure the allocation of a unit day per week. This unit day is in place for the first 6 months to ensure inpatient experience and help with the achievement of clinical skills such as cannulation and suturing. Extension beyond 6 months needs to be negotiated with the continuity lead midwife and preceptorship lead midwife on an individual basis with a specific learning focus and regular review.

**Individualised Approach:** This continuity preceptorship will be tailored to the Newly Qualified Midwife's individual learning needs. Where required, the programme may extend beyond 12 months to provide additional time for consolidation and confidence building or the facilitation of additional support plans.

In recognition of the unique demands of the continuity of carer model, it is essential to provide a clear and structured support pathway to facilitate the transition of newly qualified midwives (NQMs) into practice. A continuity-specific preceptorship pathway has therefore been developed, outlined as follows:

### Team Structure and Buddy System

- A maximum of three NQMs will be allocated per continuity team.
- Each NQM will be supported through a formal buddy system, coordinated by the Continuity Lead Midwife and Preceptorship Lead Midwife to ensure fairness.
- The buddy's role will be clearly defined from the outset to establish expectations and provide consistent guidance.

### **Caseload Expectations**

- During the first year of qualification, NQMs will carry a reduced caseload (pro rata), enabling them to develop confidence, identify learning needs, and gain relevant experience.
- From the beginning, NQMs will be allocated women on a continuity pathway and will progressively take responsibility for booking their own caseload and births.
- Upon completion of the preceptorship programme, NQMs will assume a full caseload within the continuity model.

### **Unit and On-Call Requirements**

- Each NQM must work one of their on calls a week as a shift in the unit for a minimum of 6 months, to ensure adequate exposure to the inpatient setting and enable them to meet their preceptorship competencies.
- Expectations for unit days are as follows:
  - Unit day is team on call coverage for intrapartum care and the women on the NQM team need to be prioritised for care (ie DS, MBC, EL LSCS or homebirth)
  - If there is a homebirth the NQM needs to be freed to attend this with suitably experienced continuity support
  - If no intrapartum care for the team is anticipated, NQM's may work across the unit in areas where they require further experience. Should a continuity team woman/birthing person attend later, a discussion between the delivery suite band 7 coordinator and the NQM will determine whether transfer of care is appropriate at that stage.
  - If an NQM is undertaking a unit shift, the remainder of the continuity team is not required to cover an on-call.

### **Ongoing Support and Development**

- Monthly meetings will be held with the Preceptorship Lead Midwife and Continuity Lead Midwife to review caseloads, address concerns, reflect on on-call experiences, and support professional development.
- NQMs will also be offered the opportunity to attend bespoke continuity forums facilitated by the Continuity Lead and Consultant Midwife.

## Appendix 5 - Glossary

Term	Definition
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
NQP	Newly qualified practitioner
NRN	Newly registered nurse
Practitioner	Registered professional, ie nurse, nursing associate, midwife, allied health professional
Preceptee	Person receiving support and guidance from the preceptor, usually the newly registered practitioner
Preceptor	Person providing support and guidance to the preceptee
Preceptorship champion	Designated role to promote value of preceptorship within organisation
Preceptorship lead	Central point of contact and lead for preceptorship within organisation or ICS
Preceptorship model	Short version of the preceptorship framework
Preceptorship period	Designated period of support and guidance for new practitioner in 6-12 months post registration
RTW	Returner to work
SLOT	A training needs analysis – Strengths, Learning Needs, Opportunities and Threats
SRO	Senior Responsible Officer

### Supporting Document 1 – Checklist for review and approval of key documents

This checklist is designed to be completed whilst a key document is being developed / reviewed.

A completed checklist will need to be returned with the document before it can be published on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

# Policy

1	Type of document	Policy
2	Title of document	Preceptorship Policy for Nurses, Nurse Associates, Midwives, Allied Health Professionals and Health Care Scientists
3	Is this a new document?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, what is the reference number WAHT-CG-636
4	For existing documents, have you included and completed the key amendments box?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5	Owning department	Human Resources
6	Clinical lead/s	Associate Director (Nursing) Workforce and Education
7	Pharmacist name (required if medication is involved)	<b>N/A</b>
8	Has all mandatory content been included (see relevant document template)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9	If this is a new document have properly completed Equality Impact and Financial Assessments been included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  <b>N/A</b>
10	Please describe the consultation that has been carried out for this document	Dissemination via email to clinical area managers Dissemination via email to the WAH practice education team Dissemination and Presentation at the Nursing, Midwifery, Allied Health Profession Committee
11	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this document relates to.	Preceptorship Policy for Nurses, Nursing Associates, Midwives, Allied Health Professionals and Health Care Scientists  To be saved under Nursing on the Specialty Clinical Key Document Page on the Source
<p>Once the document has been developed and is ready for approval, send to the Clinical Governance Department, along with this partially completed checklist, for them to check format, mandatory content etc. Once checked, the document and checklist will be submitted to relevant committee for approval.</p>		

**Implementation**

Briefly describe the steps that will be taken to ensure that this key document is implemented

Action	Person responsible	Timescale
The Preceptorship lead will assist Ward Sisters/Charge Nurses Midwives, Senior AHP's, HCS's and Preceptors in delivering Preceptorship to staff, by offering support and guidance on the preceptorship process.	Preceptorship lead	Ongoing
The Ward Managers/Sisters/Charge Nurses Midwives, Senior AHP's, HCS's will ensure the policy is implemented in their areas of responsibly.	Ward Managers/ Sisters/Charge Nurses Midwives, Senior AHP's, HCS's.	Ongoing

**Plan for dissemination**

Disseminated to	Date
<p>Trust Wide Dissemination: Staff may print key documents but must be aware that these are only valid on the day of printing and must refer to the intranet for the latest version. Hard copies must not be stored for use as this undermines the effectiveness of an intranet-based system.</p> <p>Individuals are responsible in ensuring they are familiar with all key documents that impinge on their work and must ensure that they work within the current version of the document.</p> <p>Line managers are responsible for ensuring that a system is in place for their clinical area of responsibility that keeps staff up to date with any new key documents and policy changes.</p>	Ongoing

1	<b>Step 1 To be completed by Clinical Governance Department</b>	
	Is the document in the correct format?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Has all mandatory content been included?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date form returned	
2	Name of the approving body (person or committee/s)	
	<b>Step 2 To be completed by Committee Chair/ Accountable Director</b>	
3	Approved by (Name of Chair/ Accountable Director):	
4	Approval date	

Please return an electronic version of the approved document and completed checklist to the Clinical Governance Department, and ensure that a copy of the committee minutes is also provided.

Office use only	Reference Number	Date form received	Date document published	Version No.
	WAHT-CG-636			

### **Supporting Document 2 - Equality Impact Assessment Tool**

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Policy



**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**  
Please read EIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	<b>Louise Pearson</b>
----------------------------------	-----------------------

<b>Details of individuals completing this assessment</b>	<b>Kimberley Creighton</b> Practice Education Team Lead <a href="mailto:kimberley.creighton@nhs.net">kimberley.creighton@nhs.net</a>
<b>Date assessment completed</b>	25/02/2026

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title: Preceptorship Policy for Nurses, Nursing Associates, Midwives, Allied Health Professionals and Health Care Scientists</b>
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure registered practitioners at every level are supported. In particular that new registrants can be supported as they move from novice to expert practice
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?

What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Whole policy review
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Dissemination via email to clinical area managers Dissemination via email to the WAH practice education team Dissemination and Presentation at the Senior Nurse, Midwifery, Allied Health Profession committee Dissemination through NWAG
Summary of relevant findings	

### Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex		✓		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Sexual Orientation</b>		✓		
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

**Section 4**

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
<b>How will you monitor these actions?</b>	N/A			
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	24 <sup>th</sup> February 2029			

**Section 5** - Please read and agree to the following Equality Statement

<b>Preceptorship Policy for Nurses, Nursing Associates, Midwives, Allied Health Professionals and Health Care Scientists</b>		
WAHT-CG-636	Page 30 of 32	Version 5

**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	Kimberley Creighton
<b>Date signed</b>	26/02/2026
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	Louise Pearson
<b>Date signed</b>	27/02/26
<b>Comments:</b>	



**Supporting Document 3 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b> Preceptorship Policy for Nurses Midwives Allied Health Professionals and Health Care Scientists.	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	No

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval